

### Surgical Foundations: Foundations EPA #3

#### Assessing and performing risk optimization for preoperative patients in preparation for surgery

##### Key Features:

- This EPA includes selecting/reviewing relevant investigations, optimizing any pre-operative risk factors and preparing the patient for surgery

##### Assessment plan:

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Surgical priority: elective; emergent
- Patient risk category: low; moderate; high; critically ill

Collect 4 observations of achievement

- At least one elective, one emergent
- At least one high risk
- At least one critically ill
- At least 2 assessors

##### Relevant milestones

- 1 **F ME 1.3.1** Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
  - 2 **F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented**
  - 3 **F ME 2.2.1** Develop a specific differential diagnosis relevant to the patient's presentation
  - 4 **F ME 2.2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details**
  - 5 **F ME 2.4.4 Develop and implement plans for pre-operative optimization of patients**
  - 6 **F ME 2.4.6 Use appropriate prophylaxis**
  - 7 **F ME 3.1.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
  - 8 **F ME 3.2.1** Obtain informed consent for commonly performed procedures and therapies, under supervision
  - 9 **F ME 3.2.2** Assess patients' decision-making capacity
  - 10 **F ME 3.3.1 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy**
  - 11 **F ME 4.1.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
  - 12 **F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety**
  - 13 **F COM 1.6.1** Encourage discussion, questions, and interaction to validate understanding during the encounter
  - 14 **F COM 3.1.1** Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and/or discharge plan
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- 15 **F COM 5.1.3** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 16 **F COL 1.2.2 Collaborate with other health care providers and all involved parties in booking the case including but not limited to ICU, Step down unit, or OR**
- 17 **F COL 1.3.1** Integrate the patient's perspective and context into the collaborative care plan
- 18 **F HA 1.3.2 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients**
  - Counsel regarding risk factors to health
    - smoking cessation
  - Counsel regarding opportunities for health and wellness
  - Advocate for vulnerable and marginalized patients
  - Advocate for appropriate screening and facilitate process
- 19 **F P 1.1.2** Demonstrate the ability to be objective in treating patients regardless of their socioeconomic status or other factors
- 20 **F P 2.1.2** Describe the tension between the physician's role as advocate for individual patients and the need to manage scarce resources