

Surgical Foundations: Foundations EPA #1

Providing initial management for critically ill patients

Key Features:

- This EPA focuses on recognizing when a patient requires timely intervention and/or an increased level of care, and initiating necessary interventions.
- It includes identifying when further assistance is required and promptly seeking it.
- This EPA may be observed on the ward, in the emergency department, in the intensive care unit or in a simulation facility.

Assessment Plan:

Direct observation or case discussion by supervisor (surgeon, physician, senior resident or fellow)

Use Form 1. Form collects information on:

- Type of presentation: hemodynamic; airway/respiratory; decreased level of consciousness/acute change in mental status; sepsis
- Setting: ward; emergency department; intensive care unit; simulation

Collect 3 observations of achievement

- At least 2 different presentations
- No more than 1 observation in a simulation setting
- At least 2 different assessors

CanMEDS Milestones:

- 1 ME 1.3** Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
- 2 ME 1.4** Perform the clinical assessment in a time-effective manner
- 3 ME 1.4** Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 4 ME 1.5** On the basis of patient-centred priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
- 5 ME 2.2** Develop a specific differential diagnosis relevant to the patient's presentation
- 6 ME 2.2** Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
- 7 ME 2.2** Interpret common and simple investigational modalities
- 8 ME 2.4** Develop and implement initial management plans for common problems in surgical practice
- 9 ME 3.3** Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
- 10 ME 4.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 11 COM 5.1** Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions

- 12 ME 4.1 Identify the need for and timing of consultation with another physician or health care professional**
- 13 COL 3.2** Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 14 L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical settings including use of blood products, investigations, inpatient versus outpatient treatment and appropriate utilization of critical care unit resources
- 15 P 1.3** Provide care to the critically ill patient commensurate to expressed advanced directives
- 16 P 4.1** Regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks