

Vorbereitung zur Spezialisierung

Préparation pour la spécialisation

Harmonisierte und standardisierte Basisweiterbildung in Chirurgie: das Core Surgical Curriculum des SCS. Une formation chirurgicale de base structurée et harmonisée : le Core Surgical Curriculum du SCS.

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Junge Chirurginnen und Chirurgen sind von der Tätigkeit im Operationssaal angezogen – sie möchten sich rasch und effizient auf die technischen Aspekte der Chirurgie konzentrieren. Um ein Grundverständnis für das chirurgische Handwerk zu bekommen und die allgemein gültigen Konzepte dahinter zielgerichtet zu erlernen, ist eine harmonisierte und standardisierte Basisweiterbildung sinnvoll.

Durch die Einführung der neuen Fachdisziplinen in der Thorax- und Gefäßchirurgie im Jahr 2015 wurde der Zugang zu einer frühzeitigen Spezialisierung ermöglicht, ohne dass zuvor ein Chirurgen-titel erworben werden muss. Jedoch ist bei einer Weiterbildung zu Spezialistinnen/Spezialisten zunächst eine solide Grundausbildung in Chirurgie notwendig. Vor diesem Hintergrund hat das Swiss College of Surgeons (SCS) die nicht fachspezifische Weiterbildung in den ersten zwei Jahren in Form des «Core Surgical Curriculum (CSC)» harmonisiert und standardisiert.

Das CSC ermöglicht am Anfang der Weiterbildung den Erwerb breiter Kenntnisse und Kompetenzen, welche die allgemeinen Grundlagen der chirurgischen Praxis bilden. Das Curriculum soll aber zugleich zur Vorbereitung auf die darauffolgende Weiterbildung in einer der chirurgischen Spezialisierungen dienen, die alle Teil des SCS sind. Der Lehrplan des CSC harmonisiert die ersten zwei Jahre der chirurgischen Weiterbildung in der Schweiz, unabhängig von der Weiterbildungsregion (Deutschschweiz/Romandie/Tessin).

CSC auf Englisch

So wie der Lernzielkatalog PROFILES des Medizinstudiums (www.profilesmed.ch) auf Englisch abgefasst ist, sind die Inhalte des CSC in dieser Sprache geschrieben, was eine sprachliche Angewöhnung erlaubt, werden doch die Fragen beim Basisexamen (www.basisexamen.ch) ebenfalls auf Englisch gestellt.

Im Folgenden wird durch Fragen und Antworten versucht, die wichtigsten Punkte rund um das CSC zu klären.

Les jeunes chirurgiennes et chirurgiens sont attirés par le travail en salle d'opération – c'est pourquoi leur souhait est de se concentrer rapidement et efficacement sur les aspects techniques de la chirurgie. Une formation postgraduée de base harmonisée et standardisée permet de comprendre les fondamentaux de l'acte chirurgical et de se familiariser de façon ciblée avec les concepts généraux qui sous-tendent cette activité.

Grâce à la mise en place des nouvelles disciplines spécialisées de chirurgie thoracique, chirurgie vasculaire et chirurgie de la main en 2015, il est devenu possible d'accéder à une spécialisation de façon anticipée, sans devoir obtenir auparavant un titre de chirurgie. Cependant, une formation postgraduée en tant que spécialiste nécessite préalablement une solide formation de base en chirurgie. Partant de ce constat, le Swiss College of Surgeons (SCS) a procédé à une harmonisation et à une standardisation de la formation postgraduée non spécifique durant les deux premières années, sous la forme du « Core Surgical Curriculum (CSC) ».

Durant la période initiale de formation postgraduée, le CSC permet d'acquérir les connaissances et les compétences qui constituent les bases générales de la pratique chirurgicale. Son objectif est également de servir de préparation à la formation qui s'ensuit dans l'une des spécialités chirurgicales faisant partie du SCS. Le programme du CSC harmonise les deux premières années de formation postgraduée en chirurgie dans toute la Suisse, indépendamment de la région où cette formation est suivie (Suisse alémanique / Romandie / Tessin).

CSC en anglais

Le CSC est en anglais. Ceci est en relation avec le catalogue d'objectifs d'apprentissage PROFILES des études de médecine (www.profilesmed.ch). L'examen de base, qui devrait être passé lors des deux premières années, est également en anglais (www.basisexamen.ch). Il est important de se familiariser tôt avec cette langue, car elle constitue une grande part de la littérature médicale. Nous avons essayé de clarifier les points les plus importants autour du CSC avec des questions et réponses.



Prof. Dr. med. Matthias Widmer

Why should I do the CSC?

The first two years of training of surgical specialization in Switzerland are not well structured, the competencies and learning objectives are not clearly defined. The CSC defines and teaches the theoretical basic knowledge as well as the clinical and technical skills to manage a surgical patient in the pre-, peri- and postoperative periods. The surgeon in training will achieve the ability to manage frequent medical/surgical conditions and their complications as well as to manage patients in an emergency department with a surgical condition. In summary, the CSC will provide you with a sound theoretical and practical knowledge of the basics of surgery, aiming to help you advance more purposefully in your training. Providing excellent care to surgical patients focused on both the surgical and medical aspects, the focus on empathy and kindness, as well as ensuring patient safety are at the heart of the CSC.

For whom is the CSC?

The CSC can be done by any surgical resident in Switzerland. Those responsible for education in every hospital (Weiterbildungsleiter, responsable de formation) as well as all surgical specialties which are part of the SCS (Basisorganisationen, Organisation de bases) have endorsed the CSC and will support you to complete it.

What are the learning objectives?

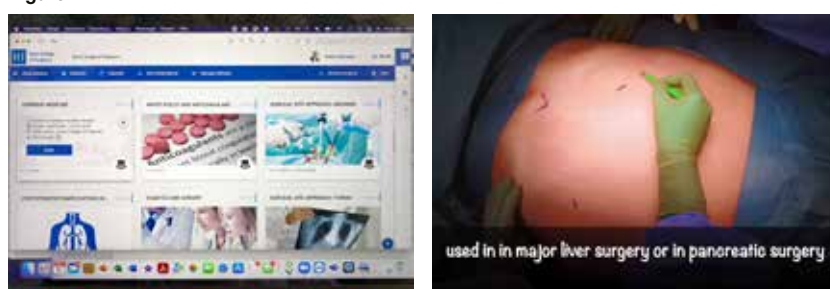
The specific objectives are defined within the White Book of CSC. The learning objectives are organized in chapters covering the pre-, peri- and postoperative care of the surgical patient. In addition, a section of legal, administrative and communication aspects were

Figure 1



The three pillars of the CSC: E-learning, courses and workshops and teaching at the hospital.

Figure 2



The SCS App with the E-learning accessed on a computer or a tablet.



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developed. The white book of CSC describes the learning objectives, the knowledge and the clinical skills to be acquired during the first two years of training. For more details visit www.swisscollegeofsurgeons.ch. It should be emphasized that the CSC requires a professional approach from the junior residents. They are expected to develop a critical and inquisitive mind. The different courses provide basic concepts. Reading current surgical literature, privileging evidence-based medicine and good clinical practice, are key to complete knowledge and competencies. The responsibility for training and completion of the CSC program lies with the resident.

What are the different parts of the CSC?

To achieve above mentioned objectives, the CSC will provide residents with a series of theoretical and practical courses. The aim is not to repeat topics previously taught in the pre-graduated period, but to build upon these theoretical bases and integrate them into the resolution of daily practice cases. The curriculum is organized in three parts (Figure 1):

1. E-learning: Four Classes were created (basic medicine & wounds, basic surgery, specialized medicine and specialized surgery) with up to 15 modules each and can be accessed through a learning management system compatible with smartphones, tablets and/or computers (figure 2).

Each module is composed of a condensed theoretical reminder including the fundamentals followed by clinical cases short theoretical reminder including the fundamentals followed by a series of clinical cases stimulating interaction and reflection and finally multiple choice questions.

2. Centralized courses: During dedicated days, conferences, webinars, etc. specific topics will be taught in form of hands-on courses, case discussions, ex-cathedra teaching and small working groups. To cope with the complexity of resident's schedule and available training days, these courses will, in the long-term, be given twice a year to allow everyone to attend. The head of department will be notified and asked to release their 1st and / or 2nd year residents from clinical duties so they can complete the full program during these courses. However, other hands-on courses fulfilling the learning objectives and endorsed by the SCS can also be attended.

3. Teaching at the hospital: Some learning objectives will be taught directly at the hospital/surgical department where the resident works. Ideally these teaching rounds in the hospitals should be open for all CSC trainees of the hospital and therefore organized in collaboration by the specialized clinics represented in the SCS. With EPAs competencies will be checked and monitored.

What are EPAs? Which are the CSC EPAs?

Entrustable Professional Activities (EPAs) are used to structure teaching and learning based on competencies to be acquired. Trainees are evaluated according

to the level of supervision. The level of competence is measured with a 5-point entrustment/supervision scale. First: «is allowed to observe», second: «needs direct supervision», third: «needs indirect supervision», fourth: «unsupervised practice» and fifth: «supervise others» in performing this activity. When residents are rated according to this level of supervision across different EPAs and from different supervisors there emerges a personal competency profile or map of competences. The CSC has defined 14 EPAs which should be trained by your hospital (figure 3) beside the EPAs which will be implanted in the near future by the different surgical societies. Pre-defined teachers at your hospital will assess the EPAs with an App (currently being finalized).

Do I have to do the CSC if I want to become a surgeon?

Currently, the CSC is not mandatory, but the SIWF/IFSM strongly supports this project. In addition, the SIWF/ISFM is also working on the implementation of EPAs in all training curricula and operation logbooks (see article in this issue). The surgical societies are currently incorporating the CSC into their training programs, which will make the CSC compulsory in the

near future. In addition, the CSC will help you prepare for the Basisexamen/Examen de base (www.basisexamen.ch).

What is the difference between the CSC and the Basisexamen/Examen de base?

The Basisexamen/Examen de base tests your theoretical knowledge in all fields of surgical specialization and currently has its own learning objectives (www.basisexamen.ch). The CSC on the other hand, is a structured «training program» that aims to provide you with general surgical knowledge and skills necessary to provide excellent care to surgical patients in the present and the future. Each surgical specialty (e.g. thoracic surgery, general surgery...) has defined specific learning objectives according to their own specialty. In the long-term, the Basisexamen/Examen de base will conform to the CSC and to the learning objectives of the first two years for each specialty.

I want to learn more about the CSC...

All information on how to test, access and be part of the SCS and the CSC can be found on the internet: www.swisscollegeofsurgeons.ch.

Figure 3

Positioning of the patient, draping and disinfection in the OR																										
Specifications and Limitations a. included in activity b. limitations regarding complexity or setting applicable when the learner will be formally entrusted (certified) with this EPA	a. This activity contains no more and no less than to following elements: 1. Correct positioning of patient for general surgery procedures 2. Disinfection of surgical site 3. Draping of surgical site b. A summative entrustment decision for this EPA is only applicable if: performed for surgeries that are part of the general surgical curriculum (i.e. not oesophagectomies, etc.)																									
Potential risks in case of failure	- Patient harm (surgical positioning injuries, surgical site infection) - Waist of operating room time - Increased costs																									
Most Relevant Competency Domains	Medical expertise, collaboration, professional																									
Required Knowledge, Skills, Attitudes and Experience	Knowledge: (1) Knowledge of the common positioning injuries (2) Knowledge of the surgical site to prep for the specific operation Skills: (3) Appropriate positioning of patient for the selected surgical intervention, with shielding of pressure points and prevention of sliding (4) Proper disinfection of surgical field (5) Appropriate draping of surgical field (6) Installation of additional material as needed: lamp grips, electrocoagulation, aspiration, collection bags, camera, gaz tube, etc. Attitudes: (7) Communication and collaboration with anesthesia personnel and instruments																									
Assessment Information Sources to assess progress	- EPA should be observed at least 6 times (6 mini-DOPS) Summative entrustment will be made by a general surgery consultant or an experienced resident																									
Entrustment / Supervision Level expected at which stage of training When are trainees expected to reach which level of entrustment or supervision for this EPA? Level 1 not able Level 2 direct supervision Level 3 indirect supervision Level 4 unsupervised practice Level 5 able to supervise	<table border="1"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>2</td> <td>4</td> </tr> <tr> <td>(2)</td> <td>2</td> <td>4</td> </tr> <tr> <td>(3)</td> <td>1</td> <td>3</td> </tr> <tr> <td>(4)</td> <td>2</td> <td>4</td> </tr> <tr> <td>(5)</td> <td>2</td> <td>4</td> </tr> <tr> <td>(6)</td> <td>2</td> <td>4</td> </tr> <tr> <td>(7)</td> <td>2</td> <td>4</td> </tr> </tbody> </table>		Year 1	Year 2	(1)	2	4	(2)	2	4	(3)	1	3	(4)	2	4	(5)	2	4	(6)	2	4	(7)	2	4	
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EPA: Positioning of the patient, draping and disinfection in the OR (operating room).