METHODS: At the AUA 2002, 111 Urologists and trainees completed a 5-minute resection task as efficiently as possible, attempting to maintain the least amount of blood loss, while conserving irrigant. Metrics were logged for each subject and compared with 0 novices. Resection styles were correlated with efficiency and all metrics were stratified with respect to experience level, video game experience and demographic data. Feedback with regards to acceptability was obtained after the simulation task and comparisons made between and within groups.

RESULTS: After the simulation task, 93% of expert and trainee participants believed that the version 1.0 of the UW TURP simulator would be useful as a training tool. 81% felt that it should be implemented into the curriculum of residency programs and 58% felt that it should be used for accreditation. The various components of the simulator were individually rated and all means were above the acceptability threshold. The board-certified urologists and trainees resected more tissue (mean: 6 grams versus 1.4 grams p=0.013), with more grams per cut padal pressed (p=0.004) and less blood loss/gram resected (p=0.006) and had no operative errors compared with 510 novices who resected the sphincter despite instruction not to prior to performing the task. 53/11 (43%) of the experts experienced radion, compared with 5/10 (40%) of the novices.

CONCLUSIONS: We have established face, content and some aspects of construct and concurrent validity for version 1.0 of the University of Washington TURP simulator to train resection skills. Such a tool will shorten the learning curve in the operating room and allow for focused training out of the operating room on the skills necessary to perform TURP.