

Lap II Curriculum

Post-test Questionnaire

Name: _____

Date: _____

1. Do you feel comfortable with your current laparoscopic technical skills? (circle) **yes** **no**
2. Laparoscopy self-rating: How good are you at laparoscopic surgical skills?
(circle) **very poor** **poor** **moderate** **good** **excellent**
3. Interval laparoscopic experience: How many laparoscopic cases have you performed either as surgeon, first assistant, or camera holder **since the Lap II (FLS skills) orientation session**?

	Estimated # of Interval Laparoscopic Cases
Surgeon	
First Assistant	
Cameral Driver	

4. How valuable was your laparoscopic technical skills training on the Fundamentals of Laparoscopic Surgery (FLS) tasks?
(circle) **very poor** **poor** **moderate** **good** **excellent**
5. Did the skills lab training improve your laparoscopic surgical skills? (circle) **yes** **no**
6. How difficult were the proficiency levels and the training protocol?

Easy = levels were easy to achieve without much effort

Hard = levels were very difficult or nearly impossible to achieve and required a great deal of effort

	Easy			Hard	
Peg Transfer (2 + 10)	1	2	3	4	5
Pattern Cut (2 reps)	1	2	3	4	5
Endoloop (2 reps)	1	2	3	4	5
Extracorporeal Suture (2 reps)	1	2	3	4	5
Intracorporeal Suture (2 + 10)	1	2	3	4	5

7. Were the proficiency levels and the training protocol appropriate?

Not Appropriate = the proficiency levels and protocol were too challenging, took too much effort, and required too much practice

Appropriate = the proficiency levels and protocol were appropriately challenging and required a reasonable amount of effort and practice

	Not Appropriate			Appropriate	
Peg Transfer (2 + 10)	1	2	3	4	5
Pattern Cut (2 reps)	1	2	3	4	5
Endoloop (2 reps)	1	2	3	4	5
Extracorporeal Suture (2 reps)	1	2	3	4	5
Intracorporeal Suture (2 + 10)	1	2	3	4	5

8. Did the proficiency levels help motivate you to achieve your performance goals? (circle) **yes** **no**

9. Did the proficiency levels help provide feedback on your performance? (circle) **yes** **no**

10. During training (not counting the pre-test session), how many times did you watch the videos for each task? (write in the # of times videos were viewed)

Peg Transfer _____

Pattern Cut _____

Endoloop _____

Extracorporeal Suture _____

Intracorporeal Suture _____

11. During training (not counting the pre-test session), approximately how many hours did you spend watching the videos for the FLS tasks?

Hours Total Time: _____ (hours)

12. Did you receive adequate feedback during training from the videos?

Not Adequate			Adequate	
1	2	3	4	5

13. How much feedback did you receive during training from the instructors?

None			Extensive	
1	2	3	4	5

14. Was the amount of feedback you received during training from the instructors appropriate?

Not Appropriate			Appropriate	
1	2	3	4	5