



Exclusive supplier of the FLS Box Trainer is now proud to introduce the

Endoscopy Training System (ETS)

Developed in partnership with Kyoto Kagaku and in collaboration with the development team at the National Capital Region Simulation Consortium and the USU / Walter Reed Department of Surgery

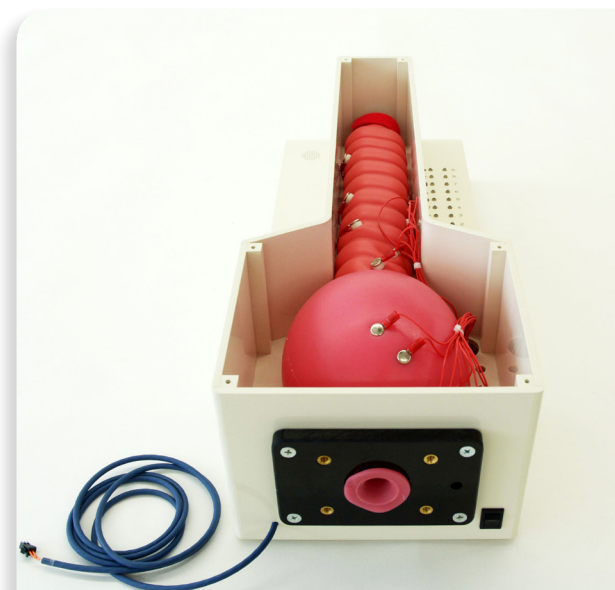
**NEW
PRODUCT**



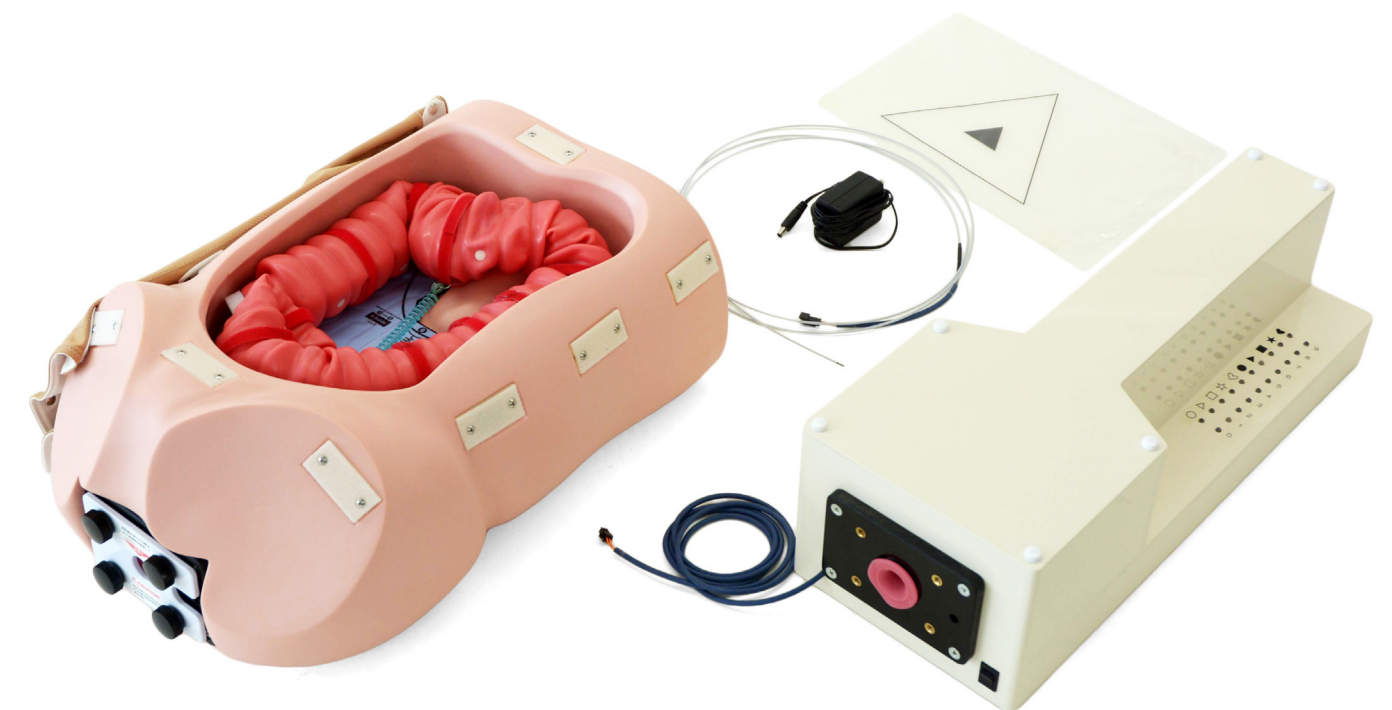
Complete ETS model



Anatomic colon model for loop reduction and mucosal inspection



Straight colon model for scope manipulation, tool targeting and retroflexion



Introductory price \$8,500

You'll Receive

- Colon model with cover
- Straight colon model with feedback tones and lights
- Scope manipulation screen overlay
- Simulated biopsy tool
- Power supply
- User guide

For more information about this product, please contact:

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Specifically designed to improve endoscopic performance as measured by national assessment programs such as the Fundamentals of Endoscopic Surgery™ (FES), Global Assessment of Gastrointestinal Endoscopic Skills (GAGES) and Assessment of Competency in Endoscopy (ACE)

The American Board of Surgery Flexible Endoscopy Requirements

In March 2014, the ABS announced a new requirement to ensure all ABS-certified general surgeons have completed a standard curriculum in the use of endoscopic techniques. This new requirement will apply to certification applicants who complete their residency training in the 2017-2018 academic year or thereafter.

During their general surgery residency, applicants will be required to have completed the **ABS Flexible Endoscopy Curriculum**, which provides a stepwise instructional program for residents to acquire the essential knowledge and skills to perform flexible endoscopy.

In addition, one of the final steps in the curriculum is successful completion of the Fundamentals of Endoscopic Surgery™ (FES) program offered by SAGES.

The Endoscopic Training System (ETS) has been designed to allow a practitioner at all levels the opportunity for deliberate practice, to achieve proficiency in flexible endoscopy skills without harm to patients.

Source: [The American Board of Surgery Website](#)

The product development team was led by Dr. E. Matthew Ritter, MD, FACS, who is a Surgical Endoscopist with more than a decade of experience in creating programs for simulation based assessment and training.

Other initial development team members include Dr. Tiffany C. Cox MD, Dr. Kristen D. Trinca MD, and Dr. Jonathan Pearl, MD, FACS.

Supporting Literature

Trinca K, Cox T, Pearl JP, Ritter EM Validity Evidence for the Simulated Colonoscopy Objective Performance Evaluation (SCOPE) Scoring System. American Journal of Surgery 2014 FEB 207(2);218-25.

Ritter EM, Cox T, Trinca K, Pearl JP Simulated Colonoscopy Objective Performance Evaluation (SCOPE): a non-computer-based tool for assessment of endoscopic skills Surgical Endoscopy, 2013 27:4073-4080.

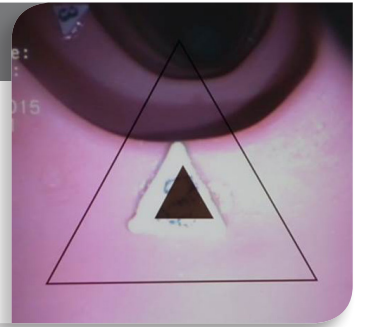
Skills Gained

Scope Manipulation

Performing basic endoscopic navigation, using tip deflection & torque of the scope.

Task: Shape alignment

- Alignment within the colonic lumen (with the shape shown on the screen).
- 10 shapes to be aligned, in order and accomplished sequentially.

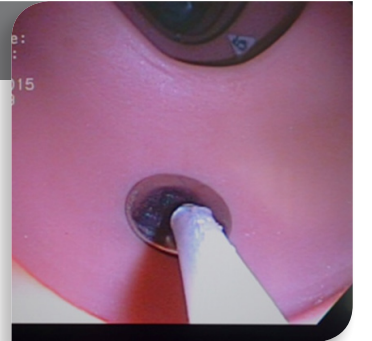


Tool Targeting

Hand-eye co-ordination with biopsy forceps and an endoscope.

Task: Completing the circuit

- Connecting the biopsy forceps to the metal disc within the colonic lumen.
- Tone sounds with success.
- Differing tone with disruption to the connection.
- 10 discs to be completed in order.



Retroflexion

Bending the endoscope backward to identify and navigate to targets. Simulates evaluation of cardia of stomach and distal rectum.

Task: Completing the circuit

- Use torque and tip deflection while retroflexed to contact targets with a fixed simulated forcep.
- Tone sounds with success.
- Differing tone with disruption to the connection.
- 10 discs to be completed by shape and color.



Loop Management

Scope navigation to manage the correct reduction of a standard alpha loop.

Task: Insertion of scope into simulated rectum

- Navigation into the cecum through a standard alpha loop.
- When a loop is formed it needs to be recognized and then successfully reduced to continue advancing the colonoscope.



Mucosal Inspection

Via the colon, evaluation and identification of polyps.

Task: Identification of simulated polyps

- Identify polyps within the colonic mucosa (upon withdrawal of the scope from the cecum to the rectum).
- Use insufflation to help discriminate between polyps and folds.
- Simulating standard practice.

