



THE AMERICAN
BOARD OF SURGERY

Complex General Surgical Oncology Entrustable Professional Activities Grand Rounds

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AMERICAN BOARD OF SURGERY
August 1, 2025



Mission Statement

The American Board of Surgery (ABS) serves patients, society, and the specialty of surgery by providing leadership in surgical education and practice. The ABS ensures excellence through:



Building a diverse, equitable, and inclusive culture



Rigorous evaluation and assessment



Promoting the highest standards for professionalism, lifelong learning, and continuous certification of surgeons in practice

Vision Statement

Unify surgery in the pursuit of
excellence in patient care.



CGSO Board of Directors



Why are We Talking About This?

PAPERS OF THE 133RD ASA ANNUAL MEETING

General Surgery Residency Inadequately Prepares Trainees for Fellowship

Results of a Survey of Fellowship Program Directors

Samer G. Mattar, MD,* Adnan A. Alseidi, MD, FACS,† Daniel B. Jones, MD, FACS,‡
D. Rohan Jeyarajah, MD, FACS,§ Lee L. Swannstrom, MD, FACS,|| Ralph W. Aye, MD, FACS,¶
Steven D. Wexner, MD, FACS, FRCS, FRCS(Edin), PhD (Hon),** José M. Martinez, MD, FACS,††
Sharona B. Ross, MD, FACS,‡‡ Michael M. Awad, MD, FACS,§§ Morris E. Franklin, MD, FACS,||||
Maurice E. Arregui, MD, FACS,¶¶ Bruce D. Schirmer, MD, FACS,*** and Rebecca M. Minter, MD, FACS†††

Ann Surg 2013

EDUCATION

Are General Surgery Residents Ready to Practice? A Survey of the American College of Surgeons Board of Governors and Young Fellows Association

Lena M Napolitano, MD, FACS, FCCP, FCCM, Mark Savarise, MD, FACS, Juan C Paramo, MD, FACS,
Laurel C Soot, MD, FACS, S Rob Todd, MD, FACS, Jay Gregory, MD, FACS, Gary L Timmerman, MD, FACS,
William G Cioffi, MD, FACS, Elisabeth Davis, PhD, Ajit K Sachdeva, MD, FRCS, FACS

JACS 2014

DOCTOR AND PATIENT

Are Today's New Surgeons Unprepared?

By PAULINE W. CHEN, M.D. DECEMBER 12, 2013, 12:20 PM 159 Comments



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SAVE

MORE

The surgeon had no prestigious named professorship, no N.I.H. grant and no plum administrative position in the hospital's hierarchy. But to the other surgeons-in-training and me, he was exactly who we wanted to be.

DOCTOR AND PATIENT
Dr. Pauline Chen on
medical care.



New York Times Dec 12, 2013

Our Current Training System

“Enough” cases

“Index” cases

“The hardest” cases

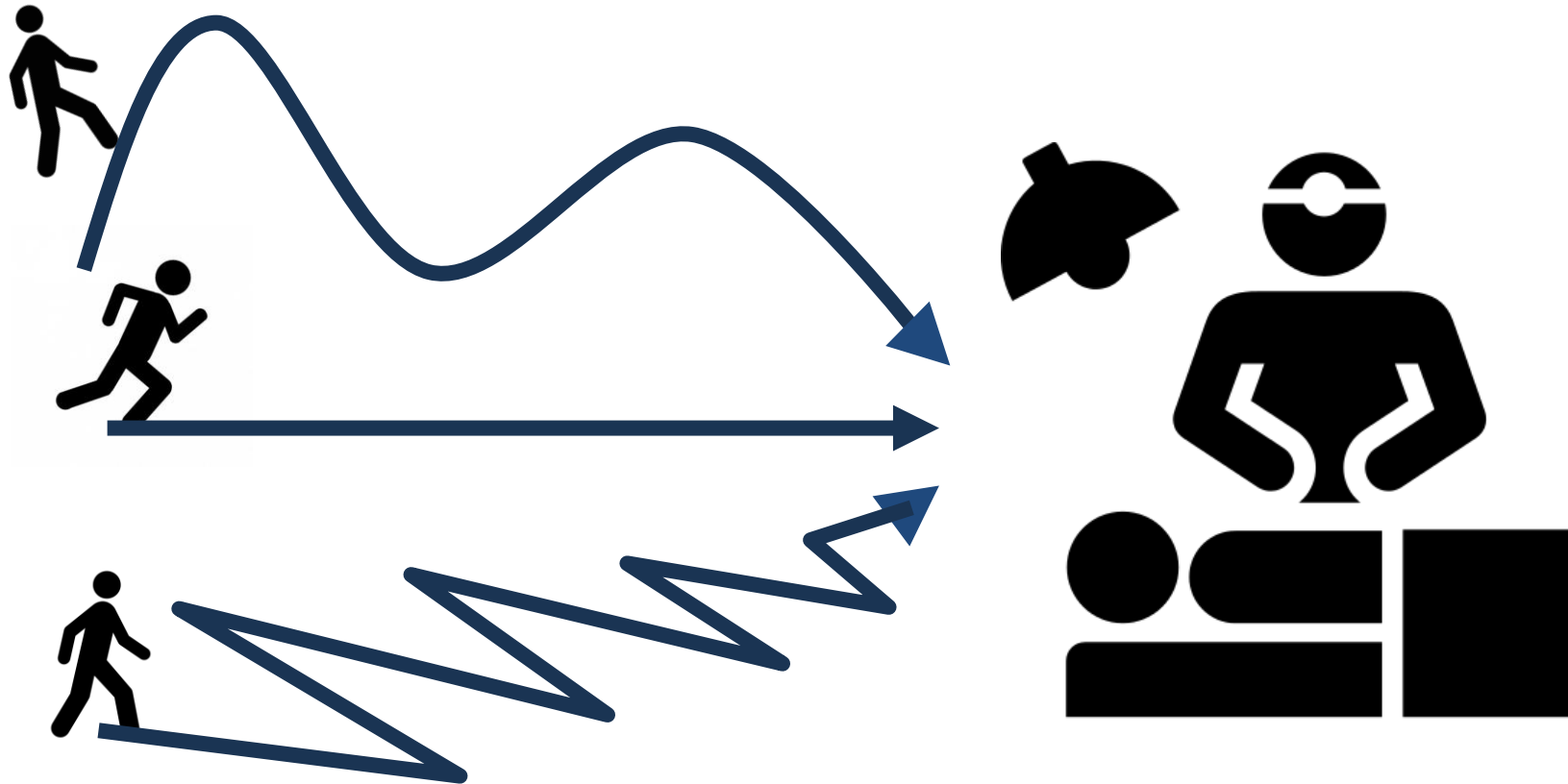
Case completion



Competence for the case

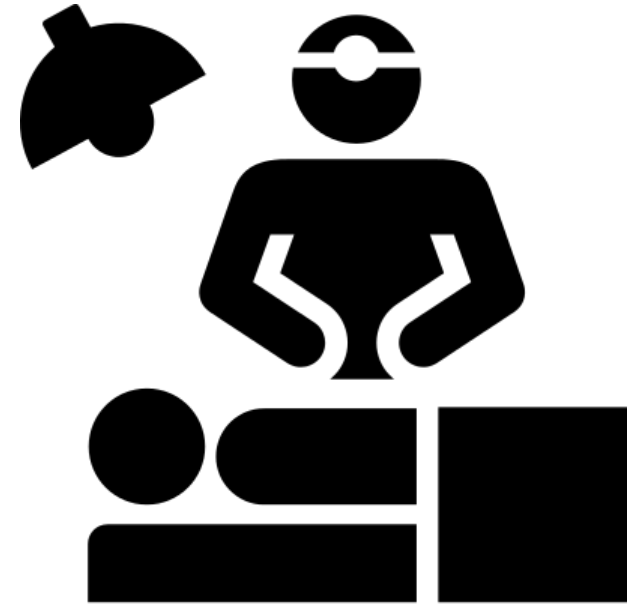


Current System



Fixed Time = Variable Outcome

Goal System



Fixed Outcome

CGSO Fellow Competencies – ACGME Milestones

Medical
Knowledge (4)

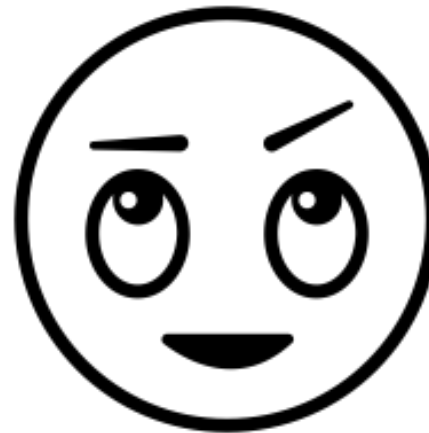
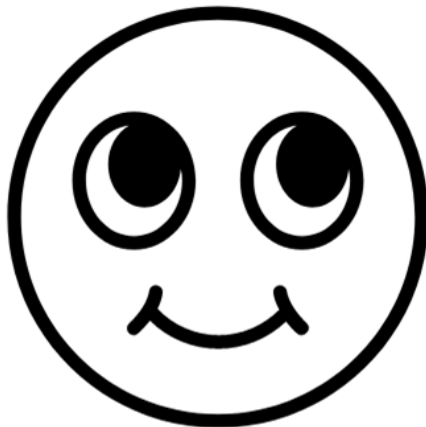
Interpersonal
Communication
Skills (3)

Systems-Based
Practice (3)

Patient Care
(7)

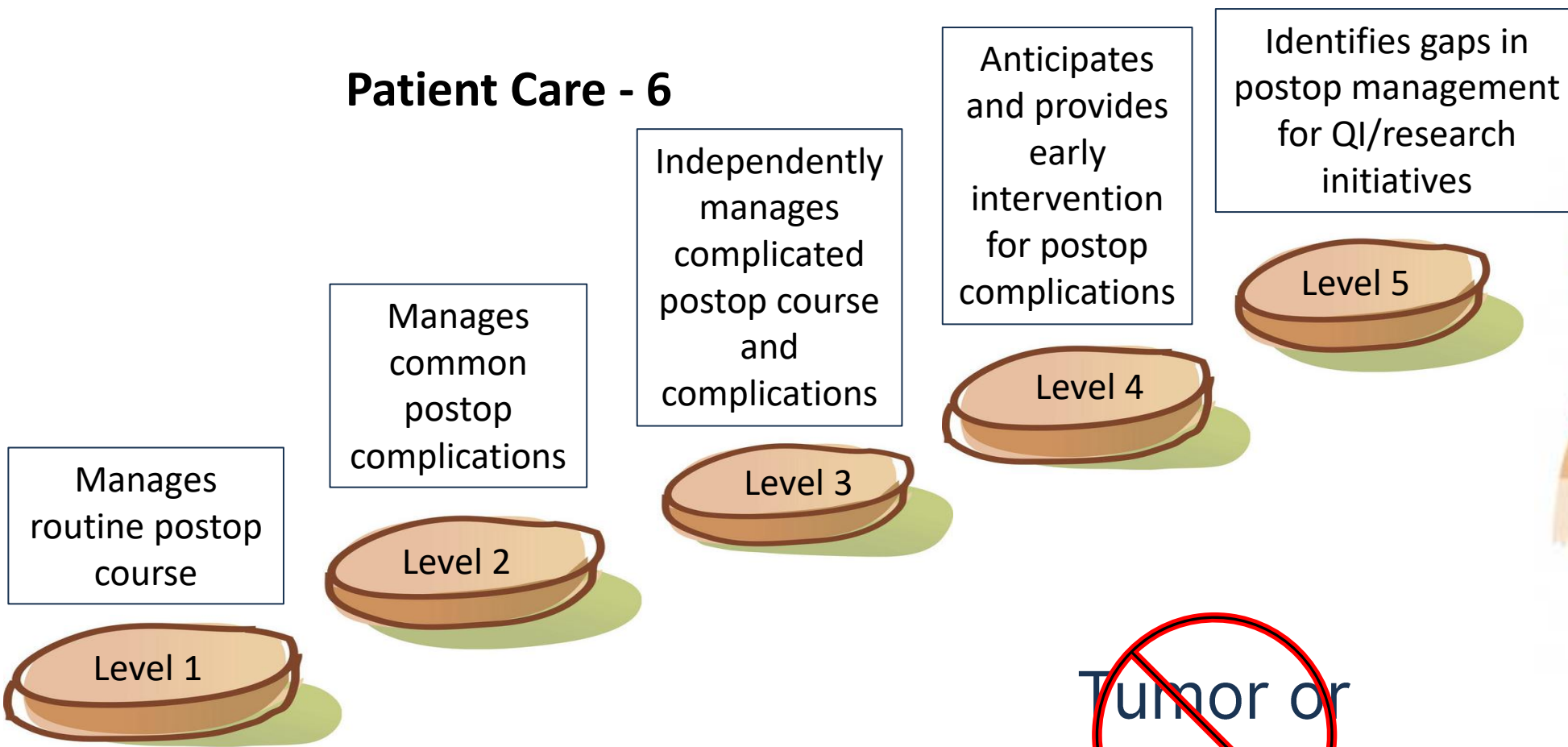
Professionalism
(3)

Practice-Based
Learning &
Improvement (3)



Milestones

Patient Care - 6



~~Tumor or
Disease
Site~~

Holistic View



***Would you trust this learner to
perform this task without supervision?***

We Already Do This

*I can let the fellow
start and scrub in for
the key portion*



Not
documented

No
standardized
behavior
descriptions

Entrustable Professional Activities

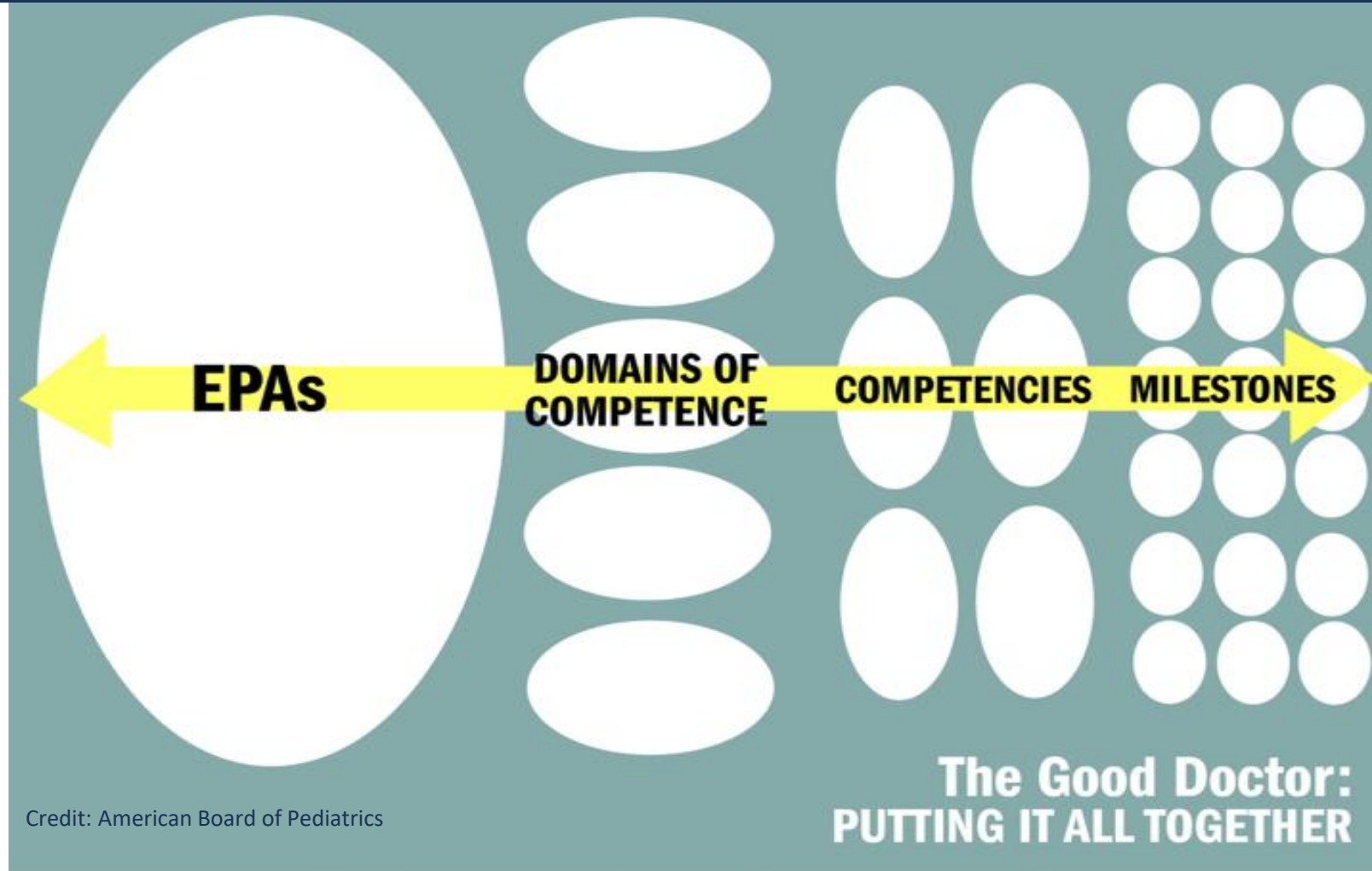
Essential task of a “discipline” that an individual can be trusted to perform independently in a given context

Together, mass of critical elements that define a specialty



Shifts assessment focus from abstract and independent competencies to the work that must be done

Integrating Competencies / Milestones / EPAs



EPAs Chosen to Represent:

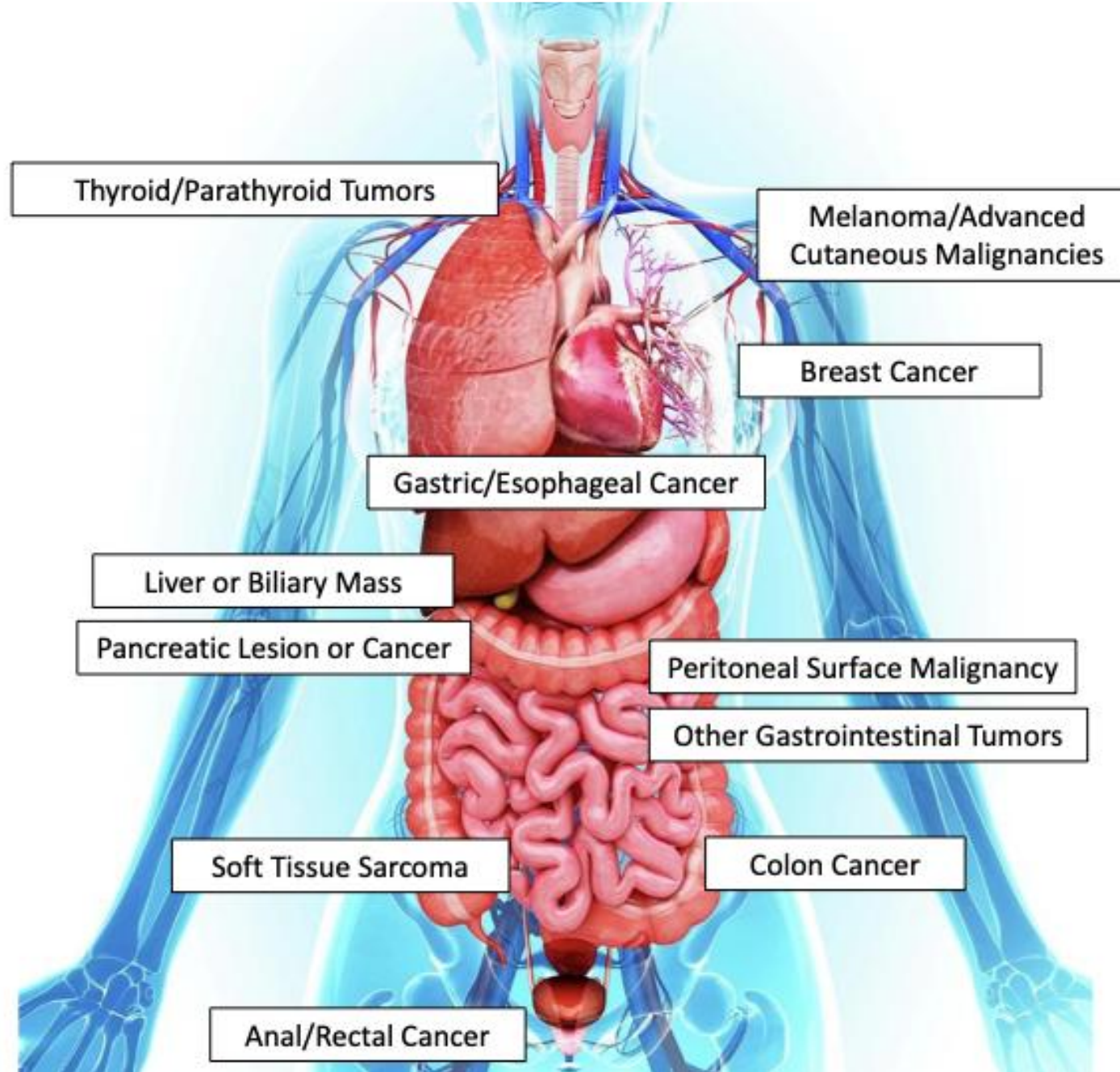
- Undeniable core skills of a surgical oncologist
- Include other essential non-technical skills
 - Communication
 - Professionalism
- Management of the entirety of the disease process

The Complex General Surgical Oncology EPAs

Palliative Care



*Scan to visit the CGSO EPA
page on the ABS website*



EPA Language Quiz

EPAs represent:

Assessment Tool

Assessment Framework

OPRS

Mini-CEX

OSATS

Zwisch

EPA Micro-
Assessment

The Promise of EPAs



- Provide an assessment framework that makes sense to faculty & fellows
- Facilitate CCC processes
- Help overcome barriers to feedback
- Kickstart teaching



EPA Assessment

Faculty

Jonathan Jesneck

Trainee

Erin White

Activity Date

07/09/2025

Activity Brief Description

Example melanoma

Please do not include any PHI (e.g. MRN, patient name or initials).

Assessment Type

Melanoma and Advanced Cutaneous Malignancies

Case Difficulty

Straightforward Moderate Complex

[Entrustment Scale](#)

Pre/Nonoperative

[Details](#)

Not Obs. Limited Direct Indirect Ready

Intraoperative

[Details](#)

Not Obs. Limited Direct Indirect Ready

Postoperative

[Details](#)

Not Obs. Limited Direct Indirect Ready

Comment

Test comment here

Actionable feedback and suggestions are most helpful. Please no PHI.

Submit

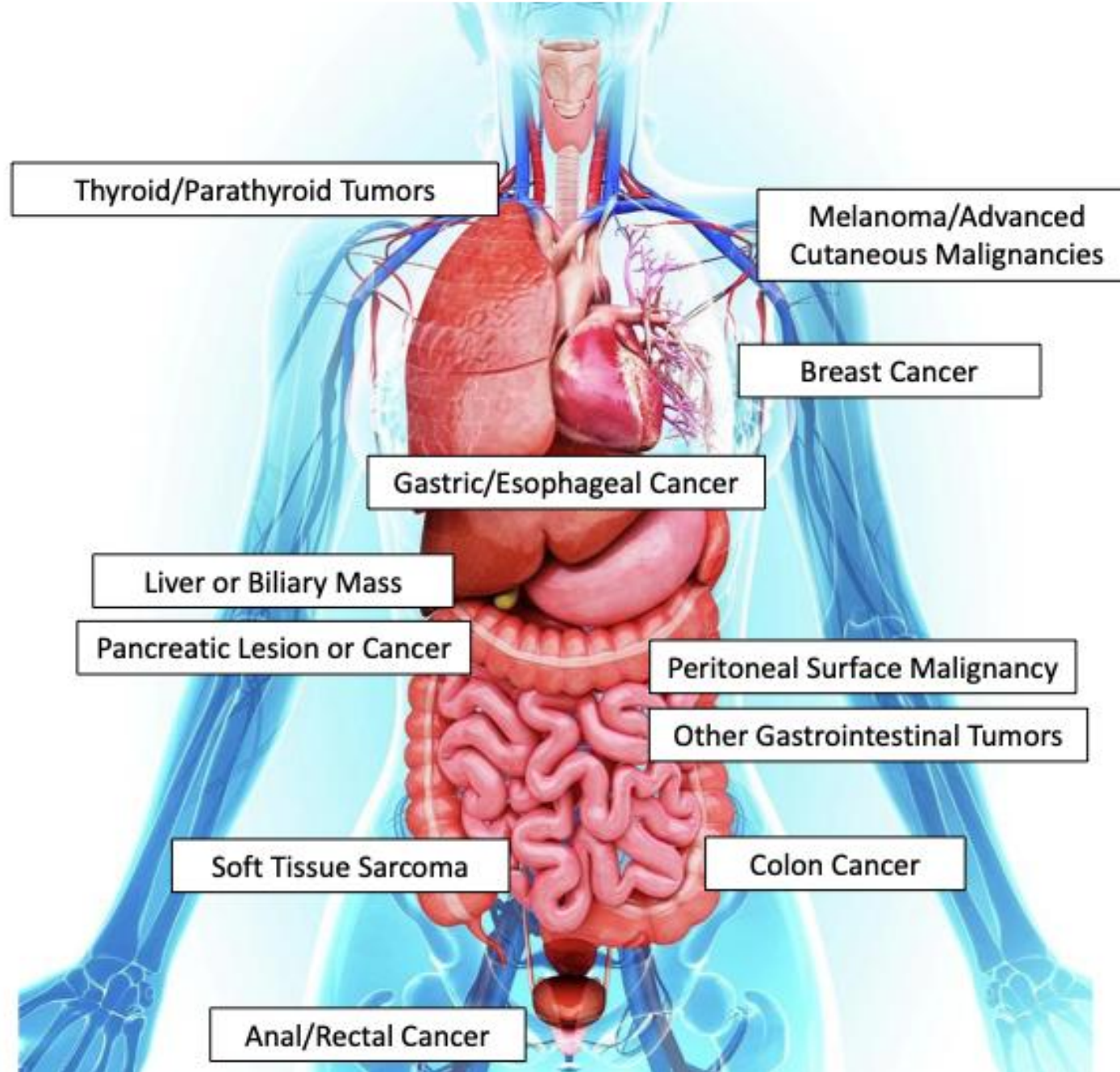
EPA Microassessments

The Complex General Surgical Oncology EPAs

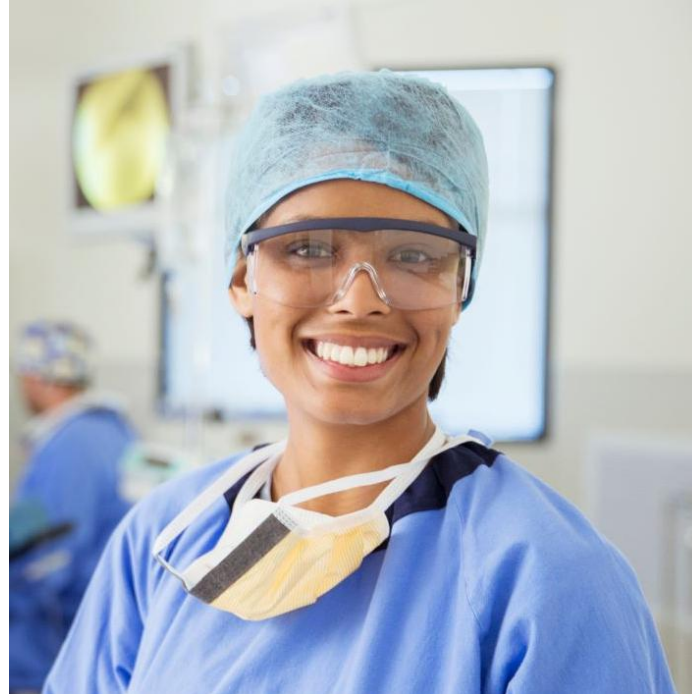
Palliative Care



Scan to visit the CGSO EPA
page on the ABS website



Frequently Asked Questions



How?
Firefly application

Who?
Fellow or faculty
Core or non-surgical*
EPA Champion

When?
Pre/Intra/Postop



Evaluate and manage a patient with breast cancer

Non or Pre-Operative Phase

Identifies relevant history, oncologic information (e.g., clinical assessment, imaging, pathology) and performs relevant physical examination, to develop a differential diagnosis (PC-1, L1).

Discusses surgical options for treatment in the breast and in the axilla (PC-1, L1).

Describes tumor-specific biopsy technique but may require guidance to ensure key diagnostic information obtained (PC-1, L1).

Describes common staging studies performed but may not identify most cost-effective and evidence-based imaging required (PC-1, L1).

Needs prompting to consider the role of multidisciplinary tumor board discussion in developing treatment plans (MK2, MK3, L1).

Identifies some relevant evidence-based guidelines for management but needs guidance to understand sequencing of treatment approaches (MK-2, MK3, L1).

Respectfully communicates basic facts about the condition to a patient/caregiver(s) but needs assistance with nuances of treatment

Discriminates the quality of the relevant information to determine if additional information (i.e., diagnostics) is needed and discusses the multidisciplinary options (PC-1, L2).

Orders cost-effective staging studies in accordance with guidelines. (PC-1, L2)

Obtains a patient's history and communicates their medical condition with consideration of barriers and cultural differences in a respectful way and formulates a treatment plan incorporating patient preferences (ICS-1, L2).

Identifies relevant evidence-based guidelines for the management of breast cancer and patients at high risk (MK-2, MK-3, L2).

Identifies patients needing multidisciplinary tumor board discussion in developing treatment plans (MK2, MK3, L2).

Communicates the elements of an informed consent discussion in a straightforward case and completely documents the discussion (ICS-1, L2).

Integrates oncologic information with patient specific factors (e.g genetic testing) to design a diagnostic, work-up, and medical/ surgical treatment plan, creating a multidisciplinary treatment plan with assistance (PC-1, L3).

Applies a cost-effective, evidence-based diagnostic evaluation. Identifies patient and tumor specific factors relevant to oncological therapy (MK-3, L3).

Applies current guideline-based indications for operative and non-operative treatment of breast cancer (PC-1, MK-2, MK-3, L3).

Independently develops a plan to manage comorbidities that will affect treatment (e.g. chronic anticoagulation, cardiac disease, immunosuppression) (PC-1, L3).

Conducts an informed consent discussion with cultural humility and completely documents the discussion related to operative management (PC-1, ICS-1, L3).

Independently integrates oncologic information with patient specific factors (e.g. genetics, pregnancy) to design a succinct diagnostic, staging work-up, and a multidisciplinary treatment plan (PC-1, L4).

Formulates a comprehensive treatment plan for a patient with locally advanced breast cancer, metastatic disease, and unusual tumor biology. Demonstrates knowledge of cancer biology (MK-2, MK-3, PC-7, L4).

Comprehensively describes both surgical and non-surgical treatment options and recommends the best evidence-based options (PC-1, MK-3, L4).

Refers to fertility specialists, taking into consideration patient factors, tumor biology, and anticipated surgical planning [PC1 L4]

Recognizes when curative options are not available and able to discuss non-curative and palliative options, including supportive care without cancer-directed therapy (MK-3, L4).

Communicates treatment plans, outcomes, and prognosis with patients and families in an emotionally sensitive, culturally aware and compassionate manner (ICS-1, L4).



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Thank You!

Questions?

Additional Resources



ABS Webinar Recording
for Coordinators



ABS Webinar Recording
for Trainees and Faculty



CGSO EPA Descriptions