



UAEU

جامعة الإمارات العربية المتحدة
United Arab Emirates University

NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

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

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List of EPAs:

EPA 1: Assessing, triaging, and initiating management for patients with GI emergencies	3
EPA 2: Performing the preprocedural assessment and risk optimization for patients undergoing endoscopy.....	5
EPA 3: Assessing and initiating management for uncomplicated patients	7
EPA 4: Assessing the nutritional status and initiating a nutritional support plan for uncomplicated patients	9
EPA 5: Assessing and initiating management for complex patients.....	10
EPA 6: Providing ongoing management for patients with stable, chronic and/or complex conditions	12
EPA 7: Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions.....	14
EPA 8: Identifying and referring patients who need additional specialized care.....	16
EPA 9: Providing complete nutritional assessment and plans for patients with complex nutritional needs.....	18
EPA 10: Performing esophagogastroduodenoscopy	20
EPA 11: Performing colonoscopy.....	22
EPA 12: Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract	25
EPA 13: Providing care for patients who have experienced a patient safety incident	27
EPA 14: Leading the provision of GI care for patients on an inpatient service	28
EPA 15: Managing and prioritizing daily clinical activities	30

Pediatric Gastroenterology

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

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

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

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Case mix: acute GI bleed; severe/fulminant colitis; foreign body; caustic ingestion; acute liver failure; severe infection in high-risk patient; other (write in)
- Endoscopy required: yes; no

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- Two different presentations

When is unsupervised practice expected to be achieved: YEAR 1

Relevant Tasks

1. ME 1.3 Apply clinical and biomedical sciences to manage emergency patient presentations in Gastroenterology
2. P 1.1 Work within personal limitations, asking for assistance as needed
3. ME 2.1 Determine the acuity of the issue and establish priorities for patient care
4. ME 2.2 Perform a history and physical exam relevant to the patient's presentation, in a time-effective manner
5. ME 2.2 Develop a differential and provisional diagnosis relevant to the patient's presentation
6. ME 2.2 Select and interpret appropriate investigations
7. ME 2.4 Develop and implement initial management plans for gastrointestinal emergencies
8. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
9. L 2.1 Apply knowledge of local resources for optimal patient care
10. ME 4.1 Determine the need and timing of referral to another health care professional
11. COL 1.3 Communicate effectively with other health care professionals
12. COM 5.1 Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations

13. COL 3.1 Identify patients requiring handover to other physicians or health care professionals

Pediatric Gastroenterology

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

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

- The aspects of obtaining informed consent include assessing the patient's capacity to consent versus assent.
- The preparation of the patient aspects of this EPA includes assessing patient acuity and determining urgency of the procedure, optimizing the patient for the procedure, and determining and arranging the necessary logistics, services and/or resources to safely perform the procedure.

Assessment Plan:

Part A: Consent

Direct observation by supervisor

Assessment form collects information on:

- Case: diagnostic; therapeutic
- Patient capable of providing consent: yes; no

Part B: Patient preparation

Direct observation or case review by supervisor

Assessment form collects information on:

- Type of endoscopy: upper; lower
- Age: (write in)

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- Two different assessors
- At least 3 lower endoscopy

When is unsupervised practice expected to be achieved: YEAR 1

Relevant Tasks

Part A: Consent

1. COM 1.6 Tailor approaches to decision making to patient capacity
2. P 3.1 Apply knowledge of the laws governing capacity for decision making
3. ME 1.3 Apply knowledge of the indications and techniques for endoscopic procedures
4. ME 3.2 Explain the risks and benefits of, and the rationale, for a proposed procedure
5. COM 3.1 Provide information clearly and compassionately, checking for patient/family understanding
6. COM 4.3 Answer questions from the patient and/or family

7. COM 4.3 Use communication skills and strategies that help the patient make an informed decision
8. ME 3.2 Use shared decision-making in the consent process
9. COM 5.1 Document the consent discussion in an accurate and complete manner

Part B: Patient preparation

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

Pediatric Gastroenterology

EPA 3: Assessing and initiating management for uncomplicated patients

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

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

Assessment Plan:

Part A: History and physical

Direct observation by supervisor

Assessment form collects information on:

- Activity: history; physical; both
- Patient age: (write in)

Part B: Clinical assessment and management

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Case mix: upper GI tract disease; lower GI tract disease; liver disease; pancreatic disease
- Setting: emergency room; outpatient clinic; inpatient consult

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least one observed history
- At least one observed physical
- At least one from the following categories: upper GI tract disease; lower GI tract disease; liver disease
- At least 2 assessors

When is unsupervised practice expected to be achieved: YEAR 1

Relevant Tasks

Part A: History and physical

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

6. ME 2.2 Select and interpret appropriate investigations
7. HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors

Part B: Clinical assessment and management

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

Pediatric Gastroenterology

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

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

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Observer role: physician; registered dietician; other (write in)
- Patient age: (write in)
- Methodology used: (select all that apply) weight; height; BMI; anthropometrics; other (write in).

Basis for formal entrustment decision:

Collect 2 observations of achievement

- Two different assessors

When is unsupervised practice expected to be achieved: YEAR 1

Relevant Tasks

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

Pediatric Gastroenterology

EPA 5: Assessing and initiating management for complex patients

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

- This includes factors that influence the timing or selection of investigations, as well as the factors that influence initial management.
- This may include any of the following: multiple comorbid diseases; atypical presentations; ambiguity of patient presentation, investigations, or treatment; potential drug interactions; anticoagulation issues; acute or chronic organ failure; significant social and/or geographical barriers to health care; cultural, language or religious barriers to communication and/or care.
- This EPA may be observed with any GI presentation or condition.

Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient
- Case mix: (select all that apply) multiple comorbid diseases; atypical presentations; ambiguity of patient presentation, investigations or treatment; potential drug interactions; anticoagulation issues; acute or chronic organ failure; significant social and/or geographical barriers to health care; cultural, language or religious barriers to communication and/or care; other (write in)

Basis for formal entrustment decision:

Collect 5 observations of achievement.

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

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.2 Select and interpret appropriate investigations
3. HA 1.1 Identify barriers to access and care for individual patients
4. COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
5. S 3.4 Integrate best evidence and clinical expertise into decision-making

6. ME 2.4. Develop and implement management plans that consider all of the patient's health problems and needs
7. ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple comorbidities and/or other features of case complexity
8. COM 3.1 Share information and explanations that are clear and accurate while checking for understanding
9. COM 4.3 Use communication strategies and skills that help the patient make informed decisions
10. ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and/or monitoring for disease progression
11. COL 1.3 Work effectively with other health care professionals to plan and provide care for individual patients
12. ME 4.1 Coordinate treatment and follow-up across care settings and amongst other physicians, health care professionals and services

Pediatric Gastroenterology

EPA 6: Providing ongoing management for patients with stable, chronic and/or complex conditions

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

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

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Case mix: chronic liver disease; GI transplant recipient; inflammatory bowel disease (IBD); luminal disorder such as GERD, H Pylori, celiac disease, eosinophilic disorder, functional gastrointestinal disorder; motility disorder; hereditary disorder such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (NHPPC); chronic pancreatobiliary disease, including cystic fibrosis.

Basis for formal entrustment decision:

Collect 8 observations of achievement.

- At least 2 direct observations
- A minimum of 1 of each of the following presentations: chronic liver disease; GI transplant recipient; inflammatory bowel disease (IBD); luminal disorder such as GERD, H Pylori, celiac disease, eosinophilic disorder, functional gastrointestinal disorder; motility disorder
- At least 3 assessors

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.1 Prioritize which issues need to be addressed
3. ME 2.2 Administer and interpret disease specific questionnaires, as appropriate
4. ME 2.2 Assess treatment adherence, efficacy and/or toxicity
5. ME 2.2 Select and interpret the results of investigations performed to monitor treatment and clinical status
6. ME 2.2 Synthesize patient information to determine clinical status and/or response to therapy
7. ME 2.4 Develop and implement monitoring strategies for anticipated adverse events, illnesses and/or complications

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

Pediatric Gastroenterology

EPA 7: Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions

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

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

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient
- Case mix: inflammatory bowel disease; chronic liver disease; pancreatic disease; esophageal disease; intestinal failure; motility disorder; other [write in]
- Issue: disease exacerbation; disease progression; complication of therapy

Basis for formal entrustment decision:

Collect 8 observations of achievement.

- At least 1 direct observation
- At least 2 inpatient
- At least 2 outpatient
- At least 2 patients with IBD
- At least 2 patients with chronic liver disease
- At least 2 other diagnoses
- At least 2 assessors

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

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

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

Pediatric Gastroenterology

EPA 8: Identifying and referring patients who need additional specialized care

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

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

Assessment Plan:

Part A: Assessment and decision for referral

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Type of referral: advanced GI care; other service

Part B: Communication with the consultant

Direct observation and/or review of referral documentation by supervisor

Use assessment form.

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 direct observation for assessment and decision for referral
- At least 2 different types of referral
- At least 2 assessors
- At least 1 direct observation for communication with the consultant
- At least 1 review of referral documentation

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

Part A: Assessment and decision for referral

1. ME 1.4 Perform clinical assessments that address all relevant issues
2. ME 2.2 Synthesize information from the clinical assessment and investigations to determine the patient's clinical status and health care needs
3. ME 2.2 Integrate the patient's other medical problems, overall functioning and current health status into the decision regarding plan of care
4. ME 2.3 Establish goals of care

5. ME 2.4 Develop and implement management plans
6. L 2.1 Apply knowledge of local resources for optimal patient care
7. ME 4.1 Determine the need and timing of referral to another health care professional
8. COM 3.1 Provide information related to the patient's health status, care and needs clearly and compassionately
9. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
10. HA 1.1 Facilitate timely patient access to services and resources

Part B: Communication with the consultant

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

Pediatric Gastroenterology

EPA 9: Providing complete nutritional assessment and plans for patients with complex nutritional needs

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

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

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Observer role: physician; registered dietician; other (write in)
- Nutritional intervention prescribed: enteral; parenteral; oral; none
- Patient age: (write in)

Basis for formal entrustment decision:

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

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

Pediatric Gastroenterology

EPA 10: Performing esophagogastroduodenoscopy

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

- This 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 clinically significant findings.
- This EPA may be observed during any upper GI endoscopy.
- The observation of this EPA is divided into two parts: performing the procedure; documenting the procedure.

Assessment Plan:

Part A: Procedure

Direct observation by supervisor

Assessment form collects information on:

- Maximum depth of insertion: oropharynx; esophagus; stomach; first part of duodenum; second part of duodenum
- Patient age: (write in)

Part B: Procedure note

Review of procedure note by supervisor.

Use assessment form.

Basis for formal entrustment decision:

Collect 10 observations of achievement.

- At least 2 patients under the age of 2
- At least 2 different assessors
- At least 3 procedure notes

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

Part A: Procedural skills

1. ME 3.4 Technical Skill: Manipulate the endoscope using torque steering, angulation control knobs and advancement/withdrawal for effective navigation of the gastrointestinal tract
2. ME 3.4 Strategies for Endoscope Advancement: Use loop-reduction, insufflation, pull-back, suction, external pressure and patient position change to advance the endoscope independently, expediently and safely

3. ME 3.4 Visualization of Mucosa: Achieve clear luminal view required for safe endoscope navigation and complete mucosal evaluation, including good visualization around corners and folds and appropriate use of mucosal cleaning techniques (e.g., lavage, suction)
4. ME 3.4 Independent Procedure Completion: Complete the endoscopic procedure expediently and safely without verbal and/or manual guidance
5. ME 1.3 Knowledge of Procedure: Demonstrate general procedural knowledge, including indications and contraindications, potential complications, endoscopy techniques, equipment maintenance and trouble-shooting
6. ME 4.1 Interpretation and Management of Findings: Identify and interpret pathology and/or procedural complications and form an appropriate management plan
7. ME 3.4 Patient Safety: Perform the procedure in a manner that minimizes patient risk and assures optimal patient safety (e.g., atraumatic technique, minimal force, minimal red-out, recognition of personal and procedural limitations, safe sedation practices, and appropriate communication)
8. ME 3.4 Prepare and position the patient for the procedure
9. ME 3.4 Assemble and optimize endoscope function
10. ME 3.4 Apply knowledge of anatomy, key landmarks and the endoscopic procedure
11. ME 3.4 Perform tissue biopsies in quantity and quality as appropriate to indication
12. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
13. COM 5.1 Record high quality images of significant findings
14. COL 1.1 Respond appropriately to input from other health care professionals
15. P 1.1 Work within personal limitations, asking for assistance as needed
16. ME 4.1 Propose and implement plans for ongoing care and/or follow-up on investigations
17. ME 4.1 Determine the need and timing for referral to another health care professional (for surgery or advanced endoscopic procedures)
18. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
19. COM 3.1 Convey information regarding the endoscopic findings and the follow-up plan to the patient/family

Part B: Clinical documentation

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

Pediatric Gastroenterology

EPA 11: Performing colonoscopy

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

- This includes the delineation of normal versus abnormal findings, description of lesions using standardized nomenclature, consideration of differential diagnosis, and intraprocedural decision making because of clinically 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 cases.
- The observation of this EPA is divided into two parts: the procedure itself; and the documentation of the colonoscopy report.

Assessment Plan:

Part A: Procedural skills

Direct observation by supervisor.

Assessment form collects information on:

- Maximum depth of insertion: rectum; sigmoid colon; splenic flexure; transverse colon; hepatic flexure; ascending colon; cecum; terminal ileum; anastomosis
- Patient age: (write in)

Part B: Procedure note

Review of procedure note by supervisor.

Use assessment form.

Basis for formal entrustment decision:

Collect 12 observations of achievement.

- At least 6 colonoscopies to the level of the terminal ileum
- At least 2 patients under the age of 5
- At least 4 different assessors
- At least 4 procedure notes

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

Part A: Procedural skills

1. ME 3.4 Technical Skill: Manipulate the endoscope using torque steering, angulation control knobs and advancement/withdrawal for effective navigation of the gastrointestinal tract

2. ME 3.4 Strategies for Endoscope Advancement: Use loop-reduction, insufflation, pull-back, suction, external pressure and patient position change to advance the endoscope independently, expediently and safely
3. ME 3.4 Visualization of Mucosa: Achieve clear luminal view required for safe endoscope navigation and complete mucosal evaluation, including good visualization around corners and folds and appropriate use of mucosal cleaning techniques (e.g., lavage, suction)
4. ME 3.4 Independent Procedure Completion: Complete the endoscopic procedure expediently and safely without verbal and/or manual guidance
5. ME 1.3 Knowledge of Procedure: Demonstrate general procedural knowledge, including indications and contraindications, potential complications, endoscopy techniques, equipment maintenance and trouble-shooting
6. ME 4.1 Interpretation and Management of Findings: Identify and interpret pathology and/or procedural complications and form an appropriate management plan
7. ME 3.4 Patient Safety: Perform the procedure in a manner that minimizes patient risk and assures optimal patient safety (e.g., atraumatic technique, minimal force, minimal red-out, recognition of personal and procedural limitations, safe sedation practices, and appropriate communication)
8. ME 3.4 Prepare and position the patient for the procedure
9. ME 3.4 Assemble and optimize endoscope function
10. ME 3.4 Apply knowledge of anatomy, key landmarks and the endoscopic procedure
11. ME 3.4 Assess the quality of the bowel preparation using standardized scales
12. ME 3.4 Perform tissue biopsies in quantity and quality as appropriate to indication
13. ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed
14. COM 5.1 Record high quality images of significant findings
15. COL 1.1 Respond appropriately to input from other health care professionals
16. P 1.1 Work within personal limitations, asking for assistance as needed
17. ME 4.1 Propose and implement plans for ongoing care and/or follow-up on investigations
18. ME 4.1 Determine the need and timing for referral to another health care professional (for surgery or advanced endoscopic procedures)
19. COM 4.3 Use communication skills and strategies that help the patient make informed decisions
20. COM 3.1 Convey information regarding the endoscopic findings and follow-up plan to the patient/family

Part B: Procedure note

1. COM 5.1 Organize information in appropriate sections
2. COM 5.1 Document the encounter to accurately convey the procedure and outcome

3. COM 5.1 Document the quality and findings of the endoscopic procedure, using instruments with strong validity evidence as appropriate
4. COM 5.1 Document all relevant findings
5. COM 5.1 Complete clinical documentation in a timely manner

Pediatric Gastroenterology

EPA 12: Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract

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

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

Assessment Plan:

Part A: Procedural skills

Direct observation by supervisor

Assessment form collects information on:

- Case mix: variceal ligation/sclerotherapy; non-variceal hemostasis; snare colonic polypectomy; foreign body removal; other (write in)
- Actively bleeding: yes; no
- Size of polyp: not applicable; <1 cm; 1-2 cm; >2 cm
- Location of intervention: esophagus; stomach; duodenum; colon; terminal ileum; other [write in]

Part B: Procedure note

Review of procedure note by supervisor.

Use assessment form.

Basis for formal entrustment decision:

Collect 6 observations of achievement.

- At least 2 variceal ligation/sclerotherapy or non-variceal hemostasis
- At least 2 colonic polypectomy
- At least 2 foreign body removal
- At least 2 assessors
- At least 4 procedure notes

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

Part A: Procedural skills

1. ME 3.4 Prepare and position the patient for the procedure
2. ME 3.1 Determine a plan for sedation and monitoring appropriate to the patient's condition and the clinical setting
3. ME 3.4 Assemble and optimize endoscope function

4. ME 3.4 Select and gather appropriate ancillary equipment
5. ME 3.4 Apply knowledge of anatomy, key landmarks and the endoscopic procedure
6. ME 3.4 Manipulate endoscope appropriately, achieving stabilization, orientation and direction
7. ME 3.4 Use appropriate strategies for endoscope advancement
8. ME 3.4 Preserve tissue vitality when handling tissue and instruments
9. ME 3.4 Demonstrate appropriate and safe use of ancillary equipment (e.g., electrocautery, endoscopic injection therapies, endoscopic clips, hemospray, APC, rubber band ligation, balloon tamponade tubes)
10. ME 3.4 Identify and react to immediate complications of the procedure, if applicable
11. P 1.1 Work within personal limitations, asking for assistance as needed
12. P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings

Part B: Clinical documentation

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

Pediatric Gastroenterology

EPA 13: Providing care for patients who have experienced a patient safety incident

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

Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect two observations of achievement.

- At least one direct observation
- At least one in clinical setting

When is unsupervised practice expected to be achieved: YEAR 2

Relevant Tasks

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

Pediatric Gastroenterology Transition to Practice

EPA 14: Leading the provision of GI care for patients on an inpatient service

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

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

Assessment Plan:

Part A: Patient care

Chart or case review, or direct observation by supervisor

Assessment form collects information on:

- Diagnosis: (write in)

Part B: Interprofessional care

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

Assessment form collects information on:

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

Basis for formal entrustment decision:

Collect 6 observations of achievement.

- A variety of medical diagnoses
- At least 2 different assessors
- Feedback of achievement from at least 6 observers for Interprofessional care

When is unsupervised practice expected to be achieved: YEAR 3

Relevant Tasks

Part A: Overall Patient Care

1. ME 1.4 Perform relevant and time-effective clinical assessments
2. ME 2.4 Establish patient centered management plans
3. ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
4. S 3.4 Integrate best evidence and clinical expertise into decision-making
5. ME 4.1 Determine the need and timing for referral to another health care professional
6. ME 4.1 Coordinate care when multiple physicians and health care professionals are involved

7. HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors
8. COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner
9. L 2.1 Allocate health care resources for optimal patient care

Part B: Interprofessional Care

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

Pediatric Gastroenterology Transition to Practice

EPA 15: Managing and prioritizing daily clinical activities

Key features: This EPA focuses on managing the caseload of a Gastroenterologist: providing quality care for individual patients, triaging and prioritizing between patients and amongst patients and other occupational demands and demonstrating judicious use of resources.

- This EPA may be observed in any clinical setting and must be based on a block of time of at least a week during which the resident has responsibilities in at least two clinical settings (e.g., clinic, inpatient service, endoscopy, outside calls).

Assessment Plan:

Direct and/or indirect observation by supervisor based on a block of time (e.g., week, block of service)

Assessment form collects information on:

- Period of observation: (write in)
- Setting: (select all that apply) inpatient; outpatient; endoscopy; outside calls; other (write in)

Basis for formal entrustment decision:

Collect 1 observation of achievement.

- Must be at least one week in duration
- At least two settings

When is unsupervised practice expected to be achieved: YEAR 3

Relevant Tasks

1. ME 1.4 Perform relevant and time-effective clinical assessments
2. ME 1.5 Prioritize patients based on the urgency of clinical presentations
3. ME 1.6 Adapt to unanticipated findings or changing clinical circumstances
4. L 2.1 Allocate health care resources for optimal patient care
5. S 3.4 Integrate best evidence and clinical expertise into decision-making
6. ME 2.4 Establish patient centered management plans
7. L 4.1 Set priorities and manage time to fulfil diverse responsibilities
8. L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service, as applicable
9. L 4.2 Demonstrate leadership skills in practice management
10. P 4.1 Maintain professional clinical performance in demanding or stressful clinical settings

