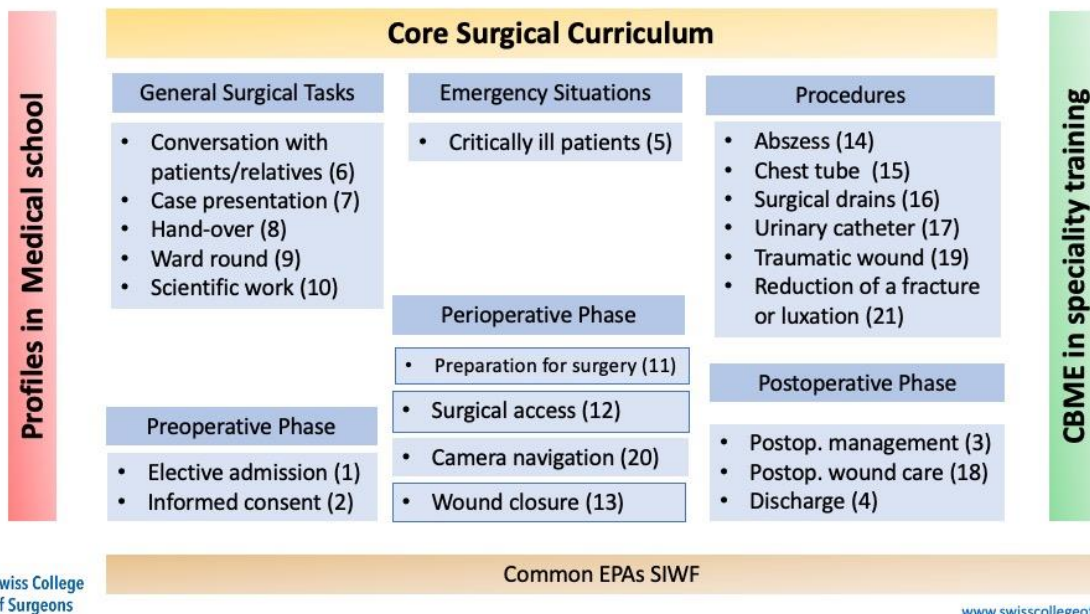


# EPAs Core Surgical Curriculum des SCS

10.1.2024

Overview of the 21 EPAs of the Core Surgical Curriculum of the Swiss College of Surgeons-(progress from the left (Medical School) to the right (specialty training)).

## CBME SCS



In the following the 21 EPAs of the *Core Surgical Curriculum* will be described systematically using the structure:

1. Title of the EPA
2. Description, including specifications and limitations
3. Potential associated risks in case of failure (typical and common threats)
4. Most relevant competency domains (according to the CanMEDS framework)
5. Knowledge, skills, attitudes which are necessary to manage the EPA
6. Evaluation: How progress for this EPA could be assessed by supervisors
7. Stage of training when a certain level of entrustment-/supervision is expected
8. Expiration date, if the EPA is not regularly performed
9. Connections to other, closely related EPAs

### CSC 1: Manage the admission of an elective surgical patient

#### 2. Description

(Specifications and limitations)

The trainee should demonstrate the ability to independently assess, plan, and manage the admission process for a surgical patient undergoing an elective inpatient/ambulatory treatment or procedure.

	<p><b>Time frame:</b> From reading the patient's admission note until hand-over to the ward/unit</p> <p><b>Setting:</b> surgical ward / ambulatory setting for 'Same Day Surgery'</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Pre-Admission evaluation</li> <li>• Preoperative medical optimization according to risk profiles</li> <li>• Anesthesia consultation</li> <li>• Communication and care planning</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>• Admission for emergency surgery</li> <li>• Admission for outpatient procedures</li> </ul>
<p><b>3. Potential risks in case of failure</b></p>	<p>Inadequate assessment and admission management can lead to:</p> <ul style="list-style-type: none"> <li>• Inefficient use of health care resources.</li> <li>• Increase the risk for adverse events and surgical complications and deteriorate clinical outcome with extended hospital stays, additional interventions and increased costs.</li> <li>• Influence the time schedule and therefore cause stress for the patient and the staff.</li> <li>• May lead to potential lawsuits and damage the healthcare professional's reputation.</li> <li>• May negatively affect patient satisfaction and trust.</li> <li>• Can hinder an effective interprofessional collaboration with misunderstandings and compromise patient care.</li> </ul>
<p><b>4. Most relevant Competency Domains</b></p>	<p>Medical Expert / Communicator / Professional</p>
<p><b>5. Knowledge, Skills, Attitudes</b></p>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Medical Evaluation: Understands the principles of preoperative assessment, including the interpretation of patient history, physical examination findings and relevant diagnostic tests.</li> <li>• Surgical Procedures: Knows the surgical procedure which is to be applied to the patient (including indications, potential risks, and expected outcomes).</li> <li>• Patient Safety: Is familiar with patient safety concepts, identifying potential risks, and implementing strategies to mitigate them during the admission process.</li> <li>• Anesthesia Considerations: Understands anesthesia-related issues and considerations, collaborating effectively with anesthesia providers to optimize patient readiness for surgery.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Assessment: Conducts a thorough and systematic preoperative evaluation of the patient, including</li> </ul>

	<p>medical history, physical examination, and review of relevant investigations.</p> <ul style="list-style-type: none"> <li>• Care Planning: Develops a patient-centered care plan, considering the patient's medical condition, surgical needs, and postoperative care requirements.</li> </ul> <p><b>Attitudes</b></p> <ul style="list-style-type: none"> <li>• Professionalism: Demonstrates a high level of professionalism, including ethical conduct, empathy, and respect for patients, colleagues, and other members of the healthcare team.</li> <li>• Patient-centered Care: Emphasizes patient-centered care, recognizing the importance of individualized care plans and involving patients in decision-making about their treatment.</li> <li>• Interprofessional Collaboration: Collaborates effectively with members of the healthcare team, including surgeons, anesthesiologists, nurses, and other specialists, to ensure a coordinated approach to the patient's care.</li> <li>• Patient Advocacy: Advocates for the patient's best interests, ensuring that their preferences, values, and concerns are respected throughout the admission process.</li> <li>• Attention to Detail: Displays attention to detail and a methodical approach to patient assessment and care planning to ensure all relevant factors are considered.</li> <li>• Commitment to Learning: Shows a commitment to continuous learning and improvement, seeking feedback from supervisors and actively seeking opportunities to enhance knowledge and skills.</li> <li>• Adaptability and Resilience: Is adaptable to changing situations and demonstrate resilience in handling challenging or unexpected circumstances during the elective admission process.</li> <li>• Self-reflection: Is aware of own's limits and asks for help if needed.</li> </ul>
<p><b>6. Evaluation: Basis for progress (Assessment Methods)</b></p>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (review of admission document)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<p><b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b></p>	<p>Distant supervision (level 4) by the end of the CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<p><b>8. Expiration Date</b></p>	<p>N/A</p>
<p><b>9. Connections to other EPAs</b></p>	<p>Obtain an informed consent (CSC EPA 2), conversation with patients and/or relatives (CSC EPA 6)</p>

## CSC 2: Obtain an informed consent for routine procedure

<p><b>2. Description</b> (Specifications and limitations)</p>	<p>The trainee should be able to obtain an informed consent for routine interventions and standardized operations.</p> <p><b>Setting:</b> Out-patient clinic, emergency room or ward</p> <p><b>Timeframe:</b> From reading the patient's charts until written documentation of the patient encounter</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Evaluating available patient information</li> <li>• Explaining the planned intervention/operation</li> <li>• Informing about expected outcomes, potential risks and benefits respectively alternatives.</li> <li>• Addressing any questions or concerns of the patient or their legal representative</li> <li>• Documenting the process.</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>• Getting an informed consent for very complex procedures that is performed exclusively by highly specialized surgeons.</li> </ul>
<p><b>3. Potential risks in case of failure</b></p>	<p>Lawsuits because of improperly performed information of the patient and/or his/her relatives with incomplete documentation of possible complications or missing confirmation of understanding by signature or documented witnessed confirmation.</p>
<p><b>4. Most relevant Competency Domains</b></p>	<p>Medical expert / Communicator / Health advocate / Professional</p>
<p><b>5. Knowledge, Skills, Attitudes</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the indications and contraindication of the procedure</li> <li>• Is up to date with technical execution of the procedure, the normal course and possible complications.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Demonstrates effective communication skills, uses adequate language to explain the surgical procedure, address patient concerns, and obtain informed consent.</li> <li>• Describe objectively the normal course and possible complications without scaring the patient or the relatives on one hand and without trivializing the procedure on the other hand.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Care Planning: Develops a patient-centered care plan, considering the patient's medical condition, surgical needs, and postoperative care requirements.</li> <li>• Shows empathy and respecting the emotional tension of the patient in this situation and accepting the need of repeating answers several times if patients get too much information to process.</li> <li>• Is aware of own limits and asks for help if needed.</li> </ul>

<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (review of the IC-documents)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Indirect supervision (level 3) by the end of the CSC, 3 assessments on level 3 by 3 different supervisors</p>
<b>8. Expiration Date</b>	<p>N/A</p>
<b>9. Connections to other EPAs</b>	<p>Conversation with patient and relatives (CSC EPA 6)</p>

## CSC 3: Manage a surgical patient after surgery

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can manage a patient after surgery</p> <p><b>Timeframe:</b> Time after surgery until patient discharge</p> <p><b>Setting:</b> OR, recovery room, ICU or ward</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Assessing a patient clinically after surgery</li> <li>• Prescribing postoperative orders inclusively tests</li> <li>• Informing and instructing the patient during the ward rounds</li> <li>• Recognizing postoperative complications.</li> <li>• Documenting clinical encounters</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>• Management of complications</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Harm to the patient prescribing inadequate medication</li> <li>• Harm to the patient in case of lack of recognition of complications with the consequences of longer hospital stay and extra-costs</li> </ul>
<b>4. Most relevant Competency Domains</b>	<p>Medical expert / Collaborator/ Communicator / Manager</p>
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows drugs and the strategy of postoperative patient management.</li> <li>• Is familiar with post-operative management of vital parameters (such as hemodynamics, respiration, neurostatus etc.).</li> <li>• Can prescribe postoperative orders for mobilisations, diet further evaluation/ diagnostic tests</li> <li>• Recognizes possible postoperative complications.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Assesses a patient clinically after surgery.</li> </ul>

	<ul style="list-style-type: none"> <li>• Is familiar with fluid management and drug prescription.</li> <li>• Establishes a postoperative treatment plan.</li> <li>• Prescribes post-operative orders appropriately.</li> <li>• Communicates with nurses and colleague for post-operative prescriptions.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Demonstrates empathy and understanding needs of patients and relatives</li> <li>• Is aware of own limits and asks for help if needed</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / Entrustment-based discussion</li> <li>• Product evaluation (post-operative prescriptions)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) by the end of the CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Manage the admission of an elective surgical patient, discharge of a patient, manage a critically ill surgical patient

## CSC 4: Discharge a patient

<b>2. Description</b> (Specifications and limitations)	<p>The trainee should demonstrate the ability to independently plan and advise a patient at discharge</p> <p><b>Setting:</b> ward, emergency room or outpatient clinic</p> <p><b>Time frame:</b> from decision to discharge a patient until patient leaves the location</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Establishing a follow-up plan for the treatment after discharge</li> <li>• Preparing all necessary documents</li> <li>• Informing the patient regarding the post-operative care after a performed operation or instruction about the treatment plan after the hospitalization</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Wrong post-operative care can lead to delayed wound healing, functional impairments, or recurrence.</li> <li>• Inadequate medication can lead to unnecessary pain, complications or reappearance of previously treated and controlled medical conditions.</li> <li>• No follow-up plan and/or visit can lead to non-adherence to optimal medical recovery, missed adjuvant therapy or inadequate physiotherapy.</li> </ul>

	<ul style="list-style-type: none"> <li>Missing documents for pharmacy, employer, insurance can disturb rehabilitation, payments for the patient or the hospital.</li> </ul>
<b>4. Most relevant Competency Domains</b>	Medical Expert / Communicator / Collaborator / Health Advocate / Professional
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>Knows the post-operative plan and care of the performed operation (specific knowledge in regard to the performed operation).</li> <li>Knows the legal implications of a work certificate.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>Instructs and communicates with the patient properly at discharge so the patient understands the instructions and that all questions are answered.</li> <li>Prescribes post-operative analgesia appropriately and effectively.</li> <li>Writes a prescription correctly.</li> <li>Fills in insurance documents correctly.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>Shows empathy to the patients and is ready to answer questions.</li> <li>Is aware of own limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>Direct observation</li> <li>Case-based discussion / Entrustment-based discussion</li> <li>Product evaluation (patient documentation with all prescriptions)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) by the end of the CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Manage a patient after surgery (CSC EPA 3)

## CSC 5: Manage a critically ill surgical patient

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can evaluate a critically ill surgical patients, intervene with first steps of care and organize further evaluation and/or interventions</p> <p><b>Time frame:</b> From recognizing a critically ill patient until adequate treatment or hand-over to a specialized team</p> <p><b>Setting:</b> ward, emergency room or ambulatory</p>
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	<p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Recognizing a broad spectrum of clinical situations which needs a medical decision or an intervention</li> <li>• Evaluating the patient clinically</li> <li>• Applying diagnostic and prognostics scores if relevant</li> <li>• Initiating care in patients with critical illness</li> <li>• Involve patients and relatives in the process to treat critically ill surgical patients</li> <li>• Referring to ICU if needed</li> </ul> <p><b>Excluding:</b> Managing situations in the intensive care unit</p>
3. Potential risks in case of failure	<ul style="list-style-type: none"> <li>• A wrong evaluation, a wrong decision or an omission of an intervention can lead to harm to the patient with life threatening complications and generate extra costs.</li> <li>• Can lead to psychologically stress to the trainee.</li> </ul>
4. Most relevant Competency Domains	Medical expert, Communicator, Leader, Professional and Collaborator
5. Knowledge, Skills, Attitudes	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Is familiar with different clinical situations which need an immediate reaction/intervention i.e. sepsis, cardiovascular diseases, respiratory distress, metabolic disorders etc.</li> <li>• Shows integration of evidence-based assessments and drug prescription into the management plan.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Is able to act appropriately with concrete actions in critical medical situations.</li> <li>• Leads the team of healthcare givers.</li> <li>• Communicates with patients, relatives and healthcare givers concisely.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Demonstrates empathy towards patients, relatives and healthcare givers.</li> <li>• Demonstrates appropriate/adequate self-regulation in stressful situations</li> <li>• Is aware of owns limits and seeks help if needed.</li> </ul>
6. Evaluation: Basis for progress (Assessment Methods)	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected	<p>Distant supervision (level 4) by the end of the CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
8. Expiration Date	N/A



9. Connections to other EPAs	Manage a surgical patient after surgery (CSC EPA 3)
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<b>CSC 6: Perform a conversation with patients and/or relatives</b>	
<b>2. Description</b> (Specifications and limitations)	<p>The trainee can communicate professionally in different situations with diverse patients and/or relatives</p> <p><b>Timeframe:</b> from preparation until documentation of the encounter</p> <p><b>Setting:</b> outpatient clinic, ward or emergency room</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Preparing the conversation</li> <li>• Informing about medical problems</li> <li>• Explaining (critical) clinical situations</li> <li>• Breaking bad news</li> <li>• Communicating in end-of-life situations</li> <li>• Communicating in palliative situations</li> <li>• Leading a conversation in confrontative situations</li> <li>• Leading a conversation in refusal of treatment</li> <li>• Documenting the conversation</li> </ul> <p><b>Excluding:</b>            Conversation in non-medical context</p>
<b>3. Potential risks in case of failure</b>	<p>Inadequately performed conversation may lead to misunderstanding, loss of trust and complicates the relationship between doctors and patients/ relatives and can be time consuming and produce frustration on both sides leading to malcompliance and compromising the treatment regimen.</p>
<b>4. Most relevant Competency Domains</b>	Communicator, Medical expert, Professional, Leader
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Is familiar with the concept of a structured conversation technique and how to give and accept feedback.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Is familiar with the language or knows how to involve an interpreter.</li> <li>• Knows how to lead a conversation and can give feedback adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Shows empathy and has the patience to explain in different manors.</li> <li>• Follows ethical behaviour and honesty.</li> <li>• Is aware of owns limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., chart review)</li> </ul> <p>Tools for longitudinal assessment</p>

	<ul style="list-style-type: none"> <li>Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Indirect supervision (level 3) by the end of the CSC 3 assessments on level 3 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Manage the admission of an elective surgical patient (CSC EPA 1), Obtain an informed consent (CSC EPA 2), Manage a surgical patient after surgery (CSC EPA 3), Discharge a patient (CSC EPA 4)

## CSC 7: Present a surgical case

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can present a surgical case during visits, in a board or during a conference</p> <p><b>Timeframe:</b> From preparing the presentation until answering all questions</p> <p><b>Setting:</b> outpatient clinic, ward, emergency room, board meeting, conferences</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>Preparing the presentation</li> <li>Presenting a patients history in a structured and logical way being aware of details</li> <li>Demonstrating clinical findings</li> <li>Visualizing information if needed</li> <li>Summarizing the key points and formulate relevant questions</li> <li>Answering questions concerning the case</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>Writing a case report</li> </ul>
<b>3. Potential risks in case of failure</b>	Missing or wrong information can lead to an incorrect decision with harm to the patient
<b>4. Most relevant Competency Domains</b>	Medical expert, Communicator, Professional
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>Knows the pathophysiology of a disease and the progress of the illness with its characteristics.</li> <li>Understands the terminology and concepts of treatments.</li> <li>Knows to use technical support to present.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>Knows the resume a history and clinical findings.</li> </ul>

	<ul style="list-style-type: none"> <li>• Can prioritize a clinical content.</li> <li>• Can present with understandable words and clear voice.</li> <li>• Uses visualisation tools if meaningfully.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Promotes engagement and is alert for questions.</li> <li>• Is aware of own limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., ppt-slides or notes)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) by the end of the CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Manage the admission of an elective surgical patient (CSC EPA 1)

## CSC 8: Perform a patient hand-over

<b>2. Description</b> (Specifications and limitations)	<p>The trainee is able to hand-over a patient to a healthcare professional in another unit or institution</p> <p><b>Timeframe:</b> From preparation of hand-over until finishing the hand-over document and the handover process</p> <p><b>Setting:</b> Doctors office, bedside, ward, OR, recovery room, emergency room, ICU</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Preparing the hand-over</li> <li>• Communicating a structured and comprehensive summary of a patient with its specific problems, which need further observation, diagnostics and/or potential management during the next period</li> <li>• Demonstrating the clinical problem with its dynamic and presenting a potential plan to act</li> <li>• Informing about results of investigations missing results and their consequences for the further management</li> <li>• Stating red flags where action is absolutely needed</li> <li>• Documenting the important findings and fix the plan of action</li> </ul> <p><b>Excluding</b> Urgent situations which require immediate treatment or resuscitation by CPR team or intensive care staff</p>
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<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Missing information can lead to adverse events with harm to patient (even death) and additional costs.</li> <li>• Insufficient organization can lead to a delay in the treatment.</li> <li>• Missing documentation needs additional (unnecessary) activities and is time consuming.</li> </ul>
<b>4. Most relevant Competency Domains</b>	Medical Expert, Communicator, Collaborator, Leader, Professional
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the pathophysiology, the signs and the progress of a disease, the concepts of treatment and the priority to intervene</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Recognizes a clinical situation</li> <li>• Is up-to-date in clinical reasoning and has a plan to act</li> <li>• Can present with a clear voice and in an understandable manor focusing on all relevant aspects</li> <li>• Documents the essentials points in a structured way</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Communicates in clear words with empathy</li> <li>• Accepts questions and is ready for discussion and criticism</li> <li>• Is aware of owns limits and asks for help if needed</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g. chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Distant supervision (level 4) by the end of the CSC 3 assessments on level 4 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Present a surgical case (CSC EPA 7)

## CSC 9: Manage a ward round

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can present patients during a ward-round, guide the team during the visit and implement decisions in the patient's treatment plan</p> <p><b>Timeframe:</b> From the start to the end of a ward round</p> <p><b>Setting:</b> surgical ward</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Ward rounds in different team constellations</li> </ul> <p><b>Excluding:</b></p>
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	<ul style="list-style-type: none"> <li>• Ward round in recovery room</li> <li>• Ward round in intensive care unit</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Insufficiently informed patient, relatives and team</li> <li>• Lack of recognition of diagnoses and life-threatening conditions</li> <li>• Unclear or missing therapy planning</li> </ul>
<b>4. Most relevant Competency Domains</b>	Medical Expert / Communicator / Professional
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows how to communicate with patients and the medical staff.</li> <li>• Knows the patient and his diagnoses, surgeries, ongoing tests and planned procedures.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Leads the team through the ward round.</li> <li>• Can present patients to the visiting team.</li> <li>• Performs examination, diagnostic procedures and therapy planning.</li> <li>• Manages difficult situations (communication, life-threatening conditions).</li> <li>• Can organize further examinations and meetings (relatives, other doctors etc.).</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Communicates clearly and concisely with patients and the medical staff.</li> <li>• Is empathetic with patients and team.</li> <li>• Demonstrates self-management.</li> <li>• Is aware of own limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Distant supervision (level 4) by the end of the CSC 3 assessments on level 4 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Present a surgical case (CSC EPA 7), Manage a patient hand-over (CSC EPA 8)

## CSC 10: Present scientific work

### 2. Description (Specifications and limitations)

The trainee is able to critically read, discuss and present scientific work and put it in relation with daily clinical practice.

	<p><b>Timeframe:</b> From the beginning with the research/clinical question until the final conclusion of a topic</p> <p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>• Journal Clubs</li> <li>• Scientific discussions/presentations during meetings or ward rounds</li> </ul> <p><b>Including</b></p> <ul style="list-style-type: none"> <li>• Access proficiently various knowledge tools, including medical literature, clinical guidelines, databases to inform clinical decision-making.</li> <li>• Apply the knowledge tools to practice evidence-based medicine in the whole process of patient management.</li> <li>• Appraise critically scientific resources in regards of quality, relevance and potential biases.</li> <li>• Make patients, relatives and/or colleagues familiar with evidence-based recommendations</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>• emergency setting</li> <li>• surgical procedures themselves</li> </ul>
<p><b>3. Potential risks in case of failure</b></p>	<p>Potential risks of suboptimal patient care with violation of patient safety.          Potential damage to a surgeon's professional reputation, licensing, and credentialing issues.          Decreased confidence of the learner and negative impact on training programs.</p>
<p><b>4. Most relevant Competency Domains</b></p>	<p>Medical Expert / Scholar / Professional</p>
<p><b>5. Knowledge, Skills, Attitudes</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows how to access, evaluate und interpret all kind of medical literature.</li> <li>• Knows evidence-based medicine principles.</li> <li>• Applies research findings in the process of clinical decision-making and patient care.</li> <li>• Integrates the essentials of the clinical guidelines in the treatment concepts.</li> <li>• Can critically appraise the quality and relevance of scientific resources, identifying biases and assessing the strength of evidence.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Uses medical databases and search engines such as Pubmed or UpToDate to access relevant scientific literature efficiently.</li> <li>• Is able to synthesize and apply complex medical information to patient cases.</li> <li>• Presents scientific results in conferences.</li> <li>• Communicate clearly evidence-based recommendations to patients, relatives and colleagues.</li> </ul>

	<ul style="list-style-type: none"> <li>Adapts flexibly the evolving medical knowledge and technologies.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>Commits to life-long learning.</li> <li>Engages for patient-centered care with up-to-date knowhow.</li> <li>Shows open-mindedness for new information.</li> <li>Respects patients' autonomy and confidentiality.</li> <li>Performs self-reflection and seek feedback to improve knowledge tool utilization.</li> <li>Is aware of owns limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>Direct observation</li> <li>Case-based discussion / entrustment-based discussion</li> <li>Product evaluation (e.g., chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Indirect supervision (level 3) by the end of the CSC 3 assessments on level 3 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Present a surgical case (CSC EPA 7)

## CSC 11: Prepare a patient for surgery

<b>2. Description</b> (Specifications and limitations)	<p>The trainee is able to prepare a patient for surgery in the operation room.</p> <p><b>Timeframe:</b> From start of positioning until start of the surgery</p> <p><b>Setting:</b> Performed for surgeries that are part of the general surgical curriculum</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>Correct positioning of patient for general surgical procedures</li> <li>Disinfection of surgical site</li> <li>Draping of surgical site</li> </ul> <p><b>Excluding:</b> Preparation for more complex surgical procedures (i.e., esophagectomies, etc.)</p>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>Patient harm (surgical positioning injuries, surgical site infection)</li> <li>Waste of operating room time</li> <li>Increased costs</li> </ul>

<b>4. Most relevant Competency Domains</b>	Medical Expert, Collaborator, Professional
<b>5. Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows common positioning injuries.</li> <li>• Knows how to prepare the surgical site for the specific operation.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Pose the patient appropriately for the selected surgical intervention, with shielding of pressure points and prevention of sliding.</li> <li>• Performs proper disinfection of surgical field.</li> <li>• Performs appropriate draping of surgical field.</li> <li>• Installs additional material as needed (surgical light handles, electrocoagulation, suction, collection bags, camera, gaze tube, etc.).</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Uses adequate communication and collaboration with other OR staff (anaesthesia, scrub nurse, etc.).</li> <li>• Adheres to local hygiene standards.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) at the end of CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	

## CSC 12: Perform a surgical access

<b>2. Description</b> (Specifications and limitations)	<p>The trainee is able to access and explore the operation situs.</p> <p><b>Timeframe:</b> Starting after "team time-out" until the exposure of the main target</p> <p><b>Setting:</b> Performance during elective or emergency surgery</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Incision (skin, subcutaneous tissue, fascia)</li> <li>• Appropriate management of bleeding</li> </ul>
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	<ul style="list-style-type: none"> <li>Exposure of surgical field</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>Extension of an operation</li> <li>Reoperation</li> <li>Increased costs</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>Knows the anatomy of a specific surgical field.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>Performs incision of skin and subcutaneous tissue using scalpel, diathermy and scissors properly.</li> <li>Controls bleeding with energy devices and/or ligations.</li> <li>Exposes the operation field properly using instruments and the help of an assistant.</li> <li>Shows a gentle instrument and tissue handling.</li> <li>Ties knots by hand and with instruments.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>Communicates clearly and concisely with patient and team members during procedure (if indicated).</li> <li>Is aware of own limits and asks for help if needed.</li> <li>Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>Direct observation</li> <li>Case-based discussion / entrustment-based discussion</li> <li>Product evaluation</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) at the end of CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	

## CSC 13: Perform a surgical closure

<b>2. Description</b> (Specifications and limitations)	<p>The trainee is able to close the wound after the main intervention.</p> <p><b>Timeframe:</b> From end of main intervention until end of surgery (incl. dressing).</p> <p><b>Setting:</b> Performance during elective or emergency surgery</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>Appropriate management of bleeding</li> <li>Exposure of surgical field</li> </ul>
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	<ul style="list-style-type: none"> <li>• Placement of drainages if needed</li> <li>• Closure (skin, subcutaneous tissue, fascia)</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Wound healing-related complications i.e. hernia</li> <li>• Reoperation</li> <li>• Increased costs</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the anatomy of specific surgical field.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Controls bleeding with energy devices and/or ligations.</li> <li>• Performs fascia closure in open surgery (correct distance between stitches and from fascial edge, 4:1 ratio).</li> <li>• Performs fascia closure in laparoscopic surgery (proper exposition of fascia, z-stitches).</li> <li>• Performs skin closure using staplers.</li> <li>• Performs skin closure using sutures (running subcuticular suture, interrupted subcuticular sutures).</li> <li>• Performs a simple interrupted suture</li> <li>• Ties knots by hand and with instruments.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Communicates clearly and concisely with patient and team members during procedure (if indicated).</li> <li>• Recognizes own limitations and asks for help when needed.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., wound inspection)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) at the end of CSC</p> <p>3 assessments on level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	

## CSC 14: Manage an abscess

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can treat an abscess in a correct surgical manner.</p> <p><b>Timeframe:</b> From diagnosis of an abscess until documentation of performed intervention</p>
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	<p><b>Setting:</b> OR, ward, emergency room or recovery room The full patient history and diagnostic tests are available</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis and indication for surgical drainage</li> <li>• Incision and drainage of an abscess</li> <li>• Follow-up plan</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> Other surgical drain placement (see EPA 16)</p>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Harm to the patient due to non-healing or reoperation</li> <li>• Increased costs</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Communicator, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the anatomy and anatomical landmarks.</li> <li>• Knows the pathophysiology of an abscess.</li> <li>• Knows diagnostic workup (diagnostic workup: indication for microbiological sampling and/or imaging).</li> <li>• Knows indications and contraindications for surgical drainage of an abscess.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Positions the patient appropriately.</li> <li>• Prepares the surgical site according to hygiene standards.</li> <li>• Uses appropriate systemic analgetic or local anaesthetic methods.</li> <li>• Performs incision of abscess (special care of underlying anatomical structures (i.e., sphincter muscle) and sufficient opening of abscess).</li> <li>• Places mesh or penrose correctly (if indicated).</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> <li>• Communicates clearly and concisely with patient and team members during procedure (if indicated).</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> <li>• Is aware of own limits and asks for help if needed.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., OR-result, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision</b>	<p>Distant supervision (Level 4) at the end of CSC</p> <p>3 assessments of level 4 by 3 different supervisors</p>

level of 'unsupervised practice' is expected	
8. Expiration Date	N/A
9. Connections to other EPAs	Perform a surgical access and/ or closure (CSC EPA 12)

CSC 15: Insert a chest tube	
2. Description (Specifications and limitations)	<p>The trainee can perform a chest tube insertion in a correct surgical manner.</p> <p><b>Timeframe:</b> From initial assessment until documentation of the clinical encounter</p> <p><b>Setting:</b> OR, ward, emergency room or recovery room. The full patient history and diagnostic tests are available.</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Assessment and indication</li> <li>• Chest tube placement</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> Other surgical drains (see CSC EPA 15)</p>
3. Potential risks in case of failure	<ul style="list-style-type: none"> <li>• Harm to the patient due to incorrect placement or needed reintervention</li> <li>• Increased costs</li> </ul>
4. Most Relevant Competency Domains	Medical Expert, Communicator, Collaborator
5. Required Knowledge, Skills, Attitudes	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows anatomy and anatomical landmarks.</li> <li>• Knows diagnostic workup (chest X-ray, ultrasound ev. CT scan, assessment of coagulation).</li> <li>• Knows indications and contraindications for chest tubes.</li> <li>• Knows criteria for removal of chest tubes.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Chooses the appropriate site for drain insertion.</li> <li>• Pose the patient appropriately.</li> <li>• Prepares the insertion site according hygiene standards.</li> <li>• Uses appropriate analgetic or local anaesthetic methods.</li> <li>• Inserts drain carefully and safely (Skin incision, dissection of subcutaneous tissue, dissection of intercostal muscles directly above the rib, penetration in pleural cavity and assessment of adhesions).</li> <li>• Fixates chest tube and closes the skin.</li> <li>• Assesses post-interventional image.</li> <li>• Ensures adequate monitoring of patient with a chest tube.</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> </ul>

	<ul style="list-style-type: none"> <li>• Communicates clearly and concisely with patient and team members during procedure.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., OR-result, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Indirect supervision (level 3) by the end of the CSC 3 assessments on level 3 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Insert a surgical drain (CSC EPA 16)

<b>CSC 16: Insert a surgical drain</b>	
<b>2. Description</b> (Specifications and limitations)	<p>The trainee can perform surgical drain insertion in a correct surgical manner.</p> <p><b>Timeframe:</b> From initial assessment until documentation of the clinical encounter</p> <p><b>Setting:</b> OR, ward, emergency room or recovery room, The full patient history and diagnostic tests are available.</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Assessment and indication</li> <li>• Drain placement</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> Complex drain insertion using imaging</p>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Harm to the patient due to incorrect placement or needed reintervention</li> <li>• Increased costs</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Communicator, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the different types of drains (open – closed, active – passive).</li> <li>• Knows indications and contraindications for drains.</li> <li>• Knows criteria for removal of drains.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Chooses the appropriate site for drain insertion.</li> <li>• Positions the patient appropriately.</li> <li>• Prepares the insertion site according hygiene standards.</li> <li>• Uses appropriate analgetic or local anaesthetic methods.</li> <li>• Inserts drain carefully and safely.</li> <li>• Fixates drain to skin.</li> <li>• Ensures adequate monitoring of patient with drain.</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> <li>• Communicates clearly and concisely with patient and team members during procedure.</li> <li>• Is aware of owns limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., OR-result, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>

7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected	Distant supervision (level 4) at the end of CSC 3 assessments of level 4 by 3 different supervisors
8. Expiration Date	N/A
9. Connections to other EPAs	Chest tube placement (see CSC EPA 15)

CSC 17: Insert a urinary catheter	
2. Description (Specifications and limitations)	<p>The trainee can perform a urinary catheter placement in a correct manner.</p> <p><b>Timeframe:</b> From initial assessment until documentation of the clinical encounter</p> <p><b>Setting:</b> OR, ward, emergency room or recovery room The full patient history and diagnostic tests are available.</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Clinical assessment including the use of ultrasound</li> <li>• Catheter placement (including suprapubic catheters)</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> Urinary catheter placement in patients after a urological intervention or with a complex anatomy (i.e. stricture)</p>
3. Potential risks in case of failure	<ul style="list-style-type: none"> <li>• Re-insertion</li> <li>• Via falsa with bleeding and consecutive interventions</li> <li>• Increased costs</li> <li>• Catheter-associated urinary tract infection (CAUTI)</li> </ul>
4. Most Relevant Competency Domains	Medical Expert, Communicator, Collaborator, Professional
5. Required Knowledge, Skills, Attitudes	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows anatomy and anatomical landmarks.</li> <li>• Knows indications and contraindications for regular bladder catheters and suprapubic catheters.</li> <li>• Knows diagnostic workup.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Works in sterile environment and adheres to local hygiene standards</li> <li>• Uses appropriate analgetic or local anaesthetic methods.</li> <li>• Performs sonographic assessment of the bladder if needed to check for intestinal interpositions and determination of catheter insertion site for suprapubic catheters.</li> <li>• Inserts a regular bladder catheter or suprapubic urinary catheter carefully and safely.</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> </ul>

	<ul style="list-style-type: none"> <li>Communicates clearly and concisely with patient and team members during procedure.</li> <li>Is aware of own limits and asks for help if needed.</li> <li>Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>Direct observation</li> <li>Case-based discussion / entrustment-based discussion</li> <li>Product evaluation (e.g., working urinary catheter, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) after 6 months of CSC</p> <p>3 assessments of level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Insert a chest tube (CSC EPA 15), insert a surgical drain (CSC EPA 16)

## CSC 18: Manage a postoperative surgical wound

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can evaluate surgical wounds and treat those properly.</p> <p><b>Timeframe:</b> From assessment of the wound until documentation of the clinical encounter</p> <p><b>Setting:</b> OR, ward, emergency room or recovery room</p> <p>The full patient history and diagnostic tests are available.</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>Assessment of wounds</li> <li>Performing wound draping</li> <li>Documentation</li> </ul> <p><b>Excluding:</b> Complex wound management ( i.e. muscle flaps)</p>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>Patient harm due to reinterventions or insufficient pain management</li> <li>Increased costs, extended hospital stay</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Communicator, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>Knows physiology of wound healing.</li> <li>Knows diagnostic workup: indication for microbiological sampling and/or imaging.</li> <li>Knows indications and contraindications for VAC and for surgical revision.</li> </ul> <p><b>Skills:</b></p>



	<ul style="list-style-type: none"> <li>• Is able to assess and diagnose a surgical site infection and delayed wound healing</li> <li>• Works appropriately in sterile environment.</li> <li>• Uses appropriate analgetic or local anaesthetic methods.</li> <li>• Performs debridement of necrosis and/or fibrin.</li> <li>• Performs a proper placement of VAC.</li> <li>• Closes wound appropriately (primary or secondary, with or without defect closure).</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> <li>• Communicates clearly and concisely with patient and team members during procedure.</li> <li>• Is aware of own limits and asks for help if needed (14)</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., wound inspection, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	<p>Distant supervision (level 4) after the first year of CSC</p> <p>3 assessments of level 4 by 3 different supervisors</p>
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	<p>Perform a surgical closure (CSC EPA 13), Manage a traumatic wound (CSC EPA 19)</p>

## CSC 19: Manage a traumatic wound

<b>2. Description</b> (Specifications and limitations)	<p>The trainee can evaluate a traumatic wound and treat this properly.</p> <p><b>Timeframe:</b> From initial assessment until documentation of the clinical encounter</p> <p><b>Setting:</b> Emergency room Full patient history and diagnostic tests are available</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Assessment of the wound</li> <li>• Performing an adequate wound management inclusively anaesthesia</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> Treatment of postoperative surgical wounds</p>
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<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Patient harm due to reinterventions or insufficient pain management</li> <li>• Increased costs, extended hospital stay, aesthetic concerns</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Communicator, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitudes</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows physiology of wound healing.</li> <li>• Knows indications and contraindications for surgical management of traumatic wounds.</li> <li>• Knows diagnostic workup: indication for microbiological sampling and/or imaging.</li> <li>• Knows indications and contraindications for antibiotic treatment or prophylaxis and vaccinations.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Works appropriately in a sterile environment.</li> <li>• Performs appropriate local anaesthesia.</li> <li>• Performs proper debridement of wound (use of curette and/or scalpel).</li> <li>• Closes wound appropriately (primary or secondary, with or without defect closure).</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> <li>• Communicates clearly and concisely with patient and team members during the procedure.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., wound inspection, chart review)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Distant supervision (level 4) after the first year of CSC 3 assessments of level 4 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	Manage of postoperative surgical wound (CSC EPA 18)

<b>CSC 20: Perform camera navigation during minimal invasive surgery</b>	
<b>2. Description</b> (Specifications and limitations)	<p>The trainee performs camera navigation during minimal invasive surgery adequately.</p> <p><b>Timeframe:</b> From inserting the camera through trocar until just before removal of trocars</p> <p><b>Setting:</b> Minimally invasive surgery in the OR</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Camera navigation</li> <li>• Assisting the principal surgeon</li> </ul> <p><b>Excluding:</b></p> <ul style="list-style-type: none"> <li>• Preparation and resection of tissue or organs</li> </ul>
<b>3. Potential risks in case of failure</b>	<ul style="list-style-type: none"> <li>• Conflicts between OR team members</li> <li>• Waste of operating time with increased costs</li> </ul>
<b>4. Most Relevant Competency Domains</b>	Medical Expert, Collaborator, Professional
<b>5. Required Knowledge, Skills, Attitude</b>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows the main steps of the procedure.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Handles the camera appropriately during laparoscopic surgery: image centred on where the surgeon is working, proper distance from structures, use of 30° optic.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Communicates and collaborates effectively with principal surgeon.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<b>6. Evaluation: Basis for progress (Assessment Methods)</b>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / entrustment-based discussion</li> <li>• Product evaluation (e.g., review of recording)</li> </ul> <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Indirect supervision (level 3) at the end of CSC, 3 assessments of level 3 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	-

## CSC 21: Perform a reduction of a fracture or luxation

<p><b>2. Description</b> (Specifications and limitations)</p>	<p>The trainee can deal with the initial management (reduction) of a simple fracture or luxation</p> <p><b>Timeframe:</b> From initial assessment until documentation of the clinical encounter</p> <p><b>Setting:</b> emergency room or OR The full patient history and diagnostic tests are available.</p> <p><b>Including:</b></p> <ul style="list-style-type: none"> <li>• Assessment of the trauma inclusive interpretation of images</li> <li>• Pain management</li> <li>• Reduction procedure</li> <li>• Immobilization</li> <li>• Documentation</li> </ul> <p><b>Excluding:</b> open fracture or luxation, hip luxation</p>
<p><b>3. Potential risks in case of failure</b></p>	<ul style="list-style-type: none"> <li>• Pain to the patient if anaesthesia is insufficient</li> <li>• Necessity to repeat the procedure</li> </ul>
<p><b>4. Most Relevant Competency Domains</b></p>	<p>Medical Expert, Communicator, Professional</p>
<p><b>5. Required Knowledge, Skills, Attitudes</b></p>	<p><b>Knowledge:</b></p> <ul style="list-style-type: none"> <li>• Knows anatomy and anatomical landmarks.</li> <li>• Knows diagnostic workup: physical examination, x-ray, ev. CT scan.</li> <li>• Knows the procedure and its risks.</li> <li>• Knows the follow up.</li> </ul> <p><b>Skills:</b></p> <ul style="list-style-type: none"> <li>• Positions the patient and assistant adequately.</li> <li>• Applies an adequate pain management.</li> <li>• Performs the reduction using an adequate technique.</li> <li>• Performs proper physical examination after reduction</li> <li>• Assesses post-interventional image.</li> <li>• Applies temporary cast appropriately.</li> <li>• Performs a patient sedation and local anaesthesia.</li> <li>• Manages complications adequately.</li> </ul> <p><b>Attitudes:</b></p> <ul style="list-style-type: none"> <li>• Informs patient appropriately about intervention and post interventional care.</li> <li>• Communicates clearly and concisely with patient and team members during procedure.</li> <li>• Is aware of own limits and asks for help if needed.</li> <li>• Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</li> </ul>
<p><b>6. Evaluation: Basis for progress (Assessment Methods)</b></p>	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> <li>• Direct observation</li> <li>• Case-based discussion / Entrustment-based discussion</li> <li>• Product evaluation (e.g., X-ray review, chart review)</li> </ul>

	Tools for longitudinal assessment <ul style="list-style-type: none"> <li>• Multi-source feedback</li> </ul>
<b>7. Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected</b>	Indirect supervision (Level 3) by the end of the CSC 3 assessments on level 3 by 3 different supervisors
<b>8. Expiration Date</b>	N/A
<b>9. Connections to other EPAs</b>	-