

Otolaryngology – Head and Neck Surgery: Foundation EPA #11

Assessing, diagnosing and initiating management of patients with head trauma

Key Features:

- This EPA may include the care of patients with CSF leak, spine injury, intracranial bleed, increased intracranial pressure or intracranial infection

Assessment plan:

Supervisor does assessment based on direct or indirect observation with review of consult letter

Use Form 1. Form collects information on:

- Patient presentation: CSF leak; spine injury; intracranial bleed; increased intracranial pressure; intracranial infection
- Case complexity; low; medium; high

Collect 2 observations of achievement

Relevant milestones

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2 F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 3 F ME 2.1.1 Identify and recognize life threatening or emergent issues**
- 4 F ME 2.2.1** Elicit a complete history for injury or trauma to the head and neck
- 5 F ME 2.2.4 Perform a primary and secondary assessment as per ATLS guidelines**
- 6 F ME 2.2.5 Perform a physical exam with attention to risk of cervical spine injury**
- 7 F ME 2.2.6 Perform a detailed secondary history and neurological assessment after the initial stabilization**
- 8 F ME 2.2.8** Apply the Glasgow coma scale in a patient with altered level of consciousness
- 9 F ME 2.2.13** Perform and interpret findings of office-based exams
- 10 F ME 2.2.16** Select, prioritize and interpret appropriate additional imaging, following initial stabilization/management of life-threatening or acute conditions
- 11 F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 12 F ME 2.4.6 Demonstrate knowledge of immediate management modalities of the elevated ICP patient**
- 13 F ME 3.4.4** Describe the use of specialized surgical tools and instruments
- 14 F ME 3.4.8 Provide assistance with neurosurgical procedures in the operating room**
- 15 F COM 5.1.3** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 16 F COL 1.1.5** Establish and maintain positive relationships with physicians and other colleagues
- 17 F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 18 F COL 3.2.4 Demonstrate safe handover care, both written and verbal during patient transitions**
- 19 F S 1.2.2** Identify opportunities for learning needs that arise in daily work and seek for feedback from staff or senior residents
- 20 F S 3.1.2** Recognize uncertainty and knowledge gaps in clinical encounters and generate questions relevant to neurosurgery safe practice while on rotation
- 21 F P 1.3** Identify common ethical problems encountered in surgical practice including issues unique to Otolaryngology – Head and Neck Surgery
- 22 F P 4.1.1** Develop a personal plan for managing stress and maintaining physical and mental well-being