‘MIRROR CONVERSATION’ AS PART OF THE QUALITY ASSURANCE OF A REGIONAL GYNAECOLOGICAL COMPREHENSIVE CANCER CARE NETWORK IN THE NETHERLANDS

Introduction/Background Given the increasing complexity and the volume standards which have become standard practice, patients are more frequently treated in cancer networks in which different hospitals collaborate intensively. However, instruments available for quality assurance are validated for individual hospitals. In the gynaecological cancer network established in our Regional Cancer Network (RO West which consists of 7 hospitals in the Leiden-The Hague area in the Netherlands) we aim to establish network-wide quality assurance and consequently adopt well-known instruments for usage in networks. In this abstract we report on network-wide ‘mirror conversations’ in order to include the patient perspective in our quality assurance.

Methodology In a ‘mirror conversation’ a group of patients who underwent the same treatment is interviewed in order to ‘mirror’ their experience with healthcare workers. The conversation is led by independent interviewers, the healthcare workers are listening and not allowed to intervene. A mirror conversation was organised to get informed about experiences of patients which underwent cytoreductive surgery combined with HIPEC following neo-adjuvant chemotherapy for high stage ovarian cancer. Chemotherapy is administered in all 7 hospitals but patients are referred for HIPEC to 1 of the hospitals.

Results Patients from all 7 hospitals attended the mirror conversation led by 2 experienced interviewers. 45 health care workers (of 68 invited) attended. All patients were able to share their experience and points for improvement. Some were individual (e.g., misconceptions), others were shared (e.g., the value of case-managers) and some surprising to the medical team (e.g., preference for less visits combined on 1 day). Both patients and healthcare workers considered the conversation effective and valuable.

Conclusion Mirror conversations are considered valuable by both patients and health care workers, allow to include the patient perspective in quality assurance in cancer networks and result in valuable issues for improvement.

THE NEED FOR A UNIFIED APPROACH IN PATIENT ADVOCACY FOR GLOBAL WOMEN’S HEALTH: A PARSGO INITIATIVE

Introduction/Background Patient advocacy groups(PAGs) play a vital role in serving as catalysts for empowerment within global women’s healthcare. However, there is no unified patient advocacy network within the Middle-East and North Africa region(MENA). This pilot study was performed as an initiative of the Pan-Arabian Research Society for Gynecological Oncology(PARSGO) to evaluate the visibility and accessibility of PAGs within the MENA-Region.

Methodology We conducted a search using online search engines and social media channels(SoMEC) in local languages. Specific women’s health-related keywords were used in various combinations and systematically with each country from the MENA region. The search included all legally registered patient advocacy groups with a focus on women’s cancers or
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EFFICIENCY OF SIMULATION PROGRAM FOR OB/GYN RESIDENTS USING SELF-TRAINING AND SUPERVISED SESSIONS: A QUANTITATIVE STUDY

Introduction/Background The objective of this study was to evaluate the progress of OB/GYN residents on surgical exercises on simulating laparoscopic surgery, and satisfaction with this program.

Methodology A prospective study evaluating the technical level of OB/GYN residents on box-trainer. Two groups were formed: a ‘beginner’ group, in their 2nd year of residency and an ‘advanced’ group corresponding to residents in their 4th year. Twice a year, each student is evaluated and timed on the completion of 4 exercises during a supervised session. The material was left at the students’ disposal for self-learning practice on a voluntary basis. The variables retained were the time required to validate the exercises, and the completeness of the achievement. Student satisfaction and interest were then assessed by following an anonymous online questionnaire.

Results Between November 2019 and March 2021, 25 students were enrolled in the study. 69% in beginner group and 50% in advanced group completed at least one self-training session between the two evaluations. For the two groups, there was a significant improvement in the time taken to complete the exercises between the last and the first supervised session (p<0.005 for all exercises). Students who had done more than one self-training session had improved their score, more importantly, but not significantly, compared to students without self-training sessions. The majority, 96%, was satisfied with the realism of the exercises on box-trainer. All of them were in favor of its introduction in their curriculum and 83% attest that these training sessions have improved their confidence during laparoscopic procedures.

Conclusion This study confirms the interest of laparoscopic training programs integrating simulation on the execution of surgical gestures. The residents are interested in a program combining self-training sessions with supervised sessions. Integrating all of these sessions into the OB/GYN residents’ schedule is one of the future challenges.