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Title: Usability Challenges in Surgical Simulator Training

Year: 2009

Version:

Please cite the original version:

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Abstract. Surgical virtual reality simulators have been taken into use in order to improve surgical skills training. Emergence of simulators increases the need for research and knowledge related to usability of medical simulators. In this study usability of laparoscopic surgical simulator was researched experimentally through combined analysis. Data was gathered with heuristic evaluation, questionnaires, and interviews as well as recorded simulator parameters. Results suggest that the surgical simulator could be more efficient learning and training tool if usability issues such as support and error prevention were reconsidered in more detail. There also seem to be grounds for connecting user support into structured simulator training program.

Keywords: Surgical simulator, Usability, Skills training, Learning

1. Introduction

Simulator-based training in surgery is evolving to a more common part of resident training. Developing systematic simulator training programs alongside traditional training in hospitals is a new and progressive way to intensify surgical resident training and surgical skills learning. Structured simulator training program developed in Central Finland Central Hospital for intensifying surgeons’ skills learning showed that more study is required concerning problems of simulator use. Also introduction of simulators into surgical training programs has not been yet studied. This information is needed in order to provide adequate training support as well as developing more efficient training programs for surgeons.

Usability is usually defined as feasibility [1]; that is how well and easily a person can use functions of a product to perform certain tasks. According to Nielsen [16] usability consist of system’s learnability and efficiency of use, memorability, rate of errors and subjective satisfaction of use.

Surgical VR simulation was taken into use in order to improve training efficiency and to reduce time spent in training of basic skills with patients. Term “simulator” as used in medicine usually refers to a device that presents a patient or part of a patient [5]. Skills training in simulation laboratories have been shown to improve operating room performance [7].

Swift technological evolution of medical simulators has focused on highest possible technical standards, simultaneously discarding end-users needs [21]. Usability evaluation of new virtual reality systems requires also new approaches and perspectives [1]. As a relatively new learning technology, medical simulators need to be studied more in order to resolve user problems and even more importantly, find ways to avoid these problems in future [11].

This experimental study is based on a pilot research project which suggested that there are unsolved problems concerning the learnability and usage of the simulator. We see that the educational aspects of using the simulator as training tool are not considered sufficiently. Simulator user’s learnability needs to be analyzed holistically, in order to improve simulators as educational tool and gain the best possible benefit from training. Educational value of the simulator is also dependent on the comfortableness of training, ease of use and it’s ability to motivate user to train. Validation studies [14] that have been executed on surgical simulators give only partial view of functionality and effectiveness of simulators. There is also a need for studies on the actual usability of surgical simulators. Nowadays usability is seen as an increasingly important aspect when medical technology is purchased at hospitals. However, there seems to be need for suitable evaluation methods [13, 3]. We suggest more detailed usability analysis of the simulator with the performance data gathered from the simulator.
training combined with experiences from ongoing training program. The purpose of this paper is to describe usability problems and challenges related to the surgical simulator. Paper also discusses the requirements and possibilities to enhance skills learning and training in hospital context. The paper is organized as follows: Section 2 outlines the background issues concerning surgical simulator training and usability. Section 3 describes the study and analysis of the data gathered. Section 4 presents the results. Section 5 discusses the results of the study. In last chapter, concluding remarks are presented.

2. Surgical training and usability

2.1. Video assisted surgical skills training

The increasing use of video assisted minimally invasive surgery (MIS) has created a need for training simulators which are safe alternative for surgical skills training. Especially video assisted abdominal surgery, laparoscopy, is complex technique and the development of laparoscopic skills need additional teaching and training when compared to traditional open surgical techniques [23, 18]. Laparoscopic surgical operation is performed through small incision in the abdominal cavity. The instruments being used are thirty centimetres long and more complex than instruments used in open surgical techniques. For example, physical ergonomics of laparoscopy are known to be challenging due to the awkward position of operating surgeon.

2.2. Surgical simulators

Simulators’ advantages for surgical training have been studied in the past years. It has been recommended that simulator training should be used in early stage of training, when students are highly motivated and have not yet developed routine working methods [4, 22]. Also, surgical complications seem to occur most frequently during the first 10 procedures [10].

There is a common agreement that simulator training should be part of the laparoscopic surgical training and further in curriculum [8]. This study focuses on a simulator that is designed for training laparoscopic techniques. Laparoscopic simulators offer highly flexible and controlled learning situations with various tasks and problems to be solved without external disturbances such as stress and hurry. With the aid of simulator residents are able to practice repeatedly in varying conditions without the risk of harming patients. Laparoscopic simulator training is expected to build skills such as depth perception, eye-hand coordination and instrument control as well as adapting the trainee to the decreased degrees of freedom when operating through small incisions. Further, simulators are used to introduce new equipment and instruments to novice surgeons. [19] Simulators offer possibilities to assess the readiness of resident surgeon to proceed to real patient surgery [6]. Also the experienced physicians from various disciplines can practice procedures such as operations they have not recently performed [2].

3. Research design

Training program and data collecting was organized in hospital medical skills learning centre. Simulator training was organized as structured training program for surgical residents supervised by specialist surgeons. Participants were given short instructions (30 minutes) before training. Each task and simulator function was introduced by specialist. Next we present research questions and data gathering. Thereafter, we present analysis of data obtained with expert analysis, questionnaires, facilitator comments and simulator parameters.

Research questions:
1. What are the usability problems and challenges of laparoscopic surgical simulator?
2. How do these usability problems and challenges affect to the use of simulator in training?
3. What usability requirements surgical simulators need to fulfill in the hospital context, in order to support the training of surgical skills?

Various data collection methods were used in this study (see table 1.). Questionnaires were used to collect surgical residents’ experiences and opinions during the training program. Simulator parameters were collected from each trainee’s performance in order to find out the quality of performance and possible problems during it. Participants were instructed to use the simulator and practice skills on five different tasks selected by surgical specialist. All exercises simulated laparoscopic instrument handling in three-dimensional space. The purpose of the training was to familiarize participants to video-assisted surgical equipments and technique.
Usability of the simulator was evaluated with the aid of combined methods. Heuristic evaluation was conducted by the usability expert. In order to create suitable data gathering method for simulator analysis, heuristics used were gathered from following heuristics or design principles Jakob Nielsen’s [17], Ben Shneiderman’s [20], IBM’s [9] and University of Jyväskylä Käytech project’s. Reported heuristics were selected based on their applicability in the simulator evaluation. Usability problems were counted and described in detail. In addition, possible consequences of problems as well as solutions for each problem were evaluated.

Simulator training facilitator was present during usability expert evaluation. Facilitator’s role was to offer user support and instruction related to the simulator use. After the heuristic evaluation the facilitator’s observations on the learnability and usage of the simulator were recorded during open interview session. Facilitator’s comments on user challenges and problems were recorded along with heuristics.

Problems and challenges of the surgical residents were gathered and further analyzed. The number of trainees who experienced difficulties and specific problems were recorded. Simulator parameters, such as performance, accuracy of movement and the rate of errors, were analysed to reveal performance task failures.

4. Results

4.1. Usability problems of the simulator

Heuristic usability analysis highlighted 42 usability problems in total. A summary of these problems is presented in table 2.

Most usability problems concerned aesthetics and visual design. For example user interface colors, inadequately marked links or icons and unpractical placing of buttons were evaluated as problematic issues. Problems concerning consistency and standards were caused by the fact that simulator user interface was not designed following the standards and conventions of user interface design.

The simulator was assessed to offer minimal level and hard to detect guidance. The problems related to system feedback have impact especially on user satisfaction. The simulator does not offer systematic information on errors or when the task is finished. Problems of error prevention and recovery are mostly related to the delicate instruments and calibration which needs extra carefulness in order to succeed. In the area of authenticity and ergonomics problems concerned rigidity of instrument use and impossibility to move or lean the monitor or adjust the height of the simulator. However simulators mobility and feeling of authenticity were evaluated as positive features.

A possibility to use shortcuts would speed up navigation in the monitor user interface. Proper search functions as well as more interactive video functions would also help user and prevent overloading user’s memory. Efficiency was reduced by slow loading operations. Positive characteristic was possibility to customize training for each individual user needs. In user interface medical language is mostly used which is familiar to users. However outside the tasks there is also technical language which might be unfamiliar to users.

4.2. Usability challenges during training

Problems that took place during the training were collected from participants with the aid of questionnaires as well as recorded simulator parameters. (Table 3). Parameters showed that two out of fifteen users had problems in at least one of five task types. These failures were caused, for example, by calibration problems. Only two users succeeded to perform tasks without any problems visible in parameters. However, nine out of ten users reported in questionnaires having problems in at least one of
training. The facilitator explained that the user
of their training and after a longer break in
hands-on instructions especially in the beginning
to the facilitator’s observations of users needing
simulator was reported insufficient only by one
systematically. The guidance offered by the
surgeons needed to instruct trainees
instructions even though facilitator and senior

4). The possible consequences of the detected
results of the heuristic usability analysis in order
find coherences between these results (Table

Table 3. Challenges in specific tasks

<table>
<thead>
<tr>
<th>Task number</th>
<th>Performed with</th>
<th>N of users with defective tasks</th>
<th>Amount of users who reported problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>camera</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>instruments</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>instruments</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>instruments</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>instruments</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>N=15</td>
<td>N=10</td>
<td></td>
</tr>
</tbody>
</table>

The problems mentioned in questionnaires
and facilitator’s interview were combined to the
results of the heuristic usability analysis in order
to find coherences between these results (Table
4). The possible consequences of the detected
problems are also shown in Table 4.

Table 4. Coherences between results

<table>
<thead>
<tr>
<th>Areas</th>
<th>U=Usability evaluation first line</th>
<th>Possible consequences of the detected problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aesthetics and visual design</td>
<td>U=Colours choices, icons, placing of objects, lack of cognitive clues, advertising</td>
<td>1. Reduced enjoyment, error choices, loss of time, missed information</td>
</tr>
<tr>
<td>Error prevention and recovery</td>
<td>Q=Advertising confuses</td>
<td></td>
</tr>
<tr>
<td>Help and guidance</td>
<td>F=Facilitator third line</td>
<td></td>
</tr>
<tr>
<td>Match between simulator and real world</td>
<td>S=System feedback</td>
<td></td>
</tr>
<tr>
<td>Recall and shortcuts</td>
<td>R=Recall and shortcuts: limitations of help and values</td>
<td>User’s memory overloaded, loss of time</td>
</tr>
<tr>
<td>Consistency and standards</td>
<td>Consistency and standards: missing information, error choices, reduced enjoyment of use</td>
<td></td>
</tr>
<tr>
<td>Ergonomics</td>
<td>Ergonomics: discomfort, muscular pain</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>Efficiency: slow task and help loading</td>
<td>Loss of time, lack of help</td>
</tr>
<tr>
<td>Language</td>
<td>Language: technical terms, foreign language</td>
<td>Error choices, missed information</td>
</tr>
<tr>
<td></td>
<td>Technical terms sometimes hard to understand</td>
<td></td>
</tr>
</tbody>
</table>

Only few trainees reported a need for instructions even though facilitator and senior surgeons needed to instruct trainees systematically. The guidance offered by the simulator was reported insufficient only by one user from total of 11 users. This is contradictory to the facilitator’s observations of users needing hands-on instructions especially in the beginning of their training and after a longer break in training. The facilitator explained that the user training was organized by the manufacturer when simulator was introduced in the hospital. Thereafter user support was offered from the manufacturer mainly through phone or e-mail. In addition user manual in Finnish language was printed and placed alongside the simulator.

5. Discussion

The study was conducted in order to gain more information concerning usability of surgical simulators, together with increasing attention towards usability aspects on medical technology. Heuristic usability evaluations have been recommended to be performed by a minimum of three evaluators which results finding about 60-75 % of problems [17]. As compensation to the use of only two evaluators other evaluation methods were used. These include such as questionnaires, interview and analysing training performance parameters. Heuristic evaluations have been criticized to be misleading due to their introspective nature and expert evaluators’ possible difficulties to understand end users. This criticism encouraged us to use simulator training facilitator’s knowledge of end users’ ways of working to supplement analysis of usability expert. It is stated that the use of experts of different areas raises the amount of detected problems [15].

The simulator has succeeded on prior validation tests and studies and seemed to also satisfy the users need for training skills outside operating room. Simulator’s value for surgical skills training is undeniable. However, due to many usability problems, the training was not as fluent as expected. Many of the heuristic evaluation results are quite ordinary usability problems and should be easily solved.

To compensate user challenges during simulator training, the facilitator was offering hands-on user support and instruction on simulator use. The results show that the user support and the hands on instruction of the simulator use are needed. The support provided by facilitator and specialists was vitally important for trouble-free training.

The simulator user interface offers very little guidance which might be critical if it leads to mislearning. Match between simulator and real world is important aspect of training, however, also motivating users would be useful in this kind of educational simulator. The lack of adjustability is probable to cause muscular pain.
especially to short and tall users and needs to be 
improved by for example using platforms. 
Considering educational simulator use in hospital 
context, we suggest improvements in order to 
support surgical skills training and learning. We 
suggest following requirements for surgical 
virtual reality simulator:

- Fast reacting, quickly accessible
- Easy to memorise and use even non-
regularly
- Simple instructions, no time consuming 
usage of help or complicated 
instructions.
- Durable hardware
- Error control and clear error messages for 
problem situations
- Simple and motivating feedback of user 
performance
- Good ergonomics and adjustability for 
different size of users

Separating simulator user problems from 
medical skills problems should be noticed. It is 
important to know what problems or errors are 
caused by the problematic user interface or 
broken devices vs. what problems or errors are 
caused by skills deficiencies. For example: 
occasionally it is needed to move the instrument 
around the screen to get it calibrated, but 
simulator measures extra movements of the 
instrument as error in performance parameters. 
The defect is that the performance parameters are 
not separating the equipment problems from 
user’s lack of skill.

Actions for improving usability could 
concentrate on developing more detailed training 
instructions or help and tutoring systems. The 
best results, however, could be achieved by 
developing the quality of user interface ease of 
use. For example experiences from ship engine 
room simulator study showed that, many 
simulator users reported that the main criteria for 
usability should be simulator’s authenticity [12]. 
Similarly in our study, the satisfaction of 
simulator authenticity was high which resulted to 
high motivation in simulator training and less 
complains on other problems. The good usability 
means ease of memorizing and use even after 
training breaks. Intuitive use should be possible 
during the hectic hospital work environment 
within lunch breaks or between patient 
treatments.

We argue that the simulator should not be 
used without proper backup. Without specialist 
guidance the risks of learning erroneous working 
methods increases. Also without proper user 
support the simulator’s functional problems or 
missing instructions may frustrate users or 
induce breaking down of the simulator. In 
addition specialists hardly have time to act as 
user support or facilitator.

6. Conclusions

There are challenges and problems 
concerning usability of the surgical laparoscopic 
simulator. Based on the results gathered from 
heuristic analysis and error rates of residents as 
well as reported problems by users and the 
facilitator, there is a need for developing user – 
friendliness of the simulator. We argue that the 
best laparoscopy simulator training place is in 
hospital where the residents begin to operate 
laparoscopies at first time. We see that there are 
possibilities to increase the efficiency of 
simulator training and learning as well as user 
satisfaction and motivation.

Maintaining and offering user support is 
needed, as empirical experiences have shown,. 
However, the deficiencies in simulator usability 
can be compensated with facilitating, tutoring 
and mentoring. Further experiments are also 
needed concerning simulator use in training and 
since there are other laparoscopic simulators 
these results do not necessarily apply to all of 
them before further studied.

9. References

Of Usability Evaluation in Virtual 
Environments: Classification and 
Comparison of Methods. Teleoperators & 

for medical simulation. Proceedings of the 

Denger C, Hoffmann A. Supporting 
requirements engineering for medical 
products: early consideration of user-
perceived quality. In: Schäfer W, Dwyer 
MB, Gruhn V, editors. Proceedings of the 
30th international conference on Software 
engineering, ICSE; 2008 May 10-18; 

Hedman L, Wredmark T, Tsai-Felländer L. 
Visuospatial skills and computer game


