Minimally Invasive Practitioners and Fellows Survey 2012

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Abstract

From January to April 2012, the University of Texas MD Anderson Cancer Center Department of Gynecologic Oncology conducted a survey of the Society of Gynecologic Oncologists (SGO) members and all gynecologic oncology fellows at accredited training programs in the United States. There were two separate evaluation instruments, one for SGO members and one for gynecologic oncology fellows. The purpose of the surveys was “to assess the value of Laparoscopy procedures in the field of gynecologic oncology for practitioners and fellows in the clinical setting.” This study was a follow-up to the study conducted in May 2007.

The following objectives are addressed in this report: 1) To determine the amount and type of laparoscopic surgeries being performed in academic centers and in community practice by SGO members; 2) To determine the level of training in laparoscopic surgery for current fellows in their respective fellowship programs; 3) To determine the respondents’ demographics; 4) and to compare the results of the 2012 Minimally Invasive Practitioners and Fellows surveys with the results of the 2007 Minimally Invasive Practitioners and Fellows surveys. A total of 406 (31.7%) practitioners and 69 (40.1%) gynecologic oncology fellows responded to the surveys.

The first objective was to determine the amount and type of minimally invasive surgeries being performed in academic centers and in community practice by SGO members. A large majority 84.7% (n=352) of the respondents indicated they performed laparoscopic surgeries in their practice (45.7% academics-based practice, 24.5% community-based practice, and 24.8% both academics and community-based practice). The majority of respondents performed either between 11 and 29 procedures per month (36.0%) or between 6 and 10 procedures per month (34.2%).

Approximately 92.6% of the respondents indicated they did currently use the robot for gynecologic procedures. Of the respondents who perform robotic surgery, over half, 55.0%, indicated they use this method in 50% or more of their gynecologic procedures.

During the SGO respondents’ fellowship training, the majority of the respondents, 67.1%, indicated that they received either limited (less than five procedures/month) or no laparoscopic training during their fellowship.

The second objective was to determine the level of training in minimally invasive surgery for current fellows in their respective fellowship programs. The use of minimally invasive procedures in the field of gynecologic oncology was considered either very important or important by 97.0% of the fellows. The majority of the fellows indicated that during fellowship training maximum or some emphasis (94.8%) should be given to traditional laparoscopy, while 92.1% suggested that maximum or some emphasis should be placed on robotic assisted surgery. Over three-fourths (80.6%), of the respondents indicated they participate laparoscopically in six or more procedures/month.

Approximately three-fourths (75.4%) of the respondents rated their traditionally laparoscopic training during fellowship as either very good or good, while 84.6% rated their robotic assisted surgery as either very good or good. In addition, 87.9%, rated their skills in traditional laparoscopy as either very good or good. Upon completion of training, 73.0% of respondents were planning to perform an extensive (over 20 procedures a month) or moderate (between 6-20 procedures per month) amount of traditional laparoscopy and 85% were planning to utilize robotic assisted surgery either extensively or moderately.

The third objective was to determine the respondents’ demographics. Regarding practitioners, over half of the respondents completed their fellowship eleven or more years ago (51.6%), were male (69.1%), and between the ages of 41 and 60 (57.6%). Over half of the fellows were female (66.7%) and the majority expected to complete their fellowship in either 2012 (29.9%), 2013 (35.8%), or 2014 (23.9%).

The fourth objective was to compare the results of the 2012 Minimally Invasive Practitioners and Fellows surveys with the results of the 2007 Laparoscopy Practitioners and Fellows surveys. Only
questions which were the same on surveys for both years were compared. Questions with a difference of 10% or more between the two years were highlighted.

On the Practitioners survey, there were twenty questions which were the same on both the 2007 Laparoscopy Practitioners Questionnaire and 2012 Minimally Invasive Practitioners Questionnaire, of which ten questions changed by 10% or more. The comparison suggests that respondents from 2012 were more likely to use minimally invasive procedure versus laparoscopy among the 2007 respondents. There was a 19.3% decrease of those that indicated they performed less than five procedures a month in 2012 in comparison to 2007, coinciding with a 19.2% increase in the number of procedures between 11 and 20 per month during that same time period. More respondents in 2012 were using the robot for gynecologic procedures as evidenced by the 65% point gain regarding the usage of robots versus respondents in 2007. Furthermore almost all respondents reported using the robot for gynecologic purposes in 2012 (271 of 274), while in 2007, 140 of 167 specified that they were using the robot during that year.

Respondents in 2012 were also more likely to allow fellows to sit and complete surgeries at the console. There was an 11.1% point gain in practitioners allowing fellows to sit at the console from 2007 to 2012. Additionally, there were gains in the percentage of respondents allowing fellows to complete between 25% and 50% of cases (10.4%), and a 34.2% increase in fellows completing over 50% of cases at the console during robotic procedures. While there was a substantial increase of residents allowed to sit at the console (33.7%), there was not an increase above 10% points regarding an increase in residents completing more procedures at the console. Other results show that practitioners in 2012 thought more emphasis should be placed on laparoscopic training during fellowship, and they are more likely to refer a patient to a colleague to perform minimally invasive surgery compared to the 2007 practitioners.

On the Fellows questionnaire, there were eleven questions which were the same on both the 2007 Laparoscopy Fellows Questionnaire and the 2012 Minimally Invasive Questionnaire, with responses in eight of the questions that changed by 10% or more. The comparison indicated that 2012 fellows placed more importance on the use of minimally invasive surgery than laparoscopy among the 2007 fellows, as noted by the 18.7% gain of very important responses regarding this question. Results also suggest that robotic surgery is more prominently used for gynecologic malignancies by fellows with a 23.4% gain in usage from 2007 to 2012. Data also indicated an increase in the prevalence of fellows being allowed to sit at the console during robotic surgery from 69.6% in 2012 to 100.0% in 2012. Furthermore, all 2012 respondents (100.0%) planned to incorporate robotic surgery into their practice after fellowship whereas 61.8% indicated doing so in 2007. The participation in laparoscopic procedures also increased as witnessed by 59.6% declaring they performed eleven or more procedures in 2012 compared to 32.1% in 2007. Fellows also reported more faculty using the robot in 2012 and an increase in competence among staff regarding minimally invasive surgery in 2012 versus competency in laparoscopy in 2007.

The response rate of 31.7% for the practitioners’ questionnaire and 40.1% for the fellows’ may or may not represent the views of all SGO practitioners and gynecologic oncology fellows. Respondents indicating retired status could not be studied as a separate group as there was no category to reflect retired status.

For practitioners, results indicate that more minimally invasive procedures are conducted at academics-based rather than at community-based or both academics and community-based practices. Most cases were either robotically assisted or traditional laparoscopy with a majority indicating that they do not perform single incision laparoscopy. Compared with 2007, there was an increase in the use of robots for gynecologic procedures and an increase in the participation of fellows and residents at consoles during robotic surgeries. Most practitioners revealed that had experienced physical discomfort that they would attribute to performing laparoscopic operations. Regarding fellows, almost all respondents noted that the use and training of minimally invasive surgery was very
important in the field of gynecologic oncology. Additionally, fellows indicated that they would be planning to perform more robotic assisted surgery than traditional or single incision laparoscopy upon completion of their training. Moreover, all fellows in 2012 specified that the plan to incorporate robotic surgery into their practice after fellowship. Consequently, there may be a need for more robotic training for fellows to ensure they are equipped with the latest in technology and knowledge regarding this procedure.