

ICTC technical position: use of HEAD START in Trichiasis Surgery Training

1. Proposed by:

ICTC TT Working Group

2. Change to current technical position:

Addition of HEAD START training to the standard operating procedures for trichiasis surgery training. Currently there is a gap between classroom training and live surgery training and HEAD START is designed to fill this gap.

3. Evidence to support the proposed change:

Twelve experienced trichiasis surgeons evaluated the HEAD START system in Tanzania. Each surgeon was provided an overview of how to use HEAD START and then was asked to perform 1-2 surgeries on HEAD START cartridges. Each surgeon removed the eyelid cartridge at key points during the surgery and examined their work. Many were surprised by the incompleteness of their incision, its angle or other aspects. Summary feedback indicated unanimous support for using HEAD START. The surgeons felt that HEAD START would improve their surgeries because it allowed them to evaluate their incision and suture placement and allowed them the opportunity to reflect on their own work.

Next, 10 new trichiasis surgery trainees were trained on HEAD START after their classroom training and before any live surgeries. Each trainee was introduced to HEAD START with the trainer performing 1 surgery. Then the HEAD START trainer and trainee performed the sequential steps of the surgery (one working on one eyelid and the other working on the contralateral lid), something that cannot be performed in live surgery. Then the trainee performed one surgery with the help of the HEAD START trainer and one without input from the trainer. After these sessions, it was decided that four individuals needed additional work with the HEAD START system before initiating live surgery training. Based on extensive evaluations with the trainers, determined that one of the trainees should not perform any live surgeries. The remaining nine continued to the standard live surgical training process.

Each trainee participated in a key informant interviews after they completed the HEAD START training. Feedback from these interviews was very positive. All felt that using HEAD START before live surgery helped them to do a better job on their first patient. The main theme of the feedback was that it allowed them to learn what errors they make and to correct them before performing surgery on live patients. All but two trainees stated that they would like to do more surgeries on HEAD START after doing some live surgeries. The remaining two stated that they just wanted to do lots of live surgeries and were very excited to get started on live surgery.

Both of the live surgery trainers were interviewed after the surgery training was completed. They were asked whether they felt that HEAD START had been useful and whether they felt that it improved the overall skill of the trainees. Both felt that HEAD START led to better preparation of the trainees prior to live surgery because it provided them to become familiar with the surgical procedure and to practice instrument handling.

4. Messaging required to support this change: eg to authors of existing technical positions, to ICTC members, to WHO, to national coordinators, to training institutions, to ICTC grant managers of funded programs etc.

If this proposal is approved, the TT Working Group recommends that upcoming TT training manuals include sections on the use of HEAD START, indicating that this should be standard practice wherever possible. Additionally, these recommendations should be reported at the GET 2020 meeting and should be disseminated by email to grant managers and to national coordinators (preferably with a link to the HEAD START details on the ICTC website).

5. Ongoing support required by ICTC or WG(s) to socialise this change:

Continued discussion of HEAD START at ICTC meetings, supporting a page and video of HEAD START on the ICTC website and providing feedback on HEAD START to parties who inquire about it.

6. RECOMMENDATIONS

ICTC WG recommendation to the ICTC WG Technical Adviser:

HEAD START training should be recommended as standard practice for trichiasis surgery training and refresher training.

Proposed by Emily Gower and Amir Bedri – WG Co-Chairs

ICTC WG Technical Adviser recommendation to the ICTC Program Advisory Committee:

In my opinion this is a very much desired tool for surgery training. I have had our oculoplastic surgeons look at this dummy and they were all very impressed, calling this the best dummy they have seen so far and being very interested in using this dummy for training of residents at Emory. Having been involved with training in Tanzania in the past, the opportunity to practice on this dummy before operating on a real patient is very necessary. I therefore recommend that we accept the recommendation of the TT WG.

Reviewed by Danny Haddad – WG Technical Advisor, 27th April 2014.

ICTC PAC recommendation to the ICTC Executive Group for endorsement:

The ICTC PAC, having reviewed the available data and reported experience of the use of HEAD START consider that the use of a surgical mannequin is likely to be a useful development for both the initial training and refresher training of TT surgeons. Training devices, for practice by trainees before operating on life patients, is a common practice in medicine and there is universal acceptance of the benefits of enhanced pre-patient training. This type of training enhances comprehension of the surgical technique and development of skills by trainees before practicing the procedure.

The PAC recommends the adoption of surgical mannequins (in this case HEADSTART) by TT surgeon training programmes. The use of such mannequins should be in addition to current training activities/ practices and not a replacement of such training. Specifically it does not reduce the need for the current level of direct surgical supervision when trainees start to operate on patients.

In addition:

1. The PAC recognizes the stated declaration of interest by one of the WG Co-Chairs and the full support of the TT Working Group for the recommendation of this initiative as an ICTC technical position.
2. The PAC requests details of the cost implications of incorporating this training initiative into funded SAFE implementation programs.
3. The PAC requests consideration of inclusion of the surgical mannequins for TT training initiatives supported by the current funded programs undertaken by the ICTC Consortium.
4. The PAC requests the TT Working Group to review current ICTC preferred practices for TT and the experience of the use of HEADSTART and to incorporate the use of surgical mannequins in line with the recommendation above.
5. The PAC requests the inclusion of the following as a new section in this technical position proposal – Insert before 4. Implications of this proposed technical position on the standard average costs of SAFE implementation.

Recommended by Matthew Burton PAC Chair on behalf of the PAC, 27th April 2014.

ICTC EG endorsement:

Endorsed by the ICTC Executive group on the 4th May 2014.

END