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
Direct observation by supervisor

Use Form 1.
Collect 3 observations of achievement

Part B: Procedure
Direct observation by supervisor

Use Form 2. (O-score criteria) Form collects information on:
- Procedure performed (select all that apply): rigid sino-nasal endoscopy; anterior nasal packing; cauterization of anterior septum; nasal septal hematoma evacuation

Collect 3 observations of achievement
- At least 1 anterior nasal packing
- At least 1 chemical cauterization

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 clinical and biomedical sciences to manage patient presentations in Oto-HNS
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 Perform and interpret findings of office-based exams
   • Flexible and/or rigid nasopharyngolaryngoscopy with or without topical anesthesia
7 ME 2.2 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations
8 ME 2.2 Select and interpret appropriate investigations for common Otolaryngology-Head and Neck Surgery presentations, based on a differential diagnosis
9 ME 2.4 Develop, implement and document initial management plans for common problems in Oto-HNS
10 ME 2.4 Recognize and suggest an initial management plan for emergent issues
11 ME 2.4 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 ME 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations
13 ME 4.1 Ensure follow-up on results of investigation and response to treatment
14 ME 4.1 Recognize need for consultations of other healthcare professionals
15 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
16 COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
17 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
18 COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra-and interprofessional care
19 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
20 COL 1.3 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
21 COL 1.3 Integrate the patient’s perspective and context into the collaborative care plan
22 COL 3.1 Identify patients requiring handover to other physicians or health care professionals
23 COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
24 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