Surgical Foundations: Foundations EPA #5

Demonstrating the fundamental aspects of surgical procedures

Key Features:

- The observations of this EPA are separated into two parts: observations of the resident's performance in the foundational aspects of surgical procedures and observations of the resident's participation as a member of the surgical team.
- This EPA may be observed in any clinical setting (e.g. ER, OR, minor setting)

Assessment plan:

Part A: Foundational aspects of procedures Direct observation by supervisor

Use Form 1.

Collect 4 observations of achievement

- At least 2 by faculty
- At least 2 different types of procedures
- At least 2 different assessors

Part B: Participating in a team

Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review

Use Form 3. Form collects information on:

- Role: surgeon; nurse; anesthetist; other

Collect feedback from at least 6 observers

- At least one each of surgeon, nurse, and anesthetist

Relevant milestones (Part A)

- **1 F ME 2.4.6** Use appropriate prophylaxis
- 2 F ME 3.4.1 Perform pre-procedural tasks in a timely, skillful, and safe manner
 - Apply aseptic technique for all procedures
 - Maintain universal precautions
 - Position the patient appropriately
 - Mark appropriate side/site
 - Prepare the operative site
 - Cleanse the operative site
 - Hand-cleanse, gown and glove
 - Demonstrate appropriate draping of the patient
 - Deliver pre-procedural local anesthesia if appropriate

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3 F ME 3.4.2 Perform procedural tasks in a timely, skillful, and safe manner

- Use common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel, and scissors
- 4 F ME 3.4.5 Perform post-procedural tasks in a timely, skillful, and safe manner
 - Prepare and handle specimens for intra-operative consultation with a pathologist
 - Perform appropriate wound surveillance and dressing care
- 5 F ME 5.1.3 Demonstrate an understanding of the steps to take when there has been a break in universal precautions or sterility contamination
- 6 F ME 5.1.4 Prevent complications that stem from operative positioning
- 7 F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
- 8 F COM 5.1.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care
- 9 F COM 5.1.4 Document operative procedures to adequately convey clinical findings, reasoning and the rationale for decisions
- **10 F COL 1.1.2** Respect established protocols of the operating room and team
- **F COL 2.1.1** Actively listen to and engage in interactions with collaborators
- **F S 2.3.2** Demonstrate an understanding of the role of appropriate supervision
- **13 F P 3.1.1** Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
- **14 F P 4.1.2** Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting

Relevant milestones (Part B)

- 1 F COL 1.1.2 Respect established protocols of the operating room and team
- 2 TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals
- 3 F COL 2.1.1 Actively listen to and engage in interactions with collaborators
- 4 F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
- 5 F P 3.1.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
- 6 F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting