

## QUALITY AND PATIENT SAFETY

## Variations in assessment and certification in postgraduate anaesthesia training: a European survey

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### Abstract

**Background:** Postgraduate specialty training has traditionally been based on a time- and rotation-based model, but competency-based models are emerging. Because anaesthesia training evolves differently across Europe, variations in assessment and certification processes are expected, but the extent of similarities and differences is unknown. The aim of this study was to compare anaesthesia training programmes in Europe, focusing on assessment and certification processes.

**Methods:** We performed an online survey among national representatives of the Union of European Medical Specialists/European Board of Anaesthesiology.

**Results:** All 36 countries participated. Duration of training had a median of 5 yr (range 2.75–7). Mean number of different assessment tools was 7.45 (range 4–13), with more tools being used in competency-based programmes [mean 9.1 (SD 2.97) vs 7.0 (SD 1.97);  $P=0.03$ ]. Most countries had a nationally uniform certification process. Based on a qualitative analysis of the survey findings, a categorization of countries emerged, reflecting the approach to assessment and certification. We observed two main streams of countries with an underlying knowledge or procedural focus within a time- and rotation-based apprenticeship model. These main streams are evolving, to different extents, towards a third orientation, competency-based training.

**Conclusions:** Assessment and certification processes in European anaesthesia training are diverse. In many countries, a time-based apprenticeship model is evolving towards a competency-based certification process. This diversity precludes comparison of competence of graduating anaesthetists across Europe.

**Key words:** anaesthesiology; assessment, educational; education, competency-based; education, medical, graduate; surveys and questionnaires

Postgraduate medical training leads to certification as a medical specialist. Certification is a self-regulatory process under the jurisdiction of medical specialties and includes credentialing of training experience with some form of assessment.<sup>1</sup>

Certification is meant to provide assurance that professionals are qualified to safely practice the specialty.

In 2012, the Union of European Medical Specialists/European Board of Anaesthesia (UEMS/EBA) issued the latest revision of

### Editor's key points

- Although education and training in anaesthesia has common goals, there are variations in how this can be achieved and assessed.
- Despite recommendations that competency-based training be adopted, this survey found large disparities between the duration and composition of training and assessment programmes between European countries.
- Existing accreditation processes depend primarily on the acquisition of knowledge, experience, competencies or a combination of these.
- This diversity makes it difficult to compare standards of training between countries.

their guidelines on Training Requirements for the Specialty of Anaesthesia, Pain and Intensive Care Medicine.<sup>2-4</sup> These guidelines advocate comparability and harmonization of postgraduate training programmes to facilitate transfer of anaesthetists across Europe safeguarding a minimum training level. They also intend to stimulate training and assessment using modern educational principles.<sup>4-5</sup> Proper assessment based on clearly defined educational objectives is a prerequisite to mutual recognition of certification of non-domestic anaesthetists.<sup>3</sup>

Postgraduate specialty training has long been based on a classic apprenticeship model. In this model, a trainee spends a fixed time in the specialty, during which she learns from experienced practitioners in different clinical settings. Often training ends after the prescribed duration and passing of an exam. From this initial model, training has evolved in numerous ways, influenced by national or international regulations and guidelines and local job requirements. Therefore, considerable differences in criteria and processes for certification in anaesthesia in Europe are expected, but the extent to which these differences exists is unknown.

The aim of this study was to investigate and compare postgraduate anaesthesia training programmes across Europe, focusing on assessment and certification processes.

## Methods

### Design

An online survey was performed among national representatives to the UEMS/EBA, which includes 36 European and affiliated countries. As a representative body, UEMS/EBA is devoted to fostering high standards in quality of anaesthesia care and training in Europe.

We assumed that each national representative had insight in the current status and developments in postgraduate training in their countries. With the survey, we requested supporting documentation.

### Ethical considerations

Our study adhered to the World Medical Association Declaration of Helsinki–Ethical Principles for Medical Research Involving Human Subjects.<sup>6</sup>

The study was announced and discussed at a UEMS/EBA national representatives' meeting in November 2015, which generated support for the project. Detailed information on the study was provided in a letter sent by e-mail explaining the goals and

design of the study, specifying confidentiality and the handling of data. Participation was voluntary. Participants' informed consent was obtained by e-mail.

Formal ethical review was not sought, as only publicly available information was collected from individuals, who, in their capacity as national delegates, were known to be knowledgeable insiders and to have easy access to this information.

### Procedure

For the purpose of this study, 'certification process' was defined as the process of all steps in meeting requirements and in decision making that eventually leads to the completion of training and access to registration as a medical specialist in anaesthesia.

Each participant was asked to describe the certification process, or processes, in their country in a survey consisting of five questions with a constructed response format (three open questions and two short-answer questions), and four questions with a selected response format (one yes/no question and three questions with a list of options) (Table 1).

Authors G.J. and L.A.M. designed the survey questions after orientation on the topic by initial review of online available training documents, followed by discussion with and input from the other authors. No formal piloting of the survey was performed, although all authors approved the survey for clarity and feasibility.

Participants could either answer the survey questions in a text file attached to the invitation e-mail or follow a link to an identical online survey (SurveyMonkey®). In addition, participants were asked to provide relevant supporting documents on postgraduate anaesthesia training, such as training frameworks, national syllabi, policies and legislation. E-mail reminders and personal contact by telephone were used to increase the response rate.

### Analysis

Numerical data underwent descriptive statistics where appropriate.

Difference of mean scores between groups was tested with independent samples t-tests with statistical significance assumed at  $P < 0.05$ .

Narrative data from all countries were qualitatively analysed independently by three researchers (G.J., L.A.M., A.P.M.). Differences in qualitative analysis by the researchers were discussed to reach consensus. Clarification from respondents of the survey was sought for any uncertainty in interpretation of the answers. Supporting documents were used to substantiate or supplement findings from the survey responses.

The report of this study adheres, wherever applicable, to the Survey Reporting List.<sup>7</sup>

## Results

### Response

Survey responses were collected from November 2015 to March 2016, with clarification and completion of responses during the analysis phase, which took place between March and August 2016. Informed consent, completed surveys and documents were obtained from all respondents of the 36 countries represented at UEMS/EBA in 2015 (response rate 100%). One country did not have a postgraduate training programme in anaesthesia; the remaining 35 countries were included in the analysis.

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