

**Otolaryngology – Head and Neck Surgery: Foundation EPA #9**

**Identifying patients presenting with an anticipated difficult airway and preparing for initial management options**

Key Features:

- This EPA may be observed in a real or simulated case.

Assessment Plan:

Direct observation by supervisor

Use Form 1.

Collect 2 observations of achievement

- At least 2 different observers

CanMEDs Milestones:

- 1 ME 1.7 Recognize and respond to the complexity and uncertainty with managing an anticipated difficult airway by seeking proper assistance**
- 2 ME 2.1** Recognize patients at risk of aspiration of gastric contents into the airway
- 3 ME 2.2 Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway**
- 4 ME 2.2 Identify predictors of a difficult airway on physical examination such as a large overbite, large tongue, narrow mouth opening, short chin and/or Mallampati score**
- 5 ME 2.4 Recognize and suggest an initial management plan for emergent issues**
- 6 ME 3.1** Understand the indications and risks of rapid sequence induction and intubation and their steps of execution
- 7 COM 5.1** Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 8 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 9 COL 2.1 Actively listen to and engage in interactions with collaborators**
- 10 COL 2.1** Show respect towards collaborators
- 11 L 2.2** Apply American Society of Anesthesiology (ASA) Guidelines for Management of the Difficult Airway
- 12 S 1.1** Demonstrate a structured approach to monitoring progress of learning in the clinical setting
- 13 S 1.2 Identify opportunities for learning and improvement by reflecting on and assessing performance and preparation**
- 14 S 3.1** Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Oto-HNS