EBSQ examination

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Division of COLOPROCTOLOGY

presented @ ESCP meeting 2016 in Milan
EBSQ Coloproctology diploma holder

• Present or future opinion leader...
• ...in his country/hospital
• an EBSQ coloproctology certified specialist
  – in depth knowledge
  – ...of all colorectal and coloproctological diseases
  – ... including current literature on these topics.
Fellow of the European Board of Coloproctology
Fellow of the ESCP

Division of **COLOPROCTOLOGY**  www.uemssurg.org
EBSQ Coloproctology Examination

Part 1
Elegibility (education, degree, logbook)

Part 2
a) Written evolving case (written, 60min)
b) Oral Academic part (reading and understanding a paper, 30min)
c) Oral General part (discussion of clinical cases 30min)

To pass:
60% of each a,b,c + 66% overall (written counts double)
Part 1 „Eligibility“

- Application only online
- UEMS website section of surgery
- 2-3 examinations / year (deadline!)

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBSQ Coloproctology_APPLICATION FORM</td>
</tr>
<tr>
<td>Signed document by the 2 trainers</td>
</tr>
<tr>
<td>National certificate of specialized training</td>
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<tr>
<td>EBSQ Coloproctology_LOGBOOK or equivalent Logbook of operations according to the instructions (all operations must be listed and patients mused by anonymised)</td>
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<tr>
<td>Short CV including publication list</td>
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Part 1 „Eligibility“

- Minimum 7 years (5 + 2)
  - 2 yrs specialized training in coloproctology
  - in a national recognized unit in EU
  - ideally EBSQ certified trainers

- Application form signed by 2 trainers

- Operative experience
Part 1 „Eligibility“

<table>
<thead>
<tr>
<th>Category no</th>
<th>Category of Procedures</th>
<th>Minimum Total Number(^1)</th>
<th>Minimum Trainer Supervised(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Proctology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Procedures for Haemorrhoids</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Anal Fistula</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Other proctological operations</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Transanal procedures</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Surgical procedures for incontinence</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Prolapse procedures</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
Part 1 „Eligibility“

<table>
<thead>
<tr>
<th>B) Endoscopy</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>7</td>
<td>Colonoscopy/flexible sigmoidoscopy</td>
<td>150³</td>
<td>⋯³</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C) Colorectal resection</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>8</td>
<td>Colonic resection⁴</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>Anterior resection (with anastomosis)⁴</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>10</td>
<td>Perineal rectal excision</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>Total colectomy⁴</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>Rectal resection with colo-anal /ileoanal anastomosis⁴</td>
<td>25</td>
<td>5</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>D) Stoma Formation</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>13</td>
<td>Stoma procedure</td>
<td>20</td>
<td>10</td>
</tr>
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</table>
Part 1 „Eligibility“

• Application will be reviewed by the executive board.

• Decision communicated latest 2 weeks after deadline.

• ....prepare......

  – Curriculum (www.uemssurg.org)
  – newTextbook
European Manual of Medicine
Series Editors: W. Arnold - U. Ganzter
Alexander Herold, Paul-Antoine Lehur, Klaus E. Matzel, P. Ronan O'Connell. Editors
Coloproctology
Second Edition

This book offers up-to-date coverage of the full range of topics in coloproctology: anatomy, physiology, anal disorders, dermatology, functional disorders, inflammatory bowel disease, endometriosis, appendicitis, benign and malignant tumors, pre- and postoperative management, continence, anal, abdominal wall reconstruction, emergencies, and pain syndromes. Each of the chapters on individual disorders provides a comprehensive overview on etiology, incidence, epidemiology, diagnostics, medical and surgical treatment, access, complications, and special considerations. In presenting data, care is always taken to refer to the best available level of evidence.

Coloproctology
Second Edition

Alexander Herold
Paul-Antoine Lehur
Klaus E. Matzel
P. Ronan O'Connell Editors

2nd edition expected Mai 2017

Division of COLOPROCTOLOGY

www.uemssurg.org
Part 2 „the exam“

- WRITTEN part
- GENERAL part
- ACADEMIC part

- Will cover **ALL coloproctology** (cancer, benign, IBD, proctology, functional diseases, perioperative management,.....)
„WRITTEN part“

- 60 minutes
- Evolving case
- Questions scored 1-4 points
  - Approx. 18-22 questions
A 60 year old man complains about anal bleeding and pain at defecation for 4 month.

**What other information do you want to know from this patient? (2 points)**

- ...........
- ...........
- ...........
- ...........
A 60 year old man complains about anal bleeding and pain at defecation for 4 month.

Stool consistency, frequency of bowel movements, type of bleeding (arterial, venous, on the toilet paper, in the toilet,...), family history of polyps/cancer, colonoscopy, previous anal diseases/surgeries.

The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown.

What are your next steps (investigations)? (1p)
A 60 year old man complains about anal bleeding and pain at defecation for 4 month. The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown.

*Digital rectal examination, anoscopy/rectoscopy/flex sigmoidoscopy*

At inspection you see a chronic fissure, DRE is very painful and not conclusive.

What are your conservative treatment options for an acute anal fissure and what are their success according to the *literature*? (3p)
A 60 year old man complains about anal bleeding and pain at defecation for 4 month. The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown. At inspection you see a chronic fissure, DER is very painful and not conclusive.

Watch and wait, stool regulation with fibres, Nitroglycerin / Nifedipin creme, Botox,.... According to a recent cochrane review (2012) the success rates are x%, y%, z%,.....

The patient had 3 month of stool regulation and Nifedipin creme. The fissure did not heal.

What are your surgical options. Please state pros and cons of every choice. (2 p)
„GENERAL part“

- 30 minutes.
- 10 images / photos / CT / .......
- Introduction statement from examiners
- .... and question (s)
ACADEMIC part

• 30 minutes
• The paper is given to you 60 minutes before the examination
• ...review of the paper.
Examiners

- All EBSQ diploma (and have taken the exam!)
- Travel expenses, no honorarium

- WRITTEN part graded by 2-3 examiners
- Oral parts (2 x2 examiners each)
  - Standardized questions and reporting form
Fellow of the European Board of Coloproctology
Fellow of the ESCP
Next examinations

Check [http://www.uemssurg.org/](http://www.uemssurg.org/)