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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Anesthesiology

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Anesthesiology

EPA 1: Performing preoperative assessments; Monitoring; and postoperative transfer of care of healthy adult patients for non-complex surgical procedures

Key Features: This EPA includes:

- Establishing rapport with the patient who is scheduled for a non-complex surgery.
- Effectively gathering the data required for safe conduct of anesthesia.
- Organizing information appropriately in the anesthetic chart.
- Recognizing when to seek help in providing clear explanations to the patient.
- Preparing the operating room for non-complex surgical procedures including appropriate equipment checks, monitor selection/application and basic medication preparation.
- Recording physiologic values at appropriate intervals in the anesthetic chart
- Identifying vital sign/monitoring abnormalities and initiating management/calling for help when needed.
- This EPA does not require diagnosis or complete management of all situations.
- This includes providing necessary information to the receiving nurse in PACU, such as procedure performed, relevant comorbidities, medications used, complications, blood loss, fluids administered, analgesics and antiemetics given, and postoperative analgesia plan.
- Also includes providing clear orders for postoperative care and ensuring the patient is in stable condition for PACU care.

Assessment plan

Direct observation or chart/case review by supervisor.

Assessment form collects information on:

- Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; urology; other surgery
- Age of patient: *[write in]*

Basis for formal entrustment decisions:

Collect a minimum of 3 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 1

Relevant milestones

- 1 ME 2.2 Elicit a history including relevant past medical history, review of old records, anesthetic history and functional review of systems
- 2 ME 2.2 Perform a pre-anesthetic physical examination, including an airway assessment
- 3 ME 2.2 Identify relevant investigations required prior to the scheduled minor procedure

- 4 COM 1.1 Communicate in a way that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 5 COM 1.4 Identify, verify and validate non-verbal cues on the part of patients and their families
- 6 COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses
- 7 COM 3.1 Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family
- 8 COM 3.1 Recognize when to seek help in providing clear explanations to the patient and family
- 9 COM 4.1 Communicate with cultural awareness and sensitivity
- 10 COM 4.3 Demonstrate steps to obtaining informed consent
- 11 ME 2.2 Synthesize clinical information for presentation to a supervisor in an organized manner
- 12 COM 5.1 Organize information in appropriate sections within an electronic or written medical record
- 13 COL 2.1 Convey information thoughtfully
- 14 COL 2.1 Respond to requests and feedback in a respectful and timely manner
- 15 S 1.1 Describe physicians' obligations for lifelong learning and ongoing enhancement of competence
- 16 P 1.1 Prioritize the needs of patients and others to ensure a patient's legitimate needs are met
- 17 P 1.1 Demonstrate punctuality
- 18 P 1.1 Complete assigned responsibilities in a timely fashion

Anesthesiology

EPA 2: Providing perioperative anesthetic management for non-complex cases in adult patients

Key Features: This EPA focuses on doing the anesthetic care in its entirety. This includes preoperative assessment, investigation/optimization if needed, informed consent, anesthetic management, postoperative management, and determination of postoperative disposition.

- This EPA is divided into two parts: direct observation and multisource feedback.
- This EPA can be completed for any anesthetic case. In comparison to a daily assessment form, its focus is on the performance during a specific case versus the performance during the whole day.
- This EPA should be observed in a breadth of patients and procedures. They can be ambulatory in nature or require hospital admission postoperatively and can be urgent or emergent cases.
- Observations of this EPA should be collected each time the resident is participating in a block of time in an anesthesia training experience to gather longitudinal information on the resident's performance both before and after achievement of entrustment.

Assessment plan

Part A: Anesthetic management

Direct observation and/or indirect observation by supervisor

Assessment form collects information on:

- Type of surgical procedure: general surgery; gynecology; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; trauma; urology; other surgery
- Type of anesthesia: general; neuraxial; regional; monitored anesthesia care (MAC)
- Priority of surgery: elective; urgent

Part B: Multisource feedback:

Feedback must come from different environments.

Basis for formal entrustment decisions:

A minimum of 20 observations of achievement

When is oversight supervised practice expected to be achieved: PGY 2

Relevant milestones:

Part A Anesthetic management

- 1 ME 2.2 Perform a focused history, including a review of electronic medical records, and physical exam including regional areas where invasive procedures may be planned, review investigations, and interpret their results for the purpose of preoperative assessment and optimization of patient prior to surgery

- 2 ME 2.2 Synthesize patient information into prioritized anesthetic considerations, including important considerations relevant to the proposed surgical procedure
- 3 ME 3.1 Describe the indications, contraindications, risks, and alternatives for the anesthetic management of the patient
- 4 ME 3.1 Determine the most appropriate anesthetic management in relation to patient's condition and surgical procedure
- 5 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 6 ME 3.3 Determine the urgency of the procedure
- 7 ME 2.2 Determine the patient's readiness for surgery and judge the appropriate optimization of the emergency patient
- 8 ME 3.4 Perform all case management skills with appropriate proficiency including adapting to unanticipated findings or changing clinical circumstances, anticipation and management of issues around induction, maintenance, emergence of anesthesia, and pain management
- 9 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
- 10 ME 5.2 Demonstrate situational awareness
- 11 ME 5.2 Demonstrate an understanding of the anesthetic guidelines of practice and their appropriate application
- 12 COM 1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 13 COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 14 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 15 COL 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions
- 16 COL 3.2 Provide handover of anesthetic care to the recovery unit and communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 17 L 4.2 Demonstrate leadership skills in the peri-operative environment including participation in "time-out" sessions
- 18 S 1.2 Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions
- 19 S 1.2 Review post-operative patient follow-up as a source of information on one's own performance and opportunities for learning and improvement
- 20 S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing one's own performance using various internal and external data sources

- 21 P 1.1 Exhibit appropriate professional behaviors
- 22 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Part B – MSF

- 23 ME 5.2 Demonstrate situational awareness
- 24 COM 1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 25 COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 26 COM 5.2 Write orders clearly and legibly, using pre-printed order sets where appropriate
- 27 COL 1.1 Receive and appropriately respond to input from other health care professionals
- 28 COL 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions
- 29 COL 2.1 Actively listen to and engage in interactions with collaborators
- 30 COL 2.2 Listen to understand and find common ground with collaborators
- 31 COL 3.2 Provide handover of anesthetic care to the recovery unit and communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 32 L 1.1 Demonstrate leadership skills in the peri-operative environment including participation in “time-out” sessions
- 33 P 1.1 Exhibit appropriate professional behaviors
- 34 P 1.5 Exhibit professional behaviors in the use of technology-enabled communication

Anesthesiology

EPA 3: Performing the non-airway basic procedures of Anesthesiology

Key Features: This EPA includes:

- selecting appropriate patients and techniques for the procedure
- obtaining informed consent
- performing the technical aspects of the procedure
- appropriate documentation
- managing post-procedure complications

Basic procedures include spinal, arterial line, central line insertion.

Assessment Plan

Direct observation by supervisor

Assessment form collects information on:

- Procedure: arterial line; central line; spinal
- Use of ultrasound: yes; no
- Anatomical site of central line: not applicable; jugular; subclavian; femoral; PICC
- Setting: operating room; ICU; ER; other setting

Basis for formal entrustment decisions:

Collect 20 observations of achievement:

- At least 2 arterial lines
- At least 5 central lines
- At least 5 spinals

When is oversight supervised practice expected to be achieved: PGY 2

Relevant Milestones

- 1 ME 3.1 Describe the indications, contraindications, risks and alternatives for basic procedures
- 2 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 3 ME 3.4 Demonstrate effective procedure preparation, including gathering required equipment, and patient monitoring and positioning
- 4 ME 3.4 Perform procedural tasks in a timely, fluid, skillful, and safe manner
- 5 ME 3.4 Identify changing clinical circumstances or unanticipated findings and seek assistance as needed
- 6 ME 3.4 Recognize and manage common complications of basic procedures
- 7 COM 1.2 Optimize the clinical environment for patient comfort, privacy, engagement and safety
- 8 COM 5.1 Document the encounter to convey the procedure and outcome

Anesthesiology

EPA 4: Identifying patients presenting with an anticipated difficult airway and preparing for management options

Key Features: This EPA may be observed in adults and children. This EPA includes:

- Identifying patients with an anticipated difficult airway. The 4 categories of anticipated difficulties: bag mask ventilation, intubation, supraglottic airway, front of neck access (FONA).
- Discussing risks with the patient and obtaining informed consent.
- Planning management options: this must include plans for ventilation and oxygenation, and anticipated plans for safe extubation and postoperative management. It should also include having at least plan A and plan B.
- Preparation of the operating room and equipment.

This EPA does not include managing the airway – this will be observed in EPA «managing patients presenting with an anticipated difficult airway».

Assessment plan

Direct observation or chart review and case discussion by supervisor

Assessment form collects information on:

- Age: [write in]
- Type of airway management technique planned: [text box]

Basis for formal entrustment decisions:

A minimum of 5 observations of achievement

When is oversight supervised practice expected to be achieved: PGY 1

Relevant milestones

- 1 ME 1.3 Apply knowledge of airway anatomy and physiology
- 2 ME 1.3 Apply knowledge of the indications, contraindications, basic pharmacology and risks of sedation during airway management
- 3 ME 1.4 Perform focused clinical assessments
- 4 ME 2.2 Synthesize clinical data to identify patients with the potential for a difficult airway and/or bag mask ventilation
- 5 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 6 ME 1.3 Apply knowledge of the criteria for a safe extubation
- 7 ME 1.3 Apply knowledge of difficult airway management algorithms and cognitive aids
- 8 ME 1.3 Apply knowledge of the indications, contraindications, risks and alternatives for the different airway management tools
- 9 ME 1.3 Apply knowledge of the differences between adult and pediatric difficult airway

management

- 10 ME 2.4 Develop an airway management plan, and alternatives, for patients with an anticipated difficult airway
- 11 ME 3.2 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines
- 12 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 13 ME 3.4 Prepare equipment and supplies for airway management
- 14 ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
- 15 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 16 COM 5.1 Document information about the airway difficulty in a manner that enhances intra- and inter-professional care
- 17 COL 1.1 Respect established rules of their team
- 18 COL 2.1 Actively listen to and engage in interactions with collaborators
- 19 L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios
- 20 S 1.2 Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions
- 21 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Anesthesiology

EPA 5: Diagnosing and managing common issues in the post-anesthesia care unit (PACU), or the surgical ward

Key Features: This EPA is a step to the EPA on «comprehensive management of acute and acute on chronic pain conditions».

This EPA must include some observations of the management of non-complex patients with acute pain, either postoperative or traumatic, and managing common complications of acute pain.

- Examples of common issues include pain, nausea and/or vomiting, hypotension, hypertension, arrhythmias, cardiac ischemia, hypoxemia, respiratory depression, bronchospasm, pulmonary edema, deep venous thrombosis, delirium, slow awakening, decreased urine output.
- Options for managing acute pain should include at least IV PCA, multimodal analgesia and regional anesthesia.
- Observations of this EPA should be collected in both the PACU and on the surgical ward.

Assessment plan

Direct or indirect observation, or case and/or chart review, by supervisor or entrusted resident

Assessment form collects information on:

- Type of issue: pain; nausea and/or vomiting; hypotension; hypertension; arrhythmias; cardiac ischemia; hypoxemia; respiratory depression; bronchospasm; pulmonary edema; deep venous thrombosis; delirium; slow awakening; decreased urine output; other issue
- Location: PACU; surgical ward; ICU; other location
- Type of surgical procedure: general surgery; gynecology; neurosurgery; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; thoracic surgery; urology; vascular surgery; other surgery

Basis for formal entrustment decisions:

A minimum of 8 observations of achievement

- These observations should be performed in **both** the PACU and on the surgical ward.
- At least 4 managing pain

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

- 1 ME 1.3 Apply knowledge of the anatomy and physiology of acute pain
- 2 ME 1.4 Perform focused clinical assessments

- 3 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 4 ME 2.4 Develop and implement management plans for common postoperative problems diagnosed in the post-anesthesia care unit or the surgical ward
- 5 ME 1.3 Apply knowledge of the pharmacology of various groups of analgesics available for management of acute pain
- 6 ME 2.4 Develop and implement initial management plans
- 7 ME 3.3 Prioritize and advocate for the timely execution of a procedure or therapy, taking into account clinical urgency and available resources
- 8 ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 9 ME 4.1 Ensure follow-up on results of investigation and response to treatment
- 10 ME 5.1 Prioritize the initial medical response to adverse events to mitigate further injury
- 11 ME 2.2 Develop and prioritize differential diagnosis
- 12 ME 5.1 Incorporate, as appropriate, into a differential diagnosis, harm from health care delivery
- 13 ME 2.2 Establish the diagnosis of common complications in the post- anesthesia care unit or the surgical ward in a timely manner
- 14 ME 2.2 Integrate the patient's medical history, type of surgery and perioperative factors to anticipate which patients are at higher risk for postoperative surgical or medical complications
- 15 ME 5.2 Apply strategies and ensure optimal specific monitoring to prevent complications
- 16 COM 4.1 Explore the perspectives of the patient and others when developing care plans
- 17 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 18 COL 1.1 Receive and appropriately respond to input from other health care professionals
- 19 COL 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 20 COL 3.2 Communicate with the attending physician or other appropriate member of the health care team about the patient's condition and care
- 21 COL 3.2 Summarize the patient's issues in the transfer summary, including plans to deal with ongoing issues
- 22 L 1.1 Seek data to inform practice and engage in an iterative process of improvement
- 23 L 4.1 Organize work using strategies that address strengths and identify areas to improve in personal effectiveness
- 24 S 1.2 Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions

- 25 HA 2.2 Improve clinical practice by identifying patients or populations that are not being optimally treated for pain
- 26 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures
- 27 P 2.2 Monitor institutional and clinical environments and respond to issues that can harm patients or the impact the delivery of health care

Anesthesiology

EPA 6: Initiating resuscitation and diagnosis of patients with life-threatening conditions in a time-appropriate manner

Key Features: This EPA focuses on identifying the urgency of the situation, generating relevant differential diagnosis, and initiating focused management directed at the presumed etiology.

- This EPA includes recognizing a life-threatening situation and beginning basic resuscitation (e.g., assess the ABCs, begin bag mask ventilation, bolus fluids, start pressors/inotropes).
- It also includes recognizing one's limits and asking for assistance in a time-appropriate manner.
- This EPA must be observed in a variety of environments such as PACU, surgical/medical wards, ICU, ER or OR.

Assessment plan

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Location: PACU; surgical ward; medical ward; ICU; ER; OR; other location
- Type of condition: respiratory distress; cardiac event; shock; neurologic condition; cardiac arrest; other condition

Basis for formal entrustment decisions:

Collect at least 3 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 2 ME 1.5 On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
- 3 ME 2.2 Synthesize patient information to determine diagnosis
- 4 ME 2.4 Develop and implement initial management plans, prioritizing issues to be addressed, in a time appropriate manner
- 5 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 6 COM 3.1 Convey the diagnosis, prognosis and plan of care in a clear, compassionate, respectful, and accurate manner to the patient and/or family
- 7 COM 3.1 Use strategies to verify and validate the understanding of the patient and/or family

- 8 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 9 COL 1.1 Contribute effectively in interprofessional teams (e.g. nurses, RTs)
- 10 COL 1.3 Communicate appropriately with supervising staff (supervising resident or attending physician) if significant concerns are identified during patient assessment
- 11 COL 1.2 Participate in debriefing, post critical incident
- 12 S 3.4 Incorporate evidence-based medicine into clinical practice
- 13 P 4.2 Report any medical/psychological/substance abuse/fatigue concerns that may limit one's ability to provide optimal patient care
- 14 P 1.1 Accept feedback readily and incorporate suggestions for improvement
- 15 P 4.1 Demonstrate the ability to remain calm and professional in stressful situations
- 16 P 2.2 Pay close attention to the continuing care of the patient beyond the technical execution of resuscitation, reliably and conscientiously

Anesthesiology

EPA 7: Assessing and providing labor analgesia for healthy parturient with an uncomplicated pregnancy, including the management of common complications of labor analgesia

Key Features: This EPA may include any of the following complications: inadequate control of pain, hypotension, bradycardia, fetal bradycardia and decelerations, respiratory depression, unilateral block, high block and/or inadvertent subarachnoid block.

- The observation of this EPA is divided into 2 parts; assessment, provision, and management of labor analgesia; management of common complications.
- This EPA includes direct observation of procedural skills (e.g., epidurals).
- Observations of both parts may be made on the same occasion.

Assessment plan

Part A: Assessment, provision, and management of labor analgesia

Direct observation or case review by supervisor

Assessment form collects information on:

- Patient's weight: *[write in]*
- Patient BMI: *[write in]*
- Type of analgesia provided: epidural; other analgesia
- Type of observation: direct; case review

Part B: Complications

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Type of complications: inadequate control of pain; hypotension; bradycardia; fetal bradycardia and deceleration; respiratory depression; unilateral block; high block; inadvertent subarachnoid block; inadvertent dural puncture; other complication
- Type of observation: direct; case review

Basis for formal entrustment decisions:

Part A: Assessment, provision, and management of labor analgesia

Collect observations from a large breadth of training experience with the expectations not all will be achieved, with a minimum of 10 observations of achievement.

- At least 6 direct observations

Part B: Complications

Collect at least 3 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

Part A: Assessment, provision and management of labor analgesia

- 1 ME 1.3 Apply clinical and biomedical sciences to manage presentations in pregnant patients
- 2 ME 1.4 Perform focused clinical assessments of a parturient during labor, acknowledge limitations of the assessment in this specific context and demonstrate strategies to overcome those limitations
- 3 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy to provide optimal labor analgesia
- 4 ME 2.4 Integrate all sources of information to develop and initiate a management plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 5 ME 2.2 Analyze fetal heart rate monitoring before and after provision of labor analgesia
- 6 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 7 ME 3.4 Demonstrate effective procedure preparation, including gathering required equipment, and patient monitoring and positioning
- 8 ME 3.4 Perform labor epidural analgesia or other common procedures to provide labor analgesia in a skillful, fluid, and safe manner, including appropriate sterile technique
- 9 ME 4.1 Ensure adequate follow up of the parturient receiving labor analgesia
- 10 ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 11 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 12 COM 4.1 Communicate with cultural awareness and sensitivity
- 13 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 14 COL 1.1 Receive and appropriately respond to input from other health care professionals
- 15 COL 1.3 Integrate the patient's perspective and context into the collaborative care plan
- 16 L 4.1 Organize work using strategies that address strengths and identify areas to improve in personal effectiveness
- 17 HA 1.2 Select patient education resources related to obstetrical analgesia and anesthesia
- 18 S 3.3 Interpret study findings, including a critique of their relevance to their practice

Part B: Complications

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 2 ME 1.4 Perform focused clinical assessments of a parturient during labor, acknowledge limitations of the assessment in this specific context and demonstrate strategies to

overcome those limitations

- 3 ME 2.4 Develop and implement initial management plans
- 4 ME 3.4 Seek assistance as needed when unanticipated findings, difficulties or changing clinical circumstances are encountered
- 5 COM 4.1 Communicate with cultural awareness and sensitivity
- 6 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 7 COL 1.1 Receive and appropriately respond to input from other health care professionals
- 8 L 4.1 Organize work using strategies that address strengths and identify areas to improve in personal effectiveness
- 9 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Anesthesiology

EPA 8: Providing anesthesia for patients undergoing non-complex cesarean section

Key Features: This EPA Includes:

- Provision of anesthesia for non-complex obstetric patients undergoing scheduled
- Emergency cesarean sections due to mother or fetus life threatening conditions are not included.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of Anesthesia: Spinal, Epidural or General.
- Patient body weight: (record).
- Patient BMI: (record).

Basis for formal entrustment decisions:

Collect a minimum of 5 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 2

Relevant milestones

- 1 ME 1.1 Demonstrate compassion for patients
- 2 ME 1.3 Apply clinical and biomedical sciences to manage presentations in pregnant patients
- 3 ME 1.4 Perform focused clinical assessment
- 4 ME 2.4 Develop and implement initial management plans
- 5 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 6 ME 3.4 Perform common procedures in a skillful, fluid, and safe manner including appropriate infection control measures and using protective equipment
- 7 ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 8 ME 4.1 Diagnose and initiate management of common neuraxial anesthesia complications such as inadequate anesthesia, high spinals and hypotension
- 9 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
- 10 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 11 COM 4.1 Communicate with cultural awareness and sensitivity
- 12 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal

requirements

- 13 COL 1.1 Respect established rules of their team
- 14 COL 2.2 Manage differences in opinion and conflict situations arising in the interdisciplinary team effectively and constructively
- 15 COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 16 S 1.1 Demonstrate a structured approach to monitoring progress of learning in the clinical setting
- 17 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Anesthesiology

EPA 9: Providing perioperative anesthetic management for non-complex cases in pediatric patients

Key Features: This EPA is concerned with the anesthetic management of non-complex surgeries for pediatric patients on an ambulatory or hospital admission bases. This EPA includes:

- Preoperative assessment.
- Preoperative investigations.
- Pediatric consultation / preoperative optimization if required.
- Obtaining informed consent from parents or caregivers.
- Intraoperative anesthetic management.
- Postoperative anesthetic care & acute pain management.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of surgical procedure: general surgery; ophthalmology; orthopedic otolaryngology; plastic, urology, other surgery.
- Type of anesthesia: general; neuraxial; regional
- Age of patient: *[write in]*
- *Body weight: (Record).*
- *History of Premature Delivery or congenital anomalies.*

Basis for formal entrustment decisions:

Collect at least 3 observations of achievement.

- At least two observations of patients under the age of 10

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 2 ME 2.2 Perform a focused history, including a review of electronic medical records, and physical exam including regional areas where invasive procedures may be planned, review investigations, and interpret their results for the purpose of preoperative assessment and optimization of patient prior to surgery
- 3 ME 2.2 Synthesize patient information to determine anesthetic considerations, including considerations relevant to the surgical procedure
- 4 ME 2.4 Develop and implement initial management plans
- 5 ME 3.1 Determine the most appropriate anesthetic management in relation to patient's

condition and surgical procedure

- 6 ME 3.4 Perform the anesthetic management plan
- 7 ME 3.2 Obtain and properly document informed consent for commonly performed anesthesia procedures and therapies
- 8 COM 3.1 Use language that is clear and avoid medical jargon
- 9 ME 3.4 Perform common procedures in a skillful, fluid, and safe manner including appropriate infection control measures and using protective equipment
- 10 ME 5.1 Incorporate, as appropriate, into a differential diagnosis, harm from health care delivery
- 11 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
- 12 COM 1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 13 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 14 COM 2.1 Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
- 15 COL 3.2 Communicate with physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
- 16 S 1.2 Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions
- 17 P 1.1 Exhibit appropriate professional behaviors

Anesthesiology

EPA 10: Providing anesthetic management for patients with defined critical illness (including ethical issues around end-of-life care) and/or significant cardiac disease

Key Features: This EPA focuses on the anesthetic care of the patient who is critically ill, defined as needing some form of critical life support, with emphasis on mitigating risk and adapting the anesthetic plan to the patient's underlying condition and stability, and to the required surgery. This EPA also includes end-of-life care discussions. This EPA also includes the management of patients with significant cardiac disease throughout the perioperative period.

- This includes anticipating perioperative complications and ensuring appropriate postoperative care.
- This EPA may be observed with patients coming to the OR from the ICU or ER.
- This EPA does not address the care of the highly unstable patient needing resuscitative care.
- This includes the preoperative assessment of patients with various cardiac diseases, including assessing severity of the disease and identification of perioperative hemodynamic goals.
- It includes the management of the induction of anesthesia and establishment, analysis, and interpretation of various hemodynamic monitors, both invasive and non-invasive.
- It may include use of various inotropic, vasoactive, and antidysrhythmic pharmacologic interventions and the use of temporary pacemakers if needed.
- This EPA also includes appropriate postoperative disposition and follow up.
- This EPA may be observed in any surgery, including cardiac surgery.
- This includes breaking bad news and leading goals of care discussions and building consensus around end-of-life decision making such as withdrawal of life sustaining therapies and potential organ and tissue donation.
- It also includes discussions surrounding the explicit interpretation of perioperative do-not-resuscitate (DNR)/no-CPR orders and the level of care wished by the patient and family (CPR, shock, intubation, postop ICU, etc.).

Assessment plan

Direct observation and review of clinical documentation by supervisor

Assessment form collects information on:

- Type of critical life support [select all that apply]: circulatory; respiratory; renal; other life support, or significant cardiac disease
- Location: perioperative, ICU or on the inpatient ward.

Basis for formal entrustment decisions:

Collect a minimum of 5 observations of achievement.

- At least 3 involving critical illness

- At least 2 involving cardiac diseases

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.1 Demonstrate commitment and accountability for patients in their care
- 2 ME 1.3 Apply knowledge of advanced life support to optimize and prepare the patient and operating room for surgical intervention in the critically ill patient
- 3 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of determining prioritized anesthetic considerations and perioperative management plan
- 4 ME 1.3 Apply knowledge of physiologic derangements and their impact on anesthesia care in considering the risks and benefits of all approaches
- 5 ME 3.4 Establish and implement a plan for post-anesthesia care
- 6 ME 2.4 Develop an anesthetic management plan, demonstrating sound judgment and insight
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 5.2 Apply the principles of situational awareness to clinical practice
- 9 COL 1.3 Engage in respectful shared decision-making with physician and other colleagues in the health care professions
- 10 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 11 L 1.2 Contribute to a culture that promotes patient safety
- 12 L 4.3 Implement processes to ensure personal practice improvement
- 13 HA 1.1 Respond to an individual patient's health needs
- 14 P 1.1 Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

Anesthesiology

EPA 11: Managing patients presenting with a difficult airway and/or undergoing airway surgical procedures, including developing plans for extubation

Key Features: This EPA builds on the skills related to discussing the assessment and plans for anticipated difficult airway.

- This EPA requires medical expertise to manage the clinical situation as well as leadership skills to facilitate teamwork and crisis resource management.
- This EPA also focuses on providing anesthetic management for procedures involving the upper and lower airway.
- The task focuses on preparation of full OR equipment and medication including at least 2 additional management options, consideration of potential side effects and complications, execution of the management plan and thorough documentation.
- The extubation plan must include anticipation of and management strategies to minimize risk of failure, and a postoperative disposition appropriate for the level of care required.
- The observation of this EPA should be documented **with every encounter** of a patient with an **unanticipated** difficult airway.
- This EPA may also be observed in any of the following situations: fiberoptic and rigid bronchoscopy; laser surgery; foreign body removal; airway stents or tracheal resection; tracheostomy.
- The emphasis is on "shared airway" cases requiring open and dynamic communication between the surgical team and anesthesia team.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Location: OR; ICU; ward; ER
- Age:
- Airway issue [select all that apply]: anticipated difficult BMV; unanticipated difficult BMV; anticipated difficult intubation; unanticipated difficult intubation; airway foreign body; other airway issue.
- Type of airway management technique [select all that apply]: fiberoptic; direct laryngoscopy; video laryngoscopy; adjunct airway use; other management technique.
- Extubation plans observed: yes; no

Basis for formal entrustment decisions:

Collect a minimum of six (6) observations of achievement.

- At least 2 cases of Airway surgery
- At least 2 cases of difficult airway

When is oversight supervised practice expected to be achieved: PGY 4

Relevant milestones

- 1 ME 1.4 Perform an appropriate history and physical assessment to identify patients with the potential for a difficult airway
- 2 ME 2.2 Synthesize patient information to identify a difficult airway, including identifying co-morbidities placing the patient at a higher risk of having a difficult airway, in a timely manner
- 3 ME 2.2 Identify those patients and disease states which are at higher risk of a difficult airway
- 4 ME 2.4 Formulate and implement management plans that consider all of the patient's health problems and context, in a timely manner, in collaboration with patients and their families and, when appropriate, the interprofessional team
- 5 ME 2.4 Integrate all sources of information to develop a clear and safe plan, including extubation and post-operative care
- 6 ME 3.4 Competently and safely provide airway management in a timely manner
- 7 ME 4.1 Establish plans for ongoing and postoperative care
- 8 ME 5.2 Apply the principles of situational awareness to clinical practice
- 9 ME 5.2 Adopt strategies that promote patient safety and address human and system factors
- 10 COM 3.1 Convey information related to the patient's status, care, and needs in a timely, honest, and transparent manner
- 11 COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents
- 12 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 13 COL 1.3 Communicate with the health care team using closed loop communication and clear language
- 14 L 4.2 Assume a leadership role, and delegate tasks and responsibilities in an appropriate and respectful manner
- 15 S 1.2 Keep a log of difficult airway cases and include techniques and airway adjuncts to guide future required learning experiences
- 16 P 2.1 Demonstrate a commitment to maintaining and enhancing competence
- 17 P 4.1 Demonstrate the ability to remain calm and professional in stressful situations

Anesthesiology

EPA 12: Initiating and leading resuscitation for unstable patients

Key Features: This EPA focuses on initiating resuscitation for unstable patients (adult or pediatric), following the principles of crisis resource management. This EPA recognizes that instability can occur at any point in the peri-operative patient journey and that:

- resuscitation and action may be required with limited information and resources.
- resuscitation in OR is ongoing and must be aligned with the additional physiologic changes provoked by the surgery itself.

Examples of perioperative conditions include sepsis, shock, cardiac arrest, unstable arrhythmias, polytrauma, massive hemorrhage, severe burns, etc.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of patient: adult; pediatric
- Setting: OR; PACU
- Type of condition [select all that apply]: cardiac arrest; unstable arrhythmia; polytrauma; massive hemorrhage; severe burn; sepsis, shock; other condition.

Basis for formal entrustment decisions:

Collect a minimum of 6 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 4

Relevant milestones

- 1 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed
- 2 ME 2.2 Use information from ongoing monitoring, and interpret their results for the purpose of diagnosis and management
- 3 ME 2.1 Prioritize issues to be addressed
- 4 ME 2.4 Recognize possibility of unknown diagnosis and unpredictable clinical course and take actions to avoid or mitigate potential problems
- 5 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 6 ME 1.4 Act decisively and maintain control of critical situations
- 7 ME 1.6 Seek assistance in situations that are complex or new
- 8 ME 2.2 Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued
- 9 ME 2.4 Provide concurrent treatment and ongoing assessment of the patient's clinical condition
- 10 ME 2.4 Reassess clinical status and response to treatment, to re-evaluate and adjust

resuscitative and diagnostic efforts as appropriate

- 11 ME 3.4 Competently perform resuscitation protocols
- 12 ME 5.2 Demonstrate situational awareness, avoiding fixation errors
- 13 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 14 COL 1.2 Delegate tasks and direct team members to aid in resuscitation
- 15 COL 1.3 Communicate with the health care team using closed loop communication and clear language
- 16 L 4.2 Establish clear leadership in resuscitative efforts, supporting others when needed
- 17 P 4.1 Demonstrate the ability to remain calm and professional in stressful situations

Anesthesiology

EPA 13: Demonstrating required skills in POCUS (point of care ultrasound) to answer a clinical question.

Key Features: The focus of this EPA is the use of POCUS as a patient assessment tool, with observation of both normal POCUS exams and POCUS exams completed with the purpose of answering a clinical question.

- This EPA includes obtaining standard ultrasound views in POCUS including cardiac – parasternal long-axis and short-axis; apical 4-chamber; subcostal 4-chamber subcostal inferior vena cava; pulmonary.
- This EPA may include either transthoracic or transesophageal techniques for cardiac ultrasound images.

Assessment plan

Direct observation or review of images by supervisor

Assessment form collects information on:

- Type of exam: cardiac; pulmonary; cardiopulmonary; other exam
- Technique: transthoracic; transesophageal
- Location: preoperative; intraoperative; ICU; emergency room
- Purpose of the exam: normal standard views; answering a clinical question
- Clinical situation: stable patient; unstable patient

Basis for formal entrustment decisions:

Collect a minimum of 10 observations of achievement.

- 3 direct observations obtaining transthoracic cardiac standard views.
- 3 direct observations applying ultrasound data to answer a clinical question.

When is oversight supervised practice expected to be achieved: PGY 4

Relevant milestones

- 1 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 2 ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 3 ME 1.3 Apply clinical and theoretical knowledge of echography to anesthesiology and critical care practice
- 4 ME 3.4 Adjust echocardiographic instrument settings appropriately to optimize image quality
- 5 ME 3.4 Acquire images of focused transthoracic echocardiography exam and pulmonary echographic exam
- 6 ME 2.2 Interpret focused transthoracic echocardiography exam for common

pathologies including hypovolemia, left and right ventricular failure and pericardial effusion and tamponade

- 7 ME 3.1 Integrate all sources of information to develop a management plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 8 ME 3.4 Document procedures accurately
- 9 ME 4.1 Determine the need and timing of consultation with other specialists
- 10 COM 2.1 Actively listen and respond to patient cues
- 11 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

Anesthesiology

EPA 14: Providing peripartum anesthetic management for high-risk pregnant patient

Key Features: This EPA includes patient assessment, identification of contraindications to various modalities of labor analgesia or anesthesia, discussion of risks and benefits, informed patient consent, identification of required monitoring and execution of the management plan.

- This EPA includes all complex cases of labor analgesia and cesarean.

Assessment plan

Part A: Patient management

Part B: Interaction with the team

Direct or indirect observation by supervisor

Assessment form collects information on:

- Pre-existing comorbidity [select all that apply]: none; cardiac; obesity; other comorbidity
- Pregnancy related comorbidity [select all that apply]: none; hemorrhage; pre-eclampsia; pre-term; fetal distress; other comorbidity
- Urgent: yes/no
- Type of anesthesia: spinal; epidural; combined spinal/epidural; general; other anesthesia

Basis for formal entrustment decisions:

Collect a minimum of 10 observations of achievement.

- At least one cesarean section under general anesthesia

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

Part A: Patient management

- 1 ME 1.6 Adapt care as the patient's clinical condition evolves
- 2 ME 2.1 Consider clinical urgency, feasibility, availability of resources, comorbidities and the second patient (fetus) in determining priorities to be addressed
- 3 ME 2.2 Elicit a history, perform a physical exam and select appropriate investigations, and interpret their results for the purpose of determining prioritized anesthetic considerations and perioperative management plan
- 4 ME 2.4 Formulate and implement management plans that consider all of the patient's health problems and context, in a timely manner, in collaboration with patients and their families and, when appropriate, the interprofessional team
- 5 ME 3.1 Integrate all sources of information to develop an anesthetic management plan that is safe, patient-centered, and considers the risks and benefits of all approaches

- 6 ME 3.4 Document procedures accurately
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 4.1 Establish plans for ongoing and postoperative care
- 9 ME 5.2 Apply the principles of situational awareness to clinical practice
- 10 COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication with patients
- 11 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 12 COM 3.1 Share information and explanations that are clear, accurate, and timely while checking for patient and family understanding
- 13 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 14 COL 3.2 Demonstrate safe handover of care, both verbal and written

Part B: Interaction with the team

- 1 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety.
- 2 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 3 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 4 COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 5 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 6 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 7 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 8 HA 1.1 Facilitate timely patient access to services and resources
- 9 P 1.1 Respond punctually to requests from families or other health care providers
- 10 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 11 P 1.1 Exhibit appropriate professional behaviors

Anesthesiology

EPA 15: Providing perioperative anesthetic management for pediatric patients with more complex cases

Key Features: This EPA includes all aspects of care including preoperative assessment, investigation/optimization if needed, informed consent with patient and family, anesthetic management, and determination of postoperative disposition.

- The focus of this EPA is on intraoperative and postoperative management.
- The case may be considered complex due to either the patient having multiple medical co-morbidities or the procedure involving complex management.
- This EPA may be observed in children under the age of one, but this is not required.
- This EPA may be observed in complex pediatric cases (including but not limited to pediatric subspecialty surgeries such as neuro or cardiac surgery).

Assessment plan

Direct observation and review of clinical documentation by supervisor

Assessment form collects information on:

- Timing: emergency Vs elective
- Type of surgery: general surgery; urology; otolaryngology; orthopedic surgery; plastic surgery; ophthalmology; dental surgery; other surgery
- Patient comorbidity: cardiovascular disease; endocrine disorders; respiratory disease, obstructive sleep apnea (OSA), neuromuscular and musculoskeletal disease, neurological diseases; hematological disorders; infectious diseases; none
- Type of anesthesia; general; neuraxial; regional; MAC
- Patient age: (write in)

Basis for formal entrustment decisions:

Collect a minimum of 5 observations of achievement, please note the following:

- At least two of the patients assessed should be under the age of three.
- For achievement, the complexity of cases should be in line with what is expected to be managed by an anesthesiologist who does not have pediatric anesthesiology fellowship training. However, observations should also be completed for more complex cases.

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.1 Demonstrate commitment and accountability for patients in their care
- 2 ME 1.3 Apply clinical and biomedical sciences to manage presentations in pediatric patients
- 3 ME 1.6 Adapt care as the patient's clinical condition evolves

- 4 ME 1.6 Seek assistance in situations that are complex or new
- 5 ME 2.4 Establish a comprehensive perioperative anesthetic management plan, taking into consideration the wishes of the patient and their family, the impact of the patient's co-morbidities, available resources, and the needs and urgency of the procedure
- 6 ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 3.4 Establish and implement a plan for post-anesthesia care
- 9 ME 5.2 Apply the principles of situational awareness to clinical practice
- 10 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 11 COL 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 12 COL 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions.
- 13 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
- 14 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 15 L 2.1 Allocate health care resources for optimal patient care.
- 16 HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors
- 17 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 18 P 1.1 Exhibit appropriate professional behaviors
- 19 P 2.1 Demonstrate accountability to patients, their families, society, and the profession by responding to societal expectations of physicians.

Anesthesiology

EPA 16: Providing perioperative anesthetic management incorporating a peripheral nerve block technique

Key Features: This EPA focuses on the management of all aspects of care including preoperative assessment, investigation/optimization if needed, appropriate patient selection, determination of surgical procedure compatibility, selection of anesthesia/analgesia technique, discussion of risks and benefits (informed consent), performance of the regional anesthetic technique and monitoring of the patient throughout the procedure.

- This EPA includes postoperative disposition and ensuring adequate follow-up.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Location of block: upper limb; lower limb; trunk; other location
- Type of block: any limb or trunk block

Basis for formal entrustment decisions:

Collect a minimum of 10 observations of achievement.

- At least 3 upper limb
- At least 3 lower limb
- At least 1 trunk block

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

- 1 ME 1.3 Apply knowledge of the pharmacology of local anesthetics with respect to mechanism of action, toxicity, kinetics and adjuvants, to the selection of appropriate pharmacologic agents
- 2 ME 1.3 Apply knowledge of anatomy to regional anesthesia technique
- 3 ME 2.2 Synthesize patient information to determine the most appropriate anesthetic management plan
- 4 ME 2.2 Elicit a history, perform a physical exam and select appropriate investigations, and interpret their results for the purpose of determining prioritized anesthetic considerations and perioperative management plan
- 5 ME 3.1 Select the most appropriate regional anesthesia technique in the context of local guidelines, the patient, the procedure and the surgeon
- 6 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 7 ME 3.4 Demonstrate effective procedure preparation, including gathering required

equipment, and patient monitoring and positioning

- 8 ME 3.4 Establish and implement a plan for post-anesthesia care
- 9 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 10 ME 3.4 Perform peripheral nerve block regional anesthesia and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 11 COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 12 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 13 COL 1.3 Engage in respectful shared decision-making with physician and other colleagues in the health care professions
- 14 HA 1.2 Use information booklets, websites, and other communication technologies to improve patient understanding of the planned regional technique and post procedure care
- 15 S 1.1 Use technology or personal documentation to record, monitor, and report on your procedural log
- 16 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Anesthesiology

EPA 17: Providing anesthetic management for patients undergoing procedures outside the usual environment of the operating room

Key Features: This EPA includes pre procedural assessment, intraoperative management and post procedural disposition of patients undergoing procedures outside the operating room.

- This EPA may be observed in MRI and/or CT, interventional cardiology (including TEE labs), interventional radiology, brachytherapy, electroconvulsive therapy (ECT), endoscopy/bronchoscopy suites. clinic-procedure areas (such as dental or pain clinic), intensive care units, and invasive pediatric procedures such as intrathecal chemotherapy or bone marrow aspiration.
- This EPA includes considerations and safety issues related to the specific environment.

Assessment plan

Direct observation and review of clinical documentation by supervisor

Assessment form collects information on:

- Location: MRI; interventional cardiology; interventional radiology; brachytherapy; ECT; invasive procedures; other location
- Complexity of case: low; moderate; high
- Type of anesthesia: general; regional; monitored anesthesia care (MAC); other anesthesia
- Patient age: pediatric, adult, geriatric

Basis for formal entrustment decisions:

Collect a minimum of 4 observations of achievement:

- From at least 3 different locations.

When is oversight supervised practice expected to be achieved: PGY 3

Relevant milestones

- 1 ME 1.4 Perform appropriately timed preoperative clinical assessments with recommendations that are well-organized and properly documented in written and/or oral form
- 2 ME 1.6 Adapt care as the patient's clinical condition evolves
- 3 ME 2.4 Establish a comprehensive perioperative anesthetic management plan, taking into consideration the wishes of the patient and their family, the impact of the patient's co-morbidities, available resources, and the needs and urgency of the procedure
- 4 ME 2.4 Develop anesthetic management plans that acknowledge and mitigate the added risk of managing anesthetics in remote locations
- 5 ME 3.1 Ensure standard monitors are immediately available in the environment as

outlined in the CAS guidelines

- 6 ME 4.1 Establish plans for ongoing and postoperative care
- 7 ME 5.2 Adopt strategies that promote patient safety and address human and system factors
- 8 COL 1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team
- 9 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 10 COL 2.2 Analyze team dynamics
- 11 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 12 L 1.2 Contribute to a culture that promotes patient safety
- 13 L 2.2 Optimize practice patterns for cost-effectiveness and cost control
- 14 P 1.1 Intervene when behaviors toward colleagues and learners undermine a respectful environment

Anesthesiology

EPA 18: Providing perioperative anesthetic management for patients undergoing vascular surgery

Key Features: This EPA focuses on preoperative assessment, investigation/optimization, informed consent, anesthetic management, invasive monitoring, appropriate analgesia, and determination of postoperative disposition.

- This EPA includes aortic surgery (surgery of the thoracic & abdominal aorta done without cardiopulmonary bypass, including, aneurysmal, occlusive, connective tissue disease, dissection/rupture & traumatic disease); peripheral vascular surgery (including invasive and non-invasive management of patients with occlusive and embolic etiologies) and carotid disease (including carotid stenting and endarterectomies).
- Anesthetic planning & management of vascular surgeries includes knowledge & management of aortic cross-clamping, renal protection, spinal cord protection, hemodynamic support, cerebral monitoring & appropriate use of blood, blood products, heparin, and protamine.
- Technical skills associated with vascular surgery should be observed and incorporated into the anesthetic plan depending on the type of surgery being undertaken.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of procedure: aortic surgery; carotid surgery; peripheral vascular surgery
- Context of procedure: open surgery; radiological procedure
- Timing: elective; emergency
- Type of anesthetic: general; regional; combination; MAC
- Type of monitors (check all that apply): arterial line; central line; spinal cord protection; cerebral monitoring, lung isolation.
- Hemodynamic support & transfusion (check all that apply): vasopressors, inotropes, transfusion, cell salvage use, heparin use; protamine use.

Basis for formal entrustment decisions:

Collect a minimum of 6 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.3 Apply clinical knowledge of indications and specific surgical considerations for vascular surgery
- 2 ME 2.2 Use information from ongoing monitoring, and interpret their results for the

purpose of diagnosis and management

- 3 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of determining prioritized anesthetic considerations and perioperative management plan
- 4 ME 2.4 Develop a plan to optimize the patient's medical condition preoperatively.
- 5 ME 3.1 Integrate all sources of information to develop a management plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 6 ME 1.3 Apply knowledge of transfusion principles, use of heparin, protamine and blood conservation strategies
- 7 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 8 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 9 ME 3.4 Establish and implement a plan for post-anesthesia care
- 10 ME 3.4 Manage hemodynamics and complications during aortic surgery depending on the level of clamping on the aorta including hemodynamic instability, spinal ischemia, bleeding and renal dysfunction
- 11 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 12 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 13 COL 1.2 Communicate effectively with the surgeon and other members of the team
- 14 COL 3.2 Demonstrate safe handover of care, both verbal and written

Anesthesiology

EPA 19: Providing perioperative anesthetic management for patients undergoing intracranial procedures and those undergoing complex spinal procedures

Key Features: This EPA includes preoperative assessment, investigation/optimization if needed, informed consent, anesthetic management, invasive monitoring if required and determination of postoperative disposition.

- A focus of this EPA is mastery of neuroprotective strategies.
- The postoperative management plan includes attention to early assessment of neurologic status, adequate management of hemodynamic parameters and optimal pain management.
- The observations of this EPA should include a large breadth of neurosurgical patients and cases and various surgical timing (e.g. scheduled, urgent or emergent surgeries).
- Preoperative assessment should be tailored to include baseline neurologic status and pain levels, if applicable.
- This EPA also includes positioning considerations relevant for these procedures.
- Clear communication with surgeons during all aspects of the perioperative period is fundamental.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of neurosurgical procedure: tumor; pituitary tumor; vascular intracranial surgery; functional neurosurgery; neuroradiology; other procedure
- Increased intracranial pressure: yes; no
- Timing of surgery: elective; emergency
- Type of anesthetic: general; regional; combination; MAC
- Type of monitors (check all that apply): arterial line; central line; spinal cord protection; cerebral monitoring.
- Hemodynamic support & transfusion (check all that apply): vasopressors, inotropes, transfusion.

Basis for formal entrustment decisions:

Collect a minimum of 8 observations of achievement.

- At least two patients with increased intracranial pressure

When is oversight supervised practice expected to be achieved: PGY 4

Relevant milestones

- 1 ME 1.3 Apply knowledge of neurophysiology relevant to optimal anesthetic agents choice, management of increased intracranial pressure and basic principles of

neuroprotection

- 2 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during preoperative evaluation and determination of timing for surgery
- 3 ME 2.2 Use information from ongoing monitoring, and interpret their results for the purpose of diagnosis and management
- 4 ME 2.2 Synthesize patient information to determine indications for invasive and non-invasive monitoring
- 5 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of determining prioritized anesthetic considerations and perioperative management plan
- 6 ME 3.1 Integrate all sources of information to develop a management plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 3.4 Optimize the patient and surgical conditions throughout the procedure, anticipating, preventing and treating complications in relation with the specific procedure
- 9 ME 3.4 Establish and implement a plan for post-anesthesia care
- 10 COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- 11 COM 4.3 Obtain and document informed consent for the planned anesthetic management in a manner that engages the patients and their families using established principles of effective communication
- 12 COL 3.2 Organize the handover of care to the most appropriate physician or health care professional
- 13 L 1.2 Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations
- 14 L 4.2 Assume a leadership role in managing complex cases in the OR

Anesthesiology

EPA 20: Providing perioperative anesthetic management for patients undergoing thoracic surgery

Key Features: This EPA includes preoperative assessment, investigation/optimization with informed consent, anesthetic management plan, invasive monitoring if required and determination of postoperative disposition for patients undergoing thoracic surgery.

- This EPA focuses on strategies for lung isolation and lung protection as well as perioperative pain management strategies for thoracotomy (e.g., epidural, or paravertebral block)
- The observations of this EPA must include pulmonary resection surgery by thoracotomy or video-assisted thoracoscopy, and preoperative assessment and anesthetic management of anterior mediastinal mass.
- Clear and effective intraoperative communication with surgeons is an important part of this EPA.

Assessment plan

Direct observation by supervisor

Assessment form collects information on:

- Type of surgery: thoracotomy; video-assisted thoracoscopy; other surgeries
- Type of procedure: lung resection; pneumonectomy; esophagectomy; mediastinoscopy; surgery for anterior mediastinal mass; other procedure
- Timing: elective; emergency
- Technique for lung isolation: none; double lumen tube; bronchial block; other techniques with the use of bronchoscope

Basis for formal entrustment decisions:

Collect a minimum of 8 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.1 Demonstrate commitment and accountability for patients in their care
- 2 ME 1.3 Apply knowledge of anatomy to lung isolation technique
- 3 ME 1.4 Perform appropriately timed preoperative clinical assessments with recommendations that are well-organized and properly documented in written and/or oral form
- 4 ME 2.2 Select and interpret appropriate preoperative investigations based on the planned procedure and patient's comorbidities
- 5 ME 3.1 Integrate all sources of information to develop a management plan that is safe, patient-centered, and considers the risks and benefits of all approaches

- 6 ME 3.1 Integrate all sources of information to develop a plan for lung isolation and considers the risks and benefits of all approaches
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 3.4 Establish and implement a plan for post-anesthesia care
- 9 ME 3.4 Demonstrate effective procedure preparation, including gathering required equipment, and patient monitoring and positioning
- 10 ME 3.4 Optimize the patient and surgical conditions throughout the procedure, anticipating, preventing and treating complications in relation with the specific procedure
- 11 COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- 12 COM 4.3 Obtain and document informed consent for the planned anesthetic management in a manner that engages the patients and their families using established principles of effective communication
- 13 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 14 COM 5.1 Adapt record keeping to the specific guidelines of anesthesiology and the clinical context
- 15 COL 1.2 Interact effectively with surgeons during all aspects of the procedure
- 16 COL 3.2 Organize the handover of care to the most appropriate physician or health care professional
- 17 L 3.1 Assume a leadership role in managing complex cases in the OR
- 18 HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors
- 19 S 3.4 Identify new evidence appropriate to their scope of professional practice through quality-appraised evidence-alerting services.
- 20 P 2.1 Demonstrate a commitment to maintaining and enhancing competence
- 21 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Anesthesiology

EPA 21: Assessing and providing comprehensive multi-modal management for patients with complex acute pain OR Chronic Pain Disorders

Key Features: This EPA includes the assessment and management of patients with pain in a variety of settings, including the immediate post-operative period, the inpatient surgical ward, patients with trauma not requiring surgery, or those with acute medical conditions.

- This EPA focuses on the management of **complex** patients with various co-morbidities which may complicate pain management; examples include patients with acute pain who have pre-existing chronic non-cancer or cancer pain; patients with opioid tolerance, including those with a substance use disorder and those on opioid agonist therapy such as methadone or buprenorphine; patients in a "pain crisis"; geriatric patients with cognitive impairment; or patients with significant co-morbidities interacting with pain management such as obstructive sleep apnea or severe pulmonary disease.
- This EPA includes performing any technical procedures related to acute pain management, and the management of analgesia-related side effects and complications.
- This EPA may be observed in adults, elderly, and pediatric patients.
- This EPA focuses on assessing the patient, clarifying the nature of the pain (character and severity), using appropriate pain scales, diagnosing common pain disorders, assessing the impact of pain on function, outlining appropriate management options, and formulating a basic management plan.
- This EPA focuses on management of common chronic pain disorders. Examples include musculoskeletal pain, back pain, complex regional pain syndrome (CRPS), neuropathic pain, post-herpetic neuralgia, phantom limb pain, fibromyalgia, and cancer pain.
- Effective communication with and assessment of patients is an important aspect of this EPA.
- This EPA does not include complex chronic pain disorders, nor the breadth of interventional pain management practiced by Pain Medicine subspecialists.

Assessment plan

Direct observation or case review and debrief by supervisor.

Assessment form collects information on:

- Type of issue: initial management; follow-up care
- Patient category: post-operative; trauma; medical
- Complications of pain management: yes; no
- If yes indicate type of complication [text box]:
- Describe complexity of case [text box]:

Basis for formal entrustment decisions:

Collect a minimum of 6 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.3 Apply knowledge of the anatomy, physiology and pharmacology in the development of a pain management strategy
- 2 ME 2.4 Diagnose and manage the complications of various acute pain management strategies
- 3 ME 2.2 Elicit a history, perform a physical exam and select appropriate investigations, and interpret their results for the purpose of diagnosis and management of a patient with acute pain
- 4 ME 2.2 Develop a differential diagnosis for pain, with appropriate consideration of rare but serious conditions.
- 5 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of management of acute pain
- 6 ME 3.4 Perform the pain management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 7 ME 4.1 Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- 8 COM 2.2 Manage the flow of challenging patient encounters, including those with angry, anxious or distressed individuals
- 9 COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 10 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 11 ME 2.2 Identify patients who may be at risk of chronic post-surgical pain or substance use disorder, and intervene appropriately
- 12 L 4.2 Manage time and priorities efficiently to provide safe, timely care

Anesthesiology TTP

EPA 22: Managing all aspects of care for patients presenting to a preoperative clinic

Key Features: This EPA includes:

- Clinical care as well as time management, advocacy and allocation of resources.
- Clinical supervision of junior learner in the preoperative clinic while maintaining appropriate time management of the workload.
- The observation of this EPA is divided into two parts: overall clinic management and individual patient care.
- The documentation of the observation of this EPA must include narrative comments.

Assessment plan

Part A: Clinic management

Direct and indirect observation of one clinic day by supervisor

Assessment form collects information on:

- Total number of patient assessments that day [text box]:
- Type of surgical procedure [check all that apply]: general surgery; gynecology; neurosurgery; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; spinal surgery; thoracic surgery; urology; vascular surgery
- Level of complexity of cases on average: low; medium; high

Part B: Individual patient management

Chart audit by supervisor or review of the preoperative chart by the anesthesiologist performing the case.

Basis for formal entrustment decisions:

Part A: Clinic management

Collect 3 observations of achievement (i.e., 3 different clinic days).

Part B: Individual patient management

Collect observations of achievement for 5 cases.

When is oversight supervised practice expected to be achieved: PGY 4

Relevant milestones

Part A: Clinic Management

- 1 ME 1.1 Demonstrate responsibility and accountability for patient care within the boundaries and expectations of the consultant role
- 2 ME 1.4 Perform appropriately timed preoperative clinical assessments with recommendations that are well-organized and properly documented in written and/or oral form
- 3 ME 1.5 Carry out professional duties in the face of multiple, competing demands and

- prioritize various tasks optimally
- 4 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key element
 - 5 ME 2.4 Establish a plan for optimal management of the proposed procedure, including appropriate investigation, request for consultation and preoperative medical optimization
 - 6 ME 5.2 Apply strategies to mitigate perioperative complications for individual patients
 - 7 S 3.4 Integrate best evidence and clinical expertise into decision-making
 - 8 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their perioperative anesthetic management
 - 9 COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
 - 10 COL 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions
 - 11 COL 1.3 Communicate effectively with other consultants and surgeons.
 - 12 L 2.2 Apply evidence and management processes to achieve cost-appropriate care
 - 13 L 4.1 Manage time and prioritize tasks
 - 14 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
 - 15 HA 1.2 Work with patients and their families to increase opportunities to adopt healthy behaviors
 - 16 S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing one's own performance using various internal and external data sources
 - 17 S 2.3 Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed
 - 18 L 4.2 Run the preoperative clinic efficiently, safely and effectively
 - 19 Exhibit appropriate professional behaviors

Part B: Individual patient management

- 1 ME 1.4 Perform clinical assessments that address the breadth of issues in each case
- 2 ME 2.1 Identify and resolve conflicting anesthesia priorities for complex patients for any surgical procedure
- 3 ME 2.4 Establish a plan for optimal management of the proposed procedure including appropriate investigation, request for consultation and preoperative medical optimization.
- 4 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 5 ME 5.2 Apply strategies to mitigate perioperative complications for individual patients
- 6 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their perioperative anesthetic management
- 7 COL 1.3 Identify complex and/or controversial issues that require verbal

communication with colleague anesthesiologists or other physicians and convey that information effectively

- 8 COM 5.2 Communicate effectively using a written health record, electronic medical record or other digital technology
- 9 L 2.2 Apply evidence and management processes to achieve cost-appropriate care

Anesthesiology TTP

EPA 23: Managing all aspects of anesthesia care for a scheduled day list

Key Features: This EPA includes:

- Opportunities to supervise and teach junior learners.
- A variety of procedures of low to high complexity, ranging from one-to-many cases in the day, in various surgical specialties and subspecialties, and in all patients including those with complex medical issues.
- Lists with pediatric cases that are low in complexity with high turnover between cases.
- If indirect observation of this EPA is used, the supervisor must solicit feedback from surgeons and nurses about management of the day list, and from junior learners about teaching done by the resident.
- The documentation of the observation of this EPA must include narrative comments.

Assessment plan

Direct and/or indirect observation of a scheduled day list by supervisor

Assessment form collects information on:

- Type of procedure: general surgery; gynecology; neurosurgery; ophthalmology; orthopedic surgery; otolaryngology; plastic surgery; spinal surgery; thoracic surgery; urology; vascular surgery; out-of-OR procedures
- Complexity of cases (check all that apply): low; medium; high
- Number of cases (open text box):
- Population: adult; pediatric

Basis for formal entrustment decisions:

Collect a minimum of 10 observations of achievement.

- At least 1 pediatric list

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.1 Demonstrate a commitment to high-quality care of their patients
- 2 ME 1.4 Perform appropriately timed clinical assessments and case- managements addressing the breadth of anesthesiology, with recommendations that are well-organized and properly documented
- 3 ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in anesthesiology practice
- 4 ME 2.4 Establish a comprehensive perioperative anesthetic management plan, taking into consideration the wishes of the patients and their families, the impact of the patient's co-morbidities, available resources, and the needs and urgency of the surgical or diagnostic procedure

- 5 COM 1.6 Adapt to the unique needs and preferences of each patient, and to his or her clinical condition and circumstances
- 6 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 7 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 8 ME 3.4 Establish and implement a plan for post-anesthesia care
- 9 ME 5.2 Apply the principles of situational awareness to clinical practice
- 10 ME 5.2 Adopt strategies that promote patient safety and address human and system factors
- 11 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 12 COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology
- 13 COL 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions
- 14 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 15 COL 3.2 Demonstrate safe handover of care, both verbal and written.
- 16 L 2.1 Apply leadership and time management skills to ensure appropriate use of resources
- 17 L 2.2 Apply evidence and management processes to achieve cost-appropriate care
- 18 L 4.2 Assume a leadership role in managing complex cases in the OR
- 19 S 2.3 Balance clinical supervision and graduated responsibility, ensuring patient safety and optimal learner experience
- 20 L 4.2 Run an operating room efficiently, safely, and effectively
- 21 S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing one's own performance using various internal and external data sources
- 22 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 23 P 1.1 Exhibit appropriate professional behaviors
- 24 P 1.2 Demonstrate a commitment to excellence in all aspects of practice
- 25 P 4.1 Monitor wellbeing and fatigue, taking reasonable breaks as needed

Anesthesiology TTP

EPA 24: Providing anesthesia services for an on-call period

Key Features: This EPA includes the management of patients in the post-anesthesia care unit and the management of the operating room case load and consultation service.

- Observation during on-call activities; evening, overnight or weekend.
- It is expected that this would involve a variety of procedures of low to high complexity in various surgical subspecialties in all patients including those with complex medical issues.
- The documentation of the observation of this EPA must include narrative comments.

Assessment plan

Direct observation of an on-call list by supervisor

Assessment form collects information on:

- Type of procedures and urgency [text box]:
- Complexity of cases: low; medium; high
- Type of shift: weeknight; weekend day; weekend night
- Obstetric emergencies: yes; no

Basis for formal entrustment decisions:

Collect a minimum of 5 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY 5

Relevant milestones

- 1 ME 1.1 Demonstrate a commitment to high quality care of their patients
- 2 ME 1.5 Carry out professional duties in the face of multiple, competing demands and prioritize various tasks optimally
- 3 ME 1.4 Perform appropriately-timed clinical assessments and case- managements addressing the breadth of anesthesiology
- 4 ME 1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in providing care for emergency cases
- 5 ME 3.3 Prioritize among surgical cases taking into account clinical urgency, potential for deterioration, and available resources
- 6 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 7 ME 3.4 Establish and implement a plan for post-anesthesia care
- 8 ME 5.2 Adopt strategies that promote patient safety and address human and system factors safety
- 9 ME 5.2 Apply the principles of situational awareness to clinical practice

- 10 COM 1.5 Manage disagreements and emotionally charged conversations
- 11 COM 5.1 Document all aspects of an anesthesia encounter in an accurate, complete, legible, timely, and accessible manner, in compliance with regulatory and legal requirements
- 12 COL 1.3 Engage in respectful shared decision-making with physician and other colleagues in the health care professions
- 13 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 14 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 15 L 4.2 Assume a leadership role in managing complex cases in the OR
- 16 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 17 P 4.1 Exhibit self-awareness and effectively manage influences on personal well-being and professional performance
- 18 P 4.1 Integrate skills that support adaption and recovery in challenging situations including skills to perform under stress requiring quick decision-making and procedures

Anesthesiology TTP

EPA 25: Managing all aspects of care for obstetrical anesthesia services

Key Features: This EPA includes management of the organizational aspects of the work, especially regarding time management, prioritization of tasks and allocation of resources, and teaching junior learners when present.

- The observation of this EPA includes day and night shifts.
- The documentation of the observation of this EPA must include narrative comments.
- The resident must be the anesthesiologist in charge of obstetric anesthesia care for a defined period (day shift or night shift).

Assessment plan

Direct and indirect observation by supervisor.

Assessment form collects information on:

- Level of complexity: low; medium; high
- Time: day; night

Basis for formal entrustment decisions:

Collect a minimum of 5 observations of achievement.

When is oversight supervised practice expected to be achieved: PGY: 5

Relevant milestones

- 1 ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetric anesthesiology
- 2 ME 2.4 Establish patient-centered anesthesiology management plans for all patients in the peripartum period
- 3 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 4 ME 3.3 Prioritize the provision of obstetric anesthesiology services, taking into account clinical urgency, potential for deterioration, and available resources
- 5 ME 3.4 Perform the anesthetic management and all related technical procedures in a skillful, efficient and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 6 COM 1.6 Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
- 7 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 8 COL 1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions
- 9 COL 1.3 Engage in respectful shared decision-making with physicians and other

colleagues in the health care professions

- 10 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 11 COL 3.2 Demonstrate safe handover of care, both verbal and written
- 12 L 2.1 Allocate health care resources for optimal patient care
- 13 S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing one's own performance using various internal and external data sources
- 14 S 2.3 Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed
- 15 S 2.5 Role-model regular self-assessment and feedback-seeking behavior
- 16 P 1.1 Exhibit appropriate professional behaviors
- 17 P 1.2 Demonstrate a commitment to excellence in all aspects of practice
- 18 ME 1.5 Carry out professional duties in the face of multiple, competing demands and prioritize various tasks optimally
- 19 P 4.1 Maintain capacity for professional clinical performance in stressful situations

