OBSTETRICS & GYNECOLOGY

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Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office: obgyn@greenjournal.org.

Date: Apr 11, 2019
To: "Sunil Balgobin" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-414

RE: Manuscript Number ONG-19-414

Vaginal Hysterectomy Technical Skills Training Model and Curriculum

Dear Dr. Balgobin:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Great and detailed effort to standardize and facilitate simulation and promote vaginal hysterectomy. Thank you!

Main issues:

1- The variation the technique of tying is noted and not an issue. It is great to have a clear specific description of each tie, it would be ideal if the authors made sure there is a reference for the tie mentioned. "A vascular tie" vs. "Haney tie" vs. Modified Haney tie", it will be great if we can have a reference for each of those ties presented.

2- It would be beneficial to add the perspective of the experts for how they though this model relate to surgery.

3- Please consider dividing the success into two categories: one for passing the steps and one for time limit. It would be great for the resident to have a feedback based on their performance in addition to the pass/fail.

Specific issues:

4- Methods:
a. Line 91, continuous running suture for vaginal cuff closure. Again, variation of vaginal closure include interrupted suture closure. A reference for the continuous closure would be ideal and other steps of the model would be appreciated! This will help the utilization and modification of the model based on the utilized technique in the corresponding institution and might make the next researcher think about what is the reason they "do what they do".
b. Adding a table with the name each of components used to build the model would be ideal. May be UT Southwestern can brand this model and make it commercially available!

5- Experience:
a. While consensus among experts is great; we still like to have references where those steps came from if possible!

6- Discussion:
a. What are the specifics of the curriculum beside the model, do you have readings, videos, follow up in the OR?
4- Tables, figures, video:
a. Table 1: ideally if we have a reference for each of those ties and ways of closure!
b. Figure 1: Needs detailed description of the included parts
c. Videos: Great!

Reviewer #2: ONG-19-414 - Vaginal Hysterectomy Technical Skills Training Model and Curriculum

General comment:

The authors have developed a novel and clearly practical model for simulating four suturing manoeuvres encountered during a vaginal hysterectomy. They did a pilot study of 30 residents using the model. While this is clearly very interesting the authors have not done a good job of describing their methods and performing a thorough and appropriate analysis of their results. They have not worked out a comprehensible way in which this model could be incorporated into their training program. Below are suggested changes that would hopefully address many of these shortcomings.

Specific comments

1. This study model simulates only suturing techniques of vaginal hysterectomy

2. Suggest title should be more precise : "Vaginal hysterectomy suturing skills training model and Curriculum"
Within article would recommend similar changes to wording.

3. What were outcomes for the expert vaginal surgeons? They should be presented and an explanation provide as to how these results were used to establish the outcome measures

4. How were the elements of proficiency scored?

5. What constituted a pass on each task? Was it necessary to complete the task in ≤ the mean time of the faculty group.

6. For each of the two error categories was the score simply pass-fail?

7. Line 130 - what was the resident's surgical experience prior to doing the test? How many vaginal hysterectomies had each resident perform? With this information you could then look to see if there was any correlation between actual surgical experience of hysterectomy and performance on the test. The year of training presumably is a proxy for overall surgical experience.

8. Line 137 - what is meant by "overall pass rate"? Does this mean the number of residents who completed the task within the time limit with no errors?

9. 6.7% of 30 is 2 residents presumably. Actual numbers should be included in the text.

10. How was the task timed? It would be interesting to see the actual numbers ie. How did the mean time for each task vary by resident training group?

11. Were all residents permitted to finish each task regardless of the length of time required to complete it?
Tables with the data from each task would be interesting.

Task 1 - Heaney pedicle stitch

Study group	Mean performance time	Number (%)with air knot	Number(%) knot secure
Faculty experts			
PGY 1			
PGY 2			
PGY 3			
PGY 4			

Statistical measures of the difference between these groups would be of interest.
Task 2 - Simple pedicle stitch
Task 3 - Double ligature
Task 4 - Vaginal closure stitch

Discussion

12. Consider the relative importance of the test components- knot qualities should certainly trump procedure time if patient safety is a priority - is this worth commenting on?

13. Line 156 - 157 what does this statement mean? Trimmed means? Two standard deviations beyond the mean? This information should be clearly spelled out in the methods section.

14. Line 159-165 - these are results - they should be in the results section and accompanied by numbers where they are available

15. What was the goal of developing this model? was to use it as a training device rather than as an evaluative device? it could be used for both. For junior residents, a baseline assessment could be done followed by a training session of the suturing methods with an opportunity to practice followed at a specified time by a repeat test. For senior residents the model could be used in an OSCE format to evaluate suturing skills.

Conclusion

16. Line 63 - you need to outline how this model could be incorporated into the curriculum

Reviewer #3: Improving vaginal hysterectomy skills simulation is important topic and may help resident achieve proficiency in vaginal hysterectomy. Multiple models to simulate vaginal hysterectomy have been previously described. The authors developed a low fidelity model to simulate suturing tasks during vaginal hysterectomy. This model consists of a modified polyvinyl chloride downspout adapter and various other materials. The four suturing tasks include: Heaney pedicle stitch, simple pedicle stitch, double ligature, and continuous running stitch.

Questions/comment include:

1. How does this model compare to other previously developed models?

2. What are the specific benefits of this model?

3. This model only emphasizes suturing and knot tying. These are important technical skills, but what about clamp placement? Clamp placement is also a repetitive and predictable technical skill that is not incorporated into this model and is also necessary prior to securing pedicles.

4. The notches in the model are described as beneficial, however the stated benefit includes that this "Holds the clamp during task performance". This doesn't seem to be a significant benefit and may be a detriment as clamps should be placed and held by the surgeon until passed to an assistant.

5. What are the potential reasons that the overall pass rates were so low? Is this typical of of vaginal hysterectomy models? Would you expect improvement in pass rates between lower and higher level residents?

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
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* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Original Research articles, 300 words. Please provide a word count.

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10. The Journal's Production Editor had the following to say about the figures in your manuscript:

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If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 02, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

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