CODEX for SIU-endorsed live surgery events

SIU-endorsed workshops, master classes, and live demonstrations aim to achieve the following goals:

- Promote the teaching and practice of urological surgery
- Enhance and assist in the quality control of urological surgery

The following CODEX has been developed to ensure that SIU-endorsed surgical events meet the Society's standards of education and patient care. The CODEX aims to provide local organizers with the tools to develop and execute successful educational events.

Live surgery may include, but is not limited to, demonstrations to small groups in the operating room or to large groups during a urological meeting.

A variety of measures have been developed to mitigate the potential risks associated with live surgery demonstrations and proceed according to the currently established ethical standards. The CODEX provides guidelines for organizers of SIU-endorsed live surgery events. The CODEX also establishes the role and responsibilities of the SIU in relation to these events.

Educational goals and guidelines

1. The primary educational goals of the course should be clearly stated early in the planning process, and cases, as well as lectures, should be selected with these in mind.
2. The clinical problems and surgical techniques demonstrated should be relevant to current practice and to the course audience. In the event that a unique case requires special expertise, this should be clearly stated.
3. The educational goals for each procedure should be defined. Each case must be preceded by a presentation of the case history, and the reason for the surgical procedure must be stated.
4. There must be interaction between the audience and the operating surgeon, where appropriate.
5. Didactic lectures are recommended as part of the program. These should include discussions regarding quality assurance and complications.
6. The course must comply with existing local continuing medical education (CME) regulations. An application for valid CME credits should be sent to the accreditation body as soon as the scientific program is in place.
On-site organization and facilities

1. The faculty, industry representatives (if applicable) and the local organizers must meet before the course starts to go through the list of scheduled procedures, selected patients and required equipment.
2. There must be a contingency plan in place for handling unexpected patient cancellations.
3. Faculty members may alternate between performing surgical procedures, lecturing and moderating in the auditorium.
4. The audiovisual presentations should be designed to optimize transmission through strategic placement of cameras, adequate audio equipment, high-quality display screens and an experienced and skilled production team.
5. There must be a plan for handling unforeseen events such as loss of audiovisual transmission. Backup material (e.g. video recordings) should be available.

The operating surgeon

1. Operating surgeons must be sufficiently skilled in their respective fields. They should have educational and didactic experience.
2. The operating surgeon is regarded as a visiting consultant and should have an official invitation from the hospital to perform the procedures planned for the course. The local organizer should ensure the visiting faculty has the appropriate insurance coverage. It is in the best interest of the visitor to make sure this is in order prior to the live session.
3. Following the organizer’s request, the operating surgeon must provide documentation regarding any potential health risks (e.g. MRSA or Hepatitis B and C).
4. The operating surgeon should familiarize him/herself with the individual cases that will be performed, including case history, planned procedures and possible risk factors.
5. Demonstrators should only use equipment with which they are proficient.
6. Ideally, selection of equipment is done prior to starting the case. This should be carried out in collaboration with the sponsoring companies (if applicable); however, the operating surgeon has the final say and may select the equipment at his/her own discretion.
7. The operating surgeon is responsible for educating the host team (before or during the procedure) regarding any procedures or devices that require special knowledge.
8. The operating surgeon should focus primarily on matters of patient care, but should also, inasmuch as necessary and practical, showcase the equipment used, the accessory preparation, and share other considerations that may improve the teaching output of the case.
The local course director

1. The local course director is responsible for patient care in preparation for, during, and after the procedure.
2. The local course director must allow sufficient time for the operating surgeons to meet their patient and provide necessary translation (if applicable) and access to the medical records of the patient.
3. The local organizers must be realistic in placing the demands of the live course on the surgical unit and ensure that such demands can be met. The case mix, as well as case load, must be in-line with the practical limitations of the course site.
4. The organizer should attempt to comply with the operating surgeon's preference for equipment. This should be handled during the selection and distribution of cases among experts.
5. The organizer, operating surgeon, and the host institution must have appropriate malpractice coverage. Such coverage is the responsibility of the local organizer.
6. The local course director must ensure that the operating surgeons are appropriately licensed and have been granted approval to perform the procedures being demonstrated.
7. The local course director and his/her organization are responsible for all costs associated with the event.

Patient consent and safety

1. There must be an adequate informed consent process. This should include informing the patient regarding the course details and the assigned operating surgeons.
2. Patient safety and proper care must take precedence over all other considerations.
3. The potential benefit for the patient by performing a particular procedure must outweigh the risks.
4. The usual standards of care for patients at the hosting hospital must be provided for all patients examined or treated before, during, and after the procedures.
5. The course organizers should never put the patient at risk by inappropriate selection, inappropriate treatment or any other infringement of normal ethical practice.
6. The local director bears the medical responsibility for the course patients.
7. Visiting faculty has an unrestricted right to refuse or cancel procedures deemed not indicated, dangerous or futile.

Following the event

1. The course director should prepare a report to the SIU Live Surgery Committee. As a minimum, the report should include the following items:
Live Surgery Committee
Dr. Jean de la Rosette
Netherlands
Chair
Joachim Thüroff, Germany
Mahesh Desai, India
Luc Valiquette, Canada
Simon Tanguay, Canada

a. Location and venue
b. Local organizing committee
c. SIU representatives (if applicable)
d. List of participants
e. Educational goals
f. Scientific program
g. Practical organization of the meeting (in particular, items that went well and/or areas of difficulty)
h. Results from participant evaluations

Application process

1. SIU members must submit a formal application to the SIU Live Surgery Committee to request SIU endorsement of their event.
2. The Live Surgery Committee will review the official application and assign an SIU representative as a liaison.
3. Based on the Committee’s approval, the SIU will send an official letter to the applicant, which will include information about the designated SIU liaison.