

Otolaryngology – Head and Neck Surgery: Foundation EPA #12

Providing basic airway management for ASA 1 or 2 patients with normal airway anatomy

Key Features:

- This EPA may be observed in a real or simulated case
- This EPA may include basic airway positioning, mask ventilation, direct laryngoscopy with endotracheal intubation, ventilation and extubation, and/or ventilation through supraglottic airway (laryngeal mask)

Assessment plan:

Supervisor does assessment based on direct observation

Use Form 2. Form collects information on:

- Type of procedure: basic airway positioning, oral airway insertion with bag mask ventilation; direct laryngoscopy with endotracheal intubation, ventilation and extubation; insertion of, and ventilation through supraglottic airway (laryngeal mask)
- Age group: pediatric; adult
- Setting: clinical; simulation

Collect 5 observations of achievement (for individual supervisor assessments)

- At least 2 adults and 2 pediatric
- At least 3 mask ventilation & endotracheal intubations
- At least 1 supraglottic airway
- At least 3 different assessors

Relevant milestones

- 1 F ME 1.4.1** Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
 - Anatomy and physiology
- 2 F ME 2.2.2** Elicit a focused history and perform a physical exam to identify patients with potential for a difficult airway
- 3 F ME 3.1.2** Describe indications for use of adjuncts to bag mask ventilation
- 4 F ME 3.1.3** Describe indications and contra-indications for tracheal intubation and for use of supraglottic airway devices
- 5 F ME 3.4.1 Prepare the equipment required to be immediately available for basic airway management**
- 6 F ME 3.4.3 Apply a stepwise approach to sedation/intubation in an uncomplicated patient**
- 7 F ME 3.4.5** Set up and position the patient for intubation
- 8 F ME 3.4.7 Perform common Oto - HNS procedures in a skillful, fluid, and safe manner with minimal assistance**
- 9 F ME 5.2.1** Use cognitive aids such as procedural checklists, surgical timeouts, debriefing, structured communication tools, or care paths to enhance patient safety
- 10 F COM 1.2.1** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 11 F COM 5.1.4** Document the airway/intubation information accurately and comprehensively within an electronic or written medical record
- 12 F COL 1.1.5 Establish and maintain positive relationships with physicians and other colleagues**

- 13** **F COL 1.2.3** Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
- 14** **F COL 2.1.2** Respond to requests and feedback in a respectful and timely manner
- 15** **F COL 3.2.4 Demonstrate safe handover care, both written and verbal during patient transitions**
- 16** **F L 1.2.1** Demonstrate knowledge of and adherence to the standard safety procedures in place at the resident's centre