Otolaryngology – Head and Neck Surgery: Foundation EPA #1

Providing initial clinical assessment, investigation and development of a management plan for patients with acute upper airway obstruction

Key Features:
- The observation of this EPA is divided into two parts: patient assessments and performing a procedure (elective tracheostomy: open tracheotomy, percutaneous tracheotomy, cricothyroidotomy)
- The patient assessment aspect of this EPA may include performing a flexible nasopharyngolaryngoscopy

Assessment plan:

Part A: Patient Assessment
Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:
- Case scenario: emergent; elective

Collect 1 observations of achievement
- At least one emergent case

Part B: Procedure
Supervisor does assessment based on direct observation

Use Form 2. (O-score criteria) Form collects information on:
- Type of procedure: elective tracheostomy; open tracheotomy; percutaneous tracheotomy; cricothyroidotomy
- Setting: clinical; simulation

Collect 3 observations of achievement
- One may be an assessment in simulation (cadaver or task trainer).
- One must be an open tracheotomy

Relevant milestones (Part A)

1. F ME 1.4.1 Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
   - Anatomy, pathophysiology and microbiology
2. F ME 1.4.9 Apply the principles of diagnostic imaging
3. F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
4. F ME 2.1.1 Identify and recognize life threatening or emergent issues
5. F ME 2.2.7 Identify and differentiate normal and abnormal findings in history and physical exam
6 F ME 2.2.14 Develop a specific differential diagnosis relevant to the patient’s presentation, for common Oto-HNS presentations
7 F ME 2.2.16 Select and interpret laboratory and imaging investigations
8 F ME 3.3.1 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy
9 F ME 3.4.10 Establish and implement a plan for post-procedure care of the listed procedures
10 F ME 3.4.11 Seek advice or supervision as needed when unanticipated findings or changing clinical circumstances are encountered
11 F ME 4.1.1 Ensure follow-up on results of investigation and response to treatment
12 F ME 4.1.2 Recognize need for consultation of other healthcare professionals
13 F COM 1.2.1 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
14 F COM 1.6.1 Assess patients’ decision-making capacity
15 F COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
16 F COM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses
17 F COM 2.3.1 Seek and synthesize relevant information from other sources, including the patient’s family, with the patient’s consent
18 F COM 3.1.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan
19 F COM 4.3.1 Answer questions from the patient and family about next steps
20 F COM 5.1.2 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care
21 F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
22 F COL 1.2.1 Describe the roles and scopes of practice of other health care providers related to Otolaryngology – Head and Neck Surgery
23 F COL 1.3.1 Identify referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
24 F COL 2.1.1 Actively listen to and engage in interactions with collaborators
25 F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
26 F COL 2.2.3 Listen to understand and find common ground with collaborators
27 F COL 3.1.1 Identify patients requiring handover to other physicians or health care professionals
28 F HA 1.3.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection