Otolaryngology – Head and Neck Surgery: Foundation EPA #11

Assessing, diagnosing and initiating management of patients with head trauma

Key Features:
- This EPA may include the care of patients with CSF leak, spine injury, intracranial bleed, increased intracranial pressure or intracranial infection

Assessment plan:

Supervisor does assessment based on direct or indirect observation with review of consult letter

Use Form 1. Form collects information on:
- Patient presentation: CSF leak; spine injury; intracranial bleed; increased intracranial pressure; intracranial infection
- Case complexity; low; medium; high

Collect 2 observations of achievement

Relevant milestones
1. F ME 1.4.1 Apply knowledge of clinical and biomedical sciences as relevant to Otolaryngology Head and Neck Surgery
2. F ME 1.5.2 Recognize urgent issues that may need the involvement of more senior colleagues and engage them immediately
3. F ME 2.1.1 Identify and recognize life threatening or emergent issues
4. F ME 2.2.1 Elicit a complete history for injury or trauma to the head and neck
5. F ME 2.2.4 Perform a primary and secondary assessment as per ATLS guidelines
6. F ME 2.2.5 Perform a physical exam with attention to risk of cervical spine injury
7. F ME 2.2.6 Perform a detailed secondary history and neurological assessment after the initial stabilization
8. F ME 2.2.8 Apply the Glasgow coma scale in a patient with altered level of consciousness
9. F ME 2.2.13 Perform and interpret findings of office-based exams
10. F ME 2.2.16 Select, prioritize and interpret appropriate additional imaging, following initial stabilization/management of life-threatening or acute conditions
11. F ME 2.4.2 Recognize and suggest an initial management plan for emergent issues
12. F ME 2.4.6 Demonstrate knowledge of immediate management modalities of the elevated ICP patient
13. F ME 3.4.4 Describe the use of specialized surgical tools and instruments
14. F ME 3.4.8 Provide assistance with neurosurgical procedures in the operating room
15. F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
16. F COL 1.1.5 Establish and maintain positive relationships with physicians and other colleagues
17. F COL 1.2.3 Consult as needed with other health care professionals, including but not limited to other physicians or surgeons
18  F COL 3.2.4 Demonstrate safe handover care, both written and verbal during patient transitions
19  F S 1.2.2 Identify opportunities for learning needs that arise in daily work and seek for feedback from staff or senior residents
20  F S 3.1.2 Recognize uncertainty and knowledge gaps in clinical encounters and generate questions relevant to neurosurgery safe practice while on rotation
21  F P 1.3 Identify common ethical problems encountered in surgical practice including issues unique to Otolaryngology – Head and Neck Surgery
22  F P 4.1.1 Develop a personal plan for managing stress and maintaining physical and mental well-being