

Surgical Foundations: Foundations EPA #1

Providing initial management for critically ill surgical patients

Key Features:

- The observation of this EPA is divided into two parts: patient assessment and performing procedures (needle thoracostomy; tube thoracostomy; central line insertion; surgical airway)
- This EPA may be observed on the ward, in the emergency room, in the intensive care unit or in a simulation facility

Assessment plan:

Part A: Patient Assessment

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of presentation: hemodynamic; airway/respiratory; decreased level of consciousness/acute change in mental status; sepsis
- Case complexity: low; medium; high

Collect 3 observations of achievement

- At least 2 different presentations

Part B: Procedure

Direct observation by supervisor

Use Form 2. Form collects information on:

- Type of procedure: needle thoracostomy; tube thoracostomy; central line insertion; surgical airway
- Setting: clinical; simulation

Collect 4 observations of achievement

- At least one needle thoracostomy
- At least one tube thoracostomy
- At least one surgical airway
- At least one central venous line insertion

Relevant milestones (Part A)

- 1 **F ME 1.3.1** Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
 - 2 **F ME 1.4.2 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance immediately**
 - 3 **F ME 1.5.1** On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
 - 4 **F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient's presentation**
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- 5 **F ME 2.2.2** Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
- 6 **F ME 2.2.3 Interpret common and simple investigational modalities**
- 7 **F ME 2.4.1 Develop and implement initial management plans for common problems in surgical practice**
- 8 **F ME 2.4.5** Manage unexpected peri-operative bleeding (both surgical and nonsurgical)
- 9 **F ME 3.3.1 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy**
- 10 **F ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 11 **F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 12 **F COL 3.1.3 Identify patients requiring handover to other physicians or health care professionals**
- 13 **F COL 3.2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed**
- 14 **F L 2.2.1** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios including but not limited to use of blood products, investigations, inpatient versus outpatient treatment and appropriate utilization of critical care unit resources
- 15 **F P 1.3.1** Provide care to the critically ill patient commensurate to expressed advanced directives
- 16 **F P 4.1.2** Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting

Relevant milestones (Part B)

- 1 **F ME 3.1.4 Gather and/or assess required information to determine the procedure required**
- 2 **TD ME 3.4.2 Set up and position the patient for a procedure**
- 3 **F ME 3.4.4 Perform common procedures in a skillful, fluid and safe manner**
- 4 **F ME 3.4.7 Establish and implement a plan for post-procedure care**
- 5 **F COL 1.2.1 Work effectively with other health care professionals**