

STAGE

TRANSITION TO DISCIPLINE

EPA

EPA 2: Recognizing and initiating early management for critically ill surgical patients

DETAILED DESCRIPTION

The resident will be able to demonstrate an approach to the critically ill surgical patient. This includes the recognition of a critical illness / scenario and institution of basic management strategies, including but not limited to airway compromise, breathing and oxygenation problems, hypotension, bleeding (internal and/or external), head injuries, blunt and penetrating trauma. At this stage of training the resident is not expected to fully manage complex issues. The resident will perform a history and physical examination, order initial testing (laboratory and imaging), initiate initial resuscitation efforts (based on ACLS guidelines), and develop a differential diagnosis. The resident is expected to recognize and identify the need for specific specialized consultation, and effectively communicate with other members of the health care team (physicians, nurses, allied health care, etc.). Residents must have insight and recognize their own limitations and seek assistance when necessary. The resident will hand over care when required for safe patient management.

ENTRUSTMENT

The resident will be entrusted to:

1. Recognize their own limits and seek assistance.
2. Perform initial resuscitation based on ACLS guidelines.
3. Perform a history and physical examination.
4. Order initial investigations.
5. Formulate a differential diagnosis.
6. Perform safe handover.

FOCUS OF ASSESSMENT

Medical Expert	Communicator	Collaborator	Leader	Health Advocate	Scholar	Professional
X	X	X				

REQUIRED TRAINING EXPERIENCES

Consults	Clinics	ER	Ward	OR	Other
X		X	X		

REQUIRED NON-CLINICAL TRAINING EXPERIENCES

Academic ½ Day	Simulation	Course/ Certification	Scholarly Project	Conference	Advocacy Activity	Rounds	Quality Assurance Activity	Other
	X	X						

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

ASSESSMENT STRATEGY AND SAMPLING

Two direct observations of achievement with review of clinic note for each of the following are required. May be achieved in the OSCE or clinical setting.

1. Competency in history taking and physical examination will be assessed by: direct observation and chart review
2. Competency in performance of initial resuscitation will be assessed by: direct observation and OSCE
3. Competency in ordering investigations will be assessed by: chart review
4. Competency in formulation of a differential diagnosis will be assessed by: chart review
5. Collaboration with other physicians and health care professionals will be assessed by: multisource feedback
6. Recognition of limitations will be assessed by: multisource feedback and chart review
7. Competency in performance of safe handover will be assessed by: direct observation and chart review

Relevant Milestones from RC (assess bold items)

1. **D ME 1.6.2 Recognize own limits and seek assistance when necessary**
2. **D ME 2.1.4 Perform initial resuscitation according to ACLS guidelines**
3. **D ME 2.2.1 Elicit a history and perform a physical exam that informs the diagnosis**
4. **D ME 2.2.2 Develop a differential diagnosis and adjust as new information is obtained**
5. **D ME 2.2.3 Select necessary investigations to assist in diagnosis and management**
6. **D ME 4.1.1 Identify the potential need for consultation**
7. D CM 1.2.1 Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety
8. **D CM 2.3.1 Seek and synthesize relevant information from other sources, including the patient's family, hospital records and other health care professionals, with the patient's consent**
9. **D CL 1.1.1 Receive and appropriately respond to input from other health care professionals**
10. **D CL 2.2.1 Communicate effectively with other physicians and health care professionals**
11. **D CL 3.2.4 Perform safe and effective handover during transitions in care**
12. D S 1.1.2 Recognize the duality of being a learner as well as a practitioner
13. D PR 1.1.1 Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met