How to be Specialized in Surgery in Denmark

Head of Surgical Education
Randi Beier-Holgersen MHPE
Content

- Danish Health Authority demands
- The curriculum
- Entrustable Professional Activity (EPA)
- Papers of competence
- Exams
Formal education

To be a specialist in surgery in Denmark:

• Pre-graduate education – 6 years
• Residency – 2 times 6 months – 1 year
• Introduction to surgery – 1 year
• Training to be a surgeon – 5 years
• Totally 7 years post-graduate training
Danish Health Authority demands

- Curriculum
- Programme for education
- Individual education plan
- Personal supervisor
  - Supervisor’s interview
    - Introduction
    - Adjustment(s)
    - Final
- Daily clinical feedback depending of what activity the trainee performs
Danish Health Authority demands

• Specialized Courses
  – Theoretical courses
  – Surgical training courses – laparoscopic/open
• Formative /(summative) evaluation
• Competence assessments

And then we only work 37 hours a week!!
What do the trainees want?

- No Correlation Between Work-Hours and Operative Volumes: A Comparison Between United States and Danish Operative Volumes Achieved During Surgical Residency. / Kjærgaard, Jane; Sillesen, Martin; Beier-Holgersen, Randi.

- I: Journal of Surgical Education, Vol. 73, Nr. 3, 2016, s. 461-5.
But......

• Big difference in the number of surgical procedures between Danish trainees

• More than 50% did not feel ready to be specialists

• Of this 50% more than 80% asked for more supervision/feedback
The Curriculum in Surgery

• Developed by the Danish Surgical Society
• Approved by the Danish Health Authority
• CanMed 7 roles
  – medical expert, communicator, collaborator, manager, health advocate, scholar and professional
• Changed in 2016
• Entrustable Professional Activity (EPA)
Entrustable Professional Activity (EPA)

Introduction/main education:

• Able to manage an acute /emergency surgical duty
• Able to manage surgical rounds
• Able to do endoscopy
• Able to manage outdoor- patients (ambulatory)
• Able to operate selected elective surgical patients
• Able to give the speciality “new life” – research/education etc.
### Specialespecifikke filer

#### Målbeskrivelse
- Kirurgi - sep 2015

#### Filer fra Kirurgi

<table>
<thead>
<tr>
<th>Navn</th>
<th>Kommentar</th>
<th>Størrelse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilag 1 – Vurderingsskema til bedømmelse af operativ teknik.pdf</td>
<td></td>
<td>205 KB</td>
</tr>
<tr>
<td>Bilag 2 – DOPF.pdf</td>
<td></td>
<td>167 KB</td>
</tr>
<tr>
<td>Bilag 3 – 360 evaluerering.pdf</td>
<td></td>
<td>193 KB</td>
</tr>
<tr>
<td>Bilag 4 – CBD.pdf</td>
<td></td>
<td>284 KB</td>
</tr>
<tr>
<td>Kompetencekont 1 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>19 KB</td>
</tr>
<tr>
<td>Kompetencekont 10 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>20 KB</td>
</tr>
<tr>
<td>Kompetencekont 11 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>18 KB</td>
</tr>
<tr>
<td>Kompetencekont 12 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>16 KB</td>
</tr>
<tr>
<td>Kompetencekont 2 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>18 KB</td>
</tr>
<tr>
<td>Kompetencekont 3 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>18 KB</td>
</tr>
<tr>
<td>Kompetencekont 4 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>17 KB</td>
</tr>
<tr>
<td>Kompetencekont 5 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>17 KB</td>
</tr>
<tr>
<td>Kompetencekont 6 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>15 KB</td>
</tr>
<tr>
<td>Kompetencekont 7 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>22 KB</td>
</tr>
<tr>
<td>Kompetencekont 8 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>19 KB</td>
</tr>
<tr>
<td>Kompetencekont 9 til målbeskrivelse kirurgi 2015.docx</td>
<td></td>
<td>18 KB</td>
</tr>
<tr>
<td>Mini-CEX.doc</td>
<td></td>
<td>66 KB</td>
</tr>
<tr>
<td>Målbeskrivelse kirurgi juni 2015.pdf</td>
<td></td>
<td>572 KB</td>
</tr>
<tr>
<td>NOTSSdk Håndbog 1.01.pdf</td>
<td></td>
<td>742 KB</td>
</tr>
</tbody>
</table>
EPA /curriculum

In all EPAs are included all seven CanMed roles

Challenges:
• The curriculum is not allowed to have a minimum number of surgical procedures
• Need for as much supervision/feedback as possible

Behind every EPA is a paper of competence
Papers of competence

• A paper which belongs to the society
• Describes the number of supervision/feedback all trainees must have during the training.
• Secure that all trainees have a minimum of procedures/evaluations/assessments in all EPA
• Secure that the trainees get feedback – education
• Secure that the department gets knowledge about each trainee
Exams

Denmark does not have a specialist exam 😊
Why:
Exams secure a certain amount of knowledge
But:
It is very difficult to assess what the trainee are able to do (perform)
Big difference between knowing and doing
Competence assessment

Daily competence assessments secure that “doing” surgery are evaluated and corrected through competent feedback/supervision by senior surgeons.

A kind of daily “exam”......
Thank you

Questions?