

HPB Surgery Advanced Course Feedback Report

Course dates: 15-17 May 2026 | Source: Participant feedback workbook

Prepared for IRCAD India

Executive Summary

Day	Responses	Learning objectives/expectations	Overall/experience rating
Day 1	11	YES: 9; NO: 2	3.60/5 (n=10)
Day 2	11	YES: 11	4.27/5 (n=11)
Day 3	11	5: 3; 4: 7; 3: 1	3.73/5 (n=11)

- Overall response base was consistent across all three days: 11 respondents per day.
- The relive operative demonstrations were a strong differentiator: Day 1 had 10/11 responses as Extremely Valuable, and Day 2 had 7/11 as Extremely Valuable.
- Hands-on sessions were consistently valued, with Day 2 receiving 8 Excellent and 3 Good ratings for practical exposure.
- All Day 3 respondents confirmed that the course improved their surgical confidence.
- The main improvement themes were more structured pre-lab briefing, more module-based hands-on time, stronger instrumentation/readiness, and practical robotic exposure.

Highlighted Important Comments / Actionable Themes

Theme	Day(s)	Interpretation / highlighted comment
Positive - Relive	Day 1	Relive was rated Extremely Valuable by 10 of 11 respondents; comments highlighted tips, tricks, step-by-step discussion and handling of common issues.
Positive - Day 2 hands-on	Day 2	Hands-on was rated Excellent by 8 respondents and Good by 3 respondents. One participant noted that the pre-workshop briefing suggestion was incorporated.
Positive - Confidence	Day 3	All 11 respondents answered that the course improved their surgical confidence.
Improvement - Hands-on briefing	Day 1	Participants requested a structured pre-hands-on debriefing, demonstration in auditorium, and step-wise operative modules.
Improvement - Time allocation	Day 1-3	Multiple comments requested more hands-on time, module completion, more wet lab training, and potentially extending the course duration by at least one day.
Improvement - Instrumentation	Day 1-3	Participants mentioned shortage/need for vascular sets, laparotomy sets, sutures, CUSA availability, suction

		troubleshooting, and trained camera/floor support.
Improvement - Robotic exposure	Day 1-3	Several comments asked for robotic hands-on exposure, basics of robot setup/docking/undocking, and robotic cases in practical class.
Improvement - Teaching material	Day 3	Participants requested faculty slides/PDFs, more recorded videos, and slower presentation of complex PD video segments.

Day 1 Feedback

Parameter	N	Rating / distribution	Range
Registration Process	11	3.82	1-5
Overall DAY 1 Experience	10	3.60	2-5
Learning objectives met	11	YES: 9; NO: 2	
Relive operative demo usefulness	11	Moderately Useful: 1; Extremely Valuable: 10	
Hands-on practical exposure	11	Good: 5; Excellent: 5; Poor: 1	
Confidence after hands-on	11	Slightly Improved: 2; Significantly Improved: 5; Moderately Improved: 4	

- Positive signals: theoretical classes were repeatedly described as excellent, easy to understand and clinically experience-based.
- Relive session had the strongest positive response, especially for operative tips, tricks and step-by-step discussion.
- Key improvement requests focused on pre-hands-on briefing, adequate instrumentation, completion of planned hands-on modules and robotic exposure.

Day 2 Feedback

Parameter	N	Rating / distribution	Range
Overall DAY 2 Experience	11	4.27	3-5
Learning objectives met	11	YES: 11	
Relive operative demo usefulness	11	Extremely Valuable: 7; Moderately Useful: 4	
Hands-on practical exposure	11	Excellent: 8; Good: 3	
Confidence after hands-on	10	Significantly Improved: 4; Moderately Improved: 6	

- Day 2 showed improved overall experience compared with Day 1 (4.27/5 vs 3.60/5).
- Hands-on was better received: 8 Excellent and 3 Good ratings.
- Participants still requested more time for hands-on modules, robotic orientation/practicals, and better camera/floor support.

Day 3 Feedback

Parameter	N	Rating / distribution	Range
How would you rate the overall organization of the course?	11	4.27	3-5
Was the course able to meet your learning objectives and expectations?	11	4.18	3-5
Instrumentation and Equipmet	11	4.00	2-5
Facility and Infrastructure	11	4.36	2-5
Learning Effectiveness	11	3.64	2-5
Overall Experience	11	3.73	2-5
Course improved surgical confidence	11	YES: 11	
Better prepared independently	8	Mostly yes; several participants noted better preparation but requested repeated structured practice before full confidence.	

- Overall course organization averaged 4.27/5; facility and infrastructure averaged 4.36/5.
- All respondents said the course improved their surgical confidence.
- Learning effectiveness and overall experience scores indicate scope to further improve delivery logistics, hands-on flow, and session-to-lab linkage.

Average Ratings Wherever Asked

Day 1: General / course-level averages

Parameter	N	Average /5	Range
Registration Process	11	3.82	1-5
Overall DAY 1 Experience	10	3.60	2-5

Day 2: General / course-level averages

Parameter	N	Average /5	Range
Overall DAY 2 Experience	11	4.27	3-5

Day 3: General / course-level averages

Parameter	N	Average /5	Range
How would you rate the overall organization of the course?	11	4.27	3-5
Was the course able to meet your learning objectives and expectations?	11	4.18	3-5
Instrumentation and Equipmet	11	4.00	2-5
Facility and Infrastructure	11	4.36	2-5
Learning Effectiveness	11	3.64	2-5
Overall Experience	11	3.73	2-5

Theoretical Session Ratings and Participant Comments

Day 1: Theoretical session rating by lecture

Lecture/topic	N	Average /5	Min	Max
Liver Anatomy for Surgeons	11	3.73	2	5
Preoperative Preparation for Major Hepatectomy	11	4.00	2	5
Intraoperative Considerations	11	3.91	2	5
Intraoperative Ultrasound (IOUS) in Liver Surgery	11	3.73	2	5
Percutaneous Ablation for Liver Tumors	11	3.64	2	5
Liver Resection: Extended Hepatectomy and Vascular Resections	11	3.64	2	5
Management of Benign Liver Tumors	11	3.82	2	5
Strategy in Liver Metastasis	11	3.82	2	5
Strategy in Hepatocellular Carcinoma	11	3.82	2	5

Day 1: Comments on theoretical sessions

Participant comments
Good
All the theory classes was excellent and explained the specified topic in details.
10/10
5
Easy to understand
Clinical experience based presentations
Good
Anatomy session got too slow. Dr. Sudeep shah kept things active. For the rest I couldn't focus because I was fatigued.

Day 2: Theoretical session rating by lecture

Lecture/topic	N	Average /5	Min	Max
MIS LIVER SURGERY	11	4.09	2	5
Patient Positioning, Port Placement and OR Setup in MIS Liver Surgery	11	4.18	2	5
Robotic Living Donor Hepatectomy: Selection, Planning and Execution	11	4.09	2	5
Robotic Liver Transplantation:	11	4.00	2	5

Current Status and Future Directions				
ADVANCED TOPICS IN MIS LIVER SURGERY	11	4.18	2	5
ICG-Guided Liver Surgery: Segmental Resection, Tumor Detection and Margin Assessment	11	4.36	2	5
Post-Hepatectomy Liver Failure: Prevention and Management	11	4.27	2	5

Day 2: Comments on theoretical sessions

Participant comments
All classes were informative and interactive.
10/10
Extra ordinary
Transplant should be separate
Good
Engaging, animated sessions with good quality videos and presentations

Day 3: Theoretical session rating by lecture

Lecture/topic	N	Average /5	Min	Max
BILIARY TRACT SURGERY	11	4.18	2	5
Evaluation and Management of Perihilar Cholangiocarcinoma	11	4.09	2	5
Management of Incidental Gallbladder Cancer	11	4.09	2	5
Bile Duct Injury: Surgical Approach and Principles of Management	11	4.18	2	5
Bile Duct Injury: Endoscopic and Percutaneous Management	11	4.09	2	5
Choledochal Cyst: Surgical Approach and Role of MIS	11	4.36	2	5
Principles and Technique of Biliary Anastomosis: Open, Laparoscopic and Robotic	11	4.27	2	5
Complex Hilar Cholangiocarcinoma including Vascular Resection	11	4.18	2	5
HPD for Gallbladder Cancer	11	4.09	2	5
PANCREATIC	11	4.27	2	5

SURGERY – VASCULAR TECHNIQUES AND DISTAL RESECTIONS				
Complex Pancreatic Resections: Vein Resection, Arterial Resection and Interposition Shunts	11	4.45	2	5
Laparoscopic Distal Pancreatectomy: Technique and Outcomes	11	4.27	2	5
Robotic Distal Pancreatectomy: Standard, RAMPS and Spleen-Preserving Techniques (DPS, RAMPS, SPPD)	11	4.27	2	5
PANCREATICODUODENECTOMY – TECHNIQUE AND DEBATE	11	4.27	2	5
Laparoscopic Pancreaticoduodenectomy: Positioning, Port Placement, OR Setup and Intraoperative Tips	11	4.27	2	5
Robotic Pancreaticoduodenectomy: Technique and Outcomes	11	4.18	2	5
DEBATE: Future of Laparoscopic PD in the Era of Robotic Surgery	11	4.18	2	5
Surgical Leadership and Surgery for Tomorrow	11	4.27	2	5

Day 3: Comments on theoretical sessions

Participant comments
Informative and interactive.
Good
If we can get slides /pdf of faculties in the group
Lectures on pancreatoduodenectomy were a bit hurried. The speakers and the audience were from TMH and they understood what's happening in the videos very easily, as the procedure is routine for them. The scenario was not the same for the rest of us. Few of the video presentations could have been a little bit slower, without skipping the videos or the initial yet crucial steps of ports, reactions, orientation to the clip being shown, the change of the camera ports throughout the surgery to ensure better understanding for everybody.
Good

Relive Operative Demonstration Feedback

Day	N	Usefulness rating distribution	Representative comments
Day 1	11	Moderately Useful: 1;	4; It explained every tips and

		Extremely Valuable: 10	tricks for successful operation.; 9/10
Day 2	11	Extremely Valuable: 7; Moderately Useful: 4	Faculties explained every tips and tricks of the operation; 8/10; operative sessions and lectures are really worth for our Penny

Day 1: Detailed Relive comments

Participant comments	
4	
It explained every tips and tricks for successful operation.	
9/10	
Sooperb in explaining	
Step by step discussion made it possible	
Good	
Live operative techniques, tackling common issues was a great learning opportunity	

Day 2: Detailed Relive comments

Participant comments	
Faculties explained every tips and tricks of the operation	
8/10	
operative sessions and lectures are really worth for our Penny	
Sooperb	
All nuances covered in the session	
Good	
Live operations displayed the technique and ways to tackle the common operative issues	

Hands-on Practical Exposure and Confidence Improvement

Day	Hands-on/practical exposure rating	Confidence improvement
Day 1	Good: 5; Excellent: 5; Poor: 1	Slightly Improved: 2; Significantly Improved: 5; Moderately Improved: 4
Day 2	Excellent: 8; Good: 3	Significantly Improved: 4; Moderately Improved: 6
Day 3	Not separately rated on Day 3 form	YES: 11/11 respondents

Day 1: Hands-on comments

Participant comments	
Good	
Got the opportunity to have an experience of laparoscopic HPB surgery under the guidance of renowned faculties.	
9/10	
No adequate pre- session debriefing was done about the tasks to be performed and how to be done. All the topics mentioned in the itinerary was not covered. Especially the vascular resection and pancreatico-jejunosotomy	
3	
Nice demonstration	
Pig Anatomy slightly different	
Good	
We didn't get the guidance to the pig anatomy, had lesser number of instructors. Came for laparoscopic and robotic training. Instead had open training planned. Last minute switch over was good, but couldn't be executed properly. The vascular anastomosis and pancreaticojejunosotomy opportunity couldn't be exploited in view of lack of the vascular sets and lack of adequate number of sutures and a complete laparotomy set. The number of CUSA were limited, thus the sequence of the tasks to be done on every table cannot be kept same.	

Day 2: Hands-on comments

Participant comments
We have learnt the basic and advanced HPB procedures under the guidance of renowned faculties.
10/10
Superb two way communication system
Pre- workshop briefing suggestion was incorporated. However, not enough time was present to go through the modules explained in the pre-workshop briefing. Pancreato-jejunostomy and vascular anastomosis could not be practiced on the live tissue
Pig Anatomy well explained
Good
It was better organised with well set tasks to be completed. The staff was trained as per the use of Laparoscopy instruments but not trained in holding the camera. It was difficult to manage 4 working ports and a camera port with two participants and one staff. Then the staff also had to handover the instruments from the trolley. There was a requirement of 1 additional staff on each table/ 1 floor staff for 2 tables each to troubleshoot the suction, monopolar and bipolar cautery issues. Suctions were in a poor condition.

Day 3: What participants found most valuable

Participant comments
Tips and tricks of HPB surgery
Refresh
Lap Hepaticojejunostomy
Hpb
Management and approach to liver resections and experience of supra hepatic ivc and lap pringle dissection on live tissue
Got Chance to fine tune our technical skills
Minimal invasive surgery
About critical dissection steps
Operative skills
Afternoon session
Portal plate dissection, Liver resection

Day 3: Better prepared to perform independently - comments

Participant comments
Yes
Not totally but yes better than before
Some of the procedures. But also gained an insight into the finer aspects as well. I hope this will help me in further progressing my understanding of complex hepatobiliary cases
Yes
Still more room
Yes, better prepared. But not overly confident at present. For that, repeating the steps of the standard operations again and again, port positions, traction, camera port changes, specimen extraction instructions, the ports that need to be used for right posterior hepatectomy, left lateral sectionectomy, for PJ, HJ, JJ needs to be told as a routine and repeatedly when at the animal lab tables. That would have ensured that these steps become a part of routine for us as well. If that would have been done, as a quiz, as a constant reminder, bedside questioning, as corrective instructions would have ensured reaching a predefined objective learning target.
Yes
Yes

Participant Recommendations and Suggestions

Day 1: Recommendations / suggestions

Participant comments

More live or recorded videos of laparoscopic & robotic HPB surgery can be helpful.
It's good
Pre- hands on debriefing session needed. Focus should also be given towards completion of all the modules as mentioned in the itenary
We need more hands on training sessions
Lack of instrumentation and prior demonstration by surgeon in auditorium should be done
Nothing in particular
Divide Sugery in steps. Prepare those steps in operative surgical modules
Please include hands on robotic course also
The list of hands on practice was not completed
Good attempt as per first day of first ever such programme. Anyhow could have been coordinated better. Would be better to have arranged adequate number of vascular and laparotomy sets as well in discussion with the course directors.

Day 2: Recommendations / suggestions

Participant comments
More operative videos can be helpful for us
It's good
Robotics in practicals was promised when course was booked!!! So a bit disappointed.
Continue the same
Robotics surgery should be there and PJ and HJ was not feasible in short duration of time
Nothing in particular
More time allotment for hands on session with focus on module based approach. Atleast demonstration of the modules on the live tissue by the faculty in case the participants are running out of time
Surgical operative modules should be given more time
Good
Robo exposure should be there
Better staff for holding the camera and a floor staff so that there is less time lost and we get the maximum opportunity to learn. We saw so many videos on robotic surgery, but didn't get the opportunity to get oriented with the robotic systems. Basics of setting up the robot, docking, undocking, port insertions would have been a great exposure.

Day 3: Recommendations / suggestions

Participant comments
More recorded videos can be helpful
Bring robots into practical class
Cadever or more human like model
Sides of faculties if we get in the group
More time for wet lab training. Theory sessions in the morning, covering in detail that days hands on sessions. Increase the duration for the course by atleast 1 day, so that more time can be allocated to the lectures as well, as many times we have to rush through some sessions
Robo cases needed
Need work shop on 3 rd day also
I suggest that every faculty member to interact first to know the participants and their expectations
Already mentioned everywhere. Would love a re-invitation for the things that couldn't be organised for us at this attempt (hopefully with no additional cost)
Keep it up
No