

Otolaryngology – Head and Neck Surgery: Foundation EPA #3

Assessing and providing basic management for patients with epistaxis

Key Features:

- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (rigid sino-nasal endoscopy, nasal packing, chemical cauterization, nasal septal hematoma evacuation)
- The patient assessment aspect of this EPA includes performing a flexible and/or rigid nasopharyngolaryngoscopy
- This EPA does not include more advanced surgical approaches such as endoscopic cauterization, sphenopalatine artery ligation and/or ethmoid artery ligation, which are part of the Core EPA

Assessment plan:

Part A: Patient Assessment

Supervisor does assessment based on direct observation

Use Form 1.

Collect 3 observations of achievement

Part B: Procedure

Supervisor does assessment based on direct observation

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

- Procedure performed: rigid sino-nasal endoscopy; anterior nasal packing; posterior nasal packing; cauterization of anterior septum; nasal septal hematoma evacuation

Collect 3 observations of achievement

- At least 1 anterior plus posterior packing
- At least 1 chemical cauterization

Relevant milestones (Part A)

- 1** F ME 1.4.1 Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
- 2** F ME 1.4.9 Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
- 3** **F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately**
- 4** **F ME 2.1.1 Identify and recognize life threatening or emergent issues**
- 5** **F ME 2.2.7 Identify and differentiate normal and abnormal findings in history and physical exam**
- 6** **F ME 2.2.13 Perform and interpret findings of office-based exams**
 - **Flexible and/or rigid nasopharyngolaryngoscopy with or without topical anesthesia**
- 7** **F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient's presentation, for common Oto-HNS presentations**
- 8** **F ME 2.2.15** Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis

- 9 **F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery**
- 10 **F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues**
- 11 **F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
- 12 **F ME 2.4.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations**
- 13 **F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment**
- 14 **F ME 4.1.2 Recognize need for consultations of other healthcare professionals**
- 15 **F COM 1.2.1 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 16 **F COM 2.1.1** Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 17 **F COM 2.2.1** Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses
- 18 **F COM 5.1.2** Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care
- 19 **F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 20 **F COL 1.3.1** Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
- 21 **F COL 1.3.2** Integrate the patient’s perspective and context into the collaborative care plan
- 22 **F COL 3.1.1 Identify patients requiring handover to other physicians or health care professionals**
- 23 **F COL 3.2.1** Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 24 **F HA 1.3.1** Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection