

24th BELGIAN SURGICAL WEEK

Surgical Preconditioning of Patient and Surgeon. - "A Fit Surgeon for a Fit Patient" -

The Road to the European Board Surgical Qualification : HPB SURGERY



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Disclosure Statement of Financial Interest

Nothing to Disclosure

24th Belgian Surgical Week

The Road to the European Board Surgical Qualification in HPB Surgery From Education to Specialization

Agenda

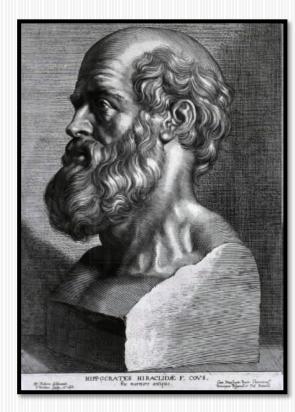
- > UEMS Division HPB Surgery
- > What is HPB surgery ?
- How to learn HPB surgery ?
- Role of Mentorship
- HPB fellowship Structure
- Final Considerations

Specialized Training

Hippocrates Oath (400 BC)

Physicians must never practice surgery

Surgical procedures must be performed by specialists



Hippocratic Oath. Encyclopedia Britannica Online•

Specialized Training in Europe



- ✓ 1958 Foundation 1 y after Treaty of Rome
- ✓ 1962 Specialist Sections

✓ 1975 EC Advisory Committee on Medical Training (ACMT)

✓ 90 ´s European "Boards"

- ✓ 1996 Vascular Surgery
- ✓ 1998 Coloproctology
- ✓ 1999 Trauma / thoracic surgery

Specialized Training in Europe

UEMS – State Members

- Austria
- Belgium
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Luxembourg

- Malta
- The Netherlands
- Norway
- Poland
- Portugal
- Slowakia
- Slovenia
- Spain
- Sweden
- Switzerland
- United Kingdom
- Azerbaijan
- Bulgaria
- Croatia
- Romania
- Turkey
- Israel (obs.)

www.uemssurg.org

Specialized Training in Europe



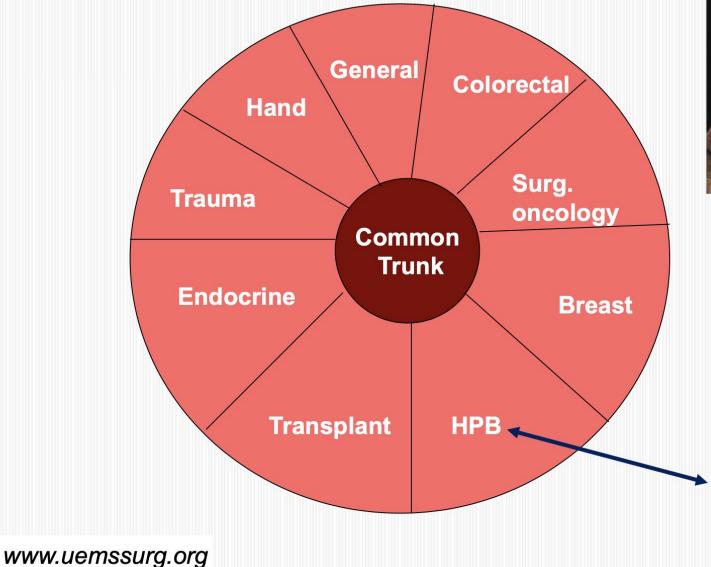
- Surgical training (harmonisation)
- Standard of Certificate of Completion of Specialist Training (CCTS)
- Continuous Medical Education in Surgery
- Surgical quality control
- Defend the interest of Professional Development in Europe

European Board of Surgery - Statute



- European Board of Surgery Qualification" (EBSQ)
- Standards for Training (Grapefruit concept)
- > Standards for CME (EACCME)
- Criteria for Training Centers
- Facilitate exchange of Surgical Trainees!

The Grapefruit Concept - UEMS







UEMS Division HPB Surgery



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS Section of Surgery & European Board of Surgery

Heads of the Division of HPB Surgery

Alejandro Serrablo

Michelle De Oliveira

Andreas Schnitzbauer

Frederik Berrevoet









Chair of the UEMS HPB Examination Board : M de Oliveira

European Board of Surgery - HPB



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS Section of Surgery & European Board of Surgery

- Licence to perform surgery in UEMS country
- 2 y training in HPB Surgery in UEMS country
- Logbook
- At least 1 publication in peer reviewed journal (First or last author)
- At least 20 credit points for post-graduate training

Steps: Eligibility + Examination (Written + Oral)

European Board of Surgery - HPB



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS Section of Surgery & European Board of Surgery

HPB cases loaded by:



Fellow as First Surgeon Fellow as First Assistent

European Board of Surgery - HPB



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS Section of Surgery & European Board of Surgery

Procedures are counted by the principle one patient- one procedure

At least 50 major HPB procedures should have been performed personally including :

	PROCEDURE	FIRST SURGEON	ASSISTED
•	Minor liver resection (<3 segments)	10	20
•	Major liver resection	10	10
•	Biliary surgery (resection,/reconstruction)	10	0
•	Spleen	3	0
•	Pancreatic resection	10	10
•	Pancreatic drainage procedure	10	10
•	Liver transplantation	0	5
•	Multiorgan procurement	0	5
•	Intraoperative ultrasound	25	0
•	Tumour ablation techniques	5	5
•	Laparoscopic procedure on liver/pancreas	0	5
•	Multidisciplinary oncological staff (cases presented)	20	0
	•	www.uemssur	g.org ●



Dedbook.

The easiest way to log medical skills and assess professional development

FOR MEDICAL PROFESSIONALS & ACADEMICS

KEY FEATURES

- Quick and easy to use
- Secured and daily back-up
- Log data even when you're offline
- Track and assess your trainees
- Record spoken feedback with our mobile app
- Export reports
- Full control over your own data
- International standards

Training 📑 Logbook	🤌 Assessment 🛛 🔒 Portfi	olio 💄	Profile	
🖪 Logbook				
CHRONOLOGICAL CUM U LATIV	E DOWNLOADS			
DESCRIPTION		DATE		
Distal subtotal pancreatectomy - Dis	tal pancreatic tail resection	26-10-2018	3 1	
Operation on liver - Trial dissection o	f liver mass	26-10-2018	3 1	
Operation on liver - Incision and expl	loration of liver	26-10-2018	ם د	
Operation on pancreas - Percutaneo	us pancreatogram	26-10-2018	3 1	
Cholecystectomy - Excision of lesion	of ga'	718	3 🚺	
Anastomosis of common bile duct -	Chol Evaluation	18	3 1	
Operation on biliary tract - Repair of	chol	18	3 1	
Liver excision - Wedge biopsy of liver	Anne Vacelaire University Hospital Gent Department General Surg	pery 18	3 1	
	Desc-pro- Operation on liver Trial desection of liver mass 1 juni 2008			
	Evelvation Score	_		
ABRA	1 2 3 4	- 5		
IHPBA se Log Tool	Adminy with tridings, resolve a generation			
- benefit for	Andressee	04548 E		
member benefit mbers in confirmed HPB fellowships.	Recording seved			

Cholelithiasis	K82.8	LAP GB Simple
Malignant neoplasm of retroperitoneum	C48.0	Sarcoma Complex
Cholelithiasis	K80.2	LAP GB Simple
Cholelithiasis	K80.2	LAP GB Complex
Malignant neoplasm of retroperitoneum	C48.0	Sarcoma Simple
Post cholecystectomy abscess	T81.4	Laparotomy
Secondary malignant neoplasm of liver	C78.7	Minor Hepatectomy
Malignant neoplasm of Liver - Hepatocarcinoma	C22.0	Major Hepatectomy + Vascu reconstruction
Cholelithiasis	K80.2	LAP GB Simple
Haemoperitoneum	K66.1	Laparotomy
Haemoperitoneum	K66.1	Laparotomy
Malignant neoplasm of retroperitoneum - recurrence	C48.0	Sarcoma Complex
Secondary malignant neoplasm of liver	C78.7	Minor Hepatectomy
Cholangiocarcinoma	C22.1	LAP Simple
Liver cystic lesion	D13.4	LAP Simple - cyst
Cholangiocarcinoma	C22.1	BD Biliary surgery Complex

ADDENDUM I : LOGBOOK

Abnormal gallbladder

Trainer

Institution

Name of applicant : .. Instructors : Code

Cholelithiasis

Cholelithiasis

			25/00/21
			02/09/21
Trainers S	Signature		05/10/21
K80.2	LAP GB Con		
K80.2	LAP GB Con	nplex	
K80.2	LAP GB Sim	ple	
K82.8	LAP GB Sim	ple	
C48.0	Sarcoma Co	mplex	
K80.2	LAP GB Sim	ple	
K80.2	LAP GB Con	nplex	
C48.0	Sarcoma Sir	mple	
T81.4	Laparotomy	Y	
C78.7	Minor Hepa	atectom	Y
C22.0	Major Hepa reconstruct		y + Vascular
K80.2			
	LAP GB Sim		
K66.1	Laparotomy	Ý	
K66.1	Laparotomy	Y	
C48.0	Sarcoma Co	omplex	

31/05/21

29/06/21

28/07/21

23/08/21

В

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The second secon

	Major Liver Resection	SURGEON
	Major Liver Resection	SURGEON
Surgeon	Major Liver Resection	SURGEON
Surgeon	Major Liver Resection	SURGEON
Surgeon	Major Liver Resection	SURGEON
Teaching		
reaching		
Surgeon		
Teaching	Pancreatic Drainage Procedure	ASSISTANT
Assistant	Pancreatic Drainage Procedure	ASISSTANT
Teeching	Pancreatic Drainage Procedure	ASISSTANT
Teaching	Pancreatic Drainage Procedure	ASISSTANT
Surgoon	Pancreatic Drainage Procedure	ASISSTANT
Surgeon	Pancreatic Drainage Procedure	ASISSTANT
Surgeon	Pancreatic Drainage Procedure	ASISSTANT
Surgeon	Pancreatic Drainage Procedure	ASISSTANT
Assistant	Pancreatic Drainage Procedure	ASISSTANT
Assistant	Pancreatic Drainage Procedure	ASISSTANT
Surgeon	5	
Assistant		
Surgeon		
Teaching		
Teaching		
Assistant		

		1	2	3	4	K=onco
1. HPI	B - Biliary					
	Bile duct - Resection					
	CBD resection w/ extrahepatic					
	hepaticojejunostomy	1			1	2
	Gallbladder	1.1				-
	Cholecystectomy with cholangiogram				1	
	Cholecystectomy w/o cholangiogram		15	16	48	
	Gallbladder Cancer					
	GB w/ liver resection (4B-5) w/o biliary					
	reconst (if bilary recon, use bile duct +					
	liver codes)				1	1
	Andere					
	hepaticojejunostomy			8	5	11
	Gesamt	1	15	24	56	14
	B. J. hours					
Z. HPI	B - Liver Cyst/abscess unroofing (non-parasitic and					
	parasitic)			2	1	
	Hepatic resection: Left hepatectomy			2		
	With Hilar Dissection	1	1	1	4	7
	Without Hilar Dissection	3	1	2	3	8
	Hepatic resection: Left Lat Sectionectomy (seg	3		2	3	0
	2&3)	1	2		3	5
	Hepatic resection: Left trisectionectomy-includes	1.1	2		5	5
	seg 5/8	1	2	2		5
	Hepatic resection: Resection of < 2 segments	1.1	-	-		0
	Including segments 1, 7,8, or 4A (specify					
	seg in comment)	2	2	4	7	13
	NOT including segments 1,7,8, or 4A	2	-	-		10
	(specify seg in comment)	10	1	6	10	26
	(openity deg in commonly			•		20
	Hepatic resection: Resection of >= 2 segments					
	Including segments 1, 7,8, or 4A (specify					
	segs in comment)	6	5	4	3	13
	NOT including segments 1,7,8, or 4A					
	(specify segs in comment)	1	3	1	3	6
	Hepatic resection: Right hepatectomy					
	With Hilar Dissection	3				3
	Without Hilar Dissection	5	3	3	3	14
	Hepatic resection: Right trisectionectomy-					
	includes seg 4a/b	1				1
	Andere					
	ALPPS Step 1	1				1
	Gesamt	35	20	25	37	102

	Level 1: Show and tell <u>Attending Role</u> : - Performs the key portions of the case. - Narrates the case. <u>Resident Role</u> : - Observes and first assists.	
:	Level 2: Active Help <u>Attending Role:</u> - Coaches regarding next steps. <u>Resident Role:</u> - Shifts between surgeon and first assistant.	
-	Level 3: Passive Help <u>Attending Role:</u> - Follows the lead of the resident. <u>Resident Role:</u> - Primarily performs the surgery. - Recognizes critical portions.	
:	Level 4: Supervision Only <u>Attending Role:</u> - Primarily first assist and provides no unsolicited advice. <u>Resident Role:</u> - Performs the key portions.	0
	- Can recover errors. - Knows when to seek help.	0

What is HPB Surgery?

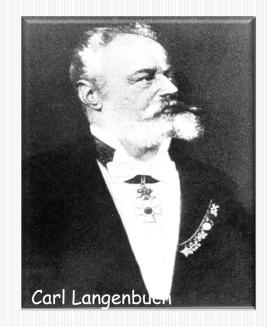
Late 1800's

Carl Langenbuch (1888)

1st cholecystetomy, 1st liver resection

> Lucke (1891)

1st successful liver tumor resection



> Keen (1899)

1st "left lateral" hepatectomy

Lehman K, Clavien PA Surg Clin North Am 2010: 655-64

What is Hepatopacreatobiliary (HPB) Surgery?

Complex

Technically challenging ➤ Learning curve

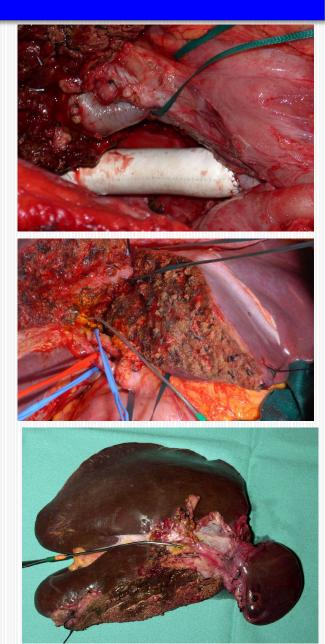
Expertise in perioperative management

> Multi-disciplinary

≻ ± Liver Transplantation

> High volume

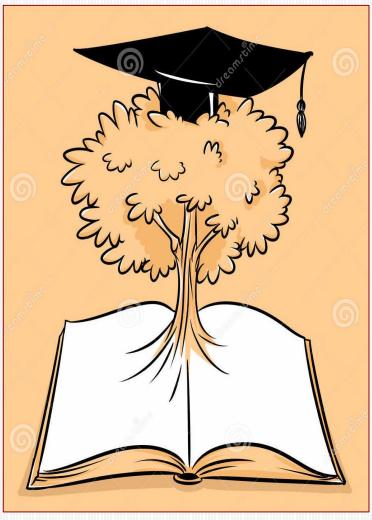
Improved outcomes



What is "Formal Training"?

What is the Road To Specialization ?



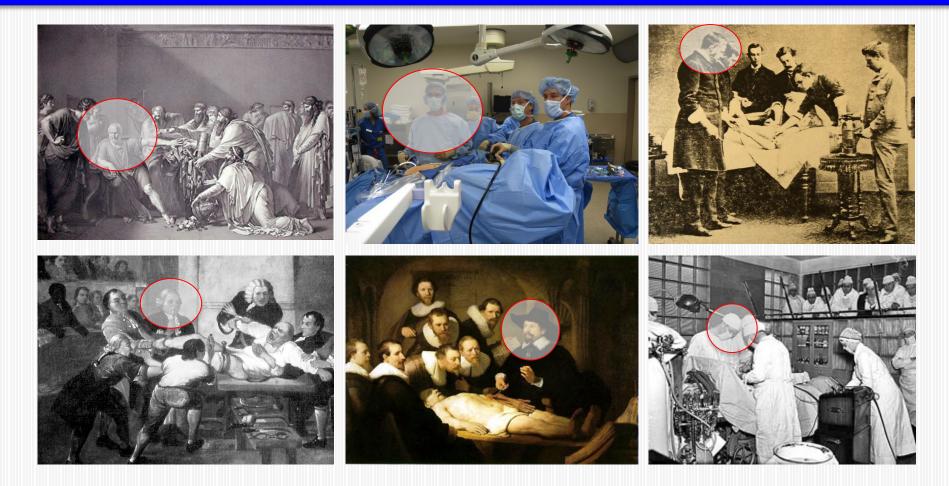


Obstacles

- **Reduced working time**
- Training reforms
- Learning curve
- But what is the "cost" (But what poor training? Low volup

Pa

Cos of training (who pays the fellows?)



What is common in these pictures?

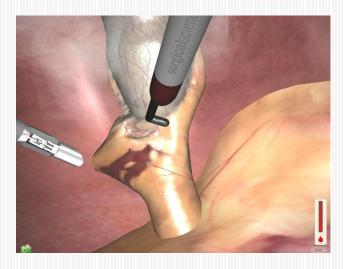


Mentor

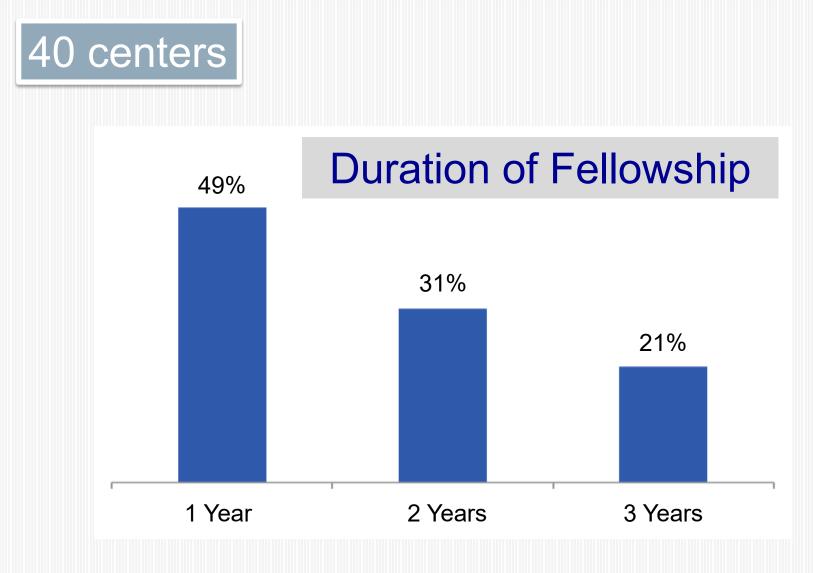
- Every great team has a strong Leader
- Great teams and great leaders create each other
- In Great team the right person has the right job
- The best leader allows its members to discover the Leader is a facilitator



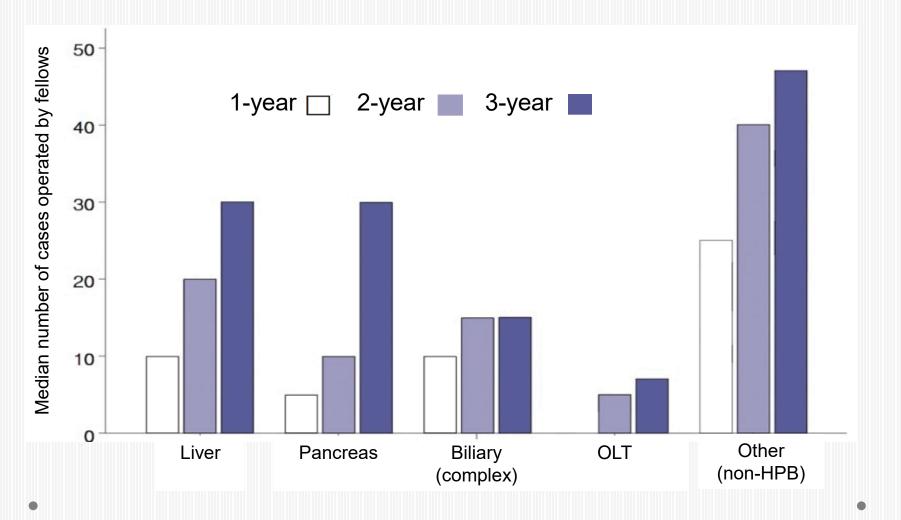




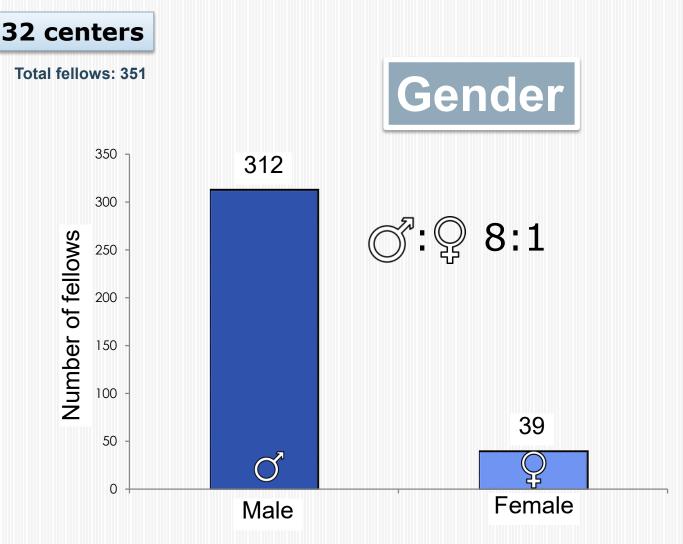




Fellows Practice



Raptis D & Clavien PA, HPB 2011



Raptis D & Clavien PA, HPB, 2011

Fellowship – Gender Gap

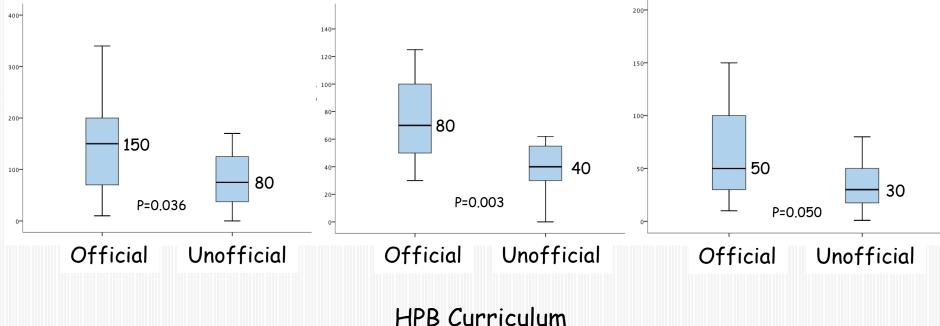
TABLE 1. Demographic Information o	f Survey Respondents
Responder Demographics	No. Respondents (%)
Age group, yr	
30-40	127 (30.6%)
41-50	194 (46.6%)
51-60	73 (17.6%)
61-70	22 (5.3%)
Sex	
Male	371 (89.2%)
Female	45 (10.8%)
HPB fellowship training pathway	
Transplant surgery	162 (39.0%)
Surgical oncology, nontracked	102 (24.4%)
Surgical oncology, HPB-tracked	21 (5.0%)
HPB surgery	49 (11.9%)
Other formal training	51 (12.2%)
No formal training postresidency	31 (7.5%)
Current practice setting	
Academic university	295 (71.0%)
Academic community	74 (17.8%)
Private practice	37 (8.9%)
Government	10 (2.5%)

Table 1 Demographics of respondents (n = 290) as a function of training track

9				
	Transplant surgery (n = 141)	Surgical oncology (n = 106)	HPB surgery (n = 43)	
Age group, n (%)				
30-40 years	27 (19%)	47 (44%)	27 (63%)	_
41-50 years	79 (56%)	50 (47%)	15 (35%)	
51-60 years	28 (20%)	9 (8%)	1 (2%)	
61-70 years	7 (5%)	0	0	
Gender, n (%)				
Male	130 (92%)	90 (85%)	37 (86%)	_
Female	11 (8%)	16 (15%)	6 (14%)	
Current practice, n (%)				
Private	7 (5%)	7 (7%)	9 (21%)	
Academic - university	113 (80%)	77 (73%)	23 (53%)	
Academic - community	19 (14%)	19 (18%)	10 (23%)	
Government	2 (1%)	3 (3%)	1 (2%)	
Years since fellowship training completed, median (range)	10 (1–34)	7 (1–23)	3 (1–23)	

HPB, hepatopancreatobiliary.





Raptis & Clavien, HPB, 2011

How to choose your training wisely ?

"The main difference between surgeons & surgeonsscientists is that clinicians want to make things well, while clinician-scientists want to understand them"



HPB Tracks for Training and Career Planning

Fellowship - What is the choice?

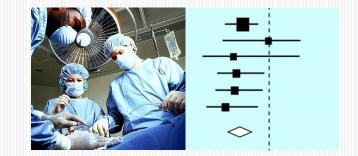
Tracks

Track 1: Surgical training

Track 2: Surgical training + Clinical research

Track 3: Surgical training + Basic research







Fellowship - What is the choice?

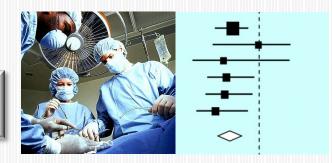
Track 1: Surgical training





Track 2: Surgical training

Look for academic mentor + track record in clinical publications

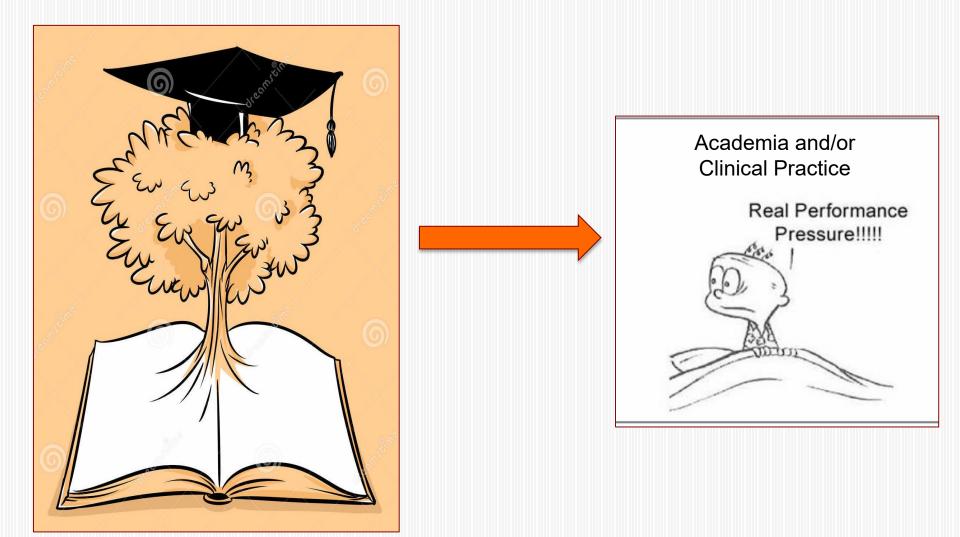


Track 3: Surgical training

Look for track record in lab research publications



What is the Surgeon Role?



Specialized Training - The Role !

Lesson 1: Study the past, if you would divine the future.

Confucius, 551 BC – 479 BC



Recognize those who went before you



Specialization - UEMS

THE UEMS SECTION OF SURGERY & EUROPEAN BOARD OF SURGERY



Prof. Xavier Rogiers: HPB specialization in Europe / UEMS + EAHPBA



Specialization - UEMS

THE UEMS SECTION OF SURGERY & EUROPEAN BOARD OF SURGERY





Prof. Dr. Alejandro Serrablo

Prof. Dr. Michelle De Oliveira

Chairman of the Division HPB Surgery

Vice-Chair of the Division HPB Surgery and President of

the UEMS HPB Board Exam

176 UEMS - HPB Board Certified Surgeons



HPB Fellowship: Road to UEMS

Board Certification in General Surgery

Curriculum available

> Duration: 1y – 3y

Recognized by E-AHPBA association (HPB)

Take Home Message

HPB Fellowship: Role of UEMS

- ➢ Be Fit!
- Choose wisely: MENTOR (leader)
- > Qualified fellowship: Minimum for UEMS eligibility
- > Autonomy level: European Board of Surgery Qualification in HPB Surgery
- Future: UEMS HPB Center Accreditation



Thank you