NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in General Surgery

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General Surgery

EPA 1: Performing the preoperative preparation of patients for basic surgical procedures

Key Features: This EPA includes verifying pertinent clinical findings and completing relevant clinical documentation, including orders.

Assessment Plan:

Case discussion and/or review of documentation by supervisor or entrusted resident or fellow

Use assessment form

Basis for formal entrustment decision:

Collect 1 observation of achievement

When is unsupervised practice expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 COM 1.2 Optimize the physical environment for patient comfort and privacy
2 ME 2.2 Elicit an accurate relevant history
3 COM 2.1 Conduct the interview in a patient-centered manner
4 COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
5 ME 2.2 Perform a physical examination relevant to the presentation
6 ME 2.4 Develop an initial management plan for common patient presentations in surgical practice
7 COM 5.1 Organize information in appropriate sections within the medical record
8 COM 5.1 Document accurate and up-to-date problem lists and medication lists
9 P 1.1 Complete assigned responsibilities in a timely fashion

General Surgery

EPA 2: Recognizing and initiating early management for critically ill surgical patients

Key Features: This EPA focuses on the initial approach to a critically ill patient; at this early stage of training, an important feature of this task is recognizing one's own limits and seeking assistance and/or handing over care to ensure safe patient management.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow and review of documentation

Assessment form collects information on:

- Setting: clinical; simulated

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 in a clinical setting
- At least 2 different assessors

When unsupervised practice is expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 1.6 Recognize own limits and seek assistance when necessary
2 ME 2.1 Perform initial resuscitation
3 ME 2.2 Elicit a history and perform a physical exam that informs the diagnosis
4 ME 2.2 Develop a differential diagnosis and adjust as new information is obtained
5 ME 2.2 Select necessary initial investigations to assist in diagnosis and management
6 ME 4.1 Identify the potential need for consultation
7 COM 1.2 Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety
8 COM 2.3 Seek and synthesize relevant information from other sources, which may include the patient's family, hospital records and other health care professionals
9 COL 1.3 Communicate effectively with other physicians and health care professionals
10 S 1.1 Recognize the duality of being a learner as well as a practitioner
11 P 1.1 Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met

General Surgery

EPA 3: Documenting clinical encounters

Key Features: This EPA focuses on the synthesis and documentation of relevant medical and surgical information while ensuring professional behavior in the use of electronic medical records and/or other technologies.

Assessment Plan:

Direct observation or case discussion by supervisor surgeon, or entrusted resident or fellow with review of clinical documentation

Use assessment form.

Basis for formal entrustment decision:

Collect 2 observations of achievement

When unsupervised practice is expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 2.2 Synthesize and interpret information from the clinical assessment
2 COM 5.1 Organize information in appropriate sections within the medical record
3 COM 5.1 Document all relevant findings and investigations
4 COM 5.1 Convey clinical reasoning and the rationale for decisions
5 COM 5.1 Provide a clear plan for ongoing management
6 COM 5.1 Document accurate and up-to-date problem lists and medication lists
7 P 1.1 Complete assigned responsibilities in a timely fashion

General Surgery

EPA 4: Demonstrating handover technique

Key Features: This EPA focuses on the transitions of care that occur between residents and/or at times of patient transfer to another health care setting or location.

- Key aspects of this task include accurate and effective communication as well as professionalism in the use of medical information technology.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 observation in a clinical setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 5.2 Use structured handover tools and strategies to enhance patient safety
2 ME 2.1 Identify patients at risk for sudden deterioration in clinical status
3 COL 3.2 Summarize and prioritize patient issues providing rationale for key decisions
4 COL 3.2 Communicate plans for ongoing management of patients, such as outstanding investigations and anticipated events or outcomes
5 COL 3.2 Answer questions from the receiving physician(s) during transitions in care, clarifying issues as needed
6 L 4.3 Use information technology in a manner that improves patient safety, recognizing its limitations and risks to privacy and confidentiality

General Surgery

EPA 5: Demonstrating ability to function in the operating room

Key Features: This EPA focuses on the safe and timely preparation for a surgical procedure including maintenance of sterility, universal precautions, handling of sharps and understanding occupational risks and hazards.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 1 observation of achievement

When is unsupervised practice expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or surgical safety checklist as appropriate
2 ME 3.4 Hand-cleanse, gown and glove
3 ME 3.4 Establish and maintain a sterile field
4 ME 3.4 Maintain universal precautions
5 COL 1.2 Demonstrate knowledge of the roles and responsibilities of all participants in the operating room
6 P 4.1 Demonstrate an understanding of occupational risks and their management

General Surgery

EPA 6: Suturing incisions

Key Features: This EPA focuses on the technical skills of repairing simple skin incisions or lacerations.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Wound size: < 5 cm; >5 cm
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 wound > 5 cm long
- At least 1 observation in a clinical setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 3.4 Maintain sterile technique
2 ME 3.4 Obtain appropriate assistance
3 ME 3.4 Select and use suture materials
4 ME 3.4 Use surgical instruments and equipment correctly and in a fluid manner
5 ME 3.4 Assess the quality of the closure

General Surgery

EPA 7: Managing tubes, drains and central lines

Key Features: This EPA may be observed in any clinical or simulated setting related to tubes and drains, including nasogastric, Jackson-Pratt or similar, chest tubes, feeding tubes, Foley catheter, and central venous catheter (e.g. blocked, accidentally removed etc.).

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation or case discussion by supervisor surgeon or entrusted resident or fellow
Assessment form collects information on:

- Drain type: nasogastric; Jackson-Pratt or similar; chest tubes; feeding tubes; Foley catheter; central venous catheter; other (write in)
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement

- 2 different types of tubes/drains
- At least 1 observation of a clinical setting
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 1 (first 1–2 months)

Relevant Milestones:

1 ME 1.3 Apply knowledge of the different tubes, drains and lines used in the care of the surgical patient, the indications for their use and the risks associated with them
2 ME 2.4 Develop a management plan for common presentations related to tubes, drains and lines
3 ME 3.3 Determine the urgency with which various problems with in-situ tubes, drains and lines require intervention
4 ME 3.4 Troubleshoot tubes and drains including insertion, unblocking, repositioning, removal or replacement
5 COM 3.1 Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family
6 COL 2.1 Respond to nursing requests and concerns in a respectful and timely manner
7 P 1.1 Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met

General Surgery

EPA 8: 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, or entrusted resident or fellow

Assessment form collects information on:

- Case mix: hemodynamic; airway/respiratory; decreased level of consciousness/acute change in mental status; sepsis; other (write in)
- Setting: ward; emergency department; intensive care unit; simulation

Basis for formal entrustment decision:

Collect 3 observations of achievement

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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant 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-centered 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 behaviors while maintaining capacity to perform professional tasks

General Surgery

EPA 9: Inserting central venous lines

Key Features: This EPA focuses on the technical skills of central line insertion at any anatomic site.

- 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 by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement

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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 3.1 Determine the appropriate site for line insertion
2 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for the procedure
3 ME 3.4 Set up, position and drape the patient for the procedure
4 ME 3.4 Prepare and cleanse the procedural site
5 ME 3.4 Maintain universal precautions
6 ME 3.4 Perform the insertion of a central venous line, using ultrasound guidance as appropriate
7 COM 5.1 Document the encounter to convey the procedure and outcome(s)

General Surgery

EPA 10: Providing initial management for trauma patients

Key Features: The focus of this EPA is participation as a member of the trauma team caring for a patient with multisystem trauma.

- This EPA may include vascular control, application of a splint for bony injury or soft tissue injury and securing of arterial and/or venous vascular access in critical and non-critical situations.
- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by trauma team leader, or entrusted resident or fellow with trauma experience

Assessment form collects information on:

- Role of resident: primary survey; secondary survey
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 each primary and secondary survey

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 1.4 Perform the clinical assessment in a timely manner
2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
3 ME 2.1 Iteratively establish priorities as the patient's situation evolves
4 ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation
5 ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
6 ME 3.4 Perform pre-procedural tasks in a timely, skillful, and safe manner
7 ME 3.4 Perform surgical techniques in a timely, skillful, and safe manner
   - Vascular control in elective and critical situations
   - Application of a splint for bony injury or soft tissue injury
   - Securing arterial and venous vascular access in critical and non-critical situations
8 ME 4.1 Establish plans for ongoing care, taking into account the patient's clinical state as well as available resources
9 ME 4.1 Implement management to stabilize the patient prior to additional testing or transfer
10 COM 1.2 Optimize the physical environment for patient comfort and privacy
11 COL 1.1 Receive and appropriately respond to input from other health care professionals

12 COL 2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
13 COL 3.1 Determine when care should be transferred to another physician or health professional
14 COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
15 P 4.1 Manage the mental, physical and environmental challenges that impact behavior and/or performance in the clinical setting

General Surgery

EPA 11: Providing risk assessment and management for preoperative patients in preparation for surgery

Key Features: This EPA includes selecting/reviewing relevant investigations, optimizing any preoperative risk factors and preparing the patient for surgery.

Assessment Plan:

Direct or indirect observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Surgical priority: elective; emergent
- Patient risk category: low; high; critically ill

Basis for formal entrustment decision:

Collect 4 observations of achievement

- At least 1 elective
- At least 1 emergent
- At least 1 high risk
- At least 2 different assessors

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 1.4 Perform a focused clinical assessment that addresses all relevant issues
2 ME 2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
3 ME 2.4 Develop and implement plans for preoperative optimization of patients
4 ME 5.2 Use preoperative care pathways, as appropriate
5 ME 2.4 Use appropriate prophylaxis
6 ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
7 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions
8 COL 1.2 Collaborate with other health care providers and all involved parties in booking the case including ICU, step down unit, or OR
9 COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
10 HA 1.3 Identify modifiable risk factors and promote health and wellness
11 HA 1.3 Anticipate and advocate for the perioperative needs of patients belonging to vulnerable and marginalized populations

General Surgery

EPA 12: Providing patient education and informed consent in preparation for surgical care

Key Features: This EPA focuses on communication that occurs with patients and families to inform and discuss plans for surgical care.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Type of procedure: emergency; elective
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 3 observations of achievement

- At least 1 emergency procedure
- At least 1 elective procedure
- At least 2 in clinical settings
- At least 2 different assessors

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 3.2 Describe a proposed surgical care plan to the patient/family, including its risks, expected outcomes and alternative treatments
2 COM 3.1 Convey information about the post-operative care and issues, immediate and long-term, clearly and accurately
3 P 1.1 Disclose the role of surgical learners in the patient's procedure and care
4 COM 3.1 Use plain language and avoid medical jargon
5 COM 3.1 Verify and validate the patient's and/or family's 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 and/or family make informed decisions
8 COM 5.1 Document the consent discussion and its outcome

General Surgery

EPA 13: Participating in surgical procedures

Key Features: This EPA focuses on foundational technical skills of surgical procedures and participation as a member of the surgical team.

- This includes demonstrating the fundamental aspects of surgical procedures but does not include performing a procedure independently from start to finish.
- This EPA may be observed in a range of procedures, including those specific to the primary entry surgical specialty as well as others.
- This EPA may be observed in any clinical setting (e.g., emergency department, OR, minor procedures setting).

Assessment Plan:

Direct observation by supervisor surgeon, or entrusted resident or fellow

Assessment form collects information on:

- Role of resident: primary assistant to the operator; secondary assistant to the operator
- Role of observer: surgeon; senior resident; other
- Type or part of procedure (write in):

Basis for formal entrustment decision:

Collect 4 observations of achievement

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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 P 1.2 Prepare for the case, reviewing relevant patient information and imaging
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 1.3 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
8 ME 3.4 Demonstrate intraoperative judgement, fluidity of movement, and forward progression
9 COL 1.2 Provide and/or use operative assistance effectively
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

EPA 14: Managing patients with an uncomplicated post-operative course

Key Features: The observation of this EPA is divided into two parts: post-operative patient management and participation as a member of the clinical team.

- Post-operative patient management includes all aspects of writing post-operative orders, providing ongoing clinical care, documenting the post-operative course and planning for discharge.
- This EPA must encompass the assessment of both postoperative patient management and collaborative care.

Assessment Plan:

Direct observation or case discussion by supervisor (surgeon, senior resident or entrusted fellow) with input from members of the clinical team

Assessment form collects information on:

- Surgical complexity: major; minor
- Case complexity: low; high
- Number of people providing input (write-in):
- Input from (select all that apply): other resident; other supervisor; nurse; other health professional

Basis for formal entrustment decision:

Collect 4 observations of achievement

- At least 2 high complexity patients
- At least 2 different assessors
- Feedback on at least 2 occasions
    - At least 3 observers for each encounter
    - At least 2 different team member roles for each encounter

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 1.3 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2 ME 1.4 Perform a focused clinical assessment that addresses all relevant issues
3 ME 3.4 Perform wound surveillance and dressing care
4 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
5 ME 4.1 Ensure follow-up on results of investigation and response to treatment
6 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
7 ME 4.1 Develop and implement a plan for post-operative, immediate and/or long-term care

8 COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
9 COL 3.2 Communicate with the patient's primary health care professional about the patient's care
10 COL 3.2 Summarize the patient's issues in the transfer summary, including plans to deal with the ongoing issues
11 L 1.4 Access supports and notification processes to enhance patient safety in their institution
12 HA 1.2 Select patient education resources related to surgical practice
13 HA 1.3 Anticipate and advocate for the perioperative needs of patients belonging to vulnerable and marginalized populations
14 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients, including screening for child abuse, elder abuse, intimate partner abuse and domestic violence
15 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines
16 COL 1.2 Demonstrate understanding of the roles and scopes of practice of other health care providers related to surgical practice
17 COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
18 COL 2.1 Actively listen to and engage in interactions with collaborators
19 COL 3.2 Arrange for the appropriate resources and health care assistance to be available for the surgical patient
20 HA 1.1 Demonstrate an approach to working with patients to advocate for health services or resources
21 P 4.1 Regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks

General Surgery

EPA 15: Managing post-operative patients with complications

Key Features: This EPA may include any of the following complications: post-operative fever; low urine output; hypotension; chest pain; shortness of breath; bleeding; delirium; ileus.

Assessment Plan:

Case discussion by supervisor surgeon, entrusted resident or fellow with review of documentation

Assessment form collects information on:

- Case mix: post-operative fever; low urine output; hypotension; chest pain; shortness of breath; bleeding; delirium; ileus; other (write in)
- Hemodynamic status: stable; unstable

Basis for formal entrustment decision:

Collect 8 observations of achievement

- At least 4 different complications
- At least 3 different assessors

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1 ME 1.3 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2 ME 1.4 Perform a focused clinical assessment that addresses all relevant issues
3 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
4 ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation
5 ME 2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
6 ME 3.3 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
7 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
8 ME 4.1 Ensure follow-up on results of investigation and response to treatment
9 ME 4.1 Implement a post-operative care plan for patients with a complicated post-operative course
10 ME 4.1 Identify the need for and timing of consultation with another physician or health care professional
11 ME 5.1 Recognize the occurrence of a patient safety incident

12 COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and/or discharge plan
13 COM 3.1 Convey information about the post-operative care and issues, immediate and long-term, clearly and accurately
14 COM 3.2 Describe the steps in providing disclosure after a patient safety incident
15 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions
16 COL 1.1 Receive and appropriately respond to input from other health care professionals
17 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines

General Surgery

EPA 16: 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 or indirect observation by surgeon, surgical fellow, or entrusted resident

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency

Basis for formal entrustment decision:

Collect 5 observations of achievement

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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

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
6 ME 2.4 Develop and implement a plan for initial management
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

EPA 17: 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, or entrusted resident or fellow

Assessment form collects information on:

- Setting: inpatient; emergency department; ICU
- Case mix (select all that apply): shock; peritonitis; perforated viscus; end organ dysfunction, other (write in)

Basis for formal entrustment decision:

Collect 3 observations of achievement

- At least 2 observations by faculty

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

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

General Surgery

EPA 18: Performing fundamental skills in General Surgery

Key Features: This EPA builds on General Surgery 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 entrusted resident

Assessment 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, other (write in)

Basis for formal entrustment decision:

Collect 6 observations of achievement

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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 19: Performing 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 to safely perform the procedure.
- The observation of this EPA must encompass both obtaining informed consent and preparing the patient for the endoscopic procedure.

Assessment Plan:

Direct observation of consent obtaining and direct or indirect observation of patient preparation by faculty, or entrusted General Surgery resident or fellow (GI)

Assessment form collects information on:

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

Basis for formal entrustment decision:

Collect 4 observations of achievement

- At least 2 consent obtaining
    - At least 1 observation by faculty
- 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

When unsupervised practice is expected to be achieved: PGY 2 (Trim 2)

Relevant Milestones:

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
7. ME 2.2 Assess patient suitability to undergo an endoscopic procedure

8. ME 2.2 Assess age, co-morbidities, and clinical status to determine peri- procedural risk and opportunities for risk mitigation
9. ME 2.4 Order the preparation for the endoscopic procedure to optimize procedural outcomes
10. ME 3.4 Select the appropriate location and sedation for the patient's procedure
11. ME 3.4 Develop a plan for the appropriate disposition of the patient post procedure, as applicable
12. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and rationale for decisions and/or recommendations

General Surgery

EPA 20: Providing surgical consultation

Key Features: This EPA focuses on providing a General Surgery consult for any patient and presentation, including establishing the goals of care and deciding whether to operate or not.

- This EPA includes obtaining an appropriate history and physical exam, and developing and communicating a comprehensive management plan, including for patients with complex clinical problems.
- Patients with complex clinical problems are defined as those with multiple conditions that co-exist and/or interact, a single condition with multi-systemic manifestation, an atypical presentation of a common condition, and/or management challenges due to social determinants of health and/or cultural complexities.
- This EPA may include the decision to move to a palliative approach to care and the provision of end-of-life care.

Assessment Plan:

Direct observation and/or case review by general surgeon, or entrusted resident or fellow. Assessment form collects information on:

- Setting: emergency; inpatient; outpatient; OR; ICU; simulation
- Type of surgery: elective; emergent
- Case complexity: low; high
- Case mix (write in):

Basis for formal entrustment decision:

Collect 10 observations of achievement

- At least 2 different settings
- No more than 1 in simulation setting
- At least 5 complex cases
- At least 1 thyroid or parathyroid presentation
- At least 3 different observers
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 1.7 Seek assistance when appropriate
2. ME 1.5 Perform a clinical assessment that addresses all relevant issues
3. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements in complex patients
4. ME 2.2 Select and interpret appropriate investigations based on a differential diagnosis
5. ME 2.2 Synthesize patient information to assess indications and risk of surgery

6. ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context
7. ME 2.4 Develop a plan for management which may include observation, surgical intervention and/or non-operative intervention
8. ME 3.2 Obtain and document informed consent, explaining the risks and benefits of and the rationale for a proposed procedure or therapy
9. COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
10. COM 3.1 Convey information about diagnosis, prognosis and/or current health status clearly and compassionately
11. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and rationale for decisions and/or recommendations
12. COL 1.3 Communicate effectively with other physicians and health care professionals
13. HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors
14. P 1.1 Maintain patient confidentiality

General Surgery

EPA 21: Providing initial assessment and management of patients with multiple traumatic injuries

Key Features: This EPA focuses on applying the principles of ATLS in resuscitation and initial management of patients with multiple injuries, including appropriate collaboration with other health care professionals.

- This EPA includes selecting and interpreting appropriate diagnostic investigations.
- This EPA includes identifying the need for operative and non-operative management, as well as recognizing the need for patient transfer and/or referral.
- This EPA builds on the skills of General Surgery to include surgical leadership and shared decision-making in managing trauma; this may include leadership roles such as trauma team leader (TTL), trauma captain, or junior TTL, under the supervision of a staff TTL.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct observation and/or case review by a general surgeon, emergency physician, or entrusted trauma fellow

Assessment form collects information on:

- Setting: clinical; simulation
- Case mix: blunt trauma; penetrating trauma
- Patient condition: stable; unstable

Basis for formal entrustment decision:

Collect 5 observations of achievement

- At least 1 penetrating trauma, may be in the simulation setting
- At least 1 unstable patient
- At least 3 direct observations
- At least 3 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 2.1 Prioritize the clinical assessment of a patient with traumatic injury, applying ATLS guidelines
2. ME 2.2 Select and/or interpret appropriate investigations, including imaging
3. ME 2.4 Develop a plan for management which may include observation, surgical intervention and/or non-operative intervention
4. ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
5. COM 3.1 Convey information about diagnosis, prognosis and/or current health status clearly and compassionately

6. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and rationale for decisions and/or recommendations
7. COL 1.3 Communicate effectively with other physicians and health care professionals
8. COL 3.2 Provide safe transfer of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage of care
9. L 4.2 Apply leadership skills and situational awareness in trauma resuscitation

General Surgery

EPA 22: Leading the team providing care for an inpatient surgical service

Key Features: This EPA focuses on the efficient management of an inpatient service in the role of the physician most responsible for patient care.

- This includes providing peri-operative and non-operative management for routine and complex patients, including nutritional assessment and management, wound assessment and management, and optimization of care for co-morbidities.
- It also includes managing the service, including making discharge plans, working effectively with other health care professionals and supervising junior learners as well as administrative duties relevant to the organization of a team of physicians (triaging and delegating tasks, making call schedules, attending service rounds, managing conflict between other learners).
- This EPA must encompass the assessment of both overall patient care and working effectively with the interprofessional team.
- Both aspects are based on at least one week of observation.

Assessment Plan:

Direct and indirect observation by supervisor, with input from the interprofessional team
Assessment form collects information on:

- Setting: community; tertiary; other setting
- Service (write in):
- Average number of inpatients per day: 1-9; 10+
- Case mix (select all that apply): complex wound/fistulae; nutritional management; other complex issue; not applicable
- Feedback from (select all that apply): nurse; physician assistant; social worker; other health care professional; other resident; medical student(s)

Basis for formal entrustment decision:

Collect 5 observations of achievement

- At least 1 in a community setting
- At least 1 in a General Surgery acute care service
- At least 3 in a service with more than 10 patients on average
- At least 3 different observers
- At least 3 observations of achievement for Interprofessional care/supervision

When is unsupervised practice expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care
2. ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in General Surgery

3. ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
4. ME 2.4 Institute and monitor nutritional support via enteral or parenteral routes
5. ME 2.4 Develop and implement plans for ongoing care, discharge, and follow-up
6. ME 4.1 Ensure patients receive appropriate end of life care
7. ME 4.1 Determine the need and timing of referral to another health care professional
8. S 3.4 Integrate best evidence and clinical expertise into decision-making
9. COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
10. HA 1.1 Facilitate timely patient access to services and resources
11. L 4.1 Manage time and prioritize tasks
12. L 3.1 Plan work schedules for the service team
13. L 4.2 Run the service efficiently, safely and effectively
14. S 2.3 Supervise junior learners to ensure they work within their limits
15. P 1.1 Exhibit appropriate professional behaviors
16. P 1.1 Respond punctually to requests from patients or other health care professionals
17. COL 1.2 Make effective use of the scope and expertise of other health care professionals
18. COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
19. COL 1.3 Communicate effectively with other physicians and health care professionals
20. S 2.4 Provide formal and informal teaching for junior learners
21. S 2.5 Provide junior learners with useful timely feedback

General Surgery

EPA 23: Providing follow-up care

Key Features: This EPA focuses on the care that occurs over the course of a disease process, with review of goals of care when applicable.

- This includes clinical reassessment, and further investigation and treatment as appropriate, applying evidence-based guidelines and demonstrating resource stewardship.
- It also includes communicating results to patients, and aspects of preventive care, health promotion and lifestyle modification as appropriate.
- This EPA includes complex cases. Examples include oncology patients receiving ongoing care or surveillance; patients with multidisciplinary care plans; patients transitioning to palliative goals of care; and patients who have experienced treatment complications.
- Observation of this EPA is based on a single patient encounter.

Assessment Plan:

Direct observation and/or case discussion or chart review by supervisor

Assessment form collects information on:

- Setting: emergency; inpatient; outpatient
- Case mix: oncology patients receiving ongoing care or surveillance; patients with multidisciplinary care plans; patients transitioning to palliative goals of care; patients who have experienced treatment complications.
- Case complexity: low; high
- Treatment decision: continue same; escalate/switch therapy; move to surgical approach; move to a palliative approach; discharge; other treatment

Basis for formal entrustment decision:

Collect 5 observations of achievement

- At least 2 in outpatient setting
- At least 2 complex patients
- A range of treatment decisions
- At least 1 transition to palliative care
- At least 2 different observers

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 1.5 Perform a clinical assessment that addresses all relevant issues
2. ME 2.2 Interpret the results of investigations performed to monitor the condition and/or treatment
3. ME 2.2 Synthesize patient information to determine response to treatment, status of the disease, and/or presence of complications

4. ME 2.2 Integrate the patient's other medical problems, overall functioning, and current health status into the decision regarding plan of care
5. ME 3.1 Determine if the condition warrants surgical intervention and if the patient is a candidate for interventional procedures
6. ME 2.4 Develop and implement a plan which may include further investigation, surveillance, medical treatment, and/or surgical intervention
7. ME 4.1 Determine the frequency and timing of future investigations and visits
8. S 3.4 Integrate best evidence and clinical expertise into decision-making
9. ME 4.1 Determine the need and timing of referral to another health care professional
10. COM 3.1 Convey information about diagnosis, prognosis and/or current health status clearly and compassionately
11. ME 2.3 Recognize and respond to signs that it is time to transition to a palliative care approach
12. ME 2.3 Share concerns about goals of care that are not felt to be achievable with the patient in a constructive and respectful manner
13. HA 1.1 Facilitate timely patient access to services and resources
14. HA 1.3 Incorporate prevention, health promotion and health surveillance into patient interactions

General Surgery

EPA 24: Performing procedures on the stomach and duodenum

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the stomach and duodenum. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: mobilization of stomach, including hiatus; gastrostomy including PEG; control of hemorrhage and/or perforation; resection of stomach; anastomosis to stomach; and kocherization of duodenum.
- These skills may be observed in a range of procedures. Examples include anti-reflux surgery, partial or total gastrectomy, paraesophageal hernia, bariatric and metabolic surgery, distal esophagectomy, Whipple's procedure, surgical treatment of peptic ulcer disease and acute complications, and traumatic injury of stomach and duodenum.

Assessment Plan:

Direct observation by general surgeon or entrusted resident or fellow

Assessment form collects information on:

- Setting: OR; ICU; endoscopy suite
- Type of procedure: urgent; elective
- Case mix: malignant; benign; bleeding; other presentation
- Procedure: anti-reflux surgery; partial/total gastrectomy; paraesophageal hernia; bariatric and metabolic surgery; distal esophagectomy; Whipple's procedure; surgical treatment of peptic ulcer disease and acute complications; traumatic injury of stomach and duodenum; other (write in)
- Surgical tasks (select all that apply): mobilization of stomach, including hiatus; gastrostomy including PEG; control of hemorrhage and/or perforation; resection of stomach; anastomosis to stomach; kocherization of duodenum
- Case complexity: low; high

Basis for formal entrustment decision:

Collect 12 observations of achievement

- At least 2 of each surgical task
- At least 1 resection of stomach in a malignant case
- At least 2 different observers, including at least 1 attending surgeon
- At least 6 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 25: Performing procedures on the small bowel

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the small bowel. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: lysis of adhesions, resection and anastomosis, stoma creation, stoma closure, feeding jejunostomy insertion, and repair of enterotomy.
- These skills may be observed in a range of procedures. Examples include lysis of adhesions, small bowel resection with or without anastomosis, ileostomy creation, ileostomy closure, feeding jejunostomy, stricturoplasty, repair of enterotomy, and trauma repair.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Type of procedure: urgent; elective
- Case mix: benign; malignant; bleeding; other presentation
- Procedure: lysis of adhesions; small bowel resection with or without anastomosis; ileostomy creation; ileostomy closure; feeding jejunostomy; stricturoplasty; repair of enterotomy; trauma repair
- Surgical tasks (select all that apply): lysis of adhesions; resection and anastomosis; stoma creation; stoma closure; feeding jejunostomy insertion; repair of enterotomy
- Case complexity: high; low

Basis for formal entrustment decision:

Collect 12 observations of achievement

- At least 2 of each surgical task
- At least 2 different observers
- At least 1 general surgeon observer
- At least 6 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 26: Performing procedures on the appendix and colon

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the colon. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: colon resection, anastomosis, mobilization, vascular control, and stoma creation.
- These skills may be observed in a range of procedures. Examples include appendectomy, ileocolic resection, right hemicolectomy, left hemicolectomy, sigmoid colon resection, subtotal colectomy, colostomy creation, colostomy reversal, Hartmann's resection, Hartmann's reversal, proctocolectomy, and traumatic injury of colon.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Type of procedure: urgent; elective
- Case mix: benign; malignant; other presentation
- Procedure (select all that apply): appendectomy; ileocolic resection; right hemicolectomy; left hemicolectomy; sigmoid colon resection; subtotal colectomy; colostomy creation; colostomy reversal; Hartmann's resection; Hartmann's reversal; proctocolectomy; traumatic injury of colon; other procedure
- Surgical tasks (select all that apply): colon resection; anastomosis; mobilization; vascular control; stoma creation
- Case complexity: high; low

Basis for formal entrustment decision:

Collect 18 observations of achievement

- At least 2 of each surgical task
- At least 1 left sided colon resection
- At least 1 emergent colon resection
- At least 2 different observers
- At least 9 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 27: Performing procedures on the rectum and anus

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the rectum and anus. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: mobilization of the rectum, perineal dissection, vascular control, drainage of perineal sepsis, examination under anesthesia, excision of benign lesions, management of hemorrhoids, sphincterotomy, fistulotomy and seton placement, and biopsy.
- These skills may be observed in a range of procedures. Examples include proctectomy/low anterior resection, including total mesorectal excision (TME); abdominal perineal resection; examination under anesthesia; proctocolectomy; hemorrhoidectomy (all modalities); sphincterotomy; surgical management of anorectal fistula; drainage of abscess; rectal prolapse procedures; rectal foreign body removal; transanal excision of lesions; and traumatic injury to the rectum and anus.
- This EPA also includes performance of anoscopy and rigid sigmoidoscopy.

Assessment plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Type of procedure: urgent; elective
- Case mix: malignant; benign; bleeding; other presentation
- Procedure: proctectomy/low anterior resection, including total mesorectal excision (TME); abdominal perineal resection; examination under anesthesia; proctocolectomy; hemorrhoidectomy (all modalities); sphincterotomy; surgical management of anorectal fistula; drainage of abscess; rectal prolapse procedures; rectal foreign body removal; transanal excision of lesions; traumatic injury to the rectum and anus; anoscopy; rigid sigmoidoscopy; other (write in)
- Surgical tasks (select all that apply): mobilization of the rectum; perineal dissection; vascular control; drainage of perineal sepsis; examination under anesthesia; excision of benign lesions; management of hemorrhoids; sphincterotomy; fistulotomy and seton placement; biopsy; anoscopy; rigid sigmoidoscopy
- Case complexity: high; low

Basis for formal entrustment decision:

Collect 18 observations of achievement

- At least 1 of each surgical task
- At least 2 different observers
- At least 9 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 28: Performing procedures on the hepatobiliary system

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the hepatobiliary system. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: mobilization of liver, wedge resection/biopsy of liver, dissection of biliary tree, dissection of gallbladder, intraoperative cholangiogram, common bile duct (CBD) drainage, biliary-enteric anastomosis, and hemorrhage control.
- These skills may be observed in a range of procedures. Examples include hepatic resection, cholecystectomy, CBD exploration, CBD resection and biliary reconstruction, Whipple, organ harvest, liver transplantation, and repair of traumatic injury to liver and common bile ducts.
- This EPA may be observed in the simulation setting.

Assessment plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Setting: OR; simulation lab
- Type of procedure: urgent; elective
- Case mix: malignant; benign; bleeding; other presentation
- Case complexity: low; high
- Procedure: hepatic resection; cholecystectomy; CBD exploration; CBD resection and biliary reconstruction; Whipple; organ harvest; liver transplantation; repair of traumatic injury to liver and common bile ducts; other (write in)
- Surgical tasks (select all that apply): mobilization of liver; wedge resection/biopsy of liver; dissection of biliary tree; dissection of gallbladder; intraoperative cholangiogram; CBD drainage; biliary-enteric anastomosis; hemorrhage control

Basis for formal entrustment decision:

Collect 13 observations of achievement

- At least of 2 each of the following surgical tasks: mobilization of liver; wedge resection/biopsy of liver; dissection of biliary tree; dissection of gallbladder; and intraoperative cholangiogram
- At least 1 dissection of gallbladder must be complex
- At least 1 CBD drainage (may be completed in simulation)
- At least 1 biliary-enteric anastomosis
- At least 1 hemorrhage control
- At least 2 different observers
- No more than 2 in simulation setting
- At least 7 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 29: Performing procedures on the pancreas

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the pancreas. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: surgical exposure of the pancreas, resection of the pancreas, and drainage of peripancreatic fluid collections.
- These skills may be observed in a range of procedures. Examples include Whipple, operative management of pancreatic pseudocystic lesions, distal pancreatectomy, total pancreatectomy, surgical management of chronic pancreatitis, and traumatic injury of pancreas.

Assessment Plan:

Direct observation by general surgeon

Assessment form collects information on:

- Case mix: malignant; benign; bleeding
- Procedure: Whipple; operative management of pancreatic pseudocystic lesions; distal pancreatectomy; total pancreatectomy; surgical management of chronic pancreatitis; traumatic injury of pancreas; other (write in)
- Surgical tasks (select all that apply): surgical exposure of the pancreas; resection of the pancreas; drainage of peripancreatic fluid collections
- Case complexity: high; low

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 observation by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 30: Performing procedures on the spleen

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients requiring splenectomy.

- Observation focuses on the following surgical skills: mobilization of spleen, and control of hemorrhage.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Setting: OR; sim-trauma course
- Type of procedure: elective; emergent
- Technique: open; laparoscopic
- Tasks (select all that apply): mobilization of spleen; control of hemorrhage

Basis for formal entrustment decision:

Collect 2 observations of achievement

- At least 1 emergent or sim-trauma setting
- No more than 1 in simulation setting
- At least 1 observation by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 31: Performing procedures on the lymph nodes

Key Features: This EPA focuses on the surgical approach to the lymphatic system, and performing surgical techniques for lymph node sampling and clearance. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: lymph node biopsy and/or excision, and sentinel lymph node localization.
- These skills may be observed in a range of procedures. Examples include sentinel lymph node biopsy, surgical lymph node biopsy, modified radical mastectomy, ALND, and neck dissection.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Procedure: sentinel lymph node biopsy; surgical lymph node biopsy; modified radical mastectomy; ALND; neck dissection; other procedure
- Surgical tasks (select all that apply): lymph node biopsy and/or excision; sentinel lymph node localization

Basis for formal entrustment decision:

Collect 4 observations of achievement

- At least 1 ALND
- At least 1 of each surgical task
- At least 2 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 32: Performing procedures on the breast

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with benign and malignant diseases of the breast. It does not include the lymph node portion of breast cancer management, as it is included in the EPA about "performing procedures on the lymph nodes". It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: incision and/or drainage of abscess, complete resection of breast, partial resection of breast with localization, partial resection of breast without localization, and sparing of skin and/or nipple.
- These skills may be observed in a range of procedures. Examples include drainage of abscess, duct excision, lumpectomy with or without localization, mastectomy, modified radical mastectomy, and core needle biopsy.

Assessment Plan:

Direct observation by general surgeon or subspecialty trainee

Assessment form collects information on:

- Procedure: drainage of abscess; duct excision; lumpectomy with or without localization; mastectomy; modified radical mastectomy; core needle biopsy; other procedure
- Surgical tasks (select all that apply): incision and/or drainage of abscess; complete resection of breast; partial resection of breast with localization; partial resection of breast without localization; sparing of skin and/or nipple
- Case complexity: high; low

Basis for formal entrustment decision:

Collect 10 observations of achievement

- At least 2 partial resections of breast without localization
- At least 2 partial resections of breast with localization
- At least 2 complete resections of breast
- At least 1 each of the following: incision and/or drainage of abscess and sparing of skin and/or nipple
- At least 2 different observers
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 33: Performing procedures on the abdominal wall and hernia

Key Features: This EPA focuses on performance of surgical approaches and techniques in patients with disorders of the abdominal wall and with hernias. It does not require completion of the surgical procedure from start to finish.

- Observation focuses on the following surgical skills: identification and dissection of sac/hernia orifice, repair of defect (+/- prosthetic), and preservation of spermatic cord.
- These skills may be observed in a range of procedures. Examples include inguinal hernia, femoral hernia, incisional hernia, umbilical hernia, complex abdominal hernia, including parastomal hernia or loss of abdominal domain, temporary abdominal wall closure, management of abdominal compartment syndrome, management of loss of abdominal domain, and repair of recurrent groin hernia.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Type of procedure: elective; emergent
- Method: mesh; non-mesh
- Procedure: inguinal hernia; femoral hernia; incisional hernia; umbilical hernia; complex abdominal hernia, including parastomal hernia or loss of abdominal domain; temporary abdominal wall closure; management of abdominal compartment syndrome; management of loss of abdominal domain; repair of recurrent groin hernia
- Surgical tasks (select all that apply): identification and dissection of sac/hernia orifice; repair of defect (+/- prosthetic); preservation of spermatic cord
- Case complex: high; low

Basis for formal entrustment decision:

Collect 10 observations of achievement of the following tasks:

- At least 1 emergent procedure
- At least 2 in each region (abdominal wall, groin)
- At least 1 temporary abdominal wall closure
- At least 2 of each surgical task
- At least 2 different observers
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 34: Performing procedures on the skin and soft tissue

Key Features: This EPA focuses on performing surgical procedures for patients with disorders of the skin and soft tissues.

- This includes performing the procedures from start to finish.
- Examples of procedures include excision of benign skin lesions, excision of malignant skin lesions, excision of benign soft tissue lesions, toenail resection, surgical treatment of pilonidal disease, debridement of complicated soft tissue infections, and incision and drainage of soft tissue abscess.

Assessment Plan:

Direct observation by general surgeon, plastic surgeon or entrusted fellow

Assessment form collects information on:

- Case mix: necrotizing skin; soft tissue infection; benign or malignant skin lesion
- Procedure: excision of benign skin lesion; excision of malignant non-melanoma skin lesion; excision of malignant melanoma; excision of benign soft tissue lesion; toenail resection; surgical treatment of pilonidal disease; debridement of complicated soft tissue infection; incision and drainage of soft tissue abscess

Basis for formal entrustment decision:

Collect 8 observations of achievement

- At least 1 soft tissue infection
- At least 1 of each surgical task
- At least 2 different observers
- At least 4 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 35: Performing procedures for patients with traumatic injuries

Key Features: This EPA may be observed in patients undergoing surgery for traumatic injury, in patients who have had iatrogenic injury, in operative cases requiring application of relevant surgical skills (e.g. tracheostomy in patients undergoing head and neck exploration), and in the simulation setting.

- This EPA includes the following skills: surgical airway; resuscitative thoracotomy; neck exploration and exposure of major vessels, esophagus, and trachea; control and management of visceral injury; control and management of pelvic vascular bleeding; repair of diaphragm; simple bladder repair; trauma laparotomy; control and management of intraabdominal vascular bleeding; exposure of the retroperitoneum; chest tube in a complex patient (obese, redo, unstable); and tracheostomy.
- For achievement of this EPA, skills may be observed in either the clinical or simulation setting EXCEPT the following, which must be observed in the clinical setting: trauma laparotomy; control and management of intraabdominal vascular bleeding; exposure of the retroperitoneum; chest tube in a complex patient (obese, redo, unstable); and tracheostomy.
- Surgical tasks may be observed in either the clinical or simulation setting EXCEPT the following, which must be observed in the clinical setting: trauma laparotomy; control and management of intraabdominal vascular bleeding; exposure of the retroperitoneum; chest tube in a complex patient (obese, redo, unstable); and tracheostomy

Assessment Plan:

Direct observation by general surgeon, entrusted resident or fellow, simulation supervisor/facilitator, or indirect observation (review of simulation course assessment) by program director.

Assessment form collects information on:

- Procedure: trauma laparotomy; trauma resuscitation; tracheostomy; other (write in)
- Simulation: yes; no
- Surgical tasks (select all that apply): trauma laparotomy; control and management of visceral injury; control and management of intraabdominal vascular bleeding; control and management of pelvic vascular bleeding; exposure of the retroperitoneum; repair of diaphragm; simple bladder repair; chest tube in a complex patient (obese, redo, unstable); surgical airway; tracheostomy; resuscitative thoracotomy; neck exploration and exposure of major vessels, esophagus, or trachea

Basis for formal entrustment decision:

Collect 10 successful observations of achievement

- At least 1 trauma laparotomy
- At least 3 different tasks

- Following surgical tasks are mandated: trauma laparotomy; intra-abdominal vascular bleeding control; retroperitoneal exposure; chest tube in a complex patient; tracheostomy (other tasks may be simulated)
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 36: Performing the skills of minimally invasive surgery (MIS)

Key Features: This EPA focuses on performance of surgical approaches and techniques used in minimally invasive surgery.

- Observation focuses on the following surgical skills: knot tying and/or suturing; intracorporeal stapling; and diagnostic laparoscopy for assessment of abdominal cavity, including running the small bowel.
- These skills may be observed in any laparoscopic procedure.
- This EPA may include managing adverse events that may occur during MIS, e.g., converting to open procedure, and controlling bleeding.

Assessment Plan:

Direct observation by general surgeon or entrusted fellow

Assessment form collects information on:

- Surgical tasks (select all that apply): knot tying and/or suturing; intracorporeal stapling; diagnostic laparoscopy for assessment of abdominal cavity

Basis for formal entrustment decision:

Collect 4 observations of achievement

- At least 1 of each surgical task
- At least 2 different observers
- At least 2 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 37: Performing procedures for patients with disorders of the thyroid and/or parathyroid glands

Key Features: This EPA focuses on performance of surgical approaches and techniques in thyroidectomy, partial thyroidectomy and/or parathyroidectomy procedures.

- Observation focuses on the following surgical skills: appropriate landmarking for the incision; neck dissection; identification of the major vessels, airway, and nerves; vascular control; identification of the parathyroid glands; and closure of the incision.

Assessment Plan:

Direct observation by surgeon or entrusted fellow

Assessment form collects information on:

- Case mix: primary hyperparathyroidism; secondary/tertiary hyperparathyroidism; benign thyroid disease; malignant thyroid disease
- Procedure: total thyroidectomy; hemithyroidectomy; parathyroidectomy
- Surgical tasks (select all that apply): appropriate landmarking for the incision; neck dissection; identification of the major vessels, airway & nerves; vascular control; identification of the parathyroid glands; closure of the incision

Basis for formal entrustment decision:

Collect 3 observations of achievement

- At least 1 of each surgical task
- At least 2 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. P 1.2 Prepare for the procedure, reviewing relevant investigations and pre- operative 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
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

EPA 38: Performing esophagogastroduodenoscopy

Key Features: This EPA includes the pre-procedural skills of setting up the patient and equipment, performing the technical skills of diagnostic and therapeutic procedures, and working effectively with the endoscopy team.

- This EPA includes delineation of normal versus abnormal findings, description of lesions using standardized nomenclature, and consideration of differential diagnosis.
- It also includes achieving hemostasis via a variety of techniques.
- This EPA may be observed in the endoscopy suite, operating room, intensive care unit or emergency department.

Assessment Plan:

Direct observation by general surgeon, subspecialty surgeon, gastroenterologist or entrusted fellow

Assessment form collects information on:

- Urgency: yes; no
- Type of procedure: elective; non-elective; therapeutic
- Findings: normal; abnormal

Basis for formal entrustment decision:

Collect 10 observations of achievement

- At least 2 therapeutic procedures
- At least 2 different observers
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 3.4 Provide analgesia and sedation to ensure patient safety and comfort
2. ME 3.4 Assemble and verify endoscope function
3. ME 3.4 Intubate the esophagus under direct vision
4. ME 3.4 Maintain luminal view
5. ME 3.4 Achieve clear visualization of the mucosa using a variety of techniques, including air, water and suction
6. ME 3.4 Identify key anatomic landmarks and clinically relevant findings
7. ME 3.4 Perform tissue biopsies in quantity and quality as appropriate to indication
8. ME 3.4 Use diathermy and other therapeutic techniques appropriately and safely
9. ME 3.4 Demonstrate appropriate pace and progress during insertion and withdrawal
10. ME 3.4 Identify and respond to immediate complications of the procedure if applicable
11. COL 1.2 Communicate effectively with nurses and/or assistants
12. ME 3.4 Demonstrate appropriate care of the endoscope
13. P 1.1 Work within personal limits, asking for assistance as needed

14. COM 3.1 Convey the results of endoscopy and further management plan to the patient/family
15. COM 5.1 Document findings of an endoscopic procedure in a complete and timely manner

General Surgery

EPA 39: Performing colonoscopies

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.

- This EPA includes the delineation of normal versus abnormal findings, description of lesions using standardized nomenclature, consideration of differential diagnosis, and intra-procedural decision making as a result of clinical significant findings.
- 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 and polypectomy in at least some procedures.

Assessment Plan:

Direct observation by general surgeon, subspecialty surgeon, gastroenterologist or entrusted fellow

Assessment form collects information on:

- Setting: endoscopy suite; ambulatory clinic; operating room; ICU
- Procedure (select all that apply): colonoscopy; terminal ileal intubation; polypectomy
- Type of procedure: elective; non-elective
- Findings: normal; abnormal
- Polyp: <1cm; >1 cm

Basis for formal entrustment decision:

Collect 10 observations of achievement

- At least 6 colonoscopies to the level of the terminal ileum
- At least 5 polypectomies including 2 >1cm
- At least 2 different observers
- At least 5 observations by faculty

When unsupervised practice is expected to be achieved: PGY 5 (Trim 2)

Relevant Milestones:

1. ME 3.4 Provide analgesia and sedation to ensure patient safety and comfort
2. ME 3.4 Assemble and verify endoscope function
3. ME 3.4 Maintain luminal view
4. ME 3.4 Use torque steering appropriately
5. ME 3.4 Recognize and resolve loop formation
6. ME 3.4 Use position change and abdominal pressure to aid luminal views
7. ME 3.4 Identify key anatomic landmarks and clinically relevant findings
8. ME 3.4 Achieve clear visualization of the mucosa using a variety of techniques, including air, water and suction
9. ME 3.4 Perform tissue biopsies in quantity and quality as appropriate to indication

10. ME 3.4 Use diathermy and other therapeutic techniques appropriately and safely
11. ME 3.4 Demonstrate appropriate pace and progress during insertion and withdrawal
12. ME 3.4 Identify and respond to immediate complications of the procedure if applicable
13. COL 1.2 Communicate effectively with nurses and/or assistants
14. P 1.1 Work within personal limits, asking for assistance as needed
15. COM 3.1 Convey the results of endoscopy and further management plan to the patient/family
16. COM 5.1 Document findings of an endoscopic procedure in a complete and timely manner

General Surgery : Transition to Practice

EPA 40: Managing an outpatient clinic

Key Features: This EPA includes ensuring that patients are evaluated, investigations are ordered, follow-up is planned, including operative intervention if required, and documentation/dictation is completed, in addition to collaborating effectively with other health care professionals and support staff.

- This EPA requires managing patients efficiently in an ambulatory/outpatient setting, being cognizant of wait-times, prioritizing patients, and using resources appropriately.
- This EPA may be observed in clinics located in a hospital or private office setting.
- The observation of this EPA is based on at least one half-day of clinic.

Assessment Plan:

Direct and indirect observation of clinic management by general surgeon

Assessment form collects information on:

- Case mix (select all that apply): pre-operative; post-operative; requires further investigation; follow-up

Basis for formal entrustment decision:

Collect 2 observations of achievement

- Each clinic at least a half-day
- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 5

Relevant Milestones:

1. L 4.1 Manage time effectively in the ambulatory clinic
2. ME 2.4 Establish patient centered-management plans
3. S 3.4 Integrate best evidence and clinical expertise into decision-making
4. ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for a proposed procedure or therapy
5. L 4.2 Book operative cases with appropriate urgency, duration, and equipment and patient preparation
6. L 2.1 Allocate health care resources for optimal patient care
7. ME 1.7 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
8. COM 5.1 Document clinical encounters in an accurate, complete, and timely manner
9. COL 1.2 Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
10. L 4.1 Review and act on test results in a timely manner
11. L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinic
12. HA 1.1 Work with patients to address the determinants of health that affect them and

their access to needed health services or resources

General Surgery : Transition to Practice

EPA 41: Managing the day's list of endoscopy procedures

Key Features: This EPA integrates procedural abilities for individual cases with the ability to work effectively in the endoscopy unit, including managing the case load for a list of procedures, prioritizing, working effectively with other health professionals, and ensuring appropriate resource utilization.

- This EPA may be observed in any mix of endoscopy procedures performed on inpatients or ambulatory patients, and for any indication or acuity.
- Observation of this EPA is based on a day or half-day procedure list.

Assessment Plan:

Direct observation by general surgeon or gastroenterologist

Use assessment form.

The documentation of the observation of this EPA must include narrative comments

Basis for formal entrustment decision:

Collect at least 2 observations of achievement

- At least 2 different observers

When unsupervised practice is expected to be achieved: PGY 5

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 3.4 Perform endoscopic procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
4. ME 4.1 Propose and implement plans for ongoing care, follow-up on investigations, and further treatment or referral
5. L 1.2 Adhere to occupational safety procedures to ensure patient, personal and team safety
6. L 4.1 Manage time effectively to maintain patient and endoscopy flow
7. ME 3.4 Demonstrate appropriate use and care of endoscopic equipment
8. P 1.2 Maintain a log of procedures and their outcomes, as a source of information regarding personal performance

General Surgery : Transition to Practice

EPA 42: Managing the day's list of operative procedures

Key Features: This EPA integrates procedural abilities for individual cases with the ability to work effectively in the operating room: managing the case load for a list of procedures, prioritizing, communicating and working effectively with other health professionals, including directing surgical assistants, teaching junior trainees and resource utilization.

- This EPA may be observed in any mix of Core operative procedures, performed for inpatient or ambulatory patients, and for any indication or acuity with more than one case per list.
- Observation of this EPA is based on managing a full day OR list and is to be documented at the end of a procedure list.

Assessment Plan:

Direct observation by general surgeon or subspecialty trainee, incorporating feedback from anesthesiologist and operating room charge nurse

Assessment form collects information on:

- Setting (select all that apply): inpatient; outpatient

Basis for formal entrustment decision:

Collect 2 observations of achievement

- Mix of inpatients and outpatients
- At least 2 different observers
- At least 1 observation by faculty

When is unsupervised practice expected to be achieved: PGY 5

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 3.4 Select appropriate materials and equipment for the procedure
4. ME 3.4 Perform surgical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
5. ME 3.4 Manage unexpected intraoperative findings and perioperative issues, adjusting the procedure as appropriate
6. ME 4.1 Establish plans for post-operative care
7. COM 3.1 Convey information about the procedure, operative findings, and patient status to the family clearly and compassionately
8. COM 5.1 Document surgical procedures in an accurate complete and timely manner
9. S 2.3 Allocate appropriate time for junior learners' educational activities while ensuring patient care, efficiency, resources, and safety are maintained
10. P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings

General Surgery : Transition to Practice

EPA 43: Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract (OPTIONAL)

Key Features: Achievement of this EPA is optional.

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

- This EPA must be observed in some patients that are actively bleeding.

Assessment Plan:

Direct observation by general surgeon, subspecialty surgeon, gastroenterologist or entrusted fellow

Assessment form collects information on:

- Case mix: hemostasis; dilation; polypectomy; foreign body removal; endoluminal stent insertion; colonic decompression
- Actively bleeding: yes; no
- Setting: OR; ER; endoscopy; ICU

Basis for formal entrustment decision:

Collect 15 observations of achievement

- At least 2 hemostasis in active bleeding
- At least 2 dilations
- At least 2 foreign body
- At least 5 polypectomy >1 cm
- At least 1 endoluminal stent insertion
- At least 1 colonic decompression
- At least 2 different observers
- At least 8 observations by faculty

When is unsupervised practice expected to be achieved: PGY 5

Relevant Milestones:

1. ME 3.4 Provide analgesia and sedation to ensure patient safety and comfort
2. ME 3.4 Select and gather ancillary equipment
3. ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction
4. ME 3.4 Use appropriate strategies for endoscope advancement and mucosal visualization
5. ME 3.4 Identify key anatomic landmarks and clinical relevant findings
6. ME 3.4 Use diathermy and other therapeutic techniques appropriately and safely
7. ME 3.4 Determine that the procedure is complete, e.g. hemostasis achieved
8. ME 3.4 Identify and respond to immediate complications of the procedure if applicable
9. COL 1.2 Communicate effectively with nurses and/or assistants

10. P 1.1 Work within personal limits, asking for help as needed
11. COM 3.1 Convey the results of endoscopy and further management plan to the patient/family
12. COM 5.1 Document findings of an endoscopic procedure in a complete and timely manner


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