Otolaryngology - Head and Neck Surgery: Foundations EPA #1

Providing initial clinical assessment, investigation and development of a management plan for patients with acute upper airway obstruction

Key Features:
- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (elective tracheostomy: open tracheotomy, percutaneous tracheotomy, cricothyroidotomy).
- The patient assessment aspect of this EPA may include performing a flexible nasopharyngolaryngoscopy.

Assessment plan:

Part A: Patient assessment
Direct or indirect observation by supervisor

Use Form 1. Form collects information on:
- Case scenario: emergent; elective

Collect 1 observations of achievement
- At least 1 emergent case

Part B: Procedure
Direct observation by supervisor

Use Form 2. (O-score criteria) Form collects information on:
- Type of procedure: elective tracheostomy; open tracheotomy; percutaneous tracheotomy; cricothyroidotomy
- Setting: clinical; simulation

Collect 3 observations of achievement
- One may be an assessment in simulation (cadaver or task trainer).
- At least 1 open tracheotomy

Relevant milestones:

Part A: Patient assessment
1  ME 1.4 Apply knowledge of clinical and biomedical sciences as relevant to Oto-HNS
2  ME 1.4 Apply the principles of diagnostic imaging
3  ME 1.5 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
4  ME 2.1 Identify and recognize life threatening or emergent issues
5  ME 2.2 Identify and differentiate normal and abnormal findings in history and physical exam
6. ME 2.2 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations
7. ME 2.2 Select and interpret laboratory and imaging investigations
8. ME 3.3 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy
9. ME 3.4 Establish and implement a plan for post-procedure care of the listed procedures
10. ME 3.4 Seek advice or supervision as needed when unanticipated findings or changing clinical circumstances are encountered
11. ME 4.1 Ensure follow-up on results of investigation and response to treatment
12. ME 4.1 Recognize need for consultation of other healthcare professionals
13. COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
14. COM 1.6 Assess patients’ decision-making capacity
15. COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
16. COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses
17. COM 2.3 Seek and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent
18. COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan
19. COM 4.3 Answer questions from the patient and family about next steps
20. COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care
21. COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
22. COL 1.2 Describe the roles and scopes of practice of other health care providers related to Oto-HNS
23. COL 1.3 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
24. COL 2.1 Actively listen to and engage in interactions with collaborators
25. COL 2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
26. COL 2.2 Listen to understand and find common ground with collaborators
27. COL 3.1 Identify patients requiring handover to other physicians or health care professionals
28. HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Part B: Procedure
1. ME 1.4 Knowledge of specific procedural steps: Preprocedure plan: Understands steps of procedure, potential risks, and means to avoid/overcome them
2 ME 3.1 Preprocedure plan: Gather/assess required information to reach diagnosis and determine correct procedure required
3 ME 3.4 Case preparation: Patient correctly prepared and positioned, understands approach and required instruments, prepared to deal with probable complications
4 ME 3.4 Technical performance: Efficiently performs steps, avoiding pitfalls and respecting soft tissues
5 ME 3.4 Visuospatial skills: 3D spatial orientation and able to position instruments/hardware where intended
6 ME 3.4 Post procedure plan: Appropriate complete post procedure plan
7 ME 3.4 Efficiency and flow: Obvious planned course of procedure with economy of movement and flow
8 COL 1.3 Professional and effective communication/utilization of staff