Defining standards for a competency based surgical training program

Author: Dr Wendy Crebbin
Date: Saturday, October 20 10.20
I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Defining standards for a competency based surgical training program

- The Royal Australasian College of Surgeons (RACS) competencies

- The aims of the training standards project and how they were developed

- The standards framework

- Using these standards

- What the standards can and cannot do
The RACS competencies

The nine RACS competencies (CanMEDS + 2) are:

- Medical expertise
- Technical expertise
- Judgement – clinical decision-making
- Communication
- Collaboration
- Management and leadership
- Health advocacy
- Scholar and teacher
- Professionalism and ethics
The aims of the project

- provide guidance for Supervisors and Trainees

- develop a structure and sequence of standards in each competency

- identify progressive development through five stages of increasing complexity

- define key behaviours as indicators of progress towards performing as a competent and safe practitioner
The standards framework

- 3 major patterns of behaviour for each competence

- 5 increasingly demanding levels of performance
The standards framework

- Behaviour markers describing key behaviours that can be observed and assessed in the workplace for:
  - Each competency
  - Each pattern of behaviour
  - Each level

- Everyday language of surgeons
Judgement – Clinical Decision Making

Implement and review decisions

• Novice
  » Recognise when a management plan is failing

• Intermediate
  » Recognise complications or failures and able to project likely outcomes

• Competent
  » Manages complexity and uncertainty
  » Adapts appropriately to changing patient needs or circumstances
Using these standards

- **Supervisors**
  
  - Provides a common language
  
  - Gives greater confidence in their judgements
  
  - Use the standards as an assessment tool to:
    
    - More clearly identifying strengths and weaknesses of their trainees
    
    - Identify what is required for progress i.e. improved performance
Using these standards

Trainees and IMGs

- As a common language
- For self-assessment
- For setting goals
- In monitoring their own progress
- For identifying any area(s) they might need to improve
What the standards can and cannot do

**Can**

- Clearly identify different performance levels across the nine competencies
- Assist in identification of trainees who are not progressing
- Allow trainees to monitor their own progress

**Cannot**

- Describe every behaviour
- Predict a trainee’s rate of progress
- Teach a trainee how to meet the expectations
What the standards can and cannot do

These standards are a significant step in meeting the challenge towards defining progressive standards of competence throughout training

- Not only in surgery

- They have the potential to be used across all post-graduate medical training

http://www.surgeons.org/ + Surgical Education and Training + Training Standards
Defining standards for a competency based surgical training program

• The Royal Australasian College of Surgeons (RACS) competencies

• The aims of the training standards project and how they were developed

• The standards framework

• Using these standards

• What the standards can and cannot do

• I acknowledge the contribution of my co-author Prof. David Watters, Chair, Professional Development and Standards Board