

# Einführung der EPAs in der Thoraxchirurgie

SCS Kongress 10.06.2026, Luzern

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# Disclosure – A. Tudor

- Collaboration with Adrian Marti on the *prepared app* (2023)

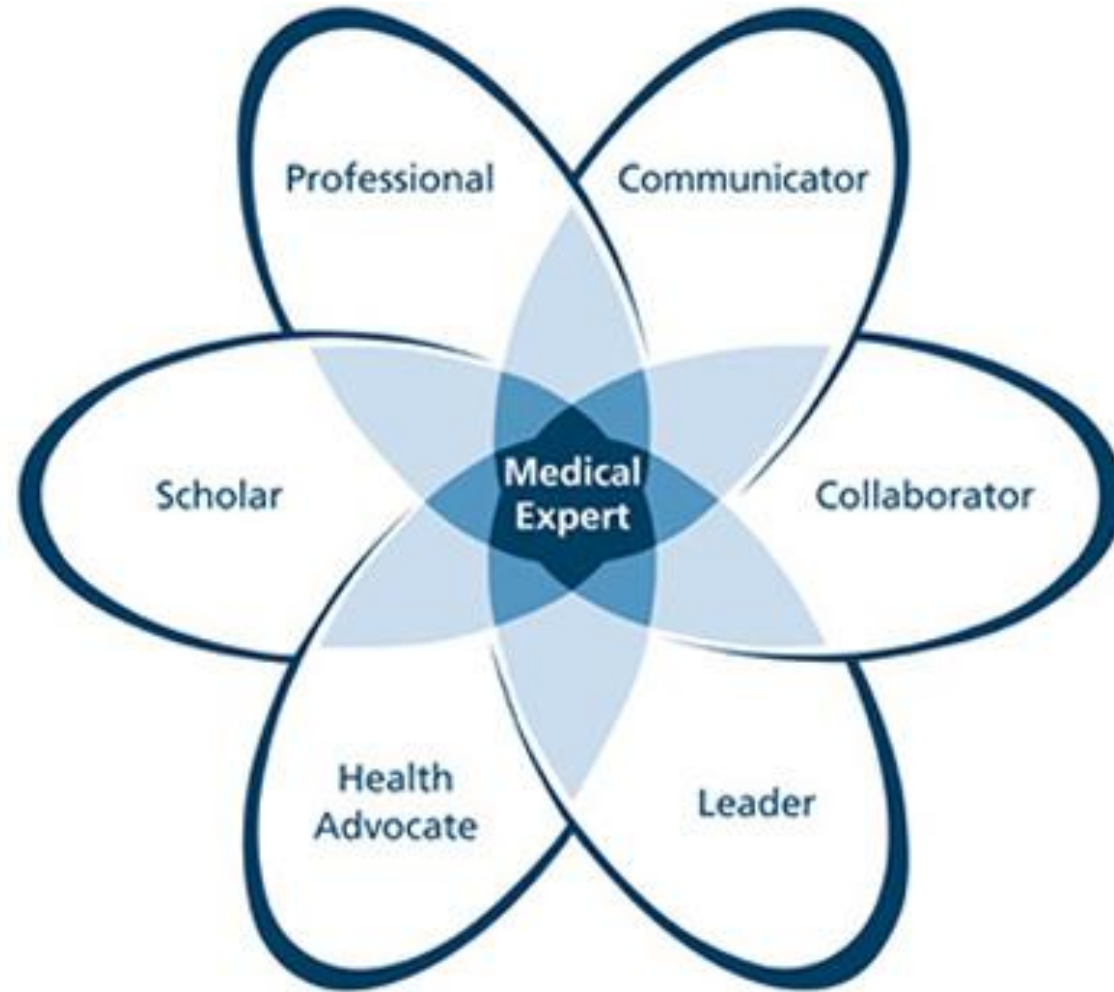


# EPAs - was ist das?

- A unit of work
- That can be assigned to the trainee
- If they have the necessary competencies to undertake it



# Competency Based Medical Education



CANMEDS



# Die Verknüpfung zur CBME (Kompetenz)

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## Competency

Health systems knowledge

Scholarly skills

Communication ability

Management ability

## EPA

Counsel patient

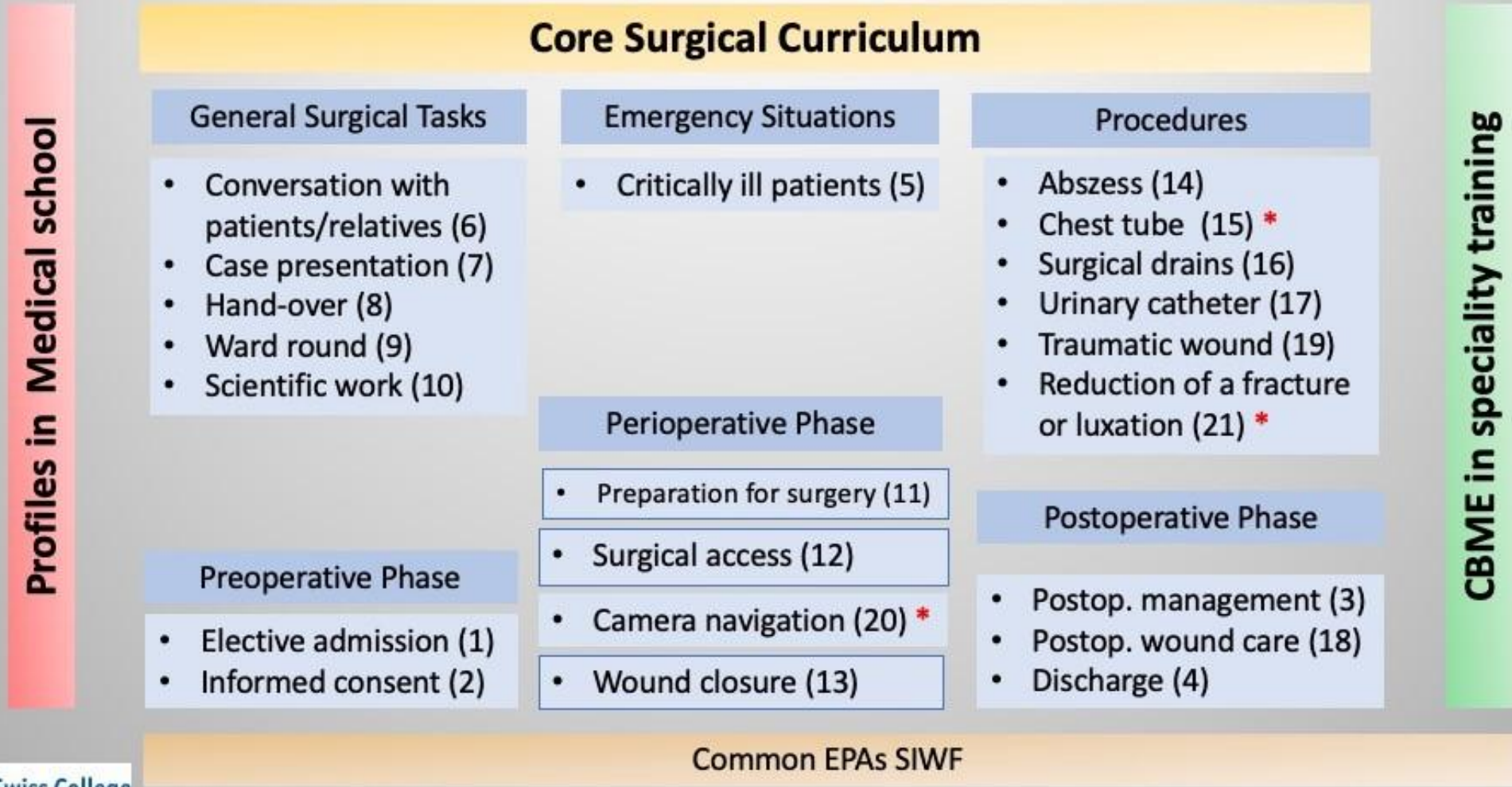
Resuscitate a patient

Lead family meeting

Design treatment plan



# EPAs in the CSC



\* optional, at least 1/3 must be fulfilled



# CSC – Teilnehmende Gesellschaften

Schweizerische Gesellschaft für Kinderchirurgie  
Société Suisse de Chirurgie Pédiatrique  
Società Svizzera di Chirurgia Pediatrica



Schweizerische Gesellschaft für Handchirurgie **SGH**  
Société Suisse de Chirurgie de la Main **SSCM**  
Società Svizzera di Chirurgia della Mano **SSCM**

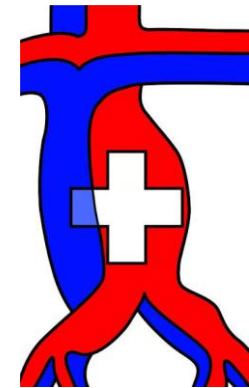


SWISS  
PLASTIC  
SURGERY

Schweizerische Gesellschaft für Plastische,  
Rekonstruktive und Ästhetische Chirurgie  
Société Suisse de Chirurgie Plastique,  
Reconstructive et Esthétique  
Società Svizzera di Chirurgia Plastica,  
Ricostruttiva ed Estetica



Swiss College  
of Surgeons



# Die ersten Vorschläge:

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1. PERFORMING AN EXPLORATORY THORACOSCOPY
2. PERFORMING AN EXPLORATORY THORACOTOMY
3. PERFORMING A WEDGE RESECTION
4. PERFORMING A MECHANICAL PLEURODHESES
5. PERFORMING A CHEMICAL PLEURODESIS VIA DRAIN, OR BLOOD PATCH
6. PERFORMING A MEDIASTINAL LYMPHADENECTOMY
7. PERFORMING A SIMPLE SEGMENTECTOMY (6, CULMEN, LINGULA, BASAL PYRAMID)
8. PERFORMING A COMPLEX SEGMENTECTOMY (1, 2, 3, 7, 8, 9, 10)
9. PERFORMING A LOBECTOMY
10. PERFORMING A CLAMSHELL
11. IMPLANTING A PORT (PORT-A-CATH)
12. PERFORMING A PLEURAL DECORTICATION



## EPA 1: PERFORMING AN EXPLORATORY THORACOSCOPY

### 1. Description (Specifications and Limitations):

The trainee is able to prepare the patient and the setting for the intervention, is able to place the access ports, to adequately explore the pleural cavity, close the wounds and conclude with a hand-over to the anesthesia team.

- Timeframe: Starting from entering the operating room, until hand-over of the patient.
- Setting: Elective or emergency operations – also as a part of a more complex thoracoscopic intervention.

#### a) Specifications:

- i) Preparation of relevant images, documents, documentation (pathology form, postop form, etc.)
- ii) Short feed-back round with all members of the OR-Team (anesthesia, nurses, technicians, etc.) to clarify any open questions.
- iii) Positioning of the patient, disinfection, sterile draping, installment of instruments and devices together with OR-nurse/technician.
- iv) Performing team time-out.
- v) Incision and port placement, incl. management of bleeding.
- vi) Introduction of the instruments and exploration of the entire (readily accessible) pleural cavity, manipulation of the lung.
- vii) Access port closure with chest tube in place (if applicable), wound dressing.
- viii) Performing sign-out.
- ix) Check of chest tube collection system (if applicable).
- x) Check of correctly filled-in documents and documentations/prescriptions in the clinical informatics system.
- xi) Hand-over to the anesthesia/ICU team (incl. transport of patient in recovery room/ICU, if applicable).
- xii) Evaluation of post-op radiograph (if applicable).

#### b) Limitations:

- i) None

## 2) Most relevant competency domains:

Collaborator, Professional, Communicator, Leader

## 3) Required Knowledge, Skills, Attitudes:

### a) Knowledge:

- i) Knows the patient history, surgical indication, case-specific pitfalls (necessitating deviation from standard procedure).
- ii) Knows the roles and attributes of the relevant team members.
- iii) Knows how to communicate with the team members effectively.
- iv) Knows the patient positioning technique with care for pressure-prone areas and leaves adequate access to anatomical landmarks for eventual conversion.
- v) Knows the sequence of action.
- vi) Knows the relevant anatomy.
- vii) Knows the instruments and relevant material needed, incl. back-up devices and when to ask for them.
- viii) Knows how to manage a chest tube, incl. pathological discharge.
- ix) Knows how to interpret the post-op radiograph relevant to the intervention.
- x) Knows how to do a patient hand-over.

### b) Skills:

- i) Demonstrates coordinated and fluid actions.
- ii) Demonstrates control of instruments and proper usage.
- iii) Controls bleeding appropriately.
- iv) Exposes the operating field properly using instruments and the help of an assistant.
- v) Demonstrates gentle tissue handling.
- vi) Sutures tissue according to standards, incl. knot tying.
- vii) Demonstrates judicious usage of material.

### c) Attitudes:

- i) Communicates at appropriate moment
- ii) Is aware of limits and asks for help
- iii) Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behavior.

## 4) Assessment:

- a) Direct observation
- b) Case-based-discussion – reflexivity
- c) Product evaluation
- d) Multi-source feedback

5) Stage of training when level 4 is expected: end of first year in specialty training.

6) Expiry date: none

7) Connections to other EPAs: EPA 2 SGT and EPA 3, 4, 8, 11, 12, 13, 15, 20 CSC

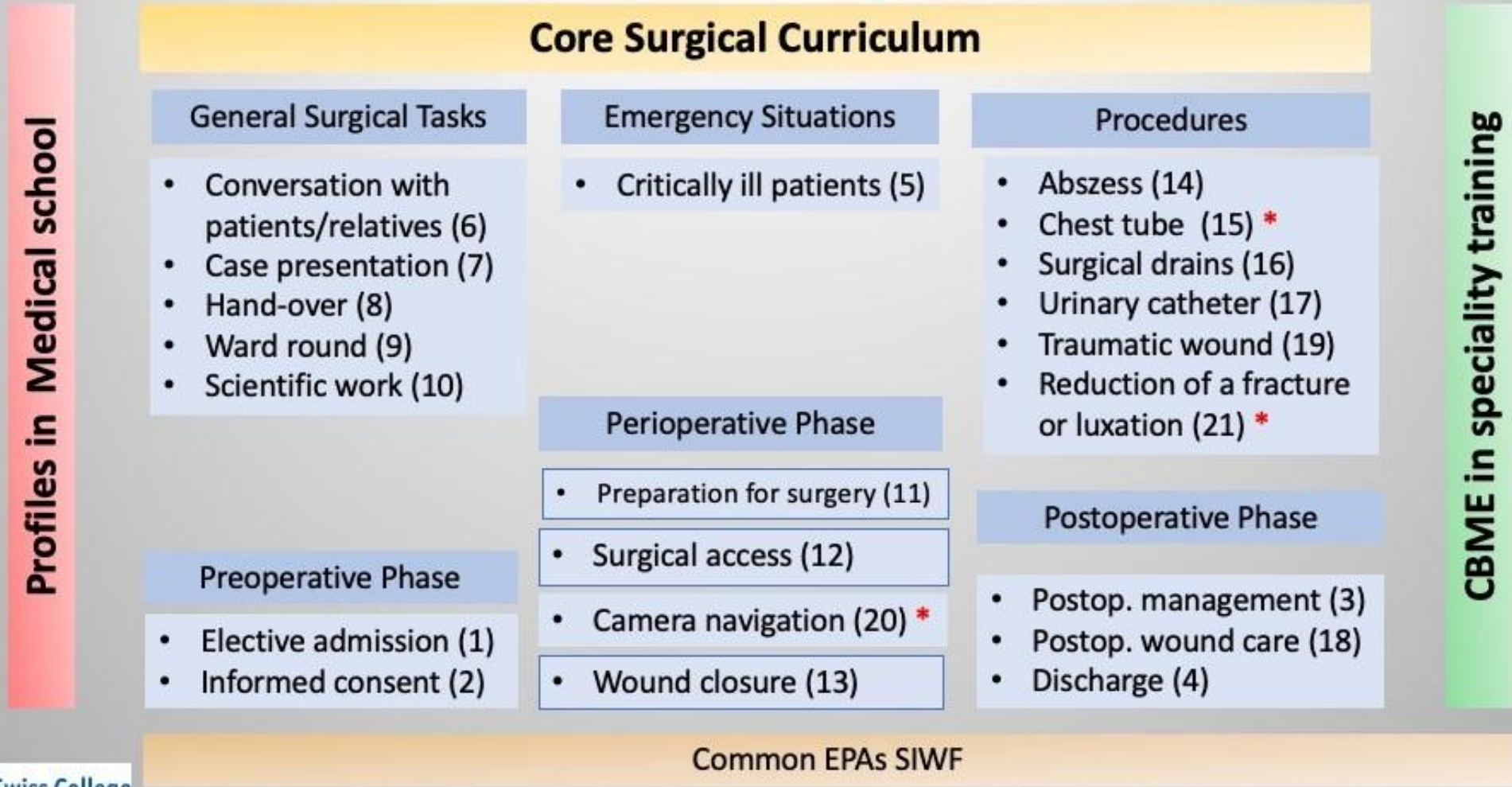
## References:

1. <https://swisscollegeofsurgeons.ch/assets/main/csc/240110-finale-epas-csc.pdf>

2. Cate OT. A primer on entrustable professional activities. Korean J Med Educ. 2018 Mar;30(1):1-10. doi: 10.3946/kjme.2018.76. Epub 2018 Feb 28.



# EPAs in the CSC



# Proof of concept – Projekt im CHUV

- 12 EPAs (davon 10 nur mit titel)
- 4 Kaderärzte – supervisors
- 3 Oberärzt-innen – supervisors und trainees
- 5 Assistenzärzt-innen – trainees
- Start 18.05.2026



# Die ersten Ergebnissen

22 Tage

7 assessments

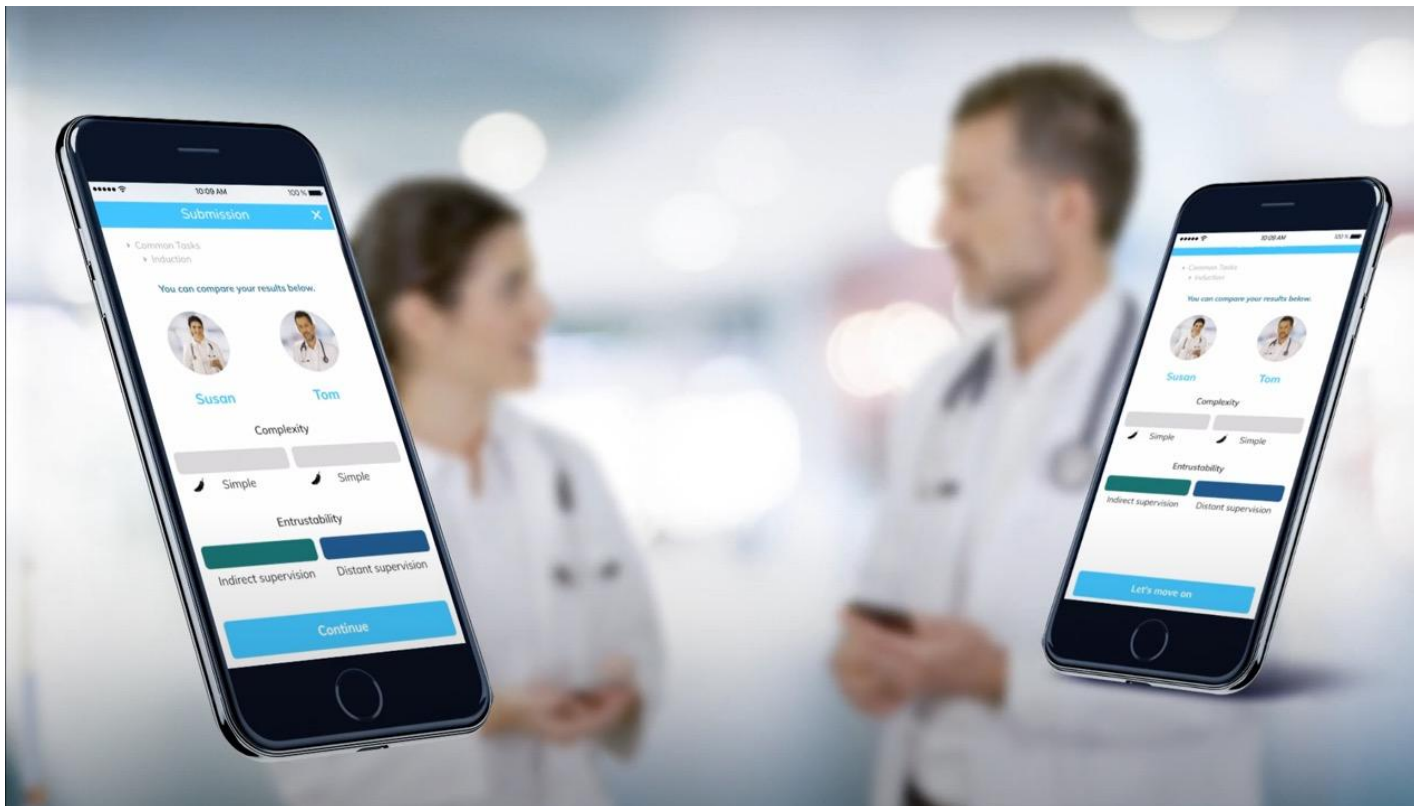
6 Ass/OA

1 OA/KA



# Die APP - preparedEPA

- Macht EPAs alltagstauglich – 20 sekunden



It's not  
rocket  
science!

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Besprechungen, feedback  
und Assessments finden  
täglich bei der Arbeit statt

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Jetzt hat es einen Namen  
und einen formellen  
Rahmen



# Tatsachen

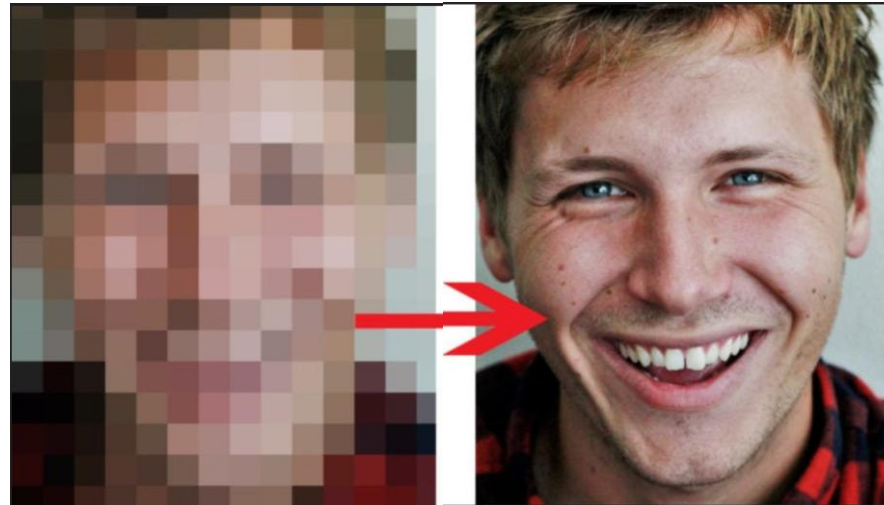
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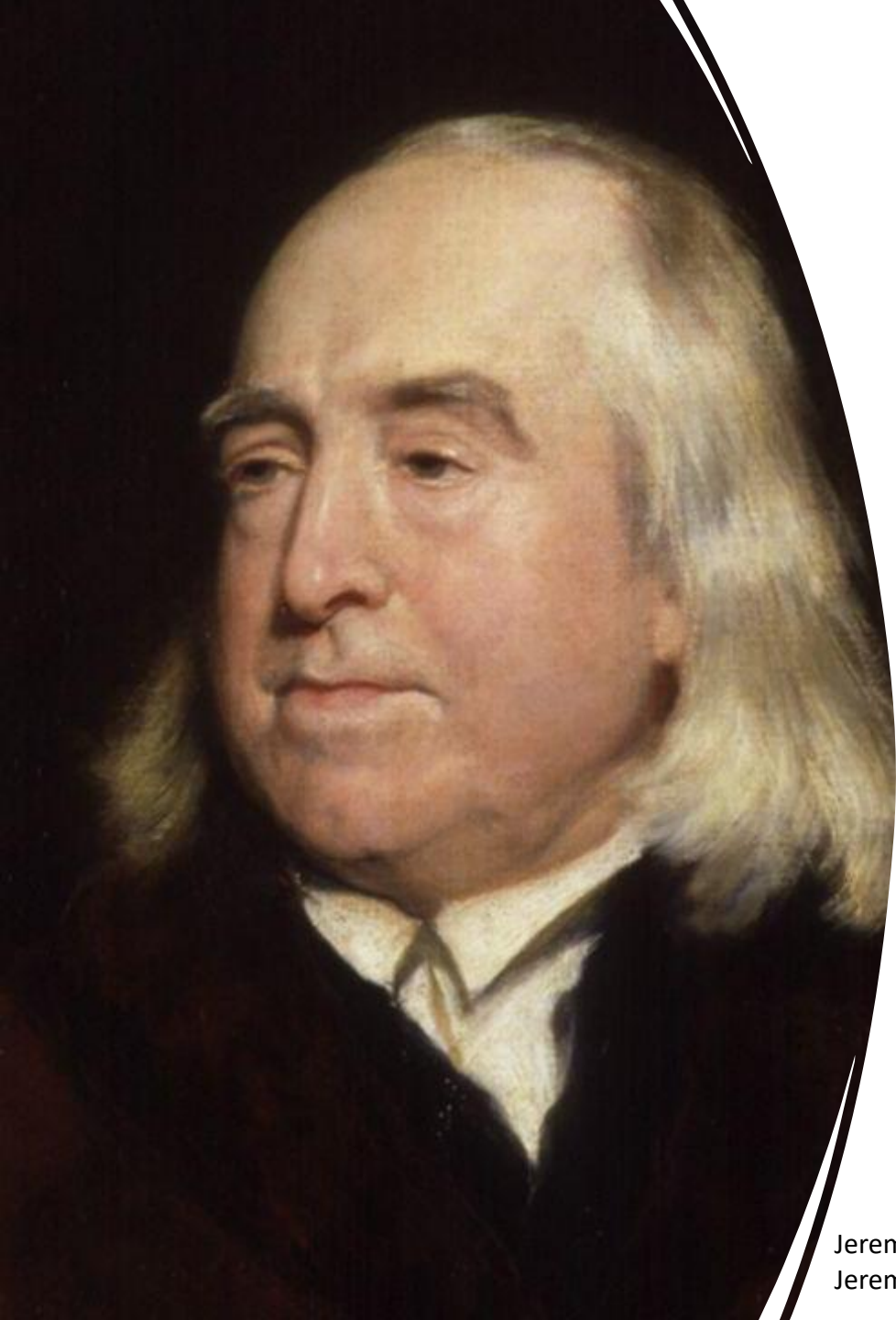
- Trainees fühlen sich nicht immer (oder selten) autorisiert eine Beurteilung zu verlangen
- Erfahrung bisher: Vorgesetzten, v.a. Oberärzt-innen sind die Hauptantrieber dieser Kultur
- Es funktioniert nur in digitaler Form!



# Wir wollen eine Statistik haben

- EPA Bewertungen sind subjektiv, aber...
- Evidenzbasis für Wachstum und zunehmender Verantwortung





# Unser Ziel

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Die beste Form für unsere EPAs zu finden, damit die meisten davon profitieren können!

Keep it short and simple!



# Nächste Schritte

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- Die Liste mit EPA Vorschläge wird an allen Kliniken für Thoraxchirurgie geschickt (via SGT Sekretariat)
- Erstellen eines Ordners mit allen Unterlagen, auf die Webseite frei zugänglich –  
Transparenz und Rückverfolgbarkeit - **Newsletter**
- Einladung zur ersten online Sitzung der Delphigruppe wird am 30.06.2026 erfolgen - ***alle sind willkommen!***
- Erste Delphi-Sitzung online – Termin nach multilateraler Vereinbarung Juli-August 2026  
→ planung der 2. Sitzung
- Zweite Delphi-Sitzung mit Anwesenheit



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