EBSQ EXAMINATIONS ORGANISATION & RULES

The EBSQ MIS Examination (Board Exam) is subject of comprehensive revision and continuous development. The examination covers the whole field of Minimal Invasive Surgery as defined in the presentation. This is conducted in cooperation with the relevant European authorities and fulfilling EU legislation and directives.

The evolving process of the Board Examinations is paralleled by the European ambition towards harmonisation and standardisation of medical education, specialist training and qualification.

Frequency of Board Examination, location and language are subject of continuous development. In any case of language diversification the EBS makes certain, that the content of all questions and items will be identical.

The structure of the Board Qualification is clearly defined and consists of a 2-stage process involving the Eligibility and the Examination, the Examination comprising a MCQ test with at least 100 items and an OSCE circuit with at least 6 stations.

Date, Location & Language

The Board Exam takes place at least annually mainly in cooperation with surgical meetings, e.g. in collaboration with the congress of the EAES - European Association of Endoscopic Surgery or in cooperation with another scientific meeting. Dates will be announced on the Board website www.uemssurg.org.

Date, location and languages(s) of the Board Exam are at the discretion of the committee. This and further details about the next Board Exam(s) are published on the Board website.

The Board Exam is basically held in English. Upon special additional announcement the exam may also be offered in the national language of the country, where it is held. In that case, the content and the procedure of the Board Exam is identical in the provided languages.

In other cases the executive may offer the Board exam in English with interpretation support. Interpretation in the MCQ-test (see later) is on candidates's request and given to the whole audience to ensure equality.

Interpretation in the OSCE-circuit (see later) is only to reduce and overcome specific language difficulties for the candidates.

Examiners

The EBSQ Board of Examiners is supported by selected local representatives from the scientific societies and/or the national boards and authorities.

The Examination can be observed and monitored by non-medical experts to enhance quality control.

The EBS makes every effort to ensure that there are no conflicts of interest between examiners and candidates. The EBS verifies that candidates and examiners have never been at the same institution at the same time or have worked together in any venue.

The Board Examination consists of a MCQ test and an OSCE circuit.

The MCQ examination session is surveilled by the EBS examination executive and the scoring is done by the executive immediately after completion of the session.

In the OSCE circuit at least two examiners are present at each of the stations to assure the validity of the examination. At least one examiner will be an EBS examination executive and another will be an experienced EBS expert from the local regional medical community.

All examiners are surgeons in active practice and hold valid certificates. The examiners are carefully instructed to evaluate each candidate objectively. They have no knowledge of a candidate other than an anonymised ID sticker carrying a number produced for the examination and distributed randomly.

MCQ-Test

The MCQ test includes up to 150 questions, not less than 100 questions. The time frame for the MC test is 3-5 hours. This time frame includes transfer of the individual answer codes to the evaluation form.

In the MCQ session the candidates have to demonstrate sufficient knowledge of Minimal Invasive Surgery.

The MCQ-answers are selected by the committee from a catalogue respecting a numeric distribution following the "Blueprint MIS" categories .

The question items may include relevant pictures (e.g. graphs, photographs, radiological pictures).

2 types of questions are used for the MCQ-test :

- **A_{pos} type** (single answer out of 5 items, true)
- **A_{neg} type** (single answer out of 5 items, false)

The type of the question is clear from the structure, the wording and the number and expression of items. For each correct answer 2 points are given.

OSCE Circuit

The purpose of the OSCE circuit is to evaluate process thinking and judgment and the focus is on decision making. The candidates are faced with cases and/or clinical pathways representing the wide range of MIS surgery. The circuit may include the evaluation of relevant manual skills (e.g. simulation).

The clinical pathways presented are structured beforehand and constitute common problems seen in MIS practice. The cases follow real clinical situations; patients are anonymised.

In the OSCE circuit candidates should be able to answer not only what they would do and how, but why.

The circuit consists of at least 6 stations (10 min each; total duration of circuit: 60 min) where candidates will be confronted with clinical situations.

Each candidate will visit each station where he/she will be assessed by an examiner and may be asked to give an oral or written answer respectively.

The circuit will include all types of laboratory investigations, x-rays, CT, MRI and ultrasonography scans and pictures from typical clinical situations to interpret.

The candidates may also be asked to demonstrate practical abilities.

The individual time schedule for the OSCE circuit is established after the MCQ-test (6 candidates per hour maximum). Candidates appear prior to their randomly assigned starting time. After finishing the OSCE circuit candidates have to collect and wait separated from pre-OSCE candidates until the last round of the circuit has commenced.

In the OSCE listen carefully to each case presented, read all information thoroughly and respond with your own plan or actions to resolve it. The examiners want to find out what you would do in your own practice. Tell them what you would do,not what you think they may want you to say. Be

prepared to defend your plans and actions with acceptable logic. If you honestly do not know anything about a problem, it is recommended that you say so. This will allow the examiners to proceed to other problems with which you may be more conversant.

In particular, the examiner will assess:

- Can the candidate recognise a basic problem?
- Can the candidate gather and analyse data relative to that problem in an efficient way?
- Can the candidate use that data in an organized and logical fashion to arrive expeditiously at a diagnosis?
- Can the candidate choose realistic, effective, and safe solutions (including nonoperative ones) to the problem?
- If multiple options are available for treatment of a given problem, can the candidate evaluate these logically and efficiently, and choose the one that is optimal and least hazardous to the patient?
- Can the candidate recognise the long-term risks/benefits of the solutions chosen?
- Does the candidate react in a prompt but flexible manner to alterations in the patient's course, e.g., disease or treatment complications?
- Does the candidate know the technical aspects of the procedures he or she will employ?

At the end of a each OSCE circuit station, each examiner independently records a grade based on his or her evaluation of the candidate's performance.

S.O.P.

The candidates have to prove their identity (valid passport) at the Board exam venue. Mobile telephones, computers, tablets and other communication aids as well as all types of cheating are strictly forbidden as well as any type of written and/or printed material throughout the Board Exam. Cheating is subject to subsequent termination of the exam.

Prior to the exam the candidates are briefed and anonymised by the chairman or a representative of the executive. They draw numbers and receive stickers for the evaluation forms. The numbers reflect also the starting time for the OSCE circuit. A "Starting Grid" is provided locally.

The candidates stay anonymised during the whole examination process and also during evaluation. Personal data are synchronized after the evaluation process is concluded.

All documents for the exam are prepared and printed out previoulsy. The evaluation forms with the candidates' stickers and the actual scoring are collected online after being signed by the 2 examiners from each station. The scoring is entered online by the chairman and the result calculated.

The result of the Board Exam is announced within 1 hour after the end of the last circuit.

Evaluation & Threshold

The EBS' decision regarding certification is not based upon any preset pass/fail rate, but solely upon the aggregate evaluation of the examiners.

A total of 600 points can be achieved in the Board Exam, 300 points in the MC test (2 or 1 points per question) and 300 points in the OSCE circuit (50 points per station).

When the MCQ test includes less than 150 questions or when questions may be excluded at the discretion of the Executive during the evaluation process for certain reasons, the number of individually achieved points is calculated to 300 points equal 100%, by that ensuring, that the MCQ test and the OSCE circuit are weighted equally.

The threshold for passing the exam is 75%, which means at least a total of 450 points.

After the examination the candidates are asked to fill out a feedback form. The evaluation of the feedback questionnaires will be published.

Appeals against the decision of the Board of Examiners are possible.

An unsuccessful candidate is entitled to another chance to take the exam that he/she failed.

The successful candidates (successful Eligbility and Examination) are awarded the title "**Fellow of the European Board of Surgery – MIS" or "F.E.B.S./MIS**" and are provided with the relevant Diploma normally the same day in a formal celebration.

The title F.E.B.S./MIS determines, that the person successfully proved to have validated knowledges and skills, that in most cases exceed the requirements for the national CCSTs and allow him/her to successfully cover the broad field of MIS in respective to the actual demandings according to the judging of the commission.

In the moment the qualification F.E.B.S./MIS has no automatic legal recognition in the E.U. or in any other country. Individual recognition of qualifications by the national authorities is supported by the EBSQ committee.

Individual recognition of qualifications by the national authorities is supported by the EBSQ committee and the number of countries officially adopting the Board exam is continuously rising.

The acceptance status of a Board Exam is published on the website www.uemssurg.org.

How to prepare?

The EBS believes that the best preparation for the examination is to "practice" taking MCQ tests and oral examinations. You should ask a colleague, preferably a board-certified surgeon, to question you in several sessions over a longer period. Practice not only the content of your answers, but focus on presenting your decision making process in a clear, logical manner. Your trainer should probe deeply enough into your answers to make certain that you provide adequate information, and should critique your answers with regard to promptness, clarity, logic, and evidence of problem-solving ability.

Theoretical knowledge may be obtained from the manual "**Surgical Principles of Minimally Invasive Procedures**", Manual of the European Association of Endoscopic Surgery (EAES), Editor Bonjer, Jaap, and other EAES guidelines.

No books, papers, briefcases or electronic devices may be brought into the examination sessions. You will not need to take extra notes during the sessions.

The fellowship does not implicate automatic allowance to work at own responsibility and does not automatically enhance participation in national social security systems of the E.U.

The future perspective of this European diploma is to been seen in unanimous legalisation within the ongoing project of the European standardisation process of medical education.