

## STAGE

### FOUNDATIONS

#### EPA

#### **EPA 3: Assessing and performing risk optimization for pre-operative patients in preparation for surgery**

#### DETAILED DESCRIPTION

The focus of this EPA is preparation of a patient for surgery. Emphasis is placed upon clinical assessments, ordering and interpreting relevant investigations, application of prophylactic measures, optimizing patients for their procedure and ensuring patient safety. Residents will be expected to communicate and collaborate with patients, families and other health care personnel. Residents must recognize and act on opportunities for disease prevention and health promotion (such as smoking cessation, blood pressure management).

#### ENTRUSTMENT

The resident will be entrusted to:

1. Perform clinical assessments.
2. Triage patients to ensure timely and appropriate delivery of intervention.
3. Order and interpret investigations.
4. Develop and implement plan for pre-operative optimization.



Assessment Tools	Focus of Assessment						
	ME	CM	CL	L	HA	SC	PR
Direct Observation Procedural Skills							
Supervisor Template	X		X				
Field Note							
Mini-CEX							
Multisource Feedback		X	X				
Patient Feedback		X					
Peer Assessment							
Resident Teaching Rubric							
Chart Review	X						
Journal Club Rubric							
Observed History and Physical Rubric							
OSCE/Simulation							
Other							
Oral Exam							
SAQ/MCQ Exam							
Shelf Quiz							
Other							
Procedure Note Assessment							
Online Module							
Procedure Log							
Other:							

## ASSESSMENT STRATEGY AND SAMPLING

Four direct or indirect observations of achievement by at least 2 assessors are required. Must include:

1. at least one elective patient
  2. at least one emergent patient
  3. at least one high-risk patient
  4. one critically ill patient
1. Competency in assessment of the pre-op patient will be assessed by: direct observation and chart review
  2. Competency in triaging will be assessed by: chart review
  3. Competency in ordering and interpreting investigations will be assessed by: chart review
  4. Competency in establishing a pre-optimization plan will be assessed by: chart review
  5. Competency in communication with patients and families will be assessed by: patient feedback
  6. Competency in collaboration will be assessed by: multisource feedback

### Relevant Milestones from RC

- 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 CM 1.6.1 Encourage discussion, questions, and interaction to validate understanding during the encounter
- 14 F CM 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
- 15 F CM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 16 **F CL 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 CL 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 smoking cessation
  - Counsel regarding opportunities for health and wellness
  - Vulnerable populations
  - Advocate for appropriate screening and facilitate process
- 19 F PR 1.1.2 Demonstrate the ability to be objective in treating patients regardless of their socioeconomic status or other factors
- 20 F PR 2.1.2 Describe the tension between the physician's role as advocate for individual patients and the need to manage scarce resources