



## **UEMS EBSQ ENDOCRINE SURGERY**

### **CURRICULUM**

The Curriculum is based on the Syllabus but goes beyond it in that it introduces the concept of Entrustable Professional Activity (EPA). In addition to details about the objectives, it also refers to the methodologies to be adopted and the appropriate bodies that are entrusted with this aspect. Thus, a careful reading of the Syllabus is essential in order to appreciate the Curriculum with the proper perspective. The Curriculum goes beyond the Syllabus in that the Curriculum is prescriptive or specific and refers to the entire content taught in the training programme. This is in contrast to the Syllabus which is essentially descriptive and explicitly describes what areas are required to be covered in Endocrine Surgery.

The Curriculum is designed to train across the entire discipline of Endocrine Surgery. Although trainees may develop particular specialty biases, they are required to have acquired core knowledge, skills and attitudes in Endocrine Surgery. Detailed instructional methods and integrated feedback mechanisms are within the remit of the respective training programmes and the appropriate national local bodies. The accreditation of a competence is primarily the teaching responsibility of the local supervising trainer and the learning responsibility of the trainee themselves. There is an ethical responsibility on both the trainer and the trainee to ensure that the accreditation of any particular competence is valid from the viewpoint of patient safety and that this is adequately documented and certified.

During their training, doctors will acquire a variety of competencies. The acquisition of these competencies needs to be assessed and documented initially in a formative process and thereafter in a summative and maintenance process. Valid tools for assessing and documenting the successful acquisition of competencies must be available to trainees and trainers during the programme. Although these instruments will vary throughout the European area, it is important that full documentation of competence acquisition occurs. The UEMS Division of Endocrine Surgery provides a Logbook template to facilitate the documentation process.

Since one is aware of the different contents and emphasis of training programmes in different countries, the methodologies in the training programmes to be followed are considered to be within the remit of the appropriate national or local educational authorities who will be required to certify the consistency of the Surgical Training. This should lead to the attainment of the following Entrustable Professional Activities (EPAs). The attainment of at least 70% of the EPAs is expected of an applicant for the UEMS EBSQ Endocrine Surgery Examination, in addition to the knowledge, attitudes and clinical skills described in the Syllabus. The Curriculum emphasises the required competencies that Endocrine Surgeons passing an Exit Examination should have.

## **Entrustable Professional Activity (EPA) as a competence-based unit**

### **INTRODUCTION**

In order to apply a competence-based assessment to the Logbook, the concept of Entrustable Professional Activity (EPA) is being included in Eligibility evaluation. An EPA is 'a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached'. An EPA goes a level higher than the traditional 4th level of competence which is the 'independence competency' (see below).

The key factor is Entrustment. The trainee is not only capable of tackling the particular procedures or units independently, but he can be trusted to do this by his tutors. The units listed include the competencies that surround these procedures that are further explained in the Syllabus Clinical Skills sections.

Thus, the EPA is an integral part of the Logbook and is a comprehensive and wholistic tool for Competence Based Assessment. It serves as a bridge between the Syllabus/Curriculum and the Eligibility Assessment.

Because the emphasis and attitudes regarding the spectrum of competences and education within Endocrine Surgery varies significantly because individual states, one cannot expect all applicants to have attained EPA competency in each and every item listed in the EPA Units. The Eligibility Committee applies the correct degree of flexibility allowing for equivalence of some procedures. As a general rule, the candidate must have attained 70% of the EPA Units listed.

### **EPA UNITS**

#### **Thyroid**

##### **TECHNICAL SKILLS:**

Thyroid resection. Thyroid lobectomy. Total Thyroidectomy. Reoperations. Benign and malignant tumour surgery. Lymph node dissection central/lateral.

#### **Parathyroid**

##### **TECHNICAL SKILLS:**

Parathyroid autotransplantation. Unilateral/bilateral parathyroidectomy. Subtotal/total parathyroidectomy. Reoperations.

#### **Adrenal**

##### **TECHNICAL SKILLS:**

Laparoscopic/retroperitoneoscopic/open adrenalectomy. Subtotal adrenalectomy. Benign and malignant tumour surgery.

#### **Diffuse neuroendocrine system of the gastro-entero-pancreatic tract**

##### **TECHNICAL SKILLS:**

Gastric/bowel/pancreatic resections.

## **The following Grades of Competence are listed as a tool for the certifying authority:**

The key competence levels/grades in the Clinical Domain that trainees will be expected to have obtained at each level are as follows:

### **A. KNOWLEDGE**

1. knows of
2. knows basic concepts
3. knows generally
4. knows specifically and broadly

### **B. CLINICAL SKILLS**

1. Has observed – the trainee acts as an ‘Assistant’. From complete novice through to being a competent assistant. At end of level 1 the trainee:
  - a. Has adequate knowledge of the steps through direct observation.
  - b. Demonstrates that he/she can handle instruments relevant to the procedure appropriately and safely.
  - c. Can perform some parts of the procedure with reasonable fluency
2. Can do with assistance - a trainee is able to carry out the procedure ‘Directly Supervised’. From being able to carry out parts of the procedure under direct supervision (trainer scrubbed) through to being able to complete the whole procedure under lesser degrees of direct supervision (e.g. trainer immediately available in theatre or in suite). At the end of level 2 the trainee
  - a. Knows all the steps - and the reasons that lie behind the methodology.
  - b. Can carry out a straightforward procedure fluently from start to finish.
  - c. Knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations).
3. Can do whole but may need assistance – a trainee is able to do the procedure ‘Indirectly Supervised’. From being able to carry out the whole procedure under direct supervision (trainer immediately available in theatre) through to being able to carry out the whole procedure without direct supervision i.e. trainer available but not in direct contact with the trainee. At the end of level 3 the trainee
  - a. Can adapt to well-known variations in the procedure encountered, without direct input from the trainer.
  - b. Recognises and makes a correct assessment of common problems that are encountered.
  - c. Is able to deal with most of the common problems.
  - d. Knows and demonstrates when he/she needs help.
  - e. Requires advice rather than help that requires the trainer to scrub.

4. Competent to do without assistance, including complications. The trainee can deal with the majority of operative problems and complications, but may need occasional help or advice.
5. Can be trusted to carry out the procedure, independently, without assistance or need for advice. This concept would constitute one Entrustable Professional Activity (EPA). An EPA is 'a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached'. This would indicate whether one could trust the individual to perform the job and not whether he is just competent to do it. At the end of level 5 the trainee:
  - a. Can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input to the level at which one would expect a consultant surgeon
  - b. Is capable of instructing and supervising trainees.

#### C. TECHNICAL SKILLS

1. Has observed.
2. Can do with assistance.
3. Can do whole but may need assistance.
4. Competent to do without assistance, including complications, but may need advice or help.
5. Can be trusted to carry out the procedure, independently, without assistance or need for advice (EPA).

#### D. PROFESSIONAL & BEHAVIOUR SKILLS INCLUDING LEADERSHIP

There will also be assessment of the professional and behaviour skills, and leadership abilities.