Project: "Online" Board Examination

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European Board of Surgery
Fellowships in "Transferable Competencies"

- General Surgery
- Coloproctology
- Endocrine Surgery
- Surgical Oncology
- Thoracic Surgery
- Transplantation
- Trauma Surgery
- Breast Surgery
- HPB Surgery

- Hand Surgery
- Esophagus, Cardia & Stomach Surgery (2015)
- Emergency Surgery (2016)
- Minimal Invasive Surgery (2017)
- Metabolic & Bariatric Surgery (2017)
- Endoscopy & GI-Functional Diagnostics (2017)
- Basic Sciences (2017)
European Training Requirements for all "Transferable Competencies"

- Definition & Rationale of the "Transferable Competency (=TC)"
- Criteria for Training Institutions, Centers and Trainers
- Syllabus (catalogue of competencies within TC)
  - Theoretical Knowledge
  - Knowledge & Skills (Level 1 - 4)
- Curriculum (=LogBook)
  - Intervention, Procedures, Operations (levels & numbers!)
- Eligibility Criteria for the "TC Board Fellowship"
  - incl. CME, mini-CEX, DOCS, DOPS, courses, hospitations, publications
- Board Examination ("online" a/o "offline")
  - MCQ & OSCE
Eligibility Committee (Divisions)
Examination Committee (Divisions)
Credentials Committee (EBS/EBSQ)
Preparatory Course Committee (EBS & Divisions)

all report to the European Board of Surgery within the Section of Surgery
E.B.S.Q. Board Examination

- Qualification: Title "F.E.B.S." (Fellow of the European Board of Surgery)
- 2 step process: Eligibility & Examination
- "Assessement Quality Requirements"

Eligibility
- open for non-EU candidates
- CCST not mandatory
- structured catalogue of criteria
- international recommendation
- LogBook (with procedures & numbers)
- CME credits, DOCS, DOPS, mini-CEX
- decision: Eligibility Committee
- application process: ePortfolio fully operational
## Blueprint GenSurg

- MCQ Test
- OSCE Circuit
- follows Blueprint
- weighed 50:50
- 75% threshold

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100%
General Surgery Board Examination
23rd August and 24th August 2013
Helsinki, Finland

Organizer:
UEMS Division of General Surgery
UEMS Board of General Surgery

in cooperation with:
European Society of Surgery

To be filled in by the candidate:
Name: ____________________________ Date of Birth: ____________________________

The catalogue must not be opened prior to the official starting signal!

Question 34

A 68 year old male otherwise healthy patient presents with a history of recent bright red blood through the anus associated with constipation and decreased stool caliber. A digital rectal examination revealed a mass in the rectum at the tip of the finger. Endorectal ultrasound showed a T2 N0 M0 lesion 8 cm from the anal verge. Histology revealed the presence of an G2 adenocarcinoma.

Endoscopy showed the following picture:

Which is the single most appropriate therapeutic strategy for this patient?

A  Radiation and endoluminal stent placement
B  Radiochemotherapy and laser vapourisation
C  Transanal excision
D  Low anterior rectal resection
E  Abdominosacral resection
UEMS EBSQ Exam Database

Content MCQ & OSCE
- questions and answers
- text, PDFs, JPGs, PPT, MPEGs
- author & validation (gradual access rights)
- update information
- discussion & rationale & references link
- Blueprint category assignment
- TC assignment (e.g. GenSurg)
- monitor use & quality of question
- % correct answers & statistics
- costs (building, maintenance, per candidate)
Examination "online" a/o "offline" (hardware/software)
legal aspects & safety concerns
options for Examination development & service
MCQ & OSCE (case studies) merge (eliminate "jump back" in case studies)
OSCE circuit free for other requirements (e.g. scientific paper, "hands-on", simulator, interview, difficult conversation)
Why? The Board Fellowship is no "remote diploma"!
Presentation of Systems

- 3 presentations (IQUL, ORZONE, SQUIZ)
- mock examination at lunchtime (prepared sample questions)
- decision in afternoon session (based on features and costs)