Appendix 1.

EMIG Steering Committee

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Erika Banks MD, (ACOG Simulations Working Group)
Sandie Carson, MD / Marc Jackson MD (ACOG VP Education)
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Isabel Green MD, (EMIG Curriculum)
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Linda Michels, (AAGL Executive Director)
Malcolm G. Munro MD, (Principal Investigator)
M Jonathon Solnik MD, (AAGL Board)
Mark Woodland MD, (CREOG Chair)

Working Group

Malcolm G. Munro MD, (Principal Investigator) Arnold Advincula MD, (Co-Principal Investigator) Jocelyne Fletcher, (Proctor) Lisa Matthews, (Project Coordinator, Proctor) Craig Cocca, (Proctor) Kim Thayn, Ph. D (Psychometrician)

EMIG Advisory Committee

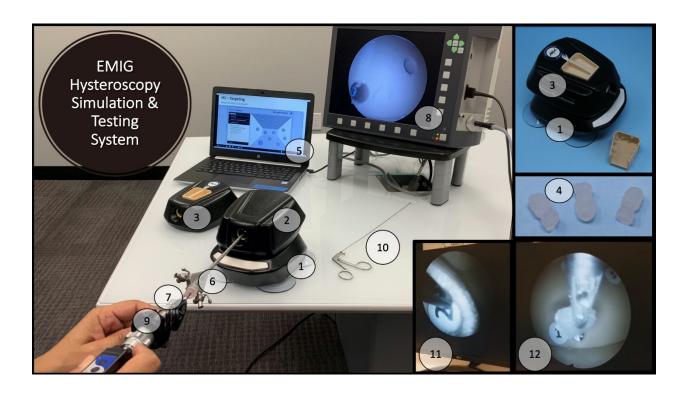
Ted Anderson, MD, Ph. D
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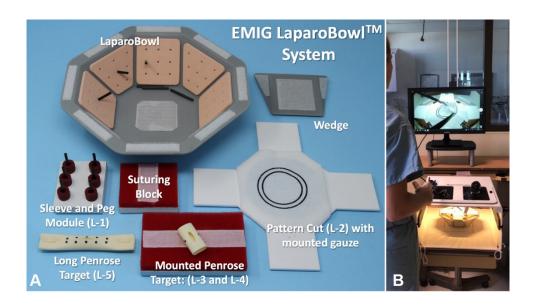
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Appendix 2. American Association of Gynecologic Laparoscopists hysteroscopy simulator (Medical-X, Rotterdam, The Netherlands). The system comprises a proprietary base module (1); targeting module (2); polyp module (3) and polyps (4); a laptop computer with associated proprietary software (5); a 5.5 mm outside diameter hysteroscopic sheath with a 5-French instrument channel (6); a 3 mm outside diameter hysteroscope with a 30° foreoblique lens (7) attached to a remote light source (8); a medical grade video camera head (9) attached to a camera base unit and video monitor (8). In this example, the light source, camera base and video monitor are combined into one device. Hysteroscopic instruments (10) can be passed through the channel for the targeting (11) or polyp removal exercise (12). EMIG, Essentials in Minimally Invasive Gynecology.



Appendix 3. The Essentials in Minimally Invasive Gynecology (EMIG) LaparoBowl System. A. The system comprises the octagonal LaparoBowl with five internal perforated and six (three internal and three external) hook and loop fastener—type panels; a wedge to use internally to prevent loss of the sleeves if dropped and externally to provide additional angles for targets; the Pattern Cut (Exercise L-2) platform; two types of suturing blocks for mounting of Penrose targets for exercises L-3, 4, and 5; and the floor-mounted Peg Module for exercise L-1. B. The LaparoBowl is placed into the Fundamentals in Laparoscopic Surgery Trainer Box. Note the participant standing to one side of the trainer to perform the exercise. Reprinted from Essentials in minimally invasive gynecology manual skills pilot validation trial. Munro MG, Brown AN, Saadat S, Gomez N, Howard D, Kahn B, Stockwell E, et al. J Minim Invasive Gynecol 2020;27:518–534, Copyright 2020, with permission from Elsevier.



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Appendix 4. FLS Laparoscopic Simulator (Limbs & Things Inc., Savannah GA). The FLS Trainer Box was used to provide the environment for the EMIG LaparoBowl system. This unit includes an integrated video camera and internal lights, while each of the two black panels was perforated with four cannulas to allow hand instrument access. The output from the video camera is displayed on a video monitor, not shown. Reprinted from Essentials in minimally invasive gynecology manual skills pilot validation trial. Munro MG, Brown AN, Saadat S, Gomez N, Howard D, Kahn B, Stockwell E, et al. J Minim Invasive Gynecol 2020;27:518–534, Copyright 2020, with permission from Elsevier. Figure originally from Limbs & Things, used with permission.



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Appendix 5. Web-Based Screening Survey. Each voluntary candidate identified by the local principal investigator was instructed to take the web-based survey to determine eligibility and to provide anonymized demographic and other data for later analysis. The novice (PGY-1) cohort was required to have minimal hysteroscopic, laparoscopic and related simulator experience. For the other three groups, a minimum level of laparoscopic and hysteroscopic experience was required, the amount based upon their level of training.

1. Last Name:	_ First Name:
Middle Name:	
Date of birth (mm/dd/yyyy):	Gender: MFOother Date of
Completion dd/mm/yyyy	
completion <u>adjumny</u>	
A. Current Status	
Current Location:	
Institution:	
City	State / Province:
Country:	State/Province
Country	
Training/Practice Category: Please select one of the follow	owing:
Training/Fractice Category. Flease select one of the following	owing.
0	
OB-GYN Resident	
v (= :: = ==============================	PGY-3 PGY-4 PGY-5
-Year of Training: PGY-1 PGY	Y-2 PGY-3 PGY-4 PGY-5
OB-GYN Fellowship Training	
OB-GYN Fellowship Training	
-Year of Training: 1 2 3	4 5
-Fellowship type:	
t ellowship type.	
☐MFM ☐GYN Onc	cology
FPMRS	AAGL FMIGS Other MIGS (Specify)
Post Residency/Fellowship	

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Faculty/Attending (Residency and Fellowship	programs)
Practitioner (non-teaching centers)	
Other	_
B. Education:	
Answer all that apply:	
What was the name of your medical school?	
-Name of medical school:	
-Graduation Year:	_
MD DO Other (specify):	
Have you had residency training in another specialty?	Yes No
If Yes – For how many years? 1 2 3 4 5	□ ₆ □ >6
- What Specialty(s):	
Have you had Fellowship Training?	0
Current Fellow - year of training? 12 3	Completed fellowship – Year
Fellowship Type	
Fellowship Type MFM GYN Oncology	□ _{REI} □
	REI
Other MIGS (Specify)	
Other MIGS (Specify)	MIGS (2 yr) AAGL-SRS MIGS
Other MIGS (Specify) GYN Oncology FPMRS AAGL-SRS	
Other MIGS (Specify) GYN Oncology FPMRS AAGL-SRS	
Other MIGS (Specify) FPMRS GYN Oncology AAGL-SRS (1 yr) C. Other Information:	
Other MIGS (Specify) FPMRS GYN Oncology AAGL-SRS (1 yr) C. Other Information:	MIGS (2 yr) AAGL-SRS MIGS
Other MIGS (Specify) FPMRS GYN Oncology AAGL-SRS (1 yr) C. Other Information: Handedness Right Left	MIGS (2 yr) AAGL-SRS MIGS

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D. Prior Simulator Training						
Are you FLS certified?						
-Experience with FLS Simulator System (0-5, 0 me	eaning no e	xperience	e, 5 mear	ning highe	-	-
experience) 2 3 4 5					0	
-Experience with other surgical simulation syster	ms? 🗖 0	010	2 🗆 3	J ₄ 🗆 5		
Specify:						
What is your Experience with Robotic Assisted Simulator	rs?					
-Suturing:						
Intracorporeal knot tying	\Box_0	\Box_1	\square_2	\square_3	\square_4	\square_5
Running suture	O	\Box_1	\square_2	\square_3	\square_4	\square_5
Provide a self-evaluation of task comfort level (0-5, 0 mean	ing not com	fortable,	5 meanin	ig verv co	mfortable	e)
-Bead-Peg Transfer task					_	
						_
-Circle cutting task	0	\cup_1	U 2	U 3	U 4	□ ₅
-Suturing:	_	_	_	_	_	_
Intracorporeal knot tying	<u> </u>	\Box_1	\square_2	\square_3	4	\square_5
Extracorporeal knot tying	\Box_0	\square_1	\square_2	\square_3	\square_4	\square_5
Running suture	\Box_0	\square_1	\square_2	\square_3	\square_4	\square_5
E. Laparoscopic Surgical Experience						
What is your experience with laparoscopic surgery (Robotic	excluded)?					
(0-5; 0 meaning no experience, 5 meaning highest level of ex	perience)					
- Tissue dissection (e.g. adhesion dissection or crea	tion of bladd	ler flap)				
	$\square_0 \square_1$	\square_2	\square_3	\square_4	\square_5	
- Suturing:	_	_	_	_	_	_
Intracorporeal knot tying Munro MG, Advincula A, Banks EH, Auguste TC, Chahine E			□2 Essentials	_	4 ally inva	□ ₅ sive

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Extracorporeal knot tying	o	\square_1	\square_2	\square_3	\square_4	\square_5
Laparoscopic running suture	□ ₀	\square_1	\square_2	\square_3	\square_4	\square_5
What is your experience with robotic assisted laparoscop	ic surgery?					
(0-5, 0 meaning no experience, 5 meaning highest level of	experience)					
-Tissue dissection (e.g. adhesion dissection or cre	eation of bladd	er flap)				
		\Box_0	\square_1	\square_2	\square_3	\square_4
\square_5						
-Suturing:						
Intracorporeal knot tying	\square_0	\square_1	\square_2	\square_3	\square_4	\square_5
Running suture	□0	\square_1	\square_2	\square_3	\square_4	\square_5
F. Hysteroscopic Surgical Experience						
What is your experience with diagnostic hysteroscopy?						
Rigid Hysteroscope (0 meaning no experience, 5 3 4 5	meaning highe	st level o	f experier	nce)		1020
8 8	meaning highe	est level o	f experier	nce)		1020
3 4 5						1020
3 4 5 What is your experience with operative hysteroscopy?	ndometrial abl	lation dev				1020
What is your experience with operative hysteroscopy? Operative Hysteroscopy/Resection Experience – (e	ndometrial abl	lation dev		cluded)		01020
What is your experience with operative hysteroscopy? Operative Hysteroscopy/Resection Experience – (e (0-5, 0 meaning no experience, 5 meaning highest)	ndometrial abl level of experion	lation dev	rice <u>not</u> in	cluded)	□ ₀ □	0 ₅
What is your experience with operative hysteroscopy? Operative Hysteroscopy/Resection Experience – (e (0-5, 0 meaning no experience, 5 meaning highest Polyp removal	ndometrial ablineries 0	lation dev	vice <u>not</u> in	cluded)		O ₅
What is your experience with operative hysteroscopy? Operative Hysteroscopy/Resection Experience – (e (0-5, 0 meaning no experience, 5 meaning highest Polyp removal Myoma resection	ndometrial abl	lation devence)	vice <u>not</u> in	cluded)		□ ₅
What is your experience with operative hysteroscopy? Operative Hysteroscopy/Resection Experience – (e (0-5, 0 meaning no experience, 5 meaning highest Polyp removal Myoma resection Endometrial resectoscopic ablation	ndometrial abl	lation devence) 1 1 1	vice <u>not</u> in	cluded)	_4 _4 _4	□ ₅ □ ₅ □ ₅

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Appendix 6. L-5 running suture errors. Mean errors in mm (±standard error of the mean) (A) for each of the 10 targets (B) by cohort. Target order is reversed for those standing on the left side of the trainer box.

