

Best Practices for Training, Educating and Introducing New Techniques and Technology into Practice



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KEYWORDS

• Privileging • New practice • New technology • Training • Educating

KEY POINTS

- Key factors to creating a motivated team to deliver new technology include selecting the correct team members, outlining an education plan, identifying resources, and creating a safe learning environment.
- Key factors to implementing new technology in the OR include monitoring of outcomes, establishing a consistent way to deliver the new devices, and post-implementation discussions through quality review, M&M, and formal evaluation.
- In order to offer patients the best and most innovative care, surgeons today must constantly become more comfortable building nimble teams that acquire new technology rapidly and safely. Implementation of such new technology is often multi-disciplinary, and often requires re-training of the surgeon, making advanced surgical training more important now than ever.

INTRODUCTION

The field of surgery has progressed remarkably in the last few decades, including the introduction of minimally invasive procedures, complex endoscopic techniques, and various prostheses (valves, joint replacements, LVADs), to provide a few key achievements [Fig. 1](#). The modern surgeon needs to continually refine surgical methods, learn new technology, apply novel techniques, and aim to innovate to provide the best care. However, integrating such new practices safely is a challenging task, especially because a standardized framework to guide practicing surgeons is lacking. This article will focus on providing a guideline for introducing new techniques and technology into foregut surgery practice.

NOMENCLATURE

Knowledge of key terminology including certification, credentialing, and privileging greatly facilitates communication when planning and implementing new techniques.

Certification

The American Board of Thoracic Surgery (ABTS) provides certification through carefully laid out criteria including minimum case numbers and milestones for several standard-of-care surgical knowledge parameters and procedures. Initial certification and recertification are under the purview of the ABTS and generally a requirement by most institutions. However, the ABTS does not provide

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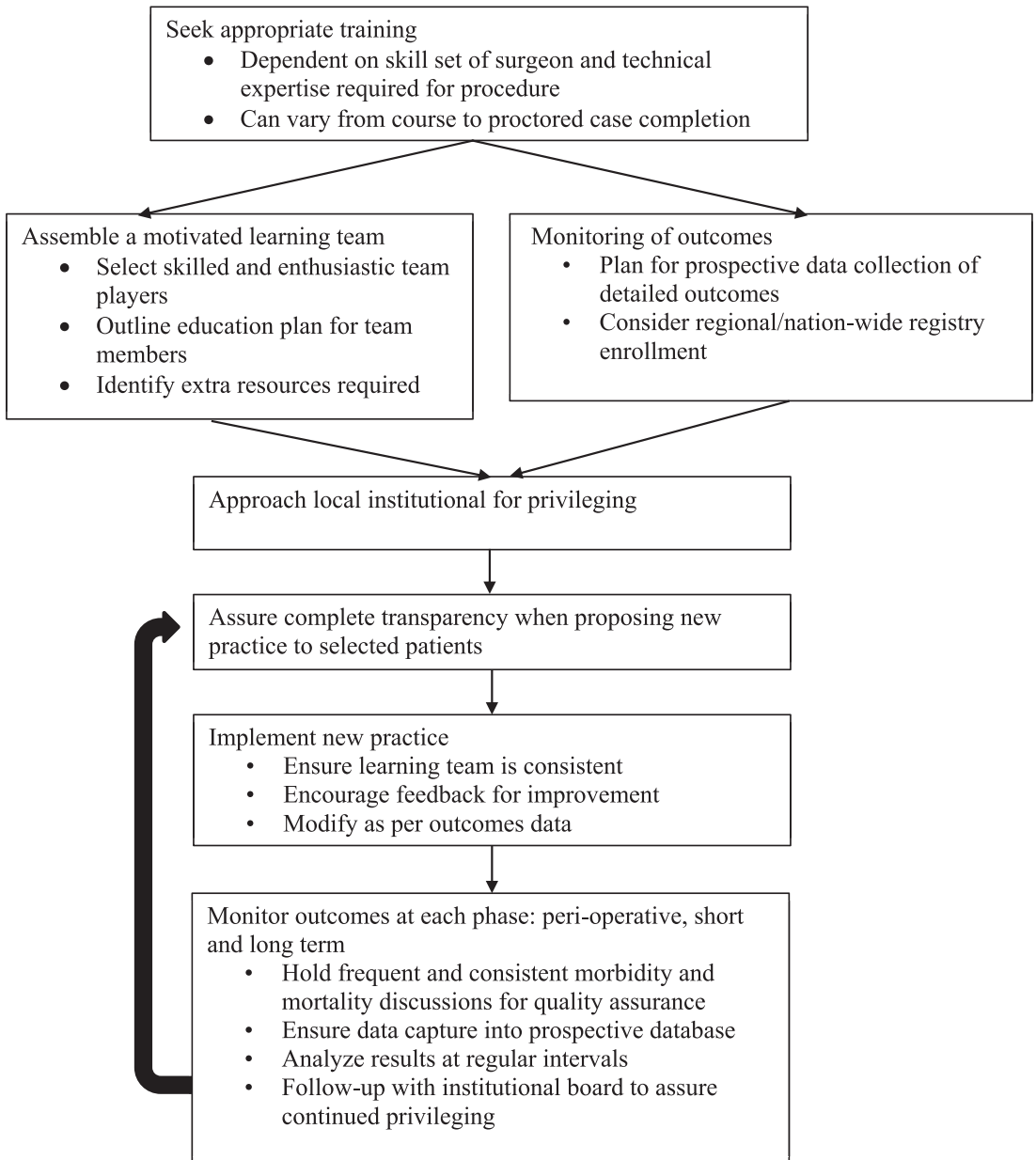


Fig. 1. Proposed algorithm for introduction of new technologies and techniques in practice.

guidelines or credentialing when certified surgeons wish to implement new techniques or technology.

Credentialing

Credentialing occurs at the local institutional level to authenticate the qualifications and practice history of the surgeon. It involves detailed verification of certifications, degrees, training history, and medico-legal issues.

Privileging

Privileging entails the authorization for conduct of patient care services within a certain scope to a physician based on credentials and performance.¹ Privileging occurs at the institutional level, with the joint commission mandating that new privileges should require a focused professional practice evaluation (FPPE) with 4 key elements as outlined in **Box 1**.² The evaluation may be timed after a certain amount of cases or a set period of time.

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