

Topic guide for GO SOAR3

Research Aims to explore

Access to robotic surgery training.
Impact of robotic surgery on theatre efficiency
Impact of robotic surgery on surgical waste production

1. Introduction

- Introduce self, funder.
- Purpose of the research.
- Introduce audio recorder.
- Stress all identifiable information will be kept confidential, but anonymised quotes may be published/presented.

2. Background

- Demographics: name, age, gender, country, centre name, rural or urban setting, government funded or non-government funded institution
- Job
Q: What is your role in the surgical team?
P: consultant/attending, fellow/registrar/resident, medical student, nurse
- Experience
Q: Would you consider yourself experienced in minimal access surgery?
P: robotic/laparoscopic, number of years, formal training/qualification.

3. Robotics training

- *Q: How did you train/are you training in robotics surgery?*
P: fellowship; proctor; courses; simulation; accreditation.
- *Q: How did your learning curve in robotics compare to laparoscopic surgery?*
P: Speed of acquisition of skills, haptic feedback, complications.

4. Theatre efficiency

- Impact on teamwork
Q: Based on your experience, how does robotic surgery affect team work? How does this differ from laparoscopic/open surgery?
P: theatre dynamics, situational awareness, communication, decision making, theatre turnover time, intra-operative complications/emergencies
- Impact on the healthcare professional
Q: What have been the positive/negative implications of robotic surgery for you?
P: musculoskeletal injuries, fatigue, stress (mental/physical).
- Impact on clinical outcomes for the patient
Q: In your experience, what have been the positive/negative impact of robotic surgery for your patients?
P: blood loss, complications (intra/post-operative), anaesthetic time, length of hospital stay
- Strategies for implementing a robotics programme
Q: Describe the setup of your robotics service. What went well? What did not go so well? If you could do it again, what would you change?
P: logistics, service structure
- Facilitators/barriers to set up of a robotics programme
Q: What were the facilitators/barriers to set up? Why do you feel this way?
P: cost, time, training, team, theatre space
- *Q: Are there service design factors that have contributed to operation duration/complications/conversion rates/theatre efficiency? Is so what are these?*
P: peri-operative care, enhanced recovery, local geography

5. Surgical waste production

- *Q: Are you conscious of surgical waste production when performing robotic surgery?*
P: single use versus multiple use equipment, equipment longevity for multiple use, carbon footprints – selection of equipment on this basis, green theatres, power off, national/local policy.
- *Q: Do you regularly review and rationalise your use on intra-operative equipment?*
P: reusable versus single use, essential versus optional items to have ready on side, supplier engagement.
- *Q: Is your surgical equipment recycled?*
P: repair or replace equipment, hospital policy.

Q - question; P – probe.

Final steps:

Thank the participant. Check whether they have remaining questions or comments about the topic
Reassurance about confidentiality and anonymity
Research team contact details should they want further information