



UAEU

جامعة الإمارات العربية المتحدة  
United Arab Emirates University

# NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

## NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Adult Gastroenterology

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## **Adult Gastroenterology**

### ***EPA 1: Assessing, triaging, and initiating management for patients with GI emergencies***

Key Features: This EPA focuses on applying skills from primary specialty training to the initial assessment and management of patients with GI emergencies.

- This EPA includes identification of patients requiring urgent endoscopy, and navigation through the system of care to arrange and provide access to services.

#### Assessment Plan:

Direct observation and/or case review by supervisor.

Assessment form collects information on:

- Type of presentation: acute GI bleed; acute cholangitis; severe/fulminant colitis; esophageal foreign body/caustic ingestion; acute liver failure; other
- Endoscopy required: yes; no

#### Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 3 different presentations
- At least one patient requiring endoscopy

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones

1. ME 1.3 Apply clinical and biomedical sciences to manage emergency patient presentations in Gastroenterology
2. P 1.1 Work within personal limitations, asking for assistance as needed
3. ME 2.1 Determine the acuity of the issue and establish priorities for patient care
4. ME 2.2 Perform a history and physical exam relevant to the patient's presentation, in a time-effective manner
5. ME 2.2 Develop a differential and provisional diagnosis relevant to the patient's presentation
6. ME 2.2 Select and interpret appropriate investigations
7. ME 2.4 Develop and implement initial management plans for gastrointestinal emergencies
8. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
9. L 2.1 Apply knowledge of local resources for optimal patient care
10. ME 4.1 Determine the need and timing of referral to another health care professional
11. COL 1.3 Communicate effectively with other health care professionals

12. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations
13. COL 3.1 Identify patients requiring handover to other physicians or health care professionals

## **Adult Gastroenterology**

### ***EPA 2: Performing the preprocedural assessment and risk optimization for patients undergoing endoscopy***

Key features: The observation of this EPA is divided into two parts: obtaining informed consent and preparing the patient for the endoscopic procedure.

- The preparation of the patient aspects of this EPA includes assessing patient acuity and determining urgency of the procedure, optimizing the patient for the procedure, and determining and arranging the necessary logistics, services and/or resources to safely perform the procedure.

#### Assessment Plan:

##### *Part A: Consent*

Direct observation by supervisor

Assessment form collects information on:

- Case complexity: low; medium; high

##### *Part B: Patient preparation*

Case review by supervisor

Assessment form collects information on:

- Type of endoscopy: upper; lower
- Urgency of procedure: emergent; urgent; elective
- Patient status: stable; unstable; critically ill

#### Basis for formal entrustment decision:

##### *Part A: Consent*

Collect two observations of achievement.

- Two different assessors

##### *Part B: Patient preparation*

Collect 4 observations of achievement.

- Two upper endoscopy
- Two lower endoscopy
- No more than 2 elective cases

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones

##### *Part A: Consent*

1. COM 1.6 Tailor approaches to decision making to patient capacity
2. P 3.1 Apply knowledge of the laws governing capacity for decision making
3. ME 1.3 Apply knowledge of the indications and techniques for endoscopic procedures
4. ME 3.2 Explain the risks and benefits of, and the rationale, for a proposed procedure

5. COM 3.1 Provide information clearly and compassionately, checking for patient/family understanding
6. COM 4.3 Answer questions from the patient and/or family
7. COM 4.3 Use communication skills and strategies that help the patient make an informed decision
8. ME 3.2 Use shared decision-making in the consent process
9. COM 5.1 Document the consent discussion in an accurate and complete manner

*Part B: Patient preparation*

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.2 Select and interpret appropriate investigations
3. ME 2.2 Integrate and synthesize the clinical information to assess clinical status, peri-procedural risk and opportunities for risk mitigation
4. S 3.4 Integrate best evidence and clinical expertise into decision making
5. ME 2.4 Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan
6. ME 2.4 Adjust current therapy to mitigate risks of the endoscopic procedure and optimize current clinical status and treatment
7. ME 3.1 Order the preparation for the endoscopic procedure, to optimize procedural outcomes
8. ME 2.4 Determine the appropriate need and level of monitoring
9. ME 3.4 Select the appropriate location and sedation for the patient's procedure
10. ME 3.4 Develop a plan for the appropriate disposition of the patient post procedure, as applicable
11. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations
12. COL 1.3 Communicate effectively with other health care professionals

## **Adult Gastroenterology**

### ***EPA 3: Assessing and initiating management for uncomplicated patients***

Key features: This EPA focuses on the clinical assessment and management of uncomplicated patients, across the range of GI presentations and conditions.

- This EPA may be observed in the inpatient or outpatient setting.
- The observation of this EPA is divided into two parts: direct observation of history and physical examination skills; using the clinical assessment to develop management plans.

#### Assessment Plan:

##### *Part A: History and physical*

Direct observation by supervisor

Assessment form collects information on:

- Observed: history; physical; both

##### *Part B: Clinical assessment and management*

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Category: upper GI tract disease; lower GI tract disease; liver disease; pancreaticobiliary disease
- Location: emergency room; outpatient clinic; inpatient consult

#### Basis for formal entrustment decision:

##### *Part A: History and physical*

Collect 2 observations of achievement

- At least one observed history
- At least one observed physical

##### *Part B: Clinical assessment and management*

Collect 12 observations of achievement

- At least 4 different categories
- At least 3 assessors

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones

##### *Part A: History and physical*

1. ME 2.2 Elicit an accurate, relevant history
2. COM 2.1 Conduct the interview in a patient-centered manner
3. COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
4. ME 2.2 Perform a physical examination that informs the diagnosis

5. ME 2.2 Develop a differential and provisional diagnosis relevant to the patient's presentation
6. ME 2.2 Select and interpret appropriate investigations
7. HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors

*Part B: Clinical assessment and management*

1. ME 1.3 Apply knowledge of basic science to digestive system diseases
2. ME 2.2 Synthesize information from the clinical assessment
3. ME 2.2 Develop a differential and provisional diagnosis relevant to the patient's presentation
4. ME 2.2 Select and interpret appropriate investigations
5. ME 3.1 Determine the most appropriate procedures or therapies for the purposes of assessment and/or management
6. L 2.1 Use clinical judgment to minimize wasteful practices
7. ME 2.4 Develop and implement management plans
8. ME 3.3 Triage an investigation, procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
9. COL 1.3 Communicate effectively with other health care professionals
10. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations

## **Adult Gastroenterology**

### ***EPA 4: Assessing the nutritional status and initiating a nutritional support plan for uncomplicated patients***

Key features: This EPA includes using a variety of methodologies for the nutritional assessment, identifying individuals who are nutritionally at risk, and initiating a nutritional support plan.

#### Assessment Plan:

Case review by supervisor  
Use assessment form.

#### Basis for formal entrustment decision:

Collect 2 observations of achievement.  
- Two different assessors

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones

1. ME 2.2 Elicit a diet and nutritional history
2. ME 2.2 Perform a physical examination that informs the diagnosis
3. ME 2.2 Select and interpret appropriate investigations
4. ME 2.2 Select and utilize nutritional assessment tools and methodologies appropriate to the patient context, recognizing their clinical utility and limitations
5. ME 2.2 Synthesize patient information to determine a patient's nutritional status, including macronutrient and micronutrient sufficiency
6. ME 2.2 Estimate nutritional requirements in an uncomplicated patient
7. ME 2.4 Develop and implement a plan for nutritional support, by any route; oral, enteral, parenteral
8. COM 3.1 Provide information related to the patient's health status, care and needs clearly and compassionately
9. ME 2.3 Work with the patient and family to understand relevant options for care
10. ME 4.1 Develop and implement a plan for monitoring and follow-up
11. ME 4.1 Anticipate the risk and recommend interventions to prevent and treat refeeding syndrome
12. COL 1.3 Communicate effectively with other health professionals
13. HA 1.1 Facilitate timely patient access to services and resources

## **Adult Gastroenterology**

### ***EPA 5: Performing esophagogastroduodenoscopy***

Key features: This EPA focuses on the pre-procedural skills of setting up the patient and equipment, performing the technical skills of the procedure, and working effectively with the endoscopy team.

- It does not include the accurate interpretation of endoscopy findings, nor any diagnostic or therapeutic interventions.
- This EPA may be observed during any upper GI endoscopy.
- The observation of this EPA is divided into two parts: performing the procedure; documenting the procedure.

#### Assessment Plan:

##### *Part A: Procedure*

Direct observation by supervisor.

Use assessment form.

##### *Part B: Procedure note*

Review of procedure note by supervisor

Use assessment form.

#### Basis for formal entrustment decision:

##### *Part A: Procedure*

Collect 6 observations of achievement.

- At least 2 assessors

##### *Part B: Procedure note*

Collect 3 observations of achievement.

- At least 2 assessors

When is unsupervised practice expected to be achieved PGY 1

#### Relevant Milestones

##### *Part A: Procedural skills*

1. ME 3.4 Prepare and position the patient for the procedure
2. ME 3.4 Administer local anesthesia and/or sedation to optimize patient safety and comfort
3. ME 3.4 Assemble and optimize endoscope function
4. ME 3.4 Apply knowledge of anatomy, key landmarks and the endoscopic procedure
5. ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction
6. ME 3.4 Use appropriate strategies for endoscope advancement

7. ME 3.4 Achieve clear visualization of the lumen for safe navigation and complete mucosal evaluation
8. ME 3.4 Perform tissue biopsies, as appropriate
9. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
10. ME 3.4 Identify and react to immediate complications of the procedure, if applicable
11. COL 1.1 Respond appropriately to input from other health care professionals
12. ME 3.4 Demonstrate appropriate care of the instrument
13. P 1.1 Work within personal limitations, asking for assistance as needed

*Part B: Clinical documentation*

1. COM 5.1 Document the encounter to accurately convey the procedure and outcome
2. COM 5.1 Document the quality and findings of the endoscopic procedure, using instruments with strong validity evidence as appropriate
3. COM 5.1 Record high quality images of significant findings
4. COM 5.1 Complete clinical documentation in a timely manner

## **Adult Gastroenterology**

### ***EPA 6: Performing endoscopic examination to the level of the sigmoid colon***

Key features: This EPA may be observed during any lower GI endoscopy (i.e., either colonoscopy or sigmoidoscopy; any clinical indication).

#### Assessment Plan:

Direct observation by supervisor

Use assessment form.

#### Basis for formal entrustment decision:

Collect 6 observations of achievement.

- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY 1

#### Relevant Milestones

1. ME 3.4 Prepare and position the patient for the procedure
2. ME 3.4 Assemble and optimize endoscope function
3. ME 3.4 Manipulate the endoscope shaft, head and angulation control knobs for effective navigation of the GI tract
4. ME 3.4 Achieve optimal visualization using a variety of appropriate techniques such as air, water and suction
5. ME 3.4 Use torque steering appropriately
6. ME 3.4 Demonstrate fine tip control
7. ME 3.4 Recognize loop formation and use loop reduction techniques appropriately
8. ME 3.4 Use position change and other techniques, as appropriate, to advance the endoscope safely
9. ME 3.4 Demonstrate appropriate pace and progress during insertion and withdrawal
10. COL 1.2 Communicate effectively with nurses and assistants during the procedure
11. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
12. ME 3.4 Assess the quality of the bowel preparation using standardized scales
13. ME 3.4 Identify and react to immediate complications of the procedure, if applicable
14. ME 3.4 Demonstrate appropriate care of the instrument
15. P 1.1 Work within personal limitations, asking for assistance as needed

## **Adult Gastroenterology**

### ***EPA 7: Assessing and initiating management for complex patients***

Key Features: This EPA focuses on the identification and assessment of factors that characterize case complexity and the impact of those factors on the assessment and initial management of the patient's GI condition.

- This includes factors that influence the timing or selection of investigations, as well as the factors that influence initial management.
- This may include any of the following: anticoagulation issues; multiple comorbid diseases; atypical presentations; ambiguity of patient presentation, investigations, or treatment; pregnancy; potential drug interactions; extraintestinal manifestations of intestinal disease; extrahepatic manifestations of liver disease; significant family history of malignancy; significant social barriers to health care; cultural, language or religious barriers to communication and/or care.
- This EPA may be observed with any GI presentation or condition.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient
- Case mix: (select all that apply) atypical presentation; ambiguity in presentation, investigations and/or treatment; anticoagulation issues; multiple comorbid diseases; extraintestinal manifestations of intestinal disease; extrahepatic manifestations of liver disease; pregnancy; potential drug interaction; significant family history of malignancy; significant social barriers to health care; cultural, language and/or religious barriers to communication and/or care.

#### Basis for formal entrustment decision:

Collect 5 observations of achievement.

- At least one direct observation
- At least 2 inpatient
- At least 2 outpatient
- At least 5 different examples of the case mix
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.2 Select and interpret appropriate investigations
3. ME 2.2 Integrate the patient's other medical problems, overall functioning, and current health status into the decision regarding plan of care

4. HA 1.1 Identify barriers to access and care for individual patients
5. COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
6. S 3.4 Integrate best evidence and clinical expertise into decision-making
7. ME 2.4. Develop and implement management plans that consider all of the patient's health problems and needs
8. ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities and/or other features of case complexity
9. COM 3.1 Share information and explanations that are clear and accurate while checking for understanding
10. COM 4.3 Use communication strategies and skills that help the patient make informed decisions
11. ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and/or monitoring for disease progression
12. COL 1.3 Work effectively with other health care professionals to plan and provide care for individual patients
13. ME 4.1 Coordinate treatment and follow up across care settings and amongst other physicians, health care professionals and services

## **Adult Gastroenterology**

### ***EPA 8: Providing ongoing management for patients with stable, chronic and/or complex conditions***

Key Features: This EPA focuses on recognizing patients with a stable clinical course and providing ongoing management that includes implementing screening, surveillance, or monitoring strategies, assessing medication adherence and effects, as well as addressing patient concerns, education, and appropriate follow-up.

- This EPA must be observed in a range of GI conditions.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: chronic liver disease and/or liver transplant recipient; chronic pancreatobiliary disease; inflammatory bowel disease (IBD); refractory disease such as GERD, H Pylori, cystic fibrosis; Celiac disease/eosinophilic disorders; functional abdominal pain/irritable bowel syndrome (IBS-D, IBS-C); hereditary disorder such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (NHPPC); post-bariatric surgery; motility disorders

#### Basis for formal entrustment decision:

Collect 14 observations of achievement.

- At least 2 direct observations
- A minimum of 2 of each of the following presentations: chronic liver disease and/or liver transplant recipients; chronic pancreatobiliary disease; inflammatory bowel disease (IBD); refractory disease such as GERD, H Pylori, cystic fibrosis; Celiac disease/eosinophilic disorders
- At least 2 other presentations
- At least 3 assessors

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.1 Prioritize which issues need to be addressed
3. ME 2.2 Administer and interpret disease specific questionnaires, as appropriate
4. ME 2.2 Assess treatment adherence, efficacy and/or toxicity
5. ME 2.2 Select and interpret the results of investigations performed to monitor treatment and clinical status
6. ME 2.2 Synthesize patient information to determine clinical status and/or response to therapy

7. ME 2.4 Develop and implement monitoring strategies for anticipated adverse events, illnesses and/or complications
8. HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into patient interactions
9. ME 4.1 Coordinate treatment and follow-up plans
10. HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors
11. COM 5.1 Document clinical information in a manner that supports intra- and inter-professional care
12. COL 1.3 Work effectively with other physicians and health care professionals to provide integrated care
13. COL 3.1 Determine when care should be transferred back to the primary health care professional
14. COL 3.2 Communicate with the patient's primary health care professional about the patient's care

## **Adult Gastroenterology**

### ***EPA 9: Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions***

Key Features: This EPA focuses on the identification, assessment, and management of patients with a fluctuating clinical course.

- This may include complications resulting from the disease or from medical/surgical treatment.
- This includes recognizing the need for change or escalation of therapy and implementing a therapeutic plan.
- This EPA may be observed in the inpatient or outpatient setting.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient
- Diagnosis: inflammatory bowel disease; chronic liver disease; pancreatic disease; esophageal disease; intestinal failure; other
- Issue: disease exacerbation; disease progression; complication of therapy

#### Basis for formal entrustment decision:

Collect 10 observations of achievement.

- At least 2 inpatient
- At least 2 outpatient
- At least 3 patients with IBD
- At least 3 patients with chronic liver disease
- At least one each of the other diagnoses
- At least one of each issue
- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.1 Prioritize which issues need to be addressed
3. ME 2.2 Select and interpret the results of investigations performed to monitor treatment and clinical status
4. ME 2.2 Differentiate signs and symptoms of disease and/or disease progression from adverse effects of treatment
5. ME 2.2 Synthesize patient information to determine clinical course, response to treatment and/or toxicity, and short and long-term prognosis
6. S 3.4 Integrate best evidence and clinical experience into decision making

7. ME 2.4 Adjust management plans based on clinical status and/or response to treatment
8. ME 2.4 Prevent and manage complications of GI disease and its treatment
9. ME 4.1 Determine the need and timing of referral to another health care professional
10. ME 4.1 Coordinate treatment and follow-up plans
11. COM 3.1 Provide information related to the patient's health status, care and needs clearly and compassionately
12. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
13. COL 1.3 Engage in respectful decision-making with other physicians and/or health care professionals
14. HA 1.1 Facilitate timely patient access to services and resources

## **Adult Gastroenterology**

### ***EPA 10: Identifying and referring patients who need additional specialized care***

Key Features: This EPA focuses on the identification of patients who require, or who would benefit from assessment and/or treatment that is beyond the scope of Gastroenterology practice; examples include patients who would benefit from advanced endoscopic procedures (e.g., ERCP), surgery or transplantation.

- This EPA includes completion of appropriate investigations and identification of the appropriate timing and urgency of referral, as well as communication and collaboration with the consultant.
- This EPA may be observed in any clinical setting and in a range of conditions.
- The observation of this EPA is divided into two parts: assessment and decision for referral; communication with the consultant.

#### Assessment Plan:

##### *Part A: Assessment and decision for referral*

Direct observation or case review by supervisor

Assessment form collects information on:

- Case mix: urgent; elective
- Type of referral: advanced GI care; other service

##### *Part B: Communication with the consultant*

Direct observation by supervisor or consultant

Assessment form collects information on:

- Case mix: urgent; elective

#### Basis for formal entrustment decision:

##### *Part A: Assessment and decision for referral*

Collect 3 observations of achievement.

- At least one elective
- At least 2 different types of referral
- At least 2 assessors

##### *Part B: Communication with the consultant*

Collect 2 observations of achievement.

- At least one urgent referral

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

##### *Part A: Assessment and decision for referral*

1. ME 1.4 Perform clinical assessments that address all relevant issues

2. ME 2.2 Synthesize information from the clinical assessment and investigations to determine the patient's clinical status and health care needs
3. ME 2.2 Integrate the patient's other medical problems, overall functioning and current health status into the decision regarding plan of care
4. ME 2.3 Establish goals of care
5. ME 2.4 Develop and implement management plans
6. L 2.1 Apply knowledge of local resources for optimal patient care
7. ME 4.1 Determine the need and timing of referral to another health care professional
8. COM 3.1 Provide information related to the patient's health status, care and needs clearly and compassionately
9. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
10. HA 1.1 Facilitate timely patient access to services and resources

*Part B: Communication with the consultant*

1. ME 4.1 Formulate clear and appropriate requests for consultation
2. COL 3.2 Summarize the patient's issues for the consultant
3. COL 2.1 Communicate with other health professionals clearly and respectfully
4. COL 3.2 Organize the handover of care to the most appropriate physician
5. ME 4.1 Coordinate care when multiple physicians and health care professionals are involved
6. COL 1.3 Work effectively with other physicians and health care professionals to provide integrated care

## **Adult Gastroenterology**

### ***EPA 11: Providing complete nutritional assessment and plans for patients with complex nutritional needs***

Key features: This EPA focuses on patients with complex nutritional needs who may require nutritional intervention; it includes patient assessment, and establishment of a nutritional plan and its implementation.

- This may include patients with complex underlying hepatobiliary or luminal disease, complex metabolic needs, or complex surgical anatomy.

#### Assessment:

Case review by supervisor

Assessment form collects information on:

- Observer role: physician; registered dietician; other
- Nutritional intervention prescribed: yes; no

#### Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least one physician
- At least one requiring nutritional intervention

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 2.2 Estimate nutritional requirements in a complex patient
2. ME 2.2 Identify complications of nutritional deficiency
3. ME 2.4 Develop and implement a plan for nutritional support by any route; oral, enteral, parenteral
4. ME 2.2 Identify indications for pharmacologic intervention
5. L 2.1 Consider costs when choosing care options
6. COM 3.1 Provide information related to the patient's health status, care and needs clearly and compassionately
7. ME 2.3 Work with the patient and family to understand relevant options for care
8. ME 4.1 Develop and implement a plan for monitoring and follow-up
9. ME 4.1 Anticipate the risk, and recommend interventions to prevent and treat, refeeding syndrome
10. ME 2.4 Identify and manage complications of nutritional support (medical, and device and access related)
11. COL 1.3 Communicate effectively with other health professionals
12. COL 1.2 Work effectively within an interprofessional team
13. HA 1.1 Facilitate timely patient access to services and resources

## **Adult Gastroenterology**

### ***EPA 12: Performing colonoscopy***

Key features: This EPA focuses on the pre-procedural, intra-procedural, and post-procedural skills of colonoscopy, including technical and non-technical aspects of the procedure.

- It does not include the accurate interpretation of endoscopy findings, nor any diagnostic or therapeutic interventions.
- This EPA may be observed during a colonoscopy performed for any indication.
- Entrustment of this EPA requires successful terminal ileal intubation in at least some procedures, as relevant.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Difficulty scale: low; average; high
- Maximal depth of insertion: rectum; sigmoid; splenic flexure; transverse colon; hepatic flexure; ascending colon; cecum; terminal ileum; anastomosis

#### Basis for formal entrustment decision:

Collect 12 observations of achievement.

- At least 4 at high difficulty level
- At least 4 assessors
- At least 2 assessors for high difficulty level

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 3.4 Administer local anesthesia and/or sedation to optimize patient safety and comfort
2. ME 3.4 Prepare and position the patient for the procedure
3. ME 3.4 Manipulate the endoscope shaft, head and angulation control knobs for effective navigation of the GI tract
4. ME 3.4 Achieve optimal visualization using a variety of appropriate techniques such as air, water and suction
5. ME 3.4 Use torque steering appropriately
6. ME 3.4 Demonstrate fine tip control
7. ME 3.4 Recognize loop formation and use loop reduction techniques appropriately
8. ME 3.4 Use position change and other techniques, as appropriate, to advance the endoscope safely
9. ME 3.4 Demonstrate appropriate pace and progress during insertion and withdrawal
10. COL 1.2 Communicate effectively with nurses and assistants during the procedure

11. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
12. ME 3.4 Assess the quality of the bowel preparation using standardized scales
13. ME 3.4 Identify and react to immediate complications of the procedure, if applicable
14. P 1.1 Work within personal limitations, asking for assistance as needed

## **Adult Gastroenterology**

### ***EPA 13: Identifying clinically significant findings during endoscopic procedures of the upper and lower gastrointestinal tract***

Key features: This EPA focuses on the delineation of normal versus abnormal findings, description of lesions using standardized nomenclature, consideration of differential diagnosis, and intraprocedural decision making as a result of clinically significant findings.

- This EPA may be observed in any endoscopic procedure, for any indication.

#### Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Location: esophagus; stomach; small bowel; colon

#### Basis for formal entrustment decision:

Collect 12 observations of achievement.

- At least 3 at each location
- At least 3 assessors

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 3.4 Identify clinically significant findings during endoscopic procedures
2. ME 2.2 Interpret the clinical significance of findings of endoscopic procedures
3. ME 2.4 Integrate endoscopic findings to develop a provisional diagnosis and management plan
4. ME 3.1 Determine the most appropriate interventions for the purposes of ongoing assessment and/or management
5. ME 4.1 Propose and implement plans for ongoing care and/or follow-up on investigations
6. ME 4.1 Determine the need and timing for referral to another health care professional (for surgery or advanced endoscopic procedures)
7. COM 3.1 Provide information related to the patient's health status and care needs clearly and compassionately
8. COM 4.3 Use communication skills and strategies that help the patient make informed decisions

## **Adult Gastroenterology**

### ***EPA 14: Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract***

Key features: This EPA includes achieving hemostasis via a variety of techniques as well as performing dilation, foreign body removal and colonic polypectomy.

- This EPA must be observed in some patients that are actively bleeding and in some cases of medium or high complexity (for any reason)
- The observation of this EPA is divided into two parts: performing the procedure; documenting the procedure.

#### Assessment Plan:

##### *Part A: Procedural skills*

Direct observation by supervisor

Assessment form collects information on:

- Case mix: variceal hemostasis; non-variceal hemostasis; dilation; polypectomy; foreign body removal
- Actively bleeding: yes; no
- Size of polyp: not applicable; <1 cm; 1-2 cm; > 2 cm
- Case complexity: low; medium; high

##### *Part B: Procedure note*

Review of procedure note by supervisor.

Use assessment form.

#### Basis for formal entrustment decision:

##### *Part A: Procedural skills*

Collect 25 observations of achievement

- At least 3 variceal hemostasis
- At least 8 non-variceal hemostasis
- At least 2 dilations
- At least 10 polypectomy
- At least 2 foreign body
- At least 4 actively bleeding
- At least 5 polypectomy >1 cm
- At least 5 of medium or high complexity
- At least 2 assessors

##### *Part B: Procedure note*

Collect 4 observations of achievement

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

## Relevant Milestones

### *Part A: Procedural skills*

1. ME 3.4 Prepare and position the patient for the procedure
2. ME 3.1 Determine a plan for sedation and monitoring appropriate to the patient's condition and the clinical setting
3. ME 3.4 Assemble and optimize endoscope function
4. ME 3.4 Select and gather appropriate ancillary equipment
5. ME 3.4 Apply knowledge of anatomy, key landmarks and the endoscopic procedure
6. ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction
7. ME 3.4 Use appropriate strategies for endoscope advancement
8. ME 3.4 Preserve tissue vitality when handling tissue and instruments
9. ME 3.4 Demonstrate appropriate and safe use of ancillary equipment (e.g., electrocautery, endoscopic injection therapies, endoscopic clips, hemospray, APC, rubber band ligation, balloon tamponade tubes)
10. ME 3.4 Determine that the procedure is complete, e.g., hemostasis achieved
11. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
12. ME 3.4 Identify and react to immediate complications of the procedure, if applicable
13. P 1.1 Work within personal limitations, asking for assistance as needed
14. P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings

### *Part B: Clinical documentation*

1. COM 5.1 Complete clinical documentation in a timely manner
2. COM 5.1 Document the encounter to accurately convey the procedure and outcome
3. COM 5.1 Document the quality and findings of the endoscopic procedure, using instruments with strong validity evidence as appropriate
4. COM 5.1 Document all relevant findings

## **Adult Gastroenterology**

### ***EPA 15: Providing care for patients who have experienced a patient safety incident***

Key features: This EPA focuses on the response to an individual patient who has experienced a patient safety incident; examples include oversedation, medication errors, procedural complications (e.g., perforation), or miscommunication between teams regarding treatment plan.

#### Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: clinical; simulation

#### Basis for formal entrustment decision:

Collect two observations of achievement.

- At least one in the clinical setting

When is unsupervised practice expected to be achieved: PGY 2 & PGY 3

#### Relevant Milestones

1. ME 5.1 Identify a patient safety incident in a timely manner
2. ME 5.1 Incorporate, as appropriate, into a differential diagnosis, harm from health care delivery
3. ME 2.2 Select and interpret appropriate investigations
4. ME 5.1 Mitigate further injury from adverse events, as appropriate
5. ME 2.4 Develop and implement initial management plans
6. COM 3.2 Communicate the reasons for unanticipated clinical outcomes and disclose patient safety incidents
7. COM 4.3 Answer questions from the patient and family about next steps
8. ME 5.1 Document harmful patient safety incidents as per institutional processes
9. ME 5.1 Identify potential improvement opportunities arising from harmful safety incidents and near misses
10. COM 3.2 Plan and document follow-up to a harmful patient safety incident

## **Adult Gastroenterology**

### ***EPA 16: Leading the provision of GI care for patients on an inpatient service***

Key Features: This EPA focuses on leading the provision of care for patients on an inpatient consultation or ward service, in the role of the junior attending.

- The observation of this EPA is divided into two parts: patient care and working effectively with the interprofessional team.
- Observation of the patient care aspects is based on chart or case review of the overall management of an individual patient; the case mix should provide a mix of acute and chronic conditions, and a variety of GI diagnoses.

#### Assessment Plan:

##### *Part A: Patient care*

Chart or case review by supervisor

Assessment form collects information on:

- Diagnosis: (write in)
- Category: acute; chronic; both

##### *Part B: Interprofessional care*

Multiple observers provide feedback individually, which is then collated to one report

Assessment form collects information on:

- Role of observer: supervisor; nurse; other health care professional; junior resident; student

#### Basis for formal entrustment decision:

##### *Part A: Patient care*

Collect 10 observations of achievement.

- A variety of medical diagnoses
- A mix of acute and chronic conditions
- At least 4 different assessors

##### *Part B: Interprofessional care*

Collect feedback of achievement from at least 6 observers

- At least 2 other health care professionals

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones

##### *Part A: Overall Patient Care*

1. ME 1.4 Perform relevant and time-effective clinical assessments
2. ME 2.4 Establish patient centered management plans
3. ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management

4. S 3.4 Integrate best evidence and clinical expertise into decision-making
5. ME 4.1 Determine the need and timing for referral to another health care professional
6. ME 4.1 Coordinate care when multiple physicians and health care professionals are involved
7. HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors
8. COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner
9. L 2.1 Allocate health care resources for optimal patient care

*Part B: Interprofessional Care*

1. ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of junior attending
2. COL 1.2 Make effective use of the scope and expertise of other health care professionals
3. COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
4. COL 1.1 Respond appropriately to input from other health care professionals
5. COL 1.3 Communicate effectively other health care professionals
6. COL 2.1 Show respect toward collaborators
7. HA 1.1 Facilitate timely patient access to services and resources
8. P 1.1 Respond punctually to requests from patients or other health care providers
9. COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
10. P 1.1 Demonstrate professional behaviors, such as punctuality, integrity and compassion.
11. L4.2 Run the service efficiently, safely, and effectively

## **Adult Gastroenterology Transition to Practice**

### ***EPA 17: Managing the day's list of endoscopy procedures***

Key features: This EPA integrates the resident's procedural abilities for individual cases with their abilities to work effectively in the endoscopy unit; managing the case load for a list of procedures and prioritizing and working effectively with other health professionals.

- This EPA may be observed in any mix of endoscopy procedures, performed on inpatients or ambulatory patients, and for any indication or acuity.
- This EPA will be observed at the end of a procedural list (day or half-day).

#### Assessment Plan:

Direct and/or indirect observation by supervisor based on a procedural list (day or half-day)

Assessment form collects information on:

- Complexity of list: low; medium; high

#### Basis for formal entrustment decision:

Collect 5 observations of achievement.

- At least 3 assessors
- At least one list of medium or high complexity

When is unsupervised practice expected to be achieved: PGY 3

#### Relevant Milestones

1. P 1.2 Prepare for the day, reviewing the list of planned procedures
2. ME 3.4 Anticipate and prepare for technical challenges and/or significant findings
3. ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
4. ME 3.4 Perform endoscopic procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
5. L 4.2 Adhere to occupational safety procedures to ensure patient, personal and team safety
6. ME 3.4 Identify clinically significant findings of endoscopic procedures
7. ME 3.1 Determine the most appropriate intervention for the purpose of ongoing assessment and/or management
8. ME 4.1 Propose and implement plans for ongoing care, follow-up on investigations, and further treatment or referral
9. COM 5.1 Convey a written summative impression and management plan to the referring physician
10. L 4.2 Demonstrate leadership skills in the endoscopy suite
11. L 4.1 Manage time effectively to maintain patient and endoscopy flow

12. L 4.2 Demonstrate appropriate use and care of endoscopic equipment

| EPAs List                                                                                                                             | When is unsupervised practice expected to be achieved: |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>EPA 1:</b> Assessing, triaging, and initiating management for patients with GI emergencies                                         | PGY 1                                                  |
| <b>EPA 2:</b> Performing the preprocedural assessment and risk optimization for patients undergoing endoscopy                         | PGY 1                                                  |
| <b>EPA 3:</b> Assessing and initiating management for uncomplicated patients                                                          | PGY 1                                                  |
| <b>EPA 4:</b> Assessing the nutritional status and initiating a nutritional support plan for uncomplicated patients                   | PGY 1                                                  |
| <b>EPA 5:</b> Performing esophagogastroduodenoscopy                                                                                   | PGY 1                                                  |
| <b>EPA 6:</b> Performing endoscopic examination to the level of the sigmoid colon                                                     | PGY 1                                                  |
| <b>EPA 7:</b> Assessing and initiating management for complex patients                                                                | PGY 2<br>PGY 3                                         |
| <b>EPA 8:</b> Providing ongoing management for patients with stable, chronic and/or complex conditions                                | PGY 2<br>PGY 3                                         |
| <b>EPA 9:</b> Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions                | PGY 2<br>PGY 3                                         |
| <b>EPA 10:</b> Identifying and referring patients who need additional specialized care                                                | PGY 2<br>PGY 3                                         |
| <b>EPA 11:</b> Providing complete nutritional assessment and plans for patients with complex nutritional needs                        | PGY 2<br>PGY 3                                         |
| <b>EPA 12:</b> Performing colonoscopy                                                                                                 | PGY 2<br>PGY 3                                         |
| <b>EPA 13:</b> Identifying clinically significant findings during endoscopic procedures of the upper and lower gastrointestinal tract | PGY 2<br>PGY 3                                         |
| <b>EPA 14:</b> Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract                          | PGY 2<br>PGY 3                                         |
| <b>EPA 15:</b> Providing care for patients who have experienced a patient safety incident                                             | PGY 2<br>PGY 3                                         |
| <b>EPA 16:</b> Leading the provision of GI care for patients on an inpatient service                                                  | PGY 3                                                  |
| <b>EPA 17:</b> Managing the day's list of endoscopy procedures                                                                        | PGY 3                                                  |

