

Clinical Problem

- With over 250 million endoscopies performed annually worldwide, effective doctor training remains paramount to ensure safe and accurate execution of this essential procedure.
- Typical training methods include the Apprenticeship Model and Simulation-Based Model.



Figure 1. Picture of Endoscope with Tube

Models	Apprenticeship	Simulation-Based
Background	<ul style="list-style-type: none"> Current Standard of Care Training under experienced endoscopists via dummy or pig model or real patients 	<ul style="list-style-type: none"> Supplemental to apprenticeship training Utilizes Virtual Reality software to simulate endoscopy procedure
Pros	<ul style="list-style-type: none"> Clinical Exposure Immediate feedback from mentor 	<ul style="list-style-type: none"> Cheap and easy to use Can be practiced anywhere Patient risk-free
Cons	<ul style="list-style-type: none"> Risk of injury to patient Limited doctor or endoscopy availability Equipment costs \$10,000 + 	<ul style="list-style-type: none"> Lack of Realism Lack of accurate training procedures

Table 1. Apprenticeship and Simulation Training Model

Our Process

- Disassembly of Oculus**
 - Multi Layered PCB
 - Mechanically Attached Button
- Electrical Connections**
 - Button is soldered to circuit
 - Joystick is attached by ribbon cable
- Elementary Testing**
 - Buttons accurately register as outputs
 - Infrared tracking is inconsistent
- Final Corrections**
 - Integrity of original tracking ring is required for accurate tracking

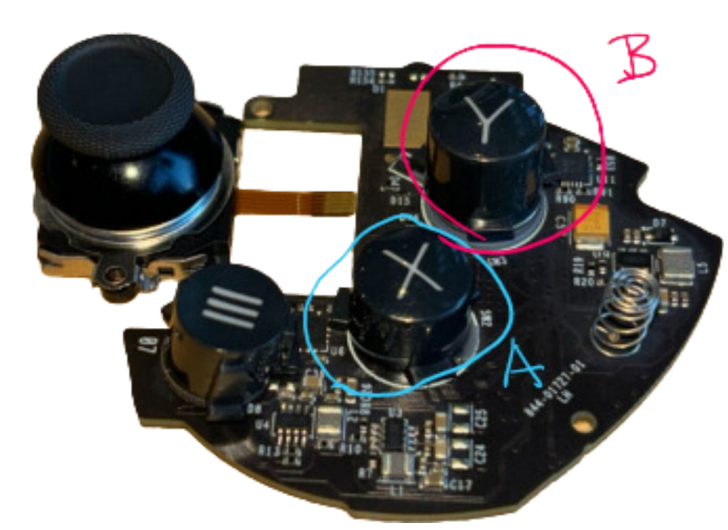


Figure 7. Circuit Board Disassembled

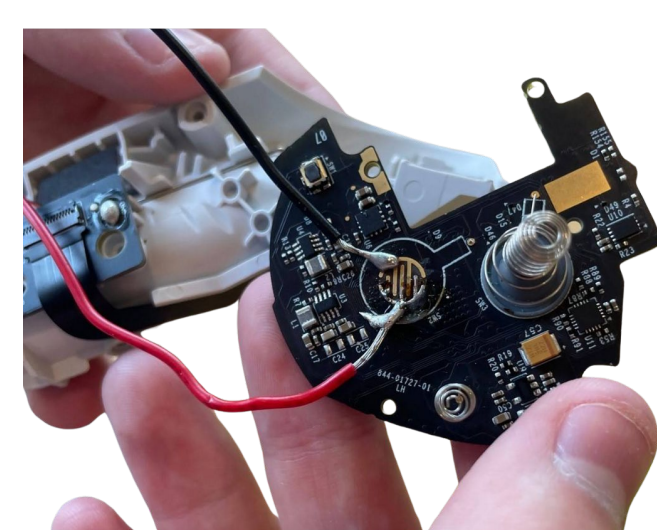


Figure 8. Circuit Board with Soldered Wires

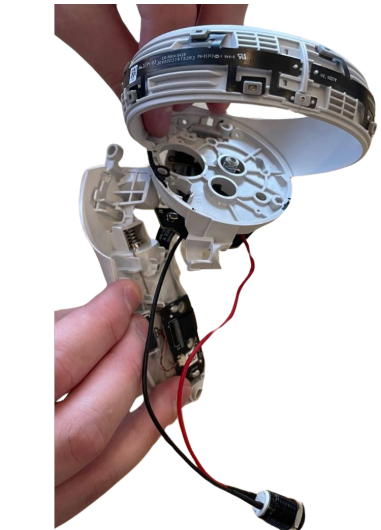


Figure 9. Connected Wires with Buttons



Figure 10. Final Design

Testing

Weight Testing:
To ensure the feel of the endoscope, the weight of the device is measured using a scale and compared to the weight of real endoscopes.

Dimensions Testing:
Device length refers to the entire length of endoscope. This dimension is relevant to replicate shape and size of real endoscopes. The handle length refers to the length of where the hand grips the endoscope. This dimension is important to ensure comfortability of the users hand.

	Magnitude of Prototype	Magnitude of Real Device	Accuracy Percentage
Weight	0.660 lbs	0.750 lbs	88%
Device Length	9.625 in	9.5 in	98.7%
Handle Length	3.5 in	3.1 in	87.1%

Table 3. Dimension and Weight Testing

Button Testing:
This criteria tests if the buttons correspond with the Oculus Virtual Reality system. This test involves us pressing the buttons and seeing the impact on the software simulation.

Button Input	Oculus Output	Accuracy

Table 4. Button Testing

Final Design



Figure 2. Virtual Simulation of Endoscopy



Figure 3. Dummy Model used in Apprenticeship Model



Figure 4. Doctor using the Oculus Virtual

Current Simulation System:

- This system uses an endoscopy simulation training on the virtual reality system, Oculus Quest 2

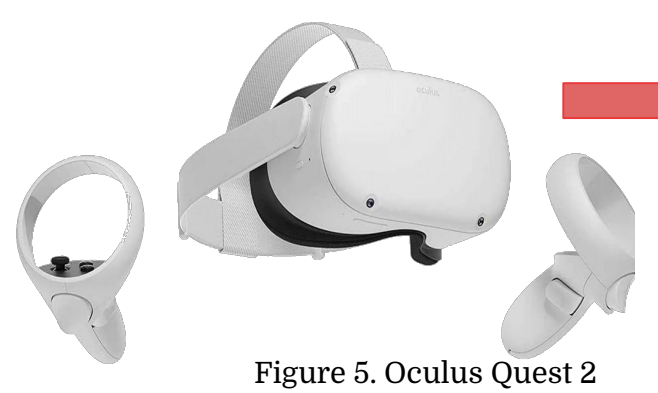


Figure 5. Oculus Quest 2

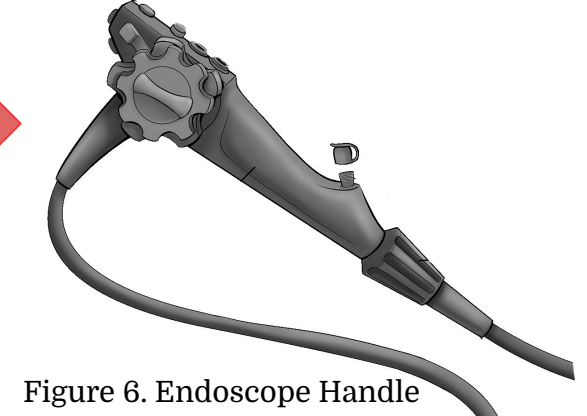


Figure 6. Endoscope Handle

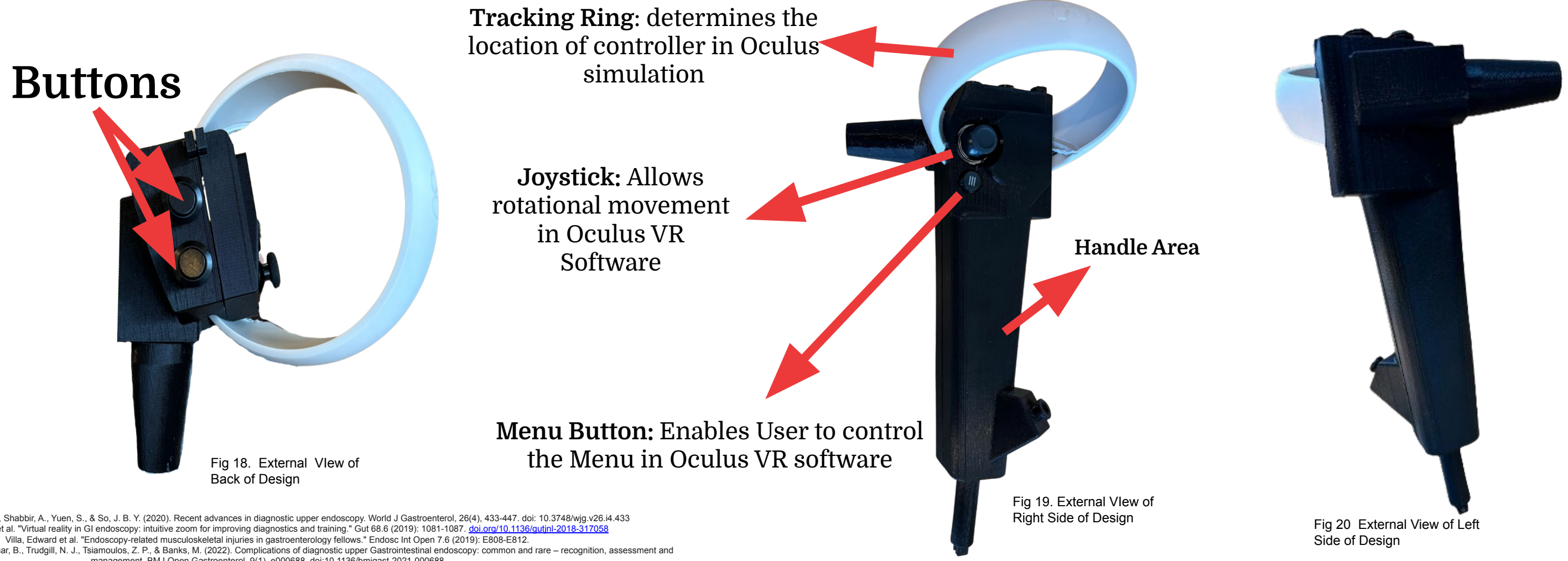
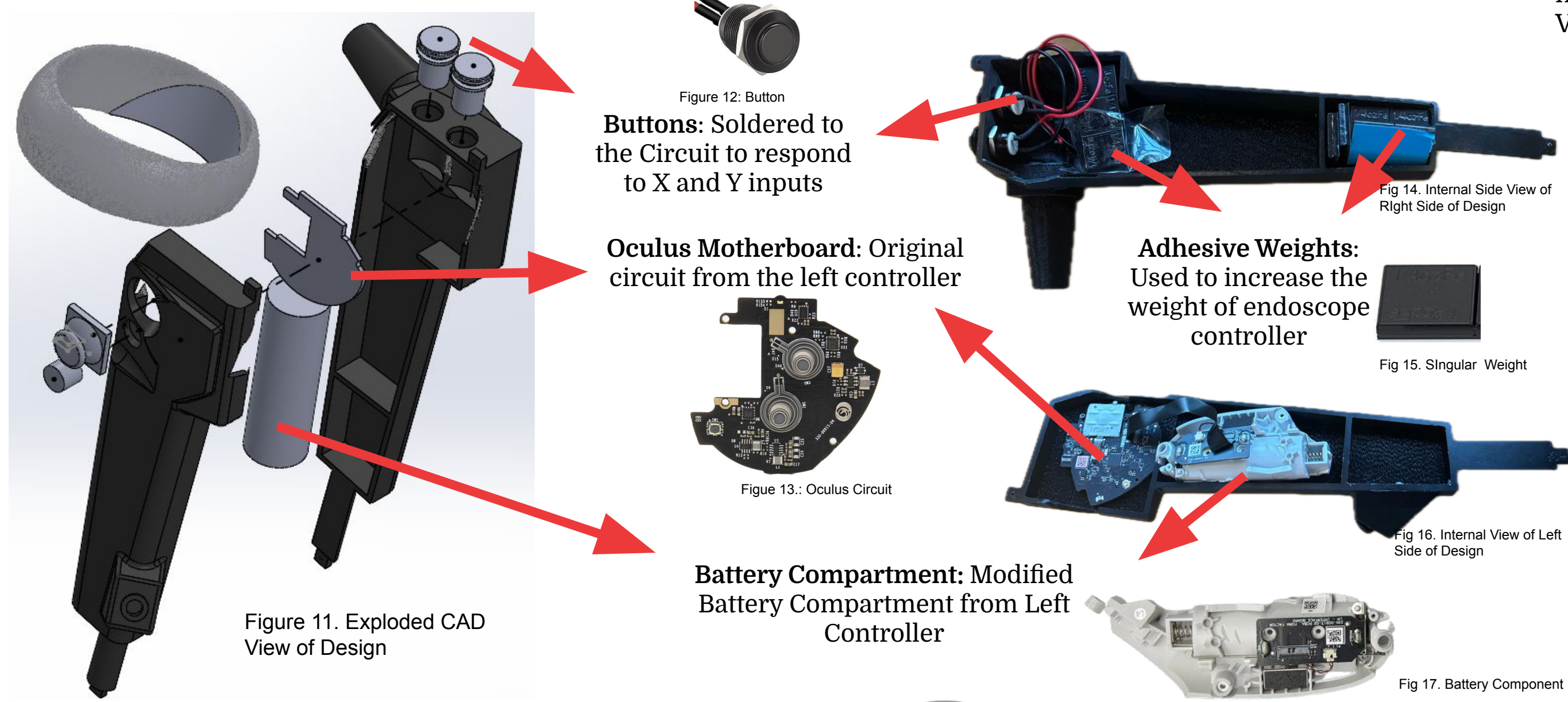
Our Goal: Design a controller that replicates an endoscope handle while integrating to the Oculus endoscopy software as a supplement to Apprenticeship training

Design Criteria

Component	Specification	Reason
Weight	0.75 lbs +/- 0.15	Weight of typical endoscope
Device Length	9.5 in +/- 1	General shape of endoscope
Handle Length	3.1 in +/- 0.25	Ergonomic feel

Table 2. Design Criteria

Buttons will be tested by checking if, when a button is pressed, there is a reaction in software. Additionally, accurate tracking of the controller in the software will be tested comparing movements to an original controller.



Oculus Tracking:
Movement of the new controller is compared to a preexisting Oculus controller measuring the distances moved in real life compared to the distanced moved in Virtual Reality.

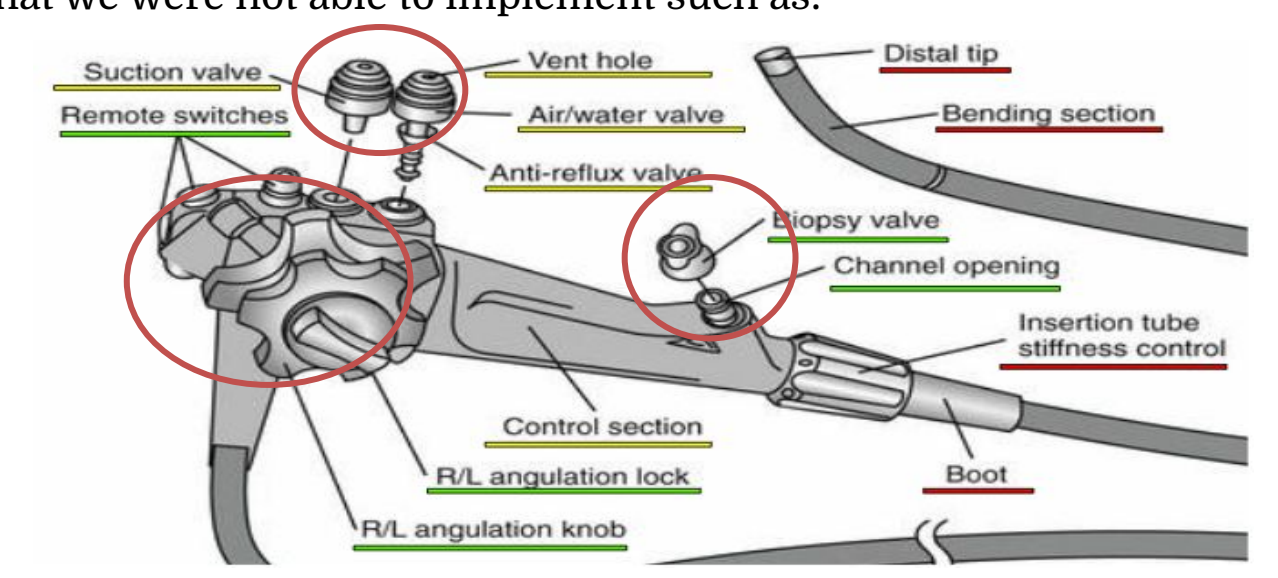
Distance Moved	Average Distance Tracked	Accuracy

Table 5. Tracking Testing

Future Work

Some things we wish to add to our design in the future include other features on the endoscope remote that we were not able to implement such as:

- Other Buttons
- Dial inputs
- Biopsy Valve



Ethical Considerations

Preclinical Testing: Not required due to it's virtual nature, but recommended to understand efficiency

- Potential Testing Plan:**
- Controlled trial comparing traditional apprenticeship with and without VR supplement
 - Trainees split into control and intervention groups
 - Standardized Skill assessments measure time and ability for mastery
 - Aim: Improve training mastery + decrease animal use in training

This device is not designed to replace the pre-existing training methods but is meant to be a low-cost, risk-free, and portable supplement to help with training

- Beneficiaries:**
- Doctors learning to perform endoscopies
 - Patients receiving an endoscopy

References: Teh, J. L., Shabbir, A., Yuan, S., & So, J. B. Y. (2020). Recent advances in diagnostic upper endoscopy. *World J Gastroenterol*, 26(4), 433-447. doi: 10.3748/wjg.v26.i4.433
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 Waddingham, W., Kamin, U., Kumar, B., Trugitt, N. J., Harnoudis, Z. P., & Banks, M. (2020). Complications of diagnostic upper Gastrointestinal endoscopy: common and rare – recognition, assessment and management. *BMJ Open Gastroenterol*, 9(1), e000688. doi:10.1136/bmjga-2021-000688