

Appendix 1: Comments

- (I) Shorter videos with key steps of the operation.
- (II) I think the curriculum is an excellent idea and tool for the residents to maximize education and learn how to better perform the surgeries, I think the only improvement would be to discuss the video prior to the case so the resident and attending can be on the same page a little more, and to reassure the attending that the resident has reviewed the steps, allowing more autonomy. Having seen the way the seniors were able to better participate and how it improved my own learning, I think it is an excellent tool and I'm sure most of the residents would also be willing to contribute to improve the curriculum if need be. Thank you for taking the time to make it.
- (III) I like the addition of a 5 min video reviewing highlights. There are some videos that are not narrated, I think the EBUS video in particular would be better narrated.
- (IV) Some additional explanation and highlighting of the anatomy since the view and scale is so different with the robot.
- (V) I think that overall it is a great initiative by Dr. Kim, and I really appreciate all the effort he has put into it. While for certain operations it may be helpful to have the entire footage recorded, there are some where an abbreviated video would be just as useful which just demonstrates the key steps.
- (VI) while it's very helpful to receive e-mails with links to the relevant videos each week, I would enjoy having access to a library.
- (VII) The narration is incredibly helpful. I think a truncated version of the videos would be great.
- (VIII) Narration and overlay images of anatomy.
- (IX) Shortened video with highlights of the key aspects of the procedure.
- (X) I really appreciated the time and effort that went into making the videos and the weekly e-mail that included the scheduled cases! For the videos, highlighting the relevant anatomy would be beneficial for learning. For training/education-information (videos/lectures/texts), demonstration, practice and feedback are important in any training. Additionally, the thoracic surgery curriculum can be based on "Kern's six steps" for curriculum development. Problem identification/needs assessment, targeted needs assessment, goals and objectives, educational strategies, implementation, evaluation and feedback. I liked how the case was presented in the videos, and your narration of the videos-if possible identifying the key steps of the operation/ timestamps on the video could also be helpful. For the senior residents, I'm paying more attention to what instruments are in each arm along with how you are utilizing all 4 arms and how you are exposing/dissecting. A slide prior to each video stating the procedure-and listing out the key steps. then as we progress through the video the key steps are time stamped for reference. For educational research purposes, having a separate knowledge test pre rotation and after rotation can help measure objectively knowledge level. Assessment of skill can be measured subjectively and objectively-such as if the attendings notice that the resident can now delineate the proper anatomy/improvement. Efficiency in movement, decreased amount of time to tie a knot, awareness of environment are some examples. You could also task deconstruct each of the most common procedures and evaluate the resident's ability to carry out each step with a 1-5 likert score. This can be filled out by the attending at the end of the rotation and filled out after subsequent rotations to detect if there is progress/decline.
- (XI) Nothing.
- (XII) I loved the videos that were assigned before surgery, had to complement with other resources in order to feel completely prepared for surgery. The video itself cannot be used as a sole material, but is an efficient way to help residents to know about operation with the attendings.
- (XIII) Make some of them shorter-10 minutes was ideal.
- (XIV) Narration for all videos or annotation of operative steps, highlight/mark important anatomical structures.