Otolaryngology – Head and Neck Surgery: Foundation EPA #2

Assessing and providing initial management for patients with a deep neck space infection or peritonsillar abscess

Key Features:
- The observation of this EPA is divided into two parts: patient assessments and draining a peritonsillar abscess. More advanced surgical procedures are included in the Core stage.

Assessment plan:

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

Use Form 1. Form collects information on:
- Type of observation: direct; indirect
- Case complexity: low; medium; high

Collect 3 observations of achievement
- At least 2 different assessors

Part B: Procedure – Drainage of Peritonsillar Abscess
Supervisor does assessment based on direct observation of the drainage of a peritonsillar abscess

Use Form 2 (O-score criteria)
Collect 2 observations of achievement

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 and microbiology
2  F ME 1.4.10 Apply clinical and biomedical sciences to manage patient presentations in Otolaryngology – Head and Neck Surgery
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
F ME 2.2.15 Select and interpret appropriate investigations for common Otolaryngology–Head and Neck Surgery presentations, based on a differential diagnosis

F ME 2.4.1 Develop, implement and document initial management plans for common problems in Otolaryngology – Head and Neck Surgery

F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues

F ME 2.4.3 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines

F ME 3.3.1 Consider urgency and potential for deterioration in advocating for the timely execution of a procedure or therapy

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

F COM 4.3.1 Answer questions from the patient and family about next steps

F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions