Entrustable Professional Activities for **General Surgery**

ンハンハ VERSION 1.0

General Surgery: Foundations EPA #1

Assessing and providing initial management plans for patients presenting with a simple General Surgery problem

Key Features:

This EPA includes conducting an appropriate history and physical examination, ordering and interpreting investigations, generating provisional and differential diagnoses, and developing and communicating a management plan for patients with simple surgical problems.

Assessment Plan:

Direct and indirect observation by surgeon, surgical fellow, or Core or TTP resident

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency
- Observation: direct; indirect

Collect 5 observations of achievement

- At least 1 direct observation
- At least 2 different observers
- At least 3 observations by faculty

Relevant Milestones:

- 1 ME 1.5 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 2 ME 2.2 Elicit an accurate, concise, and relevant history
- 3 ME 2.2 Perform a physical exam that informs the diagnosis
- 4 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- 5 ME 2.2 Select and/or interpret appropriate investigations, including imaging
- ME 2.4 Develop and implement a plan for initial management 6

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- 7 COM 3.1 Provide information to the patient and/or family clearly and compassionately
- 8 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and rationale for decisions and/or recommendations
- **9 COL 1.1** Receive and appropriately respond to input from other health care professionals
- **10 P 1.1** Maintain patient confidentiality

General Surgery: Foundations EPA #2

Recognizing and initiating management for patients with a surgical abdomen/acute abdomen

Key Features:

- This EPA focuses on recognizing, assessing, and managing patients with surgical emergencies arising from intra-abdominal pathology; this includes emergencies in their initial presentation as well as in post-operative complications.
- This includes recognition and initial management of critically ill patients (i.e. those with evidence of end organ dysfunction), and communication with anesthesia and/or critical care, as necessary.

Assessment Plan:

Direct observation and/or case review by general surgeon, critical care physician, surgical subspecialty trainee, or Core or TTP resident

Use Form 1. Form collects information on:

- Setting: inpatient; emergency department; ICU
- Presentation (select all that apply): shock; peritonitis; perforated viscus; end organ dysfunction
- Observation: direct; case review

Collect 3 observations of achievement

- At least 2 observations by faculty

Relevant Milestones:

- 1 ME 2.1 Determine the acuity of the issue and establish priorities for patient care
- 2 ME 2.1 Initiate resuscitation
- 3 ME 2.2 Select and/or interpret appropriate investigations, including imaging
- 4 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- 5 P 1.1 Work within personal limits, asking for help as needed
- 6 **COL 1.2** Consult as needed with other physicians
- 7 **ME 4.1** Recognize potential postoperative complications
- 8 L 2.1 Utilize resources appropriately

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General Surgery: Foundations EPA #3

Performing fundamental skills in General Surgery

Key Features:

- This EPA builds on Surgical Foundations EPA "Participating in surgical procedures", adding a focus on surgical tasks specific to General Surgery for the patient with an uncomplicated surgical abdomen.
- This EPA may be observed in the simulation lab.

Assessment Plan:

Direct observation by a surgeon, surgical fellow or TTP resident

Use Form 2. Form collects information on:

- Setting: OR; simulation lab
- Procedure: laparotomy; laparoscopy
- Surgical task (select all that apply): laparotomy (opening); laparotomy (closing); gaining laparoscopic access; safe use of pneumoperitoneum; trocar positioning/insertion; use of the camera; manipulation of instruments; port closure; safe use of energy devices

Collect 6 observations of achievement

- At least 2 laparotomy, including 1 opening and 1 closing
- At least 2 laparoscopy
- No more than 1 simulated scenario for each surgical task
- At least 3 observations by faculty

Relevant Milestones:

- 1 P 1.2 Prepare for the procedure, reviewing relevant investigations and preoperative assessments/consults
- 2 ME 3.4 Set-up, position, and drape the patient for the procedure
- 3 ME 5.2 Participate in the surgical safety checklist or equivalent
- 4 ME 1.4 Apply knowledge of anatomy, key landmarks, and the surgical procedure
- 5 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
- 6 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
- 7 ME 3.4 Anticipate, recognize, and respond to intraoperative challenges

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8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression

- 9 COL 1.2 Make effective use of operative assistants
- 10 P 1.1 Work within personal limits, asking for help as needed
- 11 COL 1.2 Work effectively with the OR team
- **12 COM 5.1** Document the surgical procedure in a complete and timely manner

General Surgery: Foundations EPA #4

Performing the pre-procedural assessment and risk optimization for patients undergoing endoscopy

Key Features:

- This EPA focuses on obtaining informed consent and preparing patients for endoscopic procedures, including upper (i.e. EGD) and lower endoscopies (i.e. colonoscopy).
- This includes assessing patient acuity and determining the urgency of the procedure, optimizing the patient for the procedure, and determining and arranging the necessary logistics, services and/or resources in order to safely perform the procedure.
- The observation of this EPA is divided into two parts: obtaining informed consent, and preparing the patient for the endoscopic procedure.

Assessment Plan:

Part A: Consent

Direct observation by faculty, subspecialty trainee (General Surgery, General Surgery subspecialty or GI), or Core or TTP General Surgery resident

Use Form 1.

Collect 2 observations of achievement

- At least 1 observation by faculty

Part B: Patient preparation

Direct or indirect observation by faculty, subspecialty trainee (General Surgery, General Surgery subspecialty or GI), or Core or TTP General Surgery resident

Use Form 1. Form collects information on:

- Settings: clinic; endoscopy suite; inpatient; emergency department; ICU
- Urgency: elective; non-elective
- Endoscopy: upper; lower

Collect 4 observations of achievement

- At least 1 upper endoscopy
- At least 1 lower endoscopy
- At least 1 non-elective
- At least 2 different observers
- At least 2 observations by faculty

Relevant Milestones:

Part A: Consent

- 1 ME 3.2 Explain the risks and benefits of, and alternatives for a proposed procedure
- 2 COM 3.1 Provide information to the patient and/or family clearly and compassionately
- 3 COM 4.3 Use communication skills and strategies that help the patient make an informed decision
- 4 **COM 1.5** Manage interactions with patients and families when there is discordance regarding decisions to pursue investigations
- 5 **ME 3.2** Use shared decision-making in the consent process
- 6 COM 5.1 Document the consent discussion in an accurate and complete manner

Part B: Patient preparation

- **1 ME 2.2** Assess patient suitability to undergo an endoscopic procedure
- 2 ME 2.2 Assess age, co-morbidities, and clinical status to determine periprocedural risk and opportunities for risk mitigation
- 3 ME 2.4 Order the preparation for the endoscopic procedure to optimize procedural outcomes
- 4 ME 3.4 Select the appropriate location and sedation for the patient's procedure
- 5 **ME 3.4** Develop a plan for the appropriate disposition of the patient post procedure, as applicable
- 6 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and rationale for decisions and/or recommendations

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