



Date: Tuesday, March 11, 2025 Time: 7AM Pacific

Room: Regency Ballroom F

Co-Chairs: Liane Feldman, MD

Council Staff: Linda Schultz, Vanessa Pryor

Members in Attendance: Drs. Nicholas Ahn, Justine Chinn, Courtney Collins, Noosha Deravi, Liane Feldman, Filippo Filicori, Carlos Gomez-Garibello, Dylan Grisell, Anna Ibele, Michael LeCompte, Elizabeth McLemore (guest), Amin Madani, Lauren McCormack, E. Matthew Ritter, Peter Szasz, Joshua Villarreal, and Maryam Wagner.

Staff in Attendance: Linda Schultz, Vanessa Pryor and Angela Brusasco

Dr. Ritter called the meeting to order and shared announcements. Disclosures were reviewed for conflicts.

The minutes from the Fall 2024 VBA Task Force meeting were approved without dissent.

Dr. Ritter reviewed the goals. He also expanded on the business planning completed to date for VBA. According to the initial projections, there needs to be an estimated 1K-1.5K paid applicants to be self-sustaining.

There was a question and discussion around whether the SAGES VBA priority should be on device-agnostic skill sets or on partnerships with industry to recoup investment. The focus has been on the former.

Dr. Ritter outlined the process for developing the VBA as a summative assessment. A group of experts outline what should vs what shouldn't be measured for a procedure. This becomes the Test Specification document which is then analyzed and broken down into Task Inventory Questionnaire. The questionnaire is then distributed to a wider group of experts for review and feedback. This becomes the test blueprint for the VBA rubric. Determining the final cut score in the assessment is data- and expert-opinion guided. Dr. Ritter explained the use of compensatory vs. non-compensatory decision making in deriving the cut score.

VBA	Test Specifications Document	Job Task Analysis	Task Inventory Questionnaire (TIQ)	TIQ Data Analysis	Instrument (Rubric) Development	Video Submission & Selection	Rater Training Development	Instrument Tryout	Curt Score Workshop	Pilot Program	Implementation & Ongoing Monitoring
Lap Fundoplication	C	C	C	C	C	C	C	C	C	IP	
Lap Cholecystectomy	C	C	C	C	C	C	C	IP			
MIS Right Hemicolectomy	C	C	C	C	C	IP	IP				

Complete

In Progress



MINUTES

Video Based Assessment Task Force

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Laparoscopic Fundoplication VBA

The Lap Fundo VBA is ready to implement. A pilot will start after the SAGES Annual Meeting with fellows graduating from Fellowship Council-accredited programs and applying for the SAGES Adv GI MIS Fellowship Certification Program. The application fee will be waived for those who submit two videos. Dr. Feldman encouraged the task force to have their fellows participate.

Laparoscopic Cholecystectomy VBA

Dr. Gomez-Garibello gave an update on the development of the Lap Chole VBA rubric, which followed the same process as the Lap Fundo. He explained how the group avoided bias and captured the most essential aspects of the procedure for the rubric. The rater training is currently being developed, which also helps assess the rubric. The last step, following rater training, is to set cut scores for the assessment. The plan is to publish the work that has been done thus far in Surgical Endoscopy. The goal is to have a manuscript ready by the summer for the Task Force to review.

Dr. Ritter also mentioned that the rubric was refined in a VBA retreat the day prior, as part of the rater training process.

MIS Right Hemicolectomy VBA

Dr. McLemore provided reasoning for why the right hemi was selected by the Colorectal Committee for a VBA: higher recurrence and lower survival. She reviewed the development process for the rubric, which follows the same format as the others. The SAGES VBA builds on a colorectal competency assessment tool developed by the European Association for Endoscopic Surgery (EAES).

The rater training will also follow prior formats and include photos to provide clear delineation. There are videos the Colorectal committee is ready to upload for training and piloting.

A question was asked about how an assessment will be scored. Drs. Ritter and Feldman explained the pass/fail approach, and the value in protecting SAGES scoring methods as IP. AI might change whether a human needs to review whole procedure or just clips. There could be a future where videos are submitted and assessed by AI, only requiring assessment from a surgeon when a video is flagged as needing expert review.

In addition, if the TIQ eliminates the need for a step or part of the procedure in the assessment, those parts of the video don't need to be scored. If an entire step is not difficult or important, there is potential to truncate the video, but overall, there is a need for the procedure in its entirety to avoid validity threats. Could also miss issues from a safety standpoint.

There was a discussion of including extracorporeal vs. intracorporeal steps. If included, the video will have to capture the extracorporeal aspects.

The VBAs are agnostic to the MIS approach.



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Surgease/Mentor (VBA Software Platform)

Dr. Madani shared the evaluation the SDS Committee did to find the software that will host VBAs. *Mentor* is an online application provided by Surgease. He encouraged the Task Force to provide feedback on the system's usability because the vendor is very interested in meeting SAGES' needs.

Dr. Ritter mentioned that if anyone from the task force can identify a need for the platform at their university, a connection can be made under the current SAGES contract. Dr. Madani mentioned the potential for a video storage add-on for the SAGES membership. He also highlighted the system's offerings outside of VBA, such as coaching which could be offered to all SAGES Members or at a member's hospital. There have been discussions on this with the SAGES Membership Committee.

Dr. Feldman also shared her experience with the system. Dr. LeCompte asked if there are metrics that can be accessed to see how many people are using the platform and for how long. This could inform a pitch to their institution to enter into a licensing agreement.

Partnership with EAES

Dr. Ritter informed the group that SAGES and EAES would be holding a retreat together in May. The objectives for the retreat are to understand each society's VBA development pathway and ideally reach mutual agreement on a shared process. There is also the potential to jointly develop a new VBA, likely for inguinal hernia.

New Business

The Task Force discussed other potential projects within and external to the group.

- Dr. Feldman gave a brief overview of potential research to correlate the SAGES assessment tools to patient outcomes. The videos and outcomes need to be linked to a large data set, and there is an opportunity for SAGES to contribute data to support studies in this area. She encouraged the Task Force to notify the group of any clinical databases that contain videos related to a SAGES VBA such as: Michigan's, NSQIP, and hernia.

There is also an opportunity to start collecting videos for the areas that SAGES currently has registries for (i.e. liver and pancreas) to work on data correlation. Dr. Ritter called on the group to be on the lookout for places that have a large data set that could be used. Colorectal currently has the most data. Long-term outcomes will be used as the measure for the procedure.

Dr. LeCompte said he will check with Dr. Caprice Greenberg at his institution (UNC) to see if there are any hernia videos/outcomes from her coaching program.

- Dr. Villarreal shared information on a research project through a clinical informatics fellowship at Stanford. The study is trying to partner with other global surgeons to conduct a survey to develop a more generalized VBA. He asked Task Force members to assist if they are interested.



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- Drs. Grisell and Deravi discussed their experience with training and scoring as a rater. They are exploring research comparing expert vs. non-expert raters for SAGES. Dr. Grisell asked for expert and non-expert study participants.

Dr. Ritter then reviewed the action items and adjourned the meeting.