

Surgeons' Attitude Toward a Competency-Based Training and Assessment Program: Results of a Multicenter Survey

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BACKGROUND: Currently, most surgical training programs are focused on the development and evaluation of professional competencies. Also in the Netherlands, competency-based training and assessment programs were introduced to restructure postgraduate medical training. The current surgical residency program is based on the Canadian Medical Education Directives for Specialists (CanMEDS) competencies and uses assessment tools to evaluate residents' competence progression. In this study, we examined the attitude of surgical residents and attending surgeons toward a competency-based training and assessment program used to restructure general surgical training in the Netherlands in 2009.

METHODS: In 2011, all residents ($n = 51$) and attending surgeons ($n = 108$) in 1 training region, consisting of 7 hospitals, were surveyed. Participants were asked to rate the importance of the CanMEDS competencies and the suitability of the adopted assessment tools. Items were rated on a 5-point Likert scale and considered relevant when at least 80% of the respondents rated an item with a score of 4 or 5 (indicating a positive attitude). Reliability was evaluated by calculating the Cronbach's α , and the Mann-Whitney test was applied to assess differences between groups.

RESULTS: The response rate was 88% ($n = 140$). The CanMEDS framework demonstrated good reliability (Cronbach's $\alpha = 0.87$). However, the importance of the

competencies 'Manager' (78%) and 'Health Advocate' (70%) was undervalued. The assessment tools failed to achieve an acceptable reliability (Cronbach's $\alpha = 0.55$), and individual tools were predominantly considered unsuitable for assessment. Exceptions were the tools 'in-training evaluation report' (91%) and 'objective structured assessment of technical skill' (82%). No significant differences were found between the residents and the attending surgeons.

CONCLUSION: This study has demonstrated that, 2 years after the reform of the general surgical residency program, residents and attending surgeons in a large training region in the Netherlands do not acknowledge the importance of all CanMEDS competencies and consider the assessment tools generally unsuitable for competence evaluation. (J Surg 70:647-654. © 2013 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: general surgery, postgraduate training, quantitative research methods, clinical competence, educational measurement, program evaluation

COMPETENCIES: Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice

INTRODUCTION

Over the past decade, many Western countries, including the United States,¹ the United Kingdom,² and Canada,³ have changed the format of their surgical residency training

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programs. The change in needs and expectations of patients and society in the era of Internet information,⁴ evolution in medical technology,⁵ implementation of restrictive legislation on resident's duty hours,⁶ feminization of the medical profession,⁷ and the renewed balance of professional ambition weighed against lifestyle issues and private responsibilities^{8,9} were all developments necessitating training reform. Against the background of these changes, it remains the responsibility of professional surgical associations to ensure that the next generation of surgeons is well trained and educated to meet challenging future health care demands, and thus guarantee the continued delivery of high-quality patient care.

In 2009, the Association of Surgeons of the Netherlands implemented a competency-based residency training program, which was based on the Canadian Medical Education Directives for Specialists (CanMEDS) framework.¹⁰ Also other countries, including Denmark,¹¹ Finland,¹² Germany,¹³ Australia, and New Zealand,¹⁴ have embraced this framework to restructure their surgical training programs. The framework, derived from the Royal College of Physicians and Surgeons of Canada, defines 7 roles and was designed from the perspective that modern physicians should not only be trained as medical-technical experts but also have to be equipped with a wide range of other general medical skills, related to the CanMEDS roles. An overview and definition of these 7 roles, in the Netherlands called competencies, is shown in Table 1.¹⁵

Having defined a competency framework, residents are challenged to develop and demonstrate achievement of these competencies.¹⁶ To document and evaluate this in a transparent way, various assessment tools were introduced to the training program.¹⁷⁻²¹ These tools, collected in a portfolio, are structured checklists with room for feedback on which assessors have to assign scores, referring to the different CanMEDS competencies. In this manner, assessment tools can confirm whether residents have achieved a certain level of competence and whether their performance is in

accordance with the training requirements. Throughout the entire training, these tools have to be used a minimum number of times, in a variety of clinical situations, according to a specific assessment schedule.

A successful implementation of a modernized residency training program is highly dependent on the support of its users. Therefore, it is essential that soon after the implementation, feedback is obtained to ensure a proper evaluation. In addition, little is known on the perceived importance of the CanMEDS competencies and suitability of assessment tools within different medical specialties. From this perspective, we conducted a multicenter survey among surgical residents and attending surgeons in a general surgical training region located in the Southwest of the Netherlands. The aim was to examine their attitude toward a competency-based training and assessment program used to restructure training in general surgery.

METHODS

Context of the Study

In the Netherlands, postgraduate training in general surgery is organized in 8 training regions, each consisting of 1 university hospital and several affiliated district general training hospitals. To become a certified surgeon, residents have to complete a training program that lasts 6 years, of which 2 years are spent in a university hospital and 4 in a district hospital. Training in general surgery is offered in the first 4 years. The remaining 2 years consist of specialty training in one of the following subspecialties: gastrointestinal surgery, surgical oncology, trauma surgery, or vascular surgery. In addition, subspecialty training is offered in focus areas, such as lung surgery and pediatric surgery. As a result, residents are no longer trained to become general surgeons, but surgical specialists are strictly focused on the area of interest in which they received training.

TABLE 1. Overview and Definition of the CanMEDS Competencies

CanMEDS Competencies	Definition
Medical Expert	As <i>Medical Experts</i> , physicians integrate all of the CanMEDS roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care
Communicator	As <i>Communicators</i> , physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter
Collaborator	As <i>Collaborators</i> , physicians effectively work within a health care team to achieve optimal patient care
Scholar	As <i>Scholars</i> , physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge
Health Advocate	As <i>Health Advocates</i> , physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations
Manager	As <i>Managers</i> , physicians are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system
Professional	As <i>Professionals</i> , physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior

This description is adapted from Frank JR.¹⁵

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