

Otolaryngology – Head and Neck Surgery: Core EPA #13

Providing advanced surgical management for patients with epistaxis (SC)

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing procedures
- This EPA builds on the abilities demonstrated in Foundations and focuses on recognizing the limits for non-surgical management, applying an algorithm for the management of epistaxis beyond nasal packing and chemical cautery (i.e. involving interventional radiology and/or surgical cautery/ligation).
- The surgical approach may include endoscopic cauterization as well as sphenopalatine artery ligation and/or ethmoid artery ligation. A procedure that only involves endoscopy cautery would not be sufficient for this EPA.
- The procedural aspects of this EPA may be observed in simulation

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:

- Options: interventional radiology; surgical intervention

Collect 1 observation of achievement

Part B: Procedure

Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria) Form collects information on:

- sphenopalatine artery (SPA) ligation: yes; no
- ethmoid artery ligation: yes; no
- Setting: clinical; simulation

Collect 2 observations of achievement

- Must be either SPA or ethmoid ligation or both

Relevant milestones (Part A)

- 1 C ME 1.4.2** Apply a broad base and depth of knowledge in clinical and biomedical sciences to the medical and surgical management of the breadth of patient presentations in Oto - HNS
- 2 C ME 1.5.1** Perform clinical assessments that address the breadth and depth of issues in each case
- 3 C ME 2.1.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners**
- 4 C ME 2.4.2 Recognize and establish a management plan for life threatening or emergent issues**
- 5 C ME 3.1.2 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches**

- 6 **C ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 7 **C ME 4.1.3 Accurately identify situations that necessitate consultation of other health professionals to assist in the management of disorders encountered in Oto - HNS**
- 8 **C COM 1.5.1** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 9 **C COM 3.1.1** Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner
- 10 **C COM 3.1.2 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
- 11 **F COL 1.2.3** Consult as needed with other health care professionals, including other physicians or surgeons
- 12 **C COL 1.2.1** Recognize, value, and utilize the expertise of interprofessional team members
- 13 **C COL 1.2.2** Liaise with intersecting health professions
- 14 **F COL 1.3.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 15 **C COL 2.1.2** Maintain positive relationships in all professional contexts
- 16 **C L 3.1.2** Assume the role of chief resident and lead junior residents in a hospital patient care team