Training in the use of medical devices – how should it be done?

BY ANDREA GILLIES

Adequate training in novel medical devices is imperative, not only to ensure patient safety, but also to give clinicians the confidence to use the device in question. In this article, **Andrea Gillies** explains the philosophy of one of the equipment manufacturers.

It is said we are constantly learning, a fact most of us would agree with. It is also generally agreed any skills we are taught should be kept up-to-date – the 'use it or lose it' philosophy.

In the world of medical devices, this principle is very popular. Arthrocare (now a wholly owned subsidiary of Smith and Nephew) long held the belief that training a surgeon to use a medical device is not only advisable but an almost essential tool; the use of our devices should be backed up both by training on the technology and the products at the outset, but to also provide a service whereby we will offer periodic training when needed, tailored to suit the needs of the surgeon.

This training may take different forms and last for different lengths of time, but its role should not be ignored or underplayed by either the surgeon receiving it, his employer, or the company providing it.

One of our more popular products is Coblation, so we will use this as an example of how we organise training for a surgeon. If a surgeon enquires about the use of Coblation, they are invited to attend a training course, as it is known that there is a learning curve, as there often is with medical devices.

The different training methods we employ will depend on certain factors, but essentially the aim is to get him/her instructed on the basics of how the device works, what cases it can be used in, a how-to-guide (as well as a how-not-to), aim to show evidence of its efficacy through clinical studies that have been done over the years, and even allow them to practise safely before first using them on a patient.

Taking a small group of surgeons into theatre to watch procedures is one of the ways in which we allow them to get a feel for how a product works. These 'peer-to-peer' sessions have certainly proved to be an essential form of training. Here, the host surgeon, who will have several years' experience in using the device, runs their list with a small group of visiting surgeons watching in attendance. This can be followed up at any point in the future by a 'reverse-peer-to-peer' session where the learner may feel the need for some fine tuning, so would invite the original host to come and oversee some cases, to help with technique and performance, all with the involvement of the Medical Education team and immediate sales staff.

From initial awareness to independent use, we feel that it is important that the surgeon is accompanied by his local territory manager and the medical education team as they start on the ladder of training in the use of any novel device. Once their first training course has been completed, the territory manager will typically attend the first few cases, making sure the technique used is the correct one, and any difficulties encountered are able to be dealt with quickly and safely.

In addition to holding the courses in the medical environment, inviting a large group of surgeons to a symposium can be very useful: the aim is to listen to a faculty of experienced key opinion leaders in the otorhinolaryngology field. This faculty will present data on patient outcomes, as well as other subject matters in ENT, and will answer questions from the delegates as they start to understand why it should be introduced to their facilities, and what benefits can be gained from it as seen by a consultant.

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Feedback from the courses is of prime importance to ensure we are hitting the target in terms of level and amount of information and content – both practical and theoretical. Therefore each delegate is asked anonymously for an honest evaluation of all aspects of the training course. This feedback is used to amend future courses whether it shows a practical workstation was lacking in time or instruction, or more detail was needed in the presentations.

The use of e-learning is widely available utilising a joint approach between surgeon and the company, with the surgeon being able to take control of the level and direction undertaken. The use of videos on the internet (uploaded by surgeons from across the globe) can be very helpful, however

"Of course, training is not a stand-alone tool and doesn't end in the classroom."

there is a need to remember that videos showing a less than desirable technique can also be found, so it's better to steer them towards those which have been approved by the company. These methods are available 24/7 and are therefore incredibly flexible, cost effective and private to the individual using them, which can be quite good when you're a beginner!

If training is not followed up correctly, it will never be as successful for either party as its potential would permit. Just as a baby first learns to crawl, then stand, walk and finally run, so surgeons need to understand that training is just one step on the road they must take.

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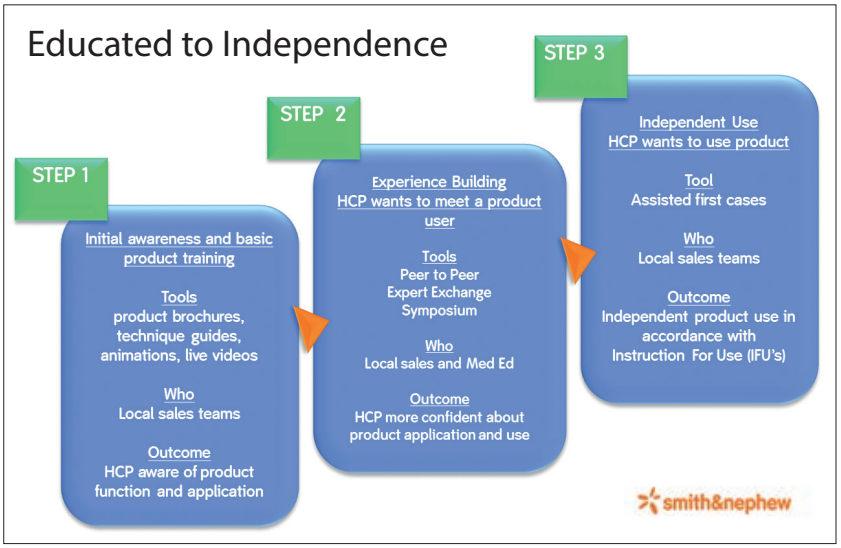

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