

Introduction to Entrustable Professional Activities in Thoracic Surgery

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T-DAY 26.11.2025, Bern



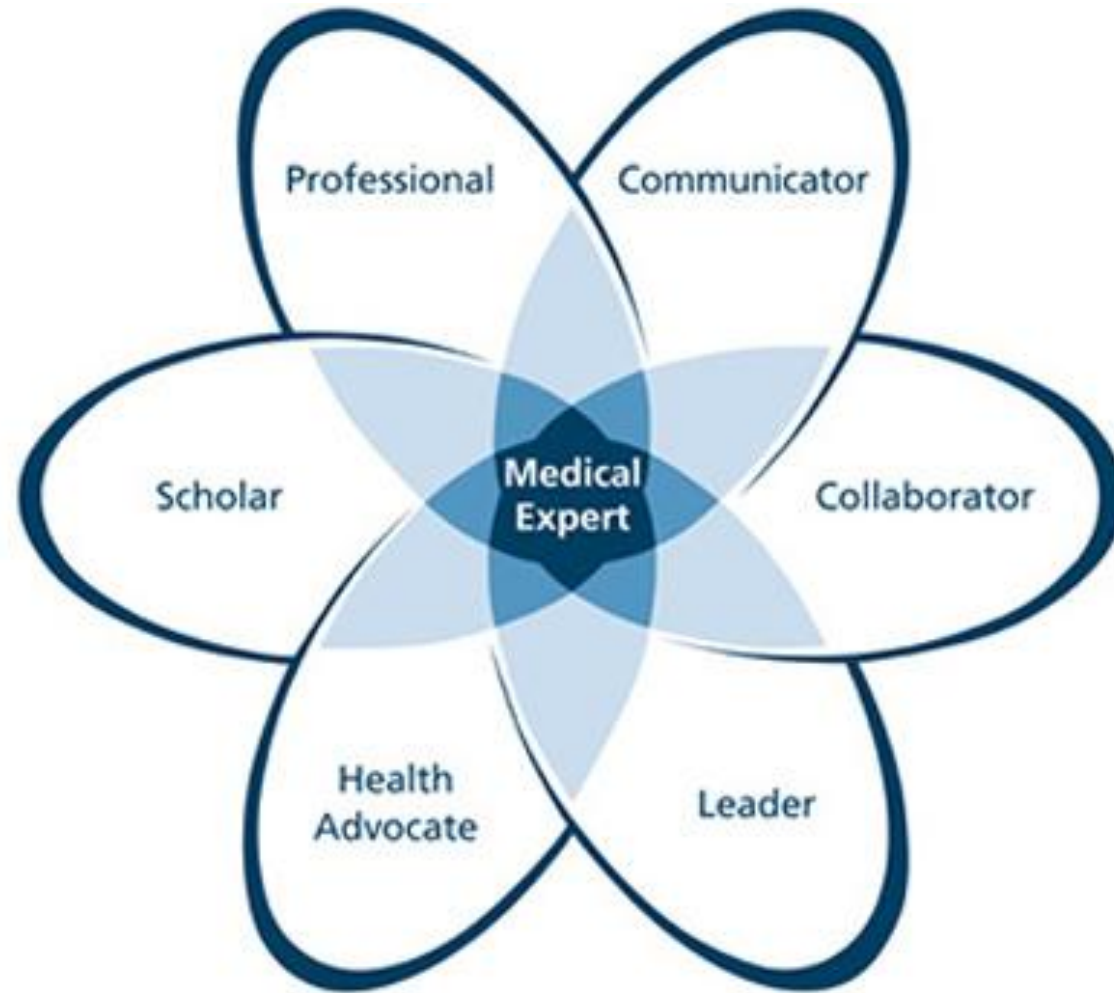
Disclosure – A. Tudor

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



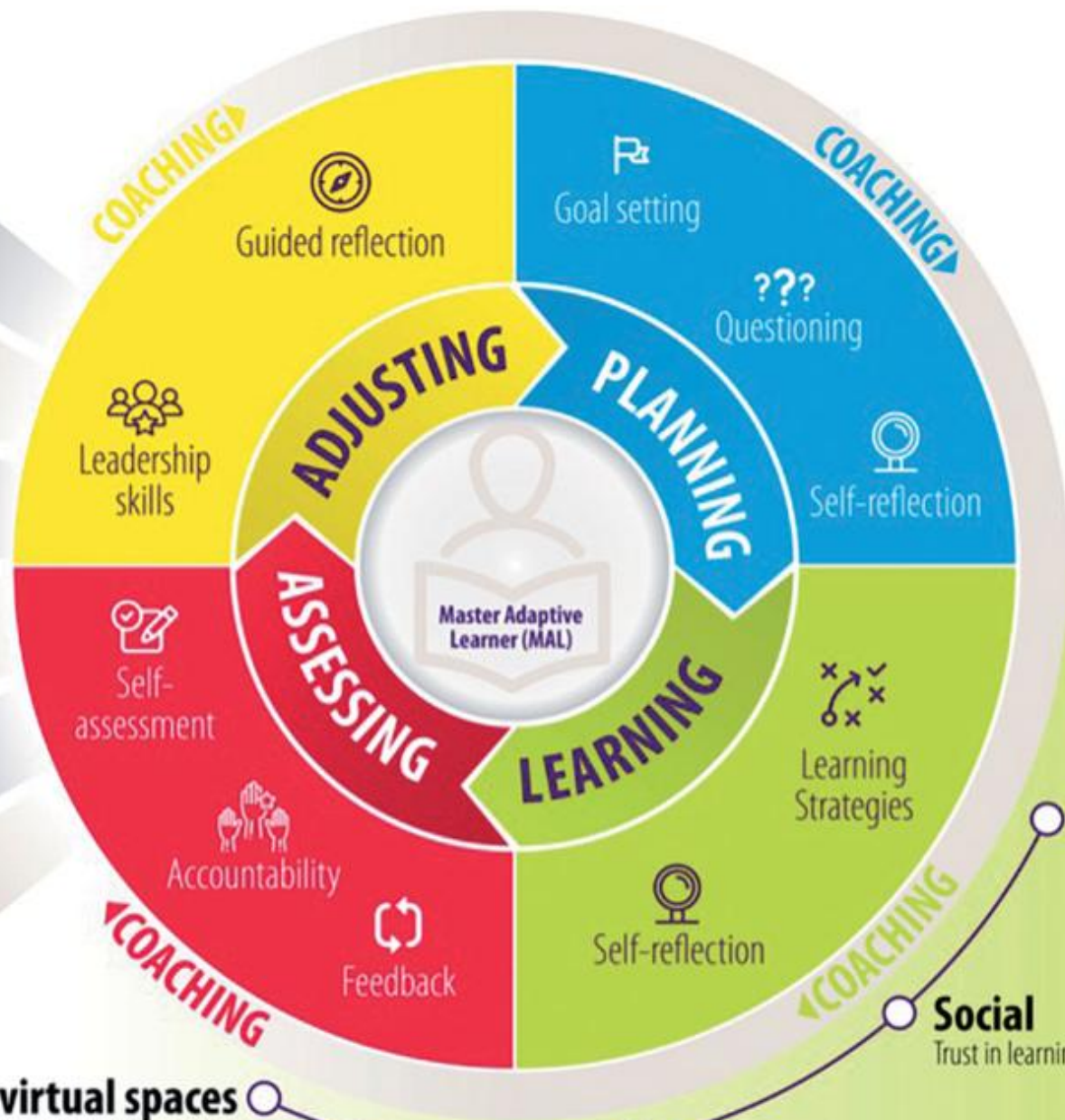
What is the current paradigm in Switzerland?

- COMPETENCY BASED MEDICAL EDUCATION - **CBME**



Competency based Medical Education (CBME)

- Competency outcomes clearly articulated (milestones, EPAs)
- Developmental sequencing across med ed continuum
- Tailored learning experiences in authentic roles
- Competency-focused instruction based on performance evidence
- Programmatic assessment, with direct observation and frequent feedback
- Time as a resource



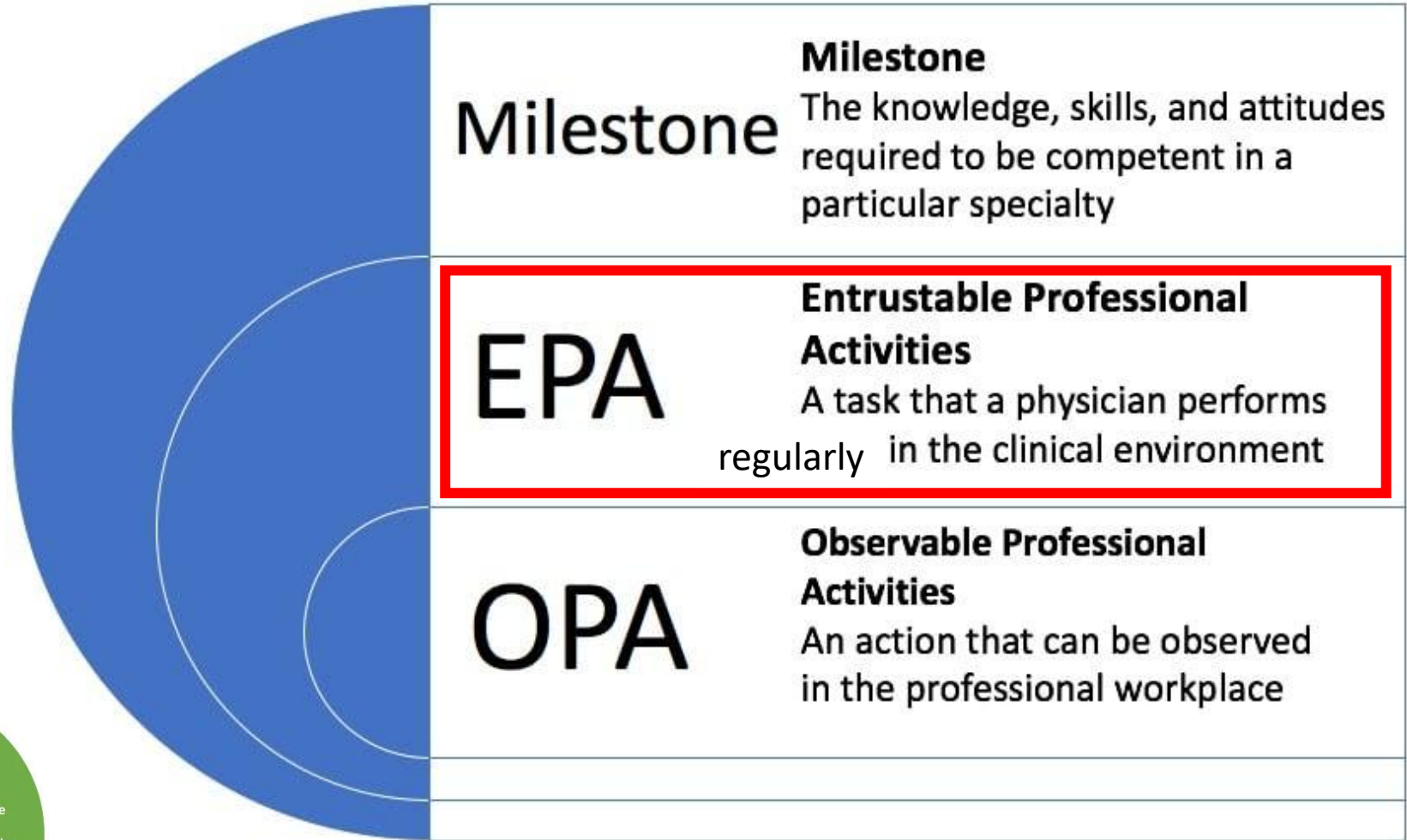
- Learning Environment (LE)**
- Organizational**
Transparency & clinical quality
- Social**
Trust in learning relationships
- Personal**
Growth mindset

Physical and virtual spaces
Informatics and data visualization

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Competency Outcomes



<https://www.aliem.com/users-guide-assessment-with-epas/>



EPAs in the CSC



Profiles in Medical school

Core Surgical Curriculum

General Surgical Tasks

- Conversation with patients/relatives (6)
- Case presentation (7)
- Hand-over (8)
- Ward round (9)
- Scientific work (10)

Emergency Situations

- Critically ill patients (5)

Procedures

- Abszess (14)
- Chest tube (15) *
- Surgical drains (16)
- Urinary catheter (17)
- Traumatic wound (19)
- Reduction of a fracture or luxation (21) *

Perioperative Phase

- Preparation for surgery (11)
- Surgical access (12)
- Camera navigation (20) *
- Wound closure (13)

Preoperative Phase

- Elective admission (1)
- Informed consent (2)

Postoperative Phase

- Postop. management (3)
- Postop. wound care (18)
- Discharge (4)

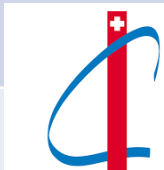
CBME in speciality training

Common EPAs SIWF

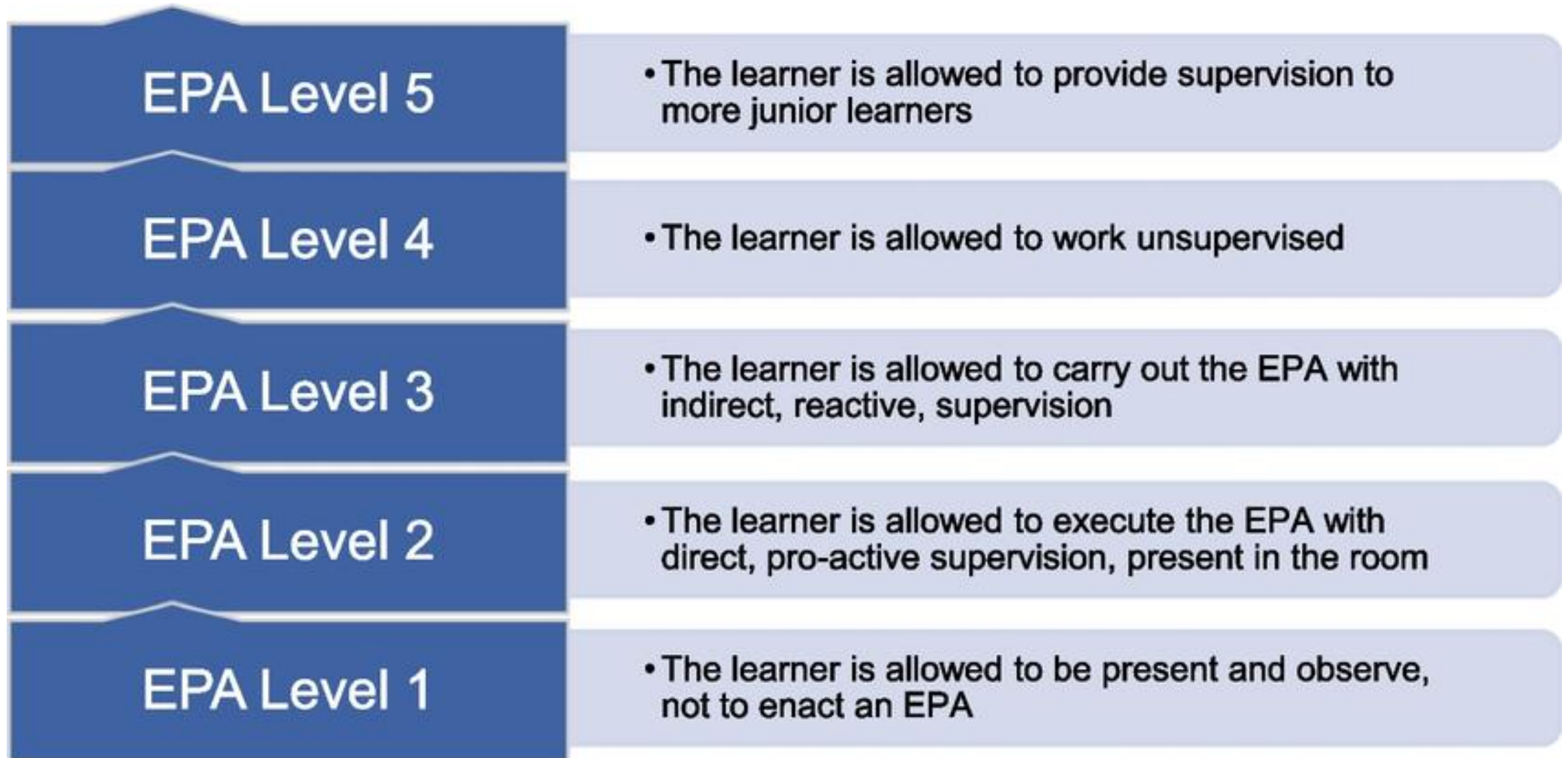
* optional, at least 1/3 must be fulfilled

CSC 15: Insert a chest tube

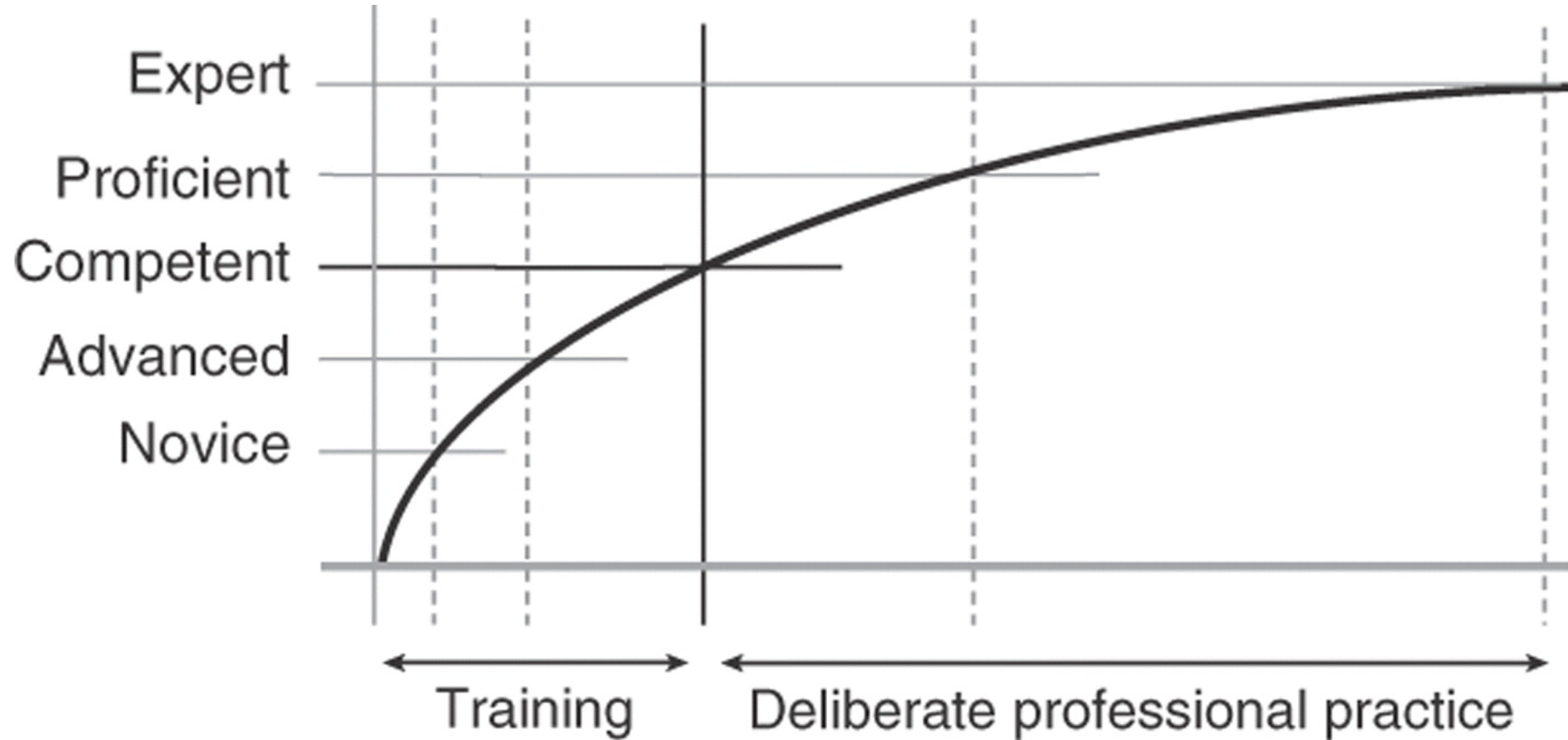
Description (Specifications and limitations)	<p>The trainee can perform a chest tube insertion in a correct surgical manner.</p> <p>Timeframe: From initial assessment until documentation of the clinical encounter</p> <p>Setting: OR, ward, emergency room or recovery room.</p> <p>Including: Assessment and indication Chest tube placement Documentation</p>
Potential risks in case of failure	<ul style="list-style-type: none"> • Harm to the patient due to incorrect placement or needed reintervention • Increased costs
Most Relevant Competency Domains	Medical Expert, Communicator, Collaborator
Required Knowledge, Skills, Attitudes	<p>Knowledge:</p> <ul style="list-style-type: none"> • Knows anatomy and anatomical landmarks. • Knows diagnostic workup (chest X-ray, ultrasound ev. CT scan, assessment of coagulation). • Knows indications and contraindications for chest tubes. • Knows criteria for removal of chest tubes. <p>Skills:</p> <ul style="list-style-type: none"> • Chooses the appropriate site for drain insertion. • Pose the patient appropriately. • Prepares the insertion site according hygiene standards. • Uses appropriate analgetic or local anesthetic methods. • Inserts drain carefully and safely (description of procedure here) • Fixates chest tube and closes the skin. • Assesses post-interventional image. • Ensures adequate monitoring of patient with a chest tube. • Manages complications adequately. <p>Attitudes:</p> <ul style="list-style-type: none"> • Informs patient appropriately about intervention and post interventional care. • Communicates clearly and concisely with patient and team members during procedure. • Is aware of owns limits and asks for help if needed. • <i>Demonstrates "A-RICH" (Accountability, Reliability, Integrity, Capability, Humility) behaviour.</i>
Evaluation: Basis for progress (Assessment Methods)	<p>Tools for low-stakes workplace-based assessment in daily practice</p> <ul style="list-style-type: none"> • Direct observation • Case-based discussion / entrustment-based discussion • Product evaluation (OR-result, chart review) <p>Tools for longitudinal assessment</p> <ul style="list-style-type: none"> • Multi-source feedback
Stage of training when an entrustment-/supervision level of 'unsupervised practice' is expected	Indirect supervision (level 3) by the end of the CSC 3 assessments on level 3 by 3 different supervisors



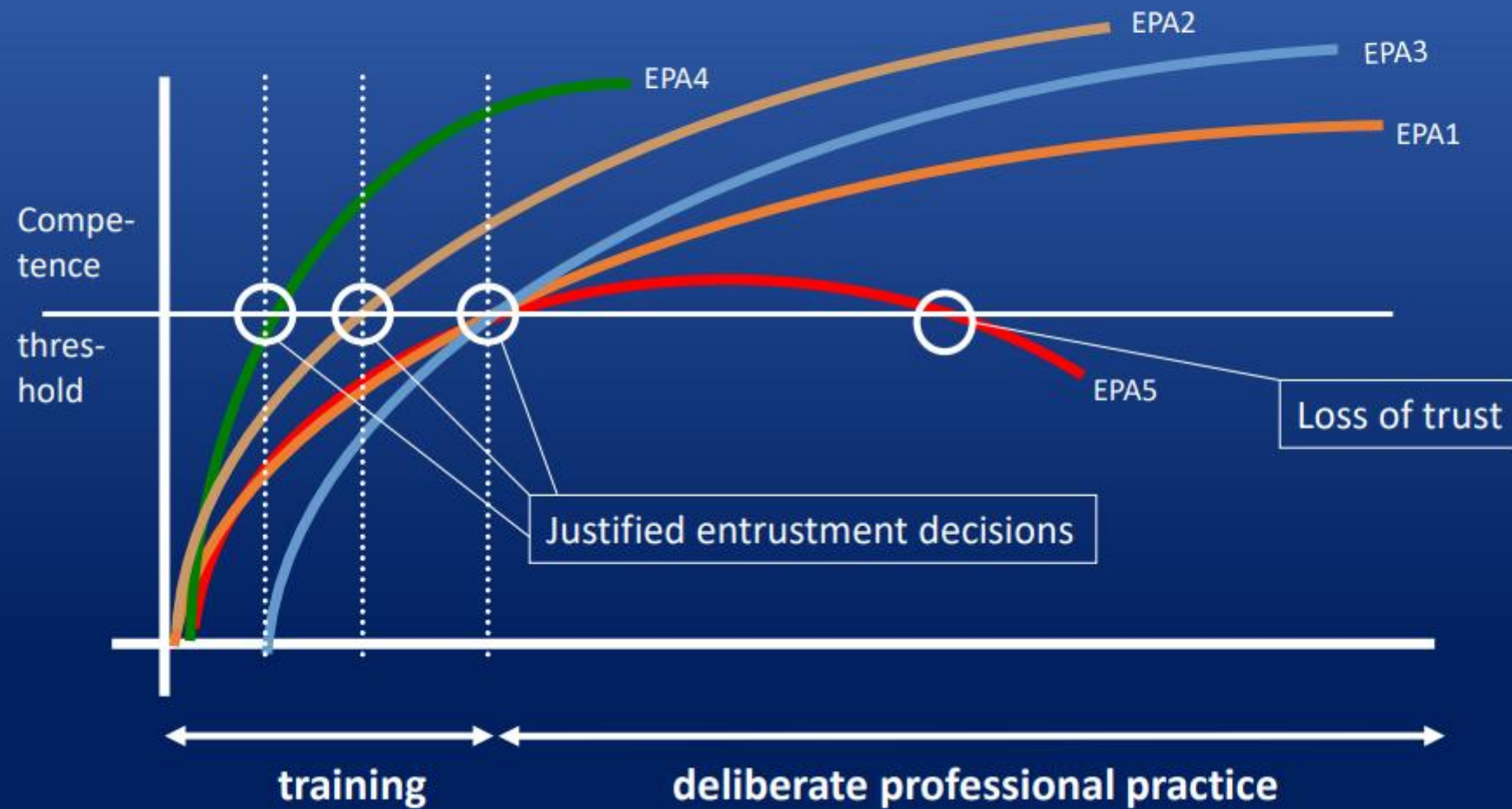
Entrustment levels



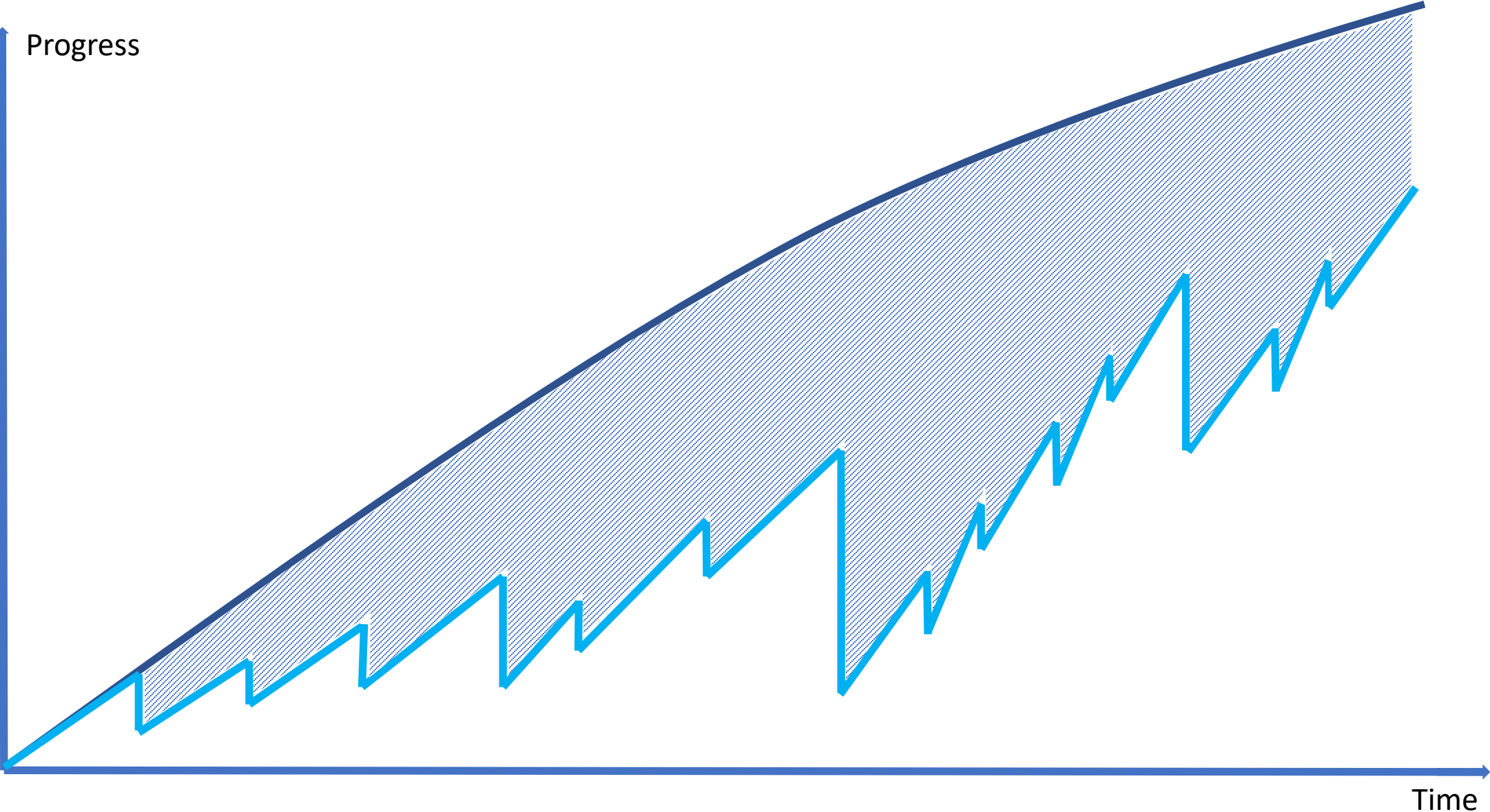
Ideal progress curve



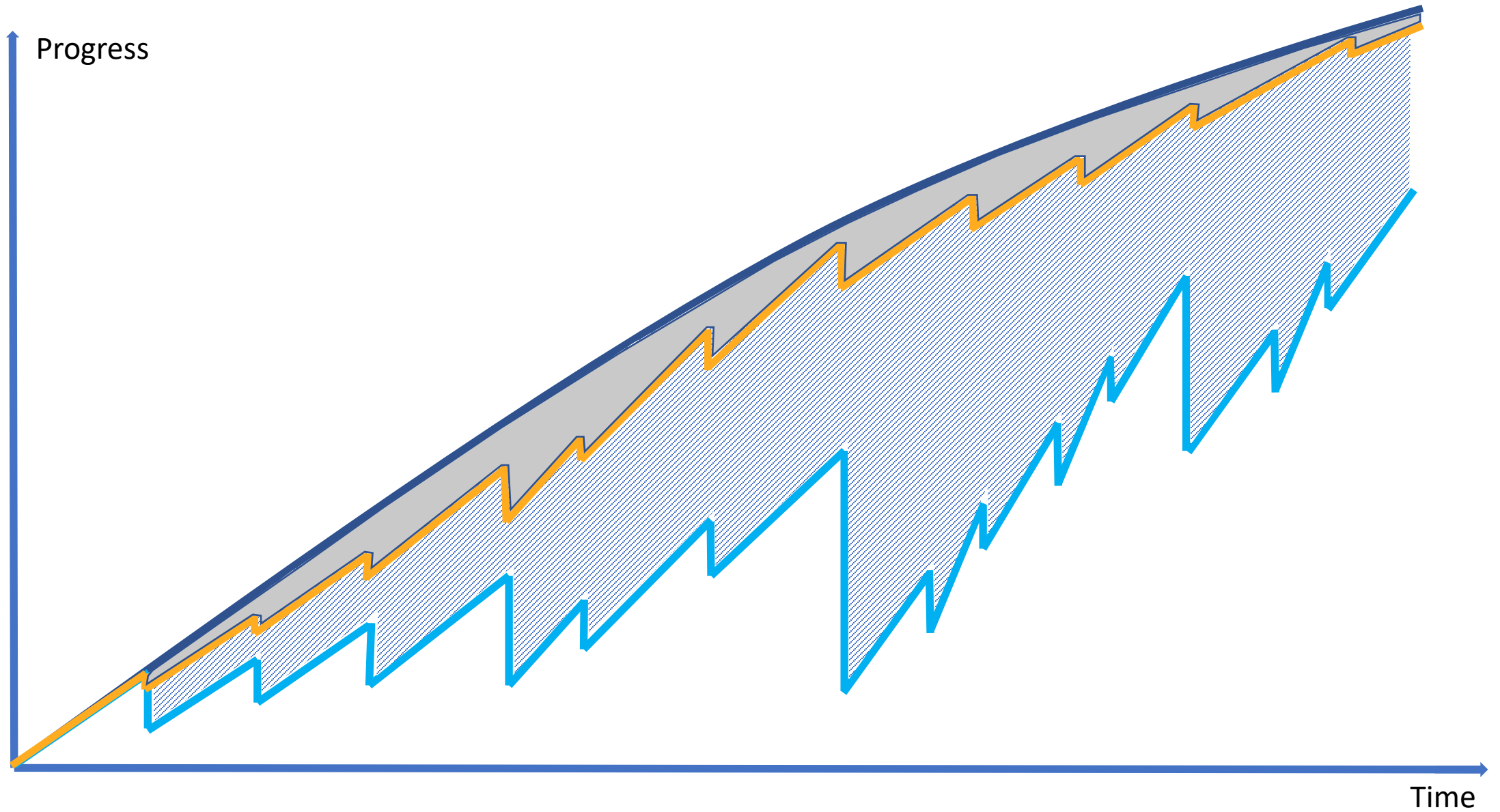
Competency curves of one trainee for various EPAs



Reality – zoom in on training phase



What we hope to achieve with EPAs



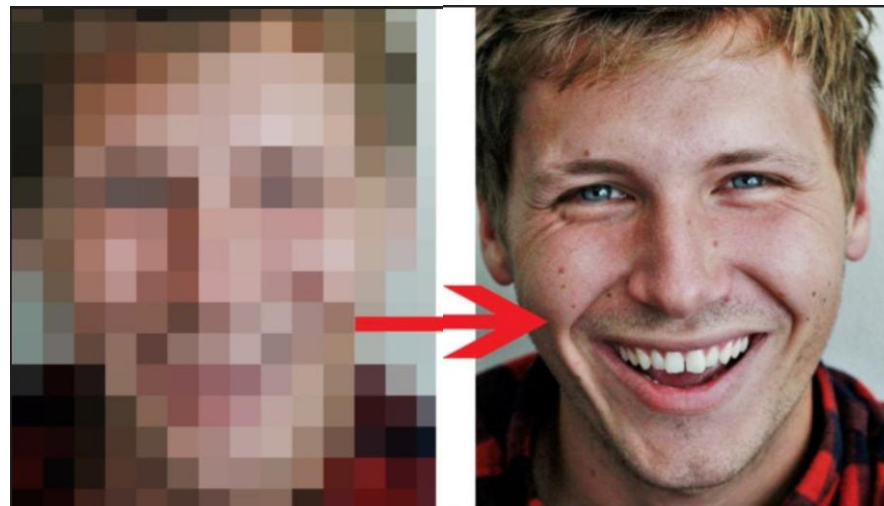
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Every day (at least) an EPA!

- Quick low-stakes assessments (not evaluations!)
- Any suitable activity can be documented as an EPA
- The more we document, the clearer the competency profile of our trainees becomes

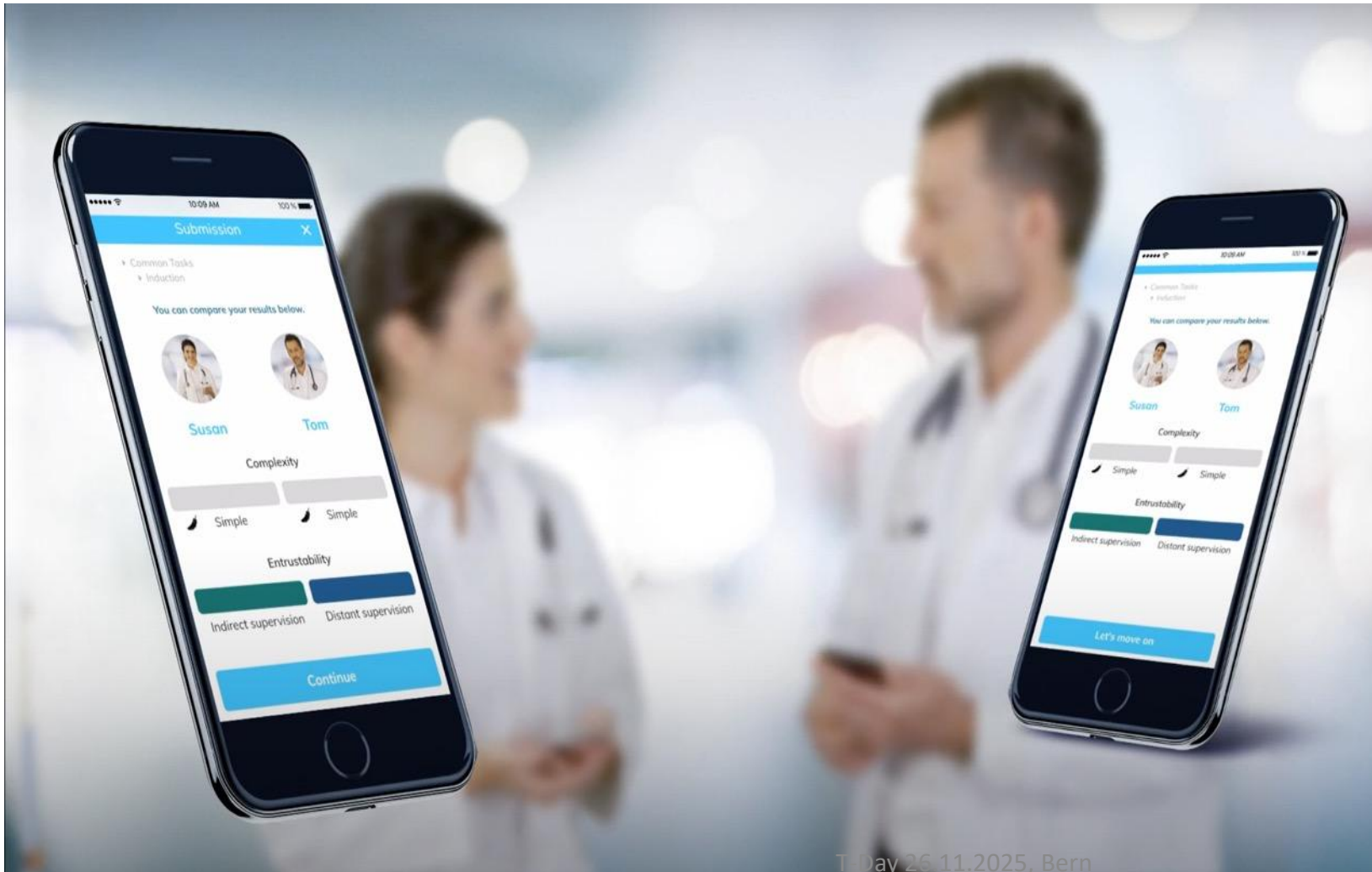
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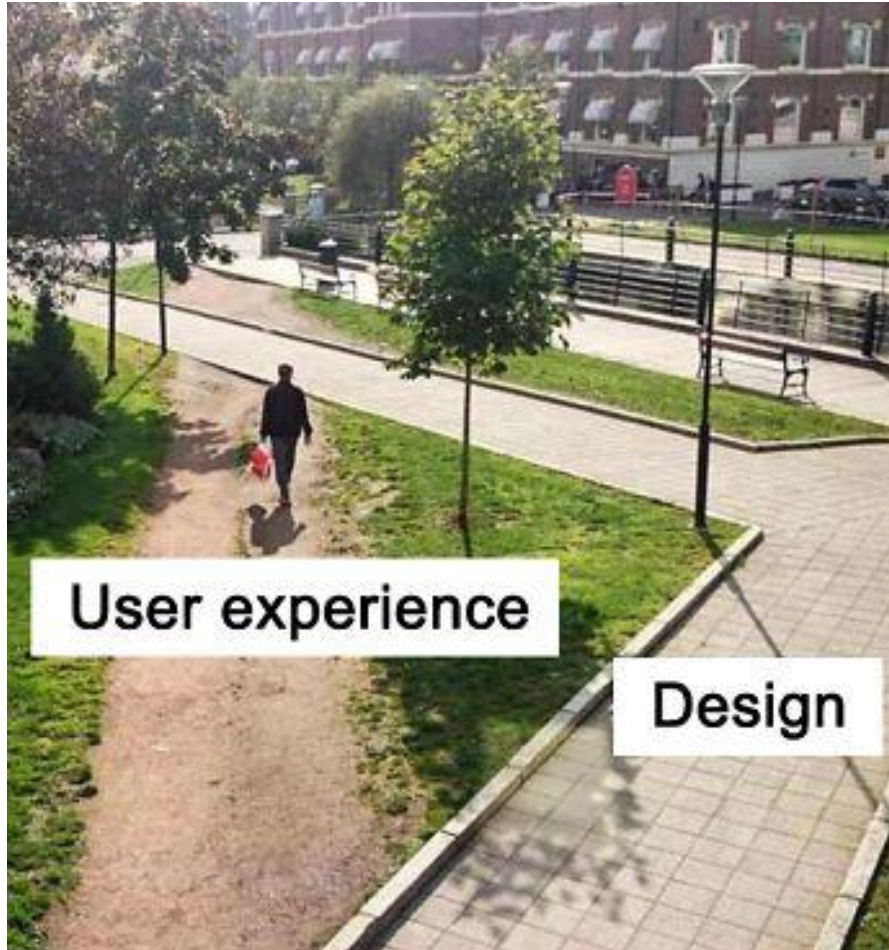
EPA



EPA App - preparedEPA© - SIWF/SGT approved



Why all the fuss? – Desired path (of least resistance)





And now?

- Assemble the EPA committee – all are welcome!
- Establish the title of the EPAs
- Elaborate 1-2 EPAs to integrate with the app and pilot
- Present the progress at T-Day 2026!





Further references

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Thank you!



“Remember the hierarchy of competence – see one, do one, teach one, become a regulator.”

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