

CURRICULUM VITAE

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Education

Mar. 1976 - Feb. 1982 : Medical Degree

Yonsei University, College of Medicine, Seoul, Korea

Mar. 1982 - Feb. 1983 : Intern, Severance Hospital, Yonsei University, Seoul

Mar. 1983 - Feb. 1987 : Resident in General Surgery

Severance Hospital, Yonsei University, Seoul

Mar. 1990 - Feb. 1992 : Master of Medicine

Graduate School, Yonsei University, Seoul, Korea

Mar. 1993 -- Feb. 1996 : Ph.D. degree, Korea University, Seoul, Korea

Aug.1997--June. 1999

Research Fellow, Vanderbilt Medical School, Tennessee, USA

July. 199 -- Aug. 1999 : Clinical Fellow, Kyoto Medical School, Kyoto, Japan

Appointments

Feb. 1987 - Apr. 1990 : Military Service in Korean Army(Captain)

May 1990 - Feb. 1992 : Research Fellow in General Surgery

Severance Hospital, Yonsei University, Seoul

Mar. 1993 - Feb. 1995 : Instructor
Department of Surgery
Yonsei University, College of Medicine, Seoul

Mar. 1995 - Feb.2000 : Assistant Professor
Department of Surgery
Yonsei University, College of Medicine, Seoul

Mar. 2000-Feb.2005 : Associated Professor
Department of Surgery
Yonsei University, College of Medicine, Seoul

Mar.2005-Feb.2009
Director of Yonsei Robotic / Minimally Invasive Surgery Center

Mar. 2006 -- Professor of Surgery
Department of Surgery
Yonsei University, College of Medicine, Seoul

Jan. 2011-Dec. 2012 Vice president of Korean Medical Robotic Association

Mar. 2010-Feb.2012 President of Korean Pancreas Surgery Study Group

April.2012-Mar.2014 Chief of the Board, Korean Society of Endoscopic &
Laparoscopic Surgeons

Jan. 2013-Dec. 2015 President of Korean Medical Robotic Association

Mar. 2015-Feb 2016 President of Korean Association of HBP surgery

Society Memberships

Member of Korean Medical Association
Member of Korean Association of Surgery
Member of Korean HepatoBilioPancreatic Surgery
Member of Korean Society of Endoscopic and Laparoscopic surgeons
Member of Minimally Invasive Robotic Association
Member of Korean Hernia Society
Member of Korean Medical Roboic Association
Member of IASGO
Member of International Association of Pancreatology
Member of International HBP Association

Surgical skills trainer and simulator

Woo Jung Lee, MD.

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In recent years there has been both a paradigm shift in the way surgery is carried out and also in the way in which we train health professionals undertaking interventional procedures. Endoscopic procedures have replaced many traditional operations and the benefits of such an approach to patient care are well documented. However, evidence exists of higher patient complications during a surgeon's learning curve in endoscopic surgery, and it is now considered essential that endoscopic skills are learned in training laboratories rather than on patients. A new model of structured education, where surgical skills are practiced on models and virtual reality simulators, is set to replace the traditional apprenticeship model of training. Simulation is a rapidly evolving field that can provide a safe and increasingly realistic learning environment for trainees to practice in. This paper explores the current role of simulation in endoscopic training and provides a review of the developments in the field, including advances in simulation technology, progress in curriculum design and the use of simulation in nontechnical skills training.

Introduction

Endoscopic surgery has had a significant impact on the delivery of surgical care, with endoscopic management now the gold standard treatment for a large number of conditions. In parallel with the dramatic changes seen in the way we operate, there has also been a paradigm shift in the way we train surgeons and other health professionals undertaking procedures. The skills required for endoscopic surgery are markedly different from those employed in open surgery, and achieving proficiency in such procedures is often associated with a prolonged learning curve. It has been demonstrated that endoscopic surgery is associated with longer operating times and a higher rate of complications during this learning curve. This finding along with pressures from service targets, reduced training opportunities and the ethical imperatives that have made it unacceptable for novices to learn "on patients" mean that the traditional "see one, do one" apprenticeship approach to surgical skills training is no longer considered tenable. If adequate experience can no longer be gained wholly through operating, effective adjuncts must be found. As a result of these considerations, it is generally proposed that endoscopic skills are initially learned in training laboratories prior to entering the operating room or procedure suite.