

Entrustable Professional Activity Guide: Emergency Medicine

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Origins and Use

This document, commonly known as the Emergency Medicine EPA Guide, was developed by the Royal College's Emergency Medicine Committee to support the discipline's transition to Competence by Design (CBD). The format and structure of the document is designed specifically to support the development of the Royal College's technical infrastructure. Recognizing, however, that some faculty and residents will benefit from access to the document for teaching and planning purposes, the Royal College has opted to make the technical document available, as is. This material is subject to change. It is the user's responsibility to ensure that he/she is using the latest version, which is accessible via the [Royal College's website](#).

Structure and Format

The following information provides guidance on navigation and interpretation of the various elements of this technical document.

When working with the electronic version of this document, you will find a navigation bar on the left-hand side of the PDF. This will support quick and easy transition between items.

Many of the items span multiple pages and share common design features. The following table describes the different design elements and should help users navigate through the items.

Feature	Description
Title	<p>The title of each item includes the name of the discipline followed by the stage of training and item number. Items in each stage of training begin at number one.</p> <p>In some cases, there may be a letter after the number (i.e. an A or P). The letter refers to the stream within the discipline to which this item is applicable (e.g. 1AP – Item 1 is applicable to both the adult and pediatric stream).</p>
EPA name	<p>The Entrustable Professional Activity (EPA) name appears immediately after the title. This is a statement about the work of the discipline. It is observable and measurable.</p>
Key features	<p>The key features section describes the EPA and may include:</p> <ul style="list-style-type: none">• the focus of the EPA (e.g. body system, type of injury, safe patient monitoring),• different aspects of the observation (E.g. patient assessment and procedural skills, observed in preoperative clinic)• pre-learning requirements (E.g. builds on skills previously attained), or

	<ul style="list-style-type: none"> procedural requirements (E.g., includes surgical and non-surgical management) <p>This description helps both residents and supervisors better understand the nature and limitations of this professional activity; it may also emphasize requirements for consideration of entrustability.</p>
Assessment Plan	<p>The assessment plan describes the nature of the information that should be provided to the Competence Committee in order for that group to have enough information that they are able to make a decision regarding entrustment of this professional activity. This includes instruction on who is to provide the observation information (supervisor, delegate, other health professionals), the nature of the observation (e.g., direct or indirect), as well as the suggested ePortfolio observation form(s).</p> <p>This section also lists any additional information that should be collected about the case or observation, such as patient factors, diagnoses, treatments, and/or setting of care. This information helps build the observation form. The various factors included in this section are selected by the specialty committee in order to provide the Competence Committee with the breadth of information required to make a decision regarding entrustment of this EPA.</p>
Relevant CanMEDS Milestones	<p>Most EPAs are comprised of several CanMEDS milestones. Each milestone is preceded by a series of letters and numbers which link the milestone to the corresponding key and enabling competency within CanMEDS Interactive.</p> <p>For example, if the code is ME 1.6.</p> <p>-ME refers to the CanMEDS Role, <i>Medical Expert</i>. Other possibilities are COM= Communicator, COL=Collaborator, L = Leader, HA=Health Advocate, S=Scholar and P = Professional.</p> <p>-1.6 refers to the Key and enabling competencies within the aforementioned Role.</p>

Contact us if you have any questions or comments about this document at cbd@royalcollege.ca

Entrustable Professional Activities for Emergency Medicine

2018

VERSION 1.1

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Emergency Medicine: Transition to Discipline EPA #1

TD 1: Recognizing the unstable/critically ill patient, mobilizing the health care team and supervisor, and initiating basic life support

Key Features:

The focus of this EPA is the recognition and first steps of management for patients with cardiorespiratory arrest, unstable dysrhythmias, shock, respiratory distress, and altered neurologic status. Assessment of pediatric presentations is not a requirement for this EPA.

Observation plan:

Direct observation by supervising physician or resident in Core or TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: cardiorespiratory arrest; unstable dysrhythmia; shock; respiratory distress; altered neurological status; other
- If "other" identify clinical presentation: [input text]

Collect 10 observations of achievement

- At least 1 of each clinical presentation
- May be simulated
- At least 3 different observers

Relevant milestones

- 1 ME 2.1 Recognize a patient in cardio-pulmonary arrest, initiate basic life support interventions, and call for help**
- 2 ME 2.1 Recognize patients with unstable dysrhythmias, shock, respiratory distress or altered neurologic status, and initiate appropriate early management**
- 3 ME 2.2 Perform a brief initial assessment focused on gathering pertinent data to identify the unstable patient in need of urgent resuscitation**
- 4 ME 2.2 Perform an airway assessment for predictors of difficult bag valve mask (BVM) ventilation**
- 5 ME 3.4 Perform BVM ventilation**
- 6 ME 3.4 Perform basic airway maneuvers and CPR**
- 7 ME 3.4 Prepare the necessary equipment for basic airway maneuvers and CPR**
- 8 ME 2.2 Interpret electrocardiogram (ECG) recognizing conditions requiring immediate intervention including but not limited to ischemia or dysrhythmia**

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- 9 **ME 2.4 Initiate appropriate monitoring, time-sensitive interventions and management in the unstable patient, including obtaining cardiorespiratory monitoring, and fluid resuscitation**
- 10 **COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 11 **COL 1.2 Involve and engage in collaborative patient care with physicians and other health care professionals in the management of the critically ill patient**
- 12 **COL 1.2 Communicate the severity of the patient's condition clearly to a senior clinician and seek supervision in a timely manner**
- 13 **COL 1.3 Summarize the patient's condition and initial treatment priorities to the health care professionals involved in the resuscitation of a patient**
- 14 **S 1.2 Use clinical encounters and evidence-based resources as opportunities to guide learning**

Emergency Medicine: Transition to Discipline EPA #2

TD 2: Performing and documenting focused histories and physical exams, and providing preliminary management of cardinal emergency department presentations

Key Features:

The focus of this EPA is collection and synthesis of key information to guide the initial management of cardinal presentations in the emergency department, including but not limited to chest pain, shortness of breath, abdominal pain, and minor trauma. Complete documentation of the clinical encounter in the medical record is also a key feature. Assessment of pediatric presentations is not a requirement for this EPA.

Observation plan:

Direct and indirect observation by supervising physician or resident in Core or TTP (e.g., case discussion, review of the completed medical record)

Use Form 1. Form collects information on:

- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: chest pain; shortness of breath; abdominal pain; minor trauma; other
- If "other" identify clinical presentation: [input text]
- Observation: direct; indirect

Collect 20 observations of achievement

- At least 5 observations of each of the 4 clinical presentations listed
- At least 2 direct observations of each of the 4 clinical presentations listed
- At least 3 different observers

Relevant milestones

- 1 ME 2.1 Identify the chief complaint**
- 2 ME 2.2 Elicit and present a focused history and physical exam**
- 3 ME 2.2 Construct a differential diagnosis that recognizes both common and important uncommon diagnoses**
- 4 ME 2.4 Develop a management plan to guide initial investigations and treatments**
- 5 ME 4.1 Ensure timely follow-up of investigations, management plans, and reassessments**
- 6 ME 5.1 Recognize potential patient safety issues, including but not limited to drug-drug interactions, and/or inaccurate team communication**
- 7 ME 5.2 Request supervision in unfamiliar situations in order to ensure patient safety**
- 8 COM 1.2 Optimize the physical environment to ensure comfort, dignity, privacy, engagement and safety, including draping, use of curtains, and positioning of patient**
- 9 COM 3.1 Communicate a care plan to the patient and family**
- 10 COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 11 S 4.4 Formulate a basic clinical query and perform an efficient, appropriate point-of-care search of the evidence to create an evidence-informed answer**
- 12 P 1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, such as honesty, integrity, humility, dedication, empathy, respect, respect for diversity, and maintenance of confidentiality**

Emergency Medicine: Transition to Discipline EPA #3

TD 3: Facilitating communication of information between a patient in the emergency department, caregivers, and members of the health care team to organize care and disposition of the patient

Key Features:

The focus of this EPA is on taking responsibility in the emergency department for patient care by facilitating the flow and communication of information between the patient, their caregivers, the emergency department health care team and other consulting specialties. This requires the ability to rapidly establish rapport with a patient, convey compassion, obtain essential diagnostic and contextual information, manage the flow of the encounter in a timely manner, and provide clinical information to appropriate members of the health care team, including an organized, succinct presentation of the patient encounter to a supervisor. Observation of this EPA must be informed by at least three sources of information, such as nurses, other health care professionals, consulting physicians, residents at Core or TTP in consulting services, emergency department administrative and support staff, patients and their families.

Observation plan:

Direct and indirect observation by supervising physician using informal multi-source feedback data

Use Form 1. Form collects information on:

- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 10 observations of achievement

- Observation must be informed by at least 3 sources of information, such as nursing, other health care professionals, attending physicians or resident in Core or TTP from consulting services, emergency department administrative and support staff, patients and their families
- At least 3 different observers

Relevant milestones

- 1 ME 1.6 Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in the patient encounter and in gathering information**
- 2 ME 4.1 Ensure timely follow-up of investigations, management plans, and reassessments**
- 3 ME 5.2 Adopt strategies that promote patient safety including but not limited to structured communication tools (checklists, order sets), infection control, physical safety measures, identification of delays in consultation, and/or adverse events.**
- 4 COM 1.1 Communicate using a patient-centered approach, recognizing barriers to such communication, demonstrating empathy, respect and compassion, and using language appropriate to the needs of the patient**
- 5 COM 1.4 Identify, verify and validate non-verbal cues on the part of patients and their families**
- 6 COM 3.1 Communicate a care plan to the patient, family, and caregivers**
- 7 COM 4.3 Use communication skills and strategies that help patients and their families make informed decisions regarding their health including obtaining**

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- 8** informed consent for commonly performed procedures and therapies
COM 5.3 Maintain patient confidentiality in transfer of patient information and in communication with non-health care professionals including but not limited to hospital volunteers and police
- 9** **COL 1.1** Demonstrate appropriate interactions with other health care professionals, including seeking advice when appropriate
- 10** **S 1.2** Be receptive to and incorporate feedback into practice

Emergency Medicine: Transition to Discipline Special Assessment #1

TD SA1: Using clinical informatics to facilitate efficient, safe, patient care

Key Features:

The focus of this (non-EPA) assessment is on the effective incorporation of digital, information technology into clinical practice in the emergency department.

This includes the following elements:

- Facility with retrieving, verifying and manipulating information across multiple digital platforms (e.g., electronic health records, provincial diagnostic databases)
- Maintenance of patient confidentiality and protection of data
- Effective use of decision support to assist in the management of patients (e.g., computerized provider order entry, clinical decision support, smart prescribing, point-of-care information queries)

Assessment plan:

Direct observation over a series of two or more emergency department clinical shifts by supervising physician or transition to practice emergency medicine resident

Use Form 4.

Collect two observations of satisfactory achievement from two different observers.

Emergency Medicine: Foundations EPA #1

F1: Initiating and assisting in resuscitation of critically ill patients

Key Features

The focus of this EPA is on early stages of resuscitation based on symptom management of patients, including but not limited to those experiencing cardiorespiratory arrest, dysrhythmias, shock, respiratory distress, or altered mental status. Initial management plans for oxygenation and ventilation, management of blood pressure, and management of critical dysrhythmias are part of this EPA. More complex resuscitation and management after initial threats to life have been addressed is not part of this EPA.

Observation plan:

Direct observation by supervising physician or resident in Core or TTP with input from nurses or other involved health care professionals

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: cardiorespiratory arrest; unstable dysrhythmia; shock; respiratory distress; altered neurological status; other
- If "other" identify clinical presentation: [input text]

Collect 15 observations of achievement

- At least 3 presentations in a clinical (not simulated) environment
- At least 2 pediatric presentations
- Pediatric presentations may be simulated

Relevant milestones

- 1 ME 1.3 Apply knowledge of anatomy, physiology and pharmacology in the resuscitation of a patient**
- 2 ME 2.2 Perform a focused history and physical examination that is accurate and relevant to the patient presentation**
- 3 ME 2.2 Develop a working and differential diagnosis while simultaneously providing symptom management**
- 4 ME 4.1 Recognize when help is needed and call for the appropriate health care professionals**
- 5 ME 5.2 Apply appropriate measures for protection of health care professionals during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination**
- 6 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, other physicians, first responders, and other health professionals**
- 7 ME 2.1 Determine priorities in the initial resuscitation**
- 8 COL 1.2 Assign roles to members of the health care team as appropriate**
- 9 COL 3.2 Present medical information appropriately to ensure safe transfer of care after initiation of resuscitation**
- 10 L 4.2 Organize an interprofessional team in the initial phase of resuscitation**
- 11 P 1.3 Interpret advanced directives or care plans for patients**

Emergency Medicine: Foundations EPA #2

F2: Assessing and managing patients with uncomplicated urgent and non-urgent emergency department presentations

Key Features

The focus of this EPA is the assessment and emergency department management of simple or uncomplicated urgent and non-urgent presentations. These presentations are not complicated by co-existing clinical conditions (e.g., concurrent illness or medical conditions) or patient factors (e.g., communication barriers, access to care etc.) or ED environmental factors (e.g., availability of clinical resources, excessive ED patient volumes etc.)

Examples of these types of presentations include, but are not limited to:

- Cough or wheeze
- Musculoskeletal injuries or pain
- Eye complaints
- ENT complaints
- Headache

Observation plan:

Direct observation by supervising physician or resident in Core or TTP supported by indirect observation (case discussion) and review of the medical record

Use Form 1. Form collects information on:

- Setting: emergency department; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Clinical presentation: cough or wheeze; musculoskeletal injury or pain; eye complaint; ENT complaint; headache; other
- If "other" identify clinical presentation: [input text]

Collect 30 observations of achievement

- At least 2 observations of each example clinical presentation listed above
- At least 5 pediatric presentations

Relevant milestones

- 1 ME 1.3 Apply knowledge of clinical and biomedical sciences to manage uncomplicated patient presentations in Emergency Medicine**
- 2 ME 1.4 Recognize problems that may need the involvement of more experienced colleagues and seek their assistance immediately**
- 3 ME 2.2 Synthesize a working diagnosis and case-appropriate differential diagnosis relevant to the patient's presentation**
- 4 ME 2.2 Select appropriate investigations and interpret their results for the purpose of diagnosis and management**
- 5 ME 2.4 Execute a plan for the management of a patient's condition**
- 6 ME 4.1 Reassess a patient and follow-up on results of investigations and response to treatment**
- 7 ME 4.1 Determine if the patient is safe for discharge or requires further consultation or admission, in consultation with a supervising physician**
- 8 COM 1.1 Communicate using a patient-centred approach that facilitates patient trust**

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- and autonomy and is characterized by empathy, respect, and compassion**
- 9 COL 3.2 Summarize a patient’s issues in a case presentation, including the plan to deal with ongoing issues**
- 10 COM 5.1 Maintain clear, concise, accurate records of clinical encounters and plans**
- 11 COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
- 12 COL 2.1 Actively listen to and engage in interactions with collaborators**
- 13 HA 1.1 Identify resources, agencies, and opportunities for patient education to address health needs of the patient, including the social determinants of health**
- 14 S 3.4 Integrate the best available evidence and best practices, including point of care resources to enhance the quality of care, patient safety, and resource utilization**

Emergency Medicine: Foundations EPA # 3

F3: Contributing to the shared work of the emergency department health care team to achieve high quality, efficient and safe patient care

Key Features:

The focus of this EPA is on integrating into the emergency department health care team as a positive and collaborative team member to facilitate safe, high quality, efficient and timely patient-centred care. The health care team is a dynamic, constantly changing group of emergency physicians, nurses, social workers, other health care professionals, administrative staff, consulting services, learners, etc. that have multiple, interconnected influences on patients and their families. The emphasis is on how the resident can facilitate and integrate care of a single patient into the overall care of all patients in the emergency department.

The observation of this EPA should be informed by direct input from other health care professional team members with knowledge of emergency department function.

Observation plan:

Direct and indirect observation using informal multi-source feedback data

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Type of observer: supervising physician; senior nurse, other health care professional; administrative staff

Collect 10 observations of achievement

- At least 5 informed by direct input from a non-physician member of the health care team with a knowledge of emergency department function (input from the non-physician member must be documented in the narrative section)

Relevant milestones

- 1 ME 1.5 Manage personal clinical workload and follow each patient's care through to appropriate disposition**
- 2 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety when available**
- 3 ME 5.1 Recognize and respond to complications, adverse events and near misses**
- 4 COM 1.3 Recognize when patient and physician values, biases, or perspectives threaten the quality of care**
- 5 COL 1.3 Solicit and respond to input from members of the health care team and keep the team informed of management plans and rationale efficiently and respectfully to ensure quality of care**
- 6 COL 2.2 Identify communication barriers and promote positive communication between health care professionals**
- 7 L 1.4 Use clinical informatics to facilitate efficient, safe patient care by retrieving and manipulating information across digital platforms, while maintaining data security**
- 8 L 4.2 Demonstrate leadership in the health care team as appropriate**
- 9 HA 1.1 Demonstrate an approach to working with patients and other health professionals to advocate for beneficial services or resources**

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- 10 P 1.1 Demonstrate professionalism including but not limited to punctuality, privacy, confidentiality, and dress code**
- 11 P 1.3 Recognize ethical issues in the clinical and academic setting**
- 12 P 4.1 Regulate attention, emotions, thoughts and behaviours while maintaining capacity to perform professional tasks**

Emergency Medicine: Foundations EPA # 4

F4: Performing basic procedures

Key Features:

The focus of this EPA is the performance of sentinel, basic procedures, including knowledge and application of indications, contraindications, complications, alternatives and aftercare.

- Simple wound repair including local anesthesia for adult and pediatric presentations
- Abscess drainage
- Immobilization (casting or splinting) of extremity injuries for adult and pediatric presentations
- Joint arthrocentesis
- Anterior nasal packing
- Slit lamp and intraocular pressure measurement
- Intraosseous access (may be observed in simulation setting)

Observation plan:

Direct observation and review of documentation by supervising physician or resident in Core or TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Procedure: simple wound repair including anesthesia; abscess drainage; casting or splinting; anterior nasal packing; arthrocentesis; intraocular pressure measurement; intraosseous access

Collect 25 observations of achievement

- At least 2 observations of each procedure for adult patients
- At least 3 observations of simple wound repair for pediatric presentations
- At least 3 observations of casting or splinting for pediatric presentations
- At least 2 different observers for each procedure type
- Intraosseous access may be simulated

Relevant milestones

- 1 ME 3.1 Describe the indications, contraindications, techniques, risks, and alternatives for a given procedure or therapy**
- 2 ME 3.1 Integrate planned procedures or therapies into global assessment and management plans**
- 3 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for the proposed options**
- 4 ME 3.4 Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances**
- 5 ME 3.4 Provide appropriate analgesia during the procedure**
- 6 ME 3.4 Document procedures accurately**
- 7 ME 3.4 Establish and implement a plan for post-procedure care including patient specific post-procedure instructions**

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- 8 ME 5.1 Recognize and respond to complications, adverse events and near-misses**
- 9 ME 5.2 Apply appropriate measures for protection of health care professionals during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination**
- 10 COM 3.1 Communicate explanations and post-procedure instructions that are clear and adapted to the patient's level of understanding and need**
- 11 S 1.2 Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve effectiveness and efficiency of performing the procedure**

Emergency Medicine: Foundations Special Assessment #1

F SA1: Appraising and integrating new evidence into clinical practice

Key features:

The focus of this (non-EPA) assessment is the critical appraisal and integration of new evidence into clinical practice.

Elements to include in the appraisal and integration of new evidence into clinical practice are:

- A description of current practice (i.e., clinical background and context)
- A well formulated question
- The process used to identify one or more sources of evidence relevant to the question
- Interpretation and critique of the evidence, using a structured approach
- Determination of the validity and risk of bias of the evidence
- Application and potential integration of the evidence into clinical practice.

Assessment Plan:

Resident's submission of a written report reviewed by program director or Competence Committee

Use Form 4.

Collect 1 submission of satisfactory achievement.

Emergency Medicine: Core EPA # 1

C1: Resuscitating and coordinating care for critically ill patients

Key Features:

The focus of this EPA is on leading a team of health care professionals, in the assessment, resuscitation, stabilization and ongoing emergency department care of a patient suffering from a life-threatening medical or surgical condition, including but not limited to:

- Shock
- Cardiorespiratory arrest
- Respiratory failure
- Severe sepsis

Observation plan:

Direct observation by supervising physician or resident at TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: shock; cardiorespiratory arrest; respiratory failure; severe sepsis; other
- If "other" identify clinical presentation: [input text]

Collect 40 observations of achievement

- At least 5 pediatric presentations, of which three may be simulated
- At least 20 observations in a clinical environment

Relevant milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management, and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 2.2 Generate a preliminary differential diagnosis in the face of diagnostic uncertainty**
- 3 ME 3.1 Choose and prioritize appropriate diagnostic investigations and therapeutic interventions for the situation, accounting for the patient's condition**
- 4 ME 3.3 Consider urgency and potential for deterioration in advocating for the timely execution of diagnostic and therapeutic procedures**
- 5 ME 3.3 Set appropriate priorities when managing a critically ill patient**
- 6 ME 4.1 Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence**
- 7 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, other physicians, first responders, and other health professionals**
- 8 COM 3.1 Communicate bad news to the family and patient effectively**
- 9 COM 5.1 Maintain clear, concise, and accurate resuscitation records**
- 10 COL 1.2 Collaborate as needed with other health care professionals**
- 11 L 2.1 Practice the principles of crisis resource management in leading a health care team**
- 12 P 4.1 Use effective coping strategies to deal with the stressors of decision-making**

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- 13** **and prioritizing interventions in a leadership role**
P 4.3 Support team members dealing with grief, or anxiety experienced during emotionally charged resuscitations through debriefing, coping strategies, and access to other resources

Emergency Medicine: Core EPA # 2

C2: Resuscitating and coordinating care for critically injured trauma patients

Key Features:

The focus of this EPA is on leading a team of health care professionals, including physicians from other specialties, in the assessment and management of a patient with single or multi-organ system severe trauma.

Observation plan:

Direct observation by supervising emergency physician, trauma team leader, or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: blunt trauma; penetrating trauma; other
- If "other" identify clinical presentation: [input text]

Collect 25 observations of achievement:

- At least 5 adults with penetrating trauma
- At least 10 adults in a clinical (not simulation) setting
- At least 5 pediatric presentations
- At least 3 different observers for adult observations
- At least 2 different observers for pediatric presentations

Relevant milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 2.2 Generate a preliminary differential diagnosis in the face of diagnostic uncertainty**
- 3 ME 3.1 Choose and prioritize appropriate diagnostic investigations and therapeutic interventions for the situation, accounting for the patient's condition**
- 4 ME 3.3 Consider urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures**
- 5 ME 3.3 Triage and set appropriate priorities when dealing with single or multiple critically injured patients**
- 6 ME 4.1 Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence**
- 7 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, other physicians, first responders, and other health professionals**
- 8 COM 3.1 Communicate bad news to the family and patient effectively**
- 9 COM 5.1 Maintain clear, concise, and accurate resuscitation records**
- 10 COL 1.2 Collaborate as needed with other health care professionals**
- 11 L 2.1 Practice the principles of crisis resource management in leading a health care team**
- 12 P 4.1 Use effective coping strategies to deal with the stressors of decision-making and prioritizing interventions in a leadership role**
- 13 P 4.3 Support team members dealing with grief, or anxiety experienced during**

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emotionally charged resuscitations through debriefing, coping strategies, and access to other resources

Emergency Medicine: Core EPA # 3

C3: Providing airway management and ventilation

Key Features:

The focus of this EPA is on tracheal intubation of a patient with normal or predicted difficult airways, providing an appropriate ventilation strategy for hypoxic or ventilatory failure and providing appropriate post intubation care.

Observation plan:

Direct observation by supervising physician or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Predicted difficult airway: yes; no

Collect 20 observations of achievement

- At least 5 observations of predicted difficult airways based on patient anatomy or physiology
- At least 5 observations within the emergency department
- At least 10 pediatric presentations
- At least 5 pediatric presentations in the clinical (not simulated) environment
- At least 3 different observers

Relevant milestones

- 1 ME 1.3 Apply knowledge of anatomy, physiology, and pharmacology in airway management and ventilation**
- 2 ME 2.2 Perform appropriately timed clinical assessment of a patient who needs airway and/or ventilation assistance**
- 3 ME 2.4 Develop a plan to address the issue taking into account clinical urgency, available resources, and anticipated difficulty of the airway**
- 4 ME 3.4 Perform the most appropriate approach to definitive airway management, including tracheal intubation, rescue devices and surgical airway techniques, in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances**
- 5 ME 3.4 Ventilate and sedate the patient in a safe manner, anticipating, planning for, and managing post intubation and mechanical ventilation difficulties, complications, or evolving clinical conditions as required**
- 6 ME 3.4 Recognize when to seek assistance in the management of a patient with a difficult airway or potentially difficult airway**
- 7 COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal and privacy requirements**
- 8 ME 5.2 Adopt strategies that promote patient safety and address human and system factors based on institutional policies and/or current guidelines**
- 9 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 10 COL 3.2 Safely transfer care of the patient to an anesthetist, critical care physician, or other physician**

Emergency Medicine: Core EPA #4

C4: Providing emergency sedation and systemic analgesia for diagnostic and therapeutic procedures

Key Features:

The focus of this EPA is on the appropriate selection, preparation, monitoring and delivery of procedural sedation and systemic analgesia to facilitate diagnostic or therapeutic procedures.

Observation plan:

Direct observation by supervising physician, or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 20 observations of achievement

- At least 5 adults in the emergency department
- At least 5 pediatric presentations
- At least 3 different observers

Relevant milestones

- 1 ME 1.3 Apply knowledge of pharmacology and physiology in the delivery of emergency sedation and systemic analgesia**
- 2 ME 3.1 Determine and provide the most appropriate analgesic therapy and/or sedation plan for the specific procedure using multimodal analgesia concepts and alternative pain/sedation strategies**
- 3 ME 3.1 Determine when emergency sedation and systemic analgesia is inappropriate for the emergency department and should be performed in the operating room**
- 4 ME 3.2 Obtain and document informed consent, explaining the risks and benefits and the rationale for procedural sedation in the emergency department**
- 5 ME 3.3 Prioritize the need for procedural sedation and analgesia taking into account clinical urgency and available resources**
- 6 ME 3.4 Perform procedural sedation in a skilful and safe manner, anticipating, planning for, and responding to complications associated with procedural sedation or changing clinical states of the patients**
- 7 ME 5.2 Adopt strategies that promote patient safety and address human and system factors based on institutional policies and/or current guidelines**
- 8 COM 1.6 Adapt to the unique needs of each patient and to his or her clinical condition and circumstances**
- 9 COM 3.2 Communicate near-misses or complications from the procedural sedation to the patient and/or family**
- 10 COM 5.1 Document relevant clinical information regarding procedural sedation, including but not limited to patient risk, patient consent, monitoring, and discharge information, in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements**
- 11 COL 1.3 Engage in respectful shared decision-making with physicians, nurses, respiratory therapists and other health professionals regarding the delivery of procedural sedation**
- 12 COL 3.1 Determine when care should be transferred to another physician or health**

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care professional during the post-procedural recovery from procedural sedation

Emergency Medicine: Core EPA # 5

C5: Identifying and managing patients with emergent medical or surgical conditions

Key Features:

The focus of this EPA is on the assessment and management of patients suffering from severe medical or surgical conditions, including but not limited to the following required presentations:

- Abdominal pain
- Chest pain
- Dysrhythmia
- Respiratory distress
- Altered mental status

Observation plan:

Direct and indirect observation by supervising emergency physician or resident in TTP incorporating data collected from members of the health care team

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: abdominal pain; chest pain; dysrhythmia; respiratory distress; altered mental status; other
- If "other" identify clinical presentation: [input text]

Collect 40 observations of achievement

- At least 10 pediatric presentations
- At least 2 observations of each clinical presentation
- At least 2 different observers for each presentation

Relevant milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 2.2 Perform a complete and appropriate, selective, accurate and well-organized history for the patient with an emergent medical or surgical illness**
- 3 ME 2.2 Perform a complete and appropriate, selective, accurate and thorough physical examination of the patient with an emergent medical or surgical illness**
- 4 ME 2.2 Generate appropriate and complete differential diagnoses**
- 5 ME 2.2 Order and interpret investigations (laboratory, diagnostic imaging) aiding in the diagnosis of the patient with an emergent condition**
- 6 ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team**
- 7 COM 1.1 Communicate effectively with patients and caregivers to establish goals of care and carry out a patient/family centered management plan**
- 8 COM 2.3 Use alternative sources of information to complete or substantiate clinical information as appropriate**
- 9 COM 5.1 Maintain clear concise and accurate resuscitation records**

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- 10 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 11 COL 3.2 Demonstrate safe transfer of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage in care**
- 12 COL 1.3 Work within or lead an interprofessional team to effectively manage the care of a patient with an acute medical or surgical disorder**
- 13 L 4.2 Lead a multidisciplinary health care team in the care of the patient with an emergent medical or surgical condition**
- 14 HA 1.1 Advocate for optimal care for the patient with an emergent condition with respect to investigations, consultations, transport, admission and final disposition**
- 15 HA 1.3 Recognize opportunities for injury prevention and anticipatory guidance for the patient with an emergency condition**
- 16 ME 2.2 Recognize and document concerns for child, intimate partner, or elder maltreatment**
- 17 P 3.1 Fulfil the requirements of a physician's duty to report including but not limited to communicable disease, suspected child, intimate partner, or elder maltreatment, or clusters of unusual cases**
- 18 S 3.2 Use clinical informatics decision support (e.g., clinical queries, smart prescribing etc.) to facilitate patient management**

Emergency Medicine: Core EPA #6

C6: Diagnosing and managing patients with complicated urgent and non-urgent patient presentations

Key Features:

The focus of this EPA is on diagnosis and emergency department management of urgent and non-urgent presentations. These presentations are complicated by co-existing clinical conditions (e.g., concurrent illness or medical conditions) or patient factors (e.g., communication barriers, access to care etc.) or emergency department environmental factors (e.g., availability of clinical resources, emergency department patient volumes etc.) Examples of these types of presentations may include, but are not limited to:

- Fever
- Vomiting
- Rash
- Syncope
- Weakness
- Acute gynecological presentations

Observation plan:

Direct or indirect observation by supervising physician or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: fever; vomiting; rash; syncope; weakness; acute gynecological; other
- If "other" identify clinical presentation: [input text]

Collect 40 observations of achievement

- At least 2 observations of each clinical presentation
- At least 10 pediatric presentations
- At least 3 different observers

Relevant milestones

- 1 ME 1.6 Identify and manage clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making, including disposition plans**
- 2 ME 2.2 Synthesize a working diagnosis and case-appropriate differential diagnosis relevant to the patient's presentation**
- 3 ME 2.3 Work with patients and their families to understand relevant options for care**
- 4 ME 2.4 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**
- 5 COM 4.1 Communicate using patient-centred strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan**
- 6 COM 1.1 Communicate effectively with patients and caregivers to establish goals of care and carry out a patient/family centred management plan**
- 7 COM 5.2 Communicate effectively using a written health record, electronic medical**

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- record, or other digital technology
- 8 **COL 1.1 Demonstrate appropriate interactions with other health care professionals, including seeking advice and consultation when appropriate**
- 9 **L 2.1 Consider appropriate resource utilization when choosing care options**
- 10 **L 4.2 Manage multiple patients simultaneously in a safe and efficient manner, including the appropriate delegation of tasks to other health care team members**
- 11 **HA 1.1 Demonstrate an approach to working with patients and other health care professionals to advocate for beneficial services or resources**
- 12 **HA 1.1 Facilitate timely access to resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health**
- 13 **HA 1.1 Identify patients at risk and notify the appropriate authority and/or social agencies as required**
- 14 **P 2.1 Manage tensions between patient and societal expectations, and resource stewardship**
- 15 **P 3.1 Fulfil the requirements of a physician's duty to report including but not limited to communicable disease, suspected child, intimate partner or elder maltreatment, or clusters of unusual cases**
- 16 **P 1.3 Recognize and respond to ethical concerns related to the care of the patient**

Emergency Medicine: Core EPA #7

C7: Managing urgent and emergent presentations for pregnant and post-partum patients

Key Features:

The focus of this EPA is the management of first trimester bleeding, complications of pregnancy, vaginal delivery, and post-partum hemorrhage.

Observation plan:

Direct or indirect observation (case discussion) by supervising EM or OB physician, midwife, EM resident in TTP, or obstetrics resident in Core or TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: first trimester bleeding; complications of pregnancy; vaginal delivery; post-partum hemorrhage; other
- If "other" identify clinical presentation: [input text]

Collect 15 observations of achievement

- At least 2 observations of each clinical presentation
- At least 5 observations must be in the clinical environment
- At least 5 vaginal deliveries in the clinical environment

Relevant Milestones

- 1 ME 1.3 Establish and maintain clinical knowledge, skills and attitudes necessary to rapidly assess and manage the full spectrum of disease or conditions in a pregnant or post-partum patient**
- 2 ME 2.2 Select appropriate investigations for patient and fetus**
- 3 ME 2.4 Implement appropriate management plans for the patient and fetus**
- 4 COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner to patient and their family**
- 5 COL 3.2 Organize the handover of care to the most appropriate physician or health care professional**
- 6 HA 1.1 Advocate for access to appropriate prenatal care when necessary**
- 7 P 1.1 Respect the patient's privacy in accordance with privacy and confidentiality legislation, regulations, and policies**

Emergency Medicine: Core EPA #8

C8: Managing patients with acute toxic ingestion or exposure

Key Features:

The focus of this EPA is the decontamination, assessment, and management of the poisoned patient, and coordination of multidisciplinary care with other services (e.g., toxicology, critical care, nephrology, psychiatry etc.). Presentations may include but are not limited to: sympathomimetic toxidrome, opioid toxidrome, antidepressant toxicity, and toxic bradycardia.

Observation plan:

Direct observation or indirect observation via case discussion by supervising emergency physician, toxicologist, or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: sympathomimetic toxidrome; opioid toxidrome; antidepressant toxicity; toxic bradycardia; other
- If "other" identify clinical presentation: [input text]

Collect 15 observations of achievement

- At least 1 observation of each clinical presentation
- At least 5 clinical (not simulated) observations
- At least 3 different observers

Relevant Milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 1.6 Recognize and respond to the complexity and uncertainty inherent to the care of the patient with an emergent illness with appropriate intervention and consultation**
- 3 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion**
- 4 ME 2.2 Order appropriate laboratory investigations when caring for a patient with an overdose, toxic ingestion or exposure**
- 5 ME 2.2 Perform an appropriate psychiatric history in conjunction with medical stabilization in cases of intentional overdose**
- 6 ME 2.4 Initiate medical treatment of the patient with an overdose, toxic ingestion or exposure, including specific antidote therapy**
- 7 ME 3.3 Mobilize resources for emergent enhanced elimination of a toxin as appropriate**
- 8 ME 5.2 Ensure personal protection for health care team and perform decontamination as required**
- 9 COM 2.3 Use alternative sources of information to complete or substantiate clinical information as appropriate**
- 10 ME 4.1 Determine timing and necessity for referral**
- 11 COL 1.3 Communicate effectively with physicians and other health care professionals**

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- 12 HA 1.2 In cases involving substance abuse, refer to addiction services as appropriate, and promote safer practices and harm reduction strategies**
- 13 HA 1.3 In cases of accidental ingestion or overdose, promote safe medication use and storage and appropriate occupational health practices**
- 14 P 3.1 Report accidental and non-accidental exposures to toxic substances appropriately**

Emergency Medicine: Core EPA # 9

C9: Managing patients with emergency mental health conditions or behavioural emergencies

Key Features:

The focus of this EPA is the acute management of patients presenting with psychosis, mania, major depressive disorder, anxiety disorder, suicidality, and personality disorder, including the identification and management of co-existing medical conditions requiring treatment, stabilization of the agitated patient, crisis intervention, and coordination of care with other services (e.g., psychiatry, social work, addictions resources, internal medicine, pediatrics), to ensure a safe and appropriate disposition.

Observation plan:

Direct and indirect observation by supervising EM or psychiatry physician or senior EM resident in TTP or psychiatry resident in Core or TTP (case review and/or chart review)

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: psychosis or mania; major depressive disorder; anxiety disorder; suicidality; personality disorder; other
- If "other" identify clinical presentation: [input text]

Collect 15 observations of achievement

- At least 1 of each clinical presentation
- At least 2 pediatric presentations
- At least 3 different observers

Relevant milestones

- 1 ME 2.2 Perform an appropriately detailed history of the patient presenting with a mental health emergency**
- 2 ME 2.2 Perform an appropriate physical examination of the patient presenting with a mental health emergency, recognizing the need to rule out concomitant acute medical conditions**
- 3 ME 2.2 Perform a suicide risk assessment**
- 4 ME 2.4 Initiate medical treatment of the patient presenting with a mental health emergency and concomitant acute medical condition including but not limited to overdose**
- 5 ME 3.1 Recognize indications, contraindications and monitoring requirements for chemical and physical restraints within the framework of provincial legislation/regulations**
- 6 COM 1.1 Provide the patient with brief counseling or coping strategies as appropriate**
- 7 COM 1.1 Communicate using an approach that encourages trust, and is characterized by empathy, respect and compassion**
- 8 COM 1.5 Use verbal de-escalation techniques when appropriate**
- 9 COM 2.3 Obtain collateral history from other sources including but not limited to friends, family members, first responders, social workers, housing workers, and other community liaisons**

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- 10 ME 4.1 Determine timing and necessity of referral to crisis team, psychiatry, social work, or medical services**
- 11 COL 1.3 Collaborate as necessary with the patient's primary care physician, psychiatrist, and/or community liaison(s) and services upon discharge**
- 12 P 2.2 Ensure personal and team safety during the assessment and management of patients**
- 13 P 3.1 Demonstrate knowledge and appropriate use of provincial mental health legislation as it pertains to involuntary psychiatric assessment in cases of imminent self-harm, harm to others, or inability to care for self**

Emergency Medicine: Core EPA #10

C10: Managing and supporting patients in situational crisis to access health care and community resources

Key Features:

The focus of this EPA is on supporting patients that frequently attend the emergency department in situational crisis because of challenges with one or more social determinants of health (e.g., under housing, assistance with addictions, linkages with community support organizations).

Observation plan:

Direct observation by supervising physician or EM resident in TTP with input from other health care professionals involved in the care of the patient (e.g., social worker, psychiatric emergency nurse)

Use Form 1. Form collects information on:

- Setting: emergency department; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 5 observations of achievement

Relevant milestones

- 1 ME 2.2 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate well organized differential diagnosis and/or management plans**
- 2 ME 2.4 Develop and implement management plans that consider all of the patient's health problems, their social context and their expressed wishes in collaboration with the interprofessional team**
- 3 COM 1.1 Provide the patient with brief counseling or coping strategies as appropriate**
- 4 COM 1.1 Communicate using an approach that encourages trust, and is characterized by empathy, respect, and compassion**
- 5 COM 1.5 Use verbal de-escalation techniques when appropriate**
- 6 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
- 7 COM 1.6 Assess a patient's decision-making capacity**
- 8 COL 1.2 Determine the timing and necessity of referral to crisis team, psychiatry, social work, or medicine services**
- 9 COL 1.3 Collaborate as necessary with the patient's primary care physician, psychiatrist, and/or community liaison(s) and services upon discharge**
- 10 HA 1.1 Facilitate timely access to resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health**
- 11 HA 1.1 Identify patients at risk and notify the appropriate authority and/or social agencies as required**
- 12 HA 1.1 Work with patients to address the determinants of health that affect them and their access to needed health services or resources**
- 13 HA 1.3 Refer patient to addiction or detox services in cases involving alcohol and/or substance abuse as appropriate**

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- 14 P 2.2 Ensure personal and team safety during the assessment and management of patients**
- 15 P 3.1 Demonstrate knowledge and appropriate use of provincial mental health legislation as it pertains to involuntary psychiatric assessment in cases of imminent self-harm, harm to others, or inability to care for self**

Emergency Medicine: Core EPA #11

C11: Recognizing and managing patients who are at risk of exposure to, or who have experienced violence and/or neglect

Key Features:

The focus of this EPA is the appropriate recognition, and not routine screening, of individuals at risk for or who have experienced intimate partner violence, child abuse or neglect, sexual assault, elder abuse or human trafficking and youth affected by interpersonal violence. Response to the identification of a patient at risk includes the appropriate provision of medical care, and collaboration with other health care providers and social agencies to ensure patient safety and timely follow-up.

Observation plan:

Direct or indirect observation by supervising physician, EM resident in TTP, social worker, or sexual health nurse

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Population: intimate partner violence; child abuse and neglect; sexual assault; elder abuse; human trafficking; other
- If "other" identify population: [input text]

Collect 5 observations of achievement

- May include simulation
- At least one pediatric presentation

Relevant milestones

- 1 ME 2.4 Manage a patient who has been physically or sexually assaulted including arranging an appropriate clinical and forensic examination, treatment, and appropriate disposition that ensures the patient's safety**
- 2 ME 2.4 Develop and implement management plans that consider all of the patient's health problems, their social context and their expressed wishes in collaboration with the interprofessional team**
- 3 COM 1.1 Communicate using an approach that encourages trust, and is characterized by empathy, respect, and compassion**
- 4 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
- 5 COM 1.6 Assess a patient's decision-making capacity**
- 6 COM 5.1 Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans**
- 7 ME 4.1 Determine timing and necessity of referral to crisis team, psychiatry, social work, or medical services**
- 8 ME 4.1 Determine timing and necessity of referral to sexual assault team or child protective services.**
- 9 HA 1.1 Facilitate timely access to resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health**

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- 10 HA 1.1 Describe risk factors that may indicate that a patient is the victim of intimate partner violence, child abuse or neglect, youth violence, sexual assault, elder abuse, or human trafficking**
- 11 HA 1.1 Work with patients to address the determinants of health that affect them and their access to needed health services or resources**
- 12 P 2.2 Ensure personal and team safety during the assessment and management of patients**
- 13 ME 2.2 Recognize, document, and appropriately report patients at risk of violence or neglect based on legislative requirements**

Emergency Medicine: Core EPA #12

C12: Liaising with prehospital emergency medical services

Key Features:

The focus of this EPA is participation with prehospital services and transport medicine in the shared care of a patient and facilitation of the transfer of care of the patient into the emergency department. Elements of this EPA may include: communication with paramedics in the prehospital environment regarding care of a patient being transferred to the emergency department; transfer of care from prehospital services and transport medicine to emergency department staff while treatment is ongoing; and collaboration with prehospital services and transport medicine regarding the development of a dynamic working diagnosis and management plan.

Observation plan:

Direct observation by supervising emergency physician or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; pre-hospital setting; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 5 observations of achievement

- At least 2 different observers
- Simulation is acceptable for all observations

Relevant milestones

- 1 ME 2.2 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate well organized differential diagnoses and/or management plans**
- 2 ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources when dealing with single or multiple critically injured patients**
- 3 ME 5.1 Recognize and report patient safety incidents to appropriate prehospital services and transport medicine representatives**
- 4 COL 1.2 Describe the scope of training and practice of prehospital services and transport medicine personnel and prehospital treatment algorithms**
- 5 COL 1.2 Collaborate with prehospital services and transport medicine personnel in the ongoing resuscitation of acutely ill patients during initial resuscitation of the patient**
- 6 COL 1.3 Work with others to assess, plan, provide, and integrate care for individuals and groups of patients**
- 7 COL 1.2 Provide clear, concise, timely, and respectful direction and feedback to prehospital services and transport medicine personnel**
- 8 COL 3.2 Convey appropriate medical information in a clear and organized manner to ensure safe transfer of care to another health care professional**
- 9 COL 3.2 Communicate with prehospital services and transport medicine personnel in the transfer of care and provision of care in the prehospital setting**
- 10 L 3.1 Demonstrate knowledge of prehospital services and transport medicine systems and the function and protocols of prehospital services and transport medicine dispatch**

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- 11 P 3.1 Fulfil and adhere to the protocols and standard practice governing shared care with prehospital services and transport medicine**

Emergency Medicine: Core EPA #13

C13: Performing advanced procedures

Key Features:

The focus of this EPA is the performance of sentinel advanced procedures, including knowledge and application of indications, contraindications, complications, alternatives, and aftercare.

- complex wound repair
- central venous access with ultrasound guidance
- lumbar puncture
- reduction of an extremity fracture
- reduction of large joint dislocation
- regional anesthesia (e.g., large peripheral nerve block, not a digital nerve)
- thoracostomy tube insertion

This EPA may be observed in the clinical setting or in simulation.

Observation plan:

Direct observation by supervising emergency physician, supervising physician from another service, Emergency Medicine resident in TTP, or resident from another discipline in Core or TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Procedure: complex wound repair; central venous access with ultrasound guidance; reduction of an extremity fracture; lumbar puncture; reduction of large joint dislocation; regional anesthesia (e.g., large peripheral nerve block, not a digital nerve); thoracostomy tube insertion

Collect 25 observations of achievement

- At least 2 observations of each procedure in the clinical (not simulated) environment
- At least 2 different observers for each procedure

Relevant milestones

- 1 ME 3.2 Describe the indications, contraindications, risks, alternatives, complications, and post-procedure management for a given procedure or therapy**
- 2 ME 3.1 Integrate planned procedures or therapies into global assessment and management plans**
- 3 ME 3.1 Determine and provide the most appropriate analgesic therapy and/or sedation plan for the specific procedure using multimodal analgesia concepts and alternative pain/sedation strategies**
- 4 ME 3.2 Use shared decision making with the patient to obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy**
- 5 ME 3.4 Document procedures accurately**
- 6 ME 3.4 Establish and implement a plan for post-procedure care including patient specific post-procedure instructions**
- 7 ME 5.1 Recognize near-misses in real time and respond to correct them, preventing them from impacting the patient**

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- 8 ME 5.2 Apply appropriate measures for protection of health care professionals during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination**
- 9 COM 3.1 Communicate information that is concise, relevant, useful, and respectful to a patient, and the patient's family, adapting explanations to the patient's needs and level of understanding**
- 10 S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources**

Emergency Medicine: Core EPA # 14

C14: Performing and interpreting point-of-care ultrasound to guide patient management

Key Features:

This EPA includes selection, performance and interpretation of point-of-care ultrasound (POCUS) to guide the assessment and ongoing management of emergency patients, including but not limited to patients experiencing: abdominal pain, cardiac arrest, shock, shortness of breath, trauma, and first trimester vaginal bleeding. POCUS is performed to determine the presence or absence of the following clinical states and conditions: pericardial effusion and cardiac tamponade, global estimation of left ventricular ejection fraction, pneumothorax, hemothorax, pleural effusion, abdominal aortic aneurysm, abdominal or pelvic free fluid, and first trimester intrauterine gestation. Image acquisition is required for each observation of achievement.

Observation plan:

Direct observation or indirect observation by supervising physician or resident in TTP with competence in POCUS, with review of imaging

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- If "other" identify setting: [input text]
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: pericardial effusion and cardiac tamponade; global estimation of left ventricular fraction; pneumothorax; hemothorax; pleural effusion; abdominal aortic aneurysm; abdominal or pelvic free fluid, first trimester intrauterine gestation
- Observation: direct; indirect review of stored images acquired by the resident

Collect 50 observations of achievement

- At least 5 of each of the following potential conditions to determine the presence of: pericardial effusion; global estimation of left ventricular fraction; pneumothorax; hemothorax; pleural effusion; abdominal aortic aneurysm; abdominal or pelvic free fluid; first trimester intrauterine gestation
- At least 2 of each category must be directly observed
- At least 3 different observers

Relevant milestones

- 1 ME 1.3 Apply knowledge of the clinical and biomedical sciences, including but not limited to physics, to facilitate image acquisition and interpretation**
- 2 ME 2.1 Consider clinical urgency, feasibility, availability of resources, limitations and strengths in using point-of-care ultrasound versus alternative diagnostic strategies**
- 3 ME 2.2 Integrate all sources of information to develop a diagnosis informed by point-of-care ultrasound that is safe, patient-centred, and considers the risks and benefits of all diagnostic approaches**
- 4 ME 3.4 Demonstrate technical competence in image acquisition**
- 5 COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner to patient and their family**
- 6 COM 5.1 Maintain clear, concise, accurate, and appropriate records related to point-of-care ultrasound**
- 7 COM 5.1 Store and archive images appropriately**

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- 8 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 9 COL 1.2 Consult with other health care professionals, recognizing the limits of their expertise and the limits of point-of-care ultrasound**

Emergency Medicine: Core EPA # 15

C15: Providing end-of-life care for a patient

Key Features:

The focus of this EPA is on working with a patient and their family to provide appropriate end of life care consistent with the patient's values and goals. Elements of this EPA include: identification of a patient that would not benefit from further aggressive medical interventions, medical decision making when faced with uncertain care goals, communicating estimates of prognosis, supporting the patient and family in defining the patient's goals of care, managing the patient's symptoms, and providing initial bereavement counselling to the patient and their family.

Observation plan:

Direct and indirect observation by supervising physician or resident in TTP

Use Form 1. Form collects information on:

- Setting: emergency department; simulation; other
- Clinical presentation: [input text]

Collect 5 observations of achievement

- At least 2 different observers
- At least 2 emergency department presentations

Relevant milestones

- 1 ME 2.1 Recognize a patient who may benefit from palliative care intervention, initiate the intervention, and partner in providing care as needed**
- 2 COM 3.1 Communicate the patient's prognosis, related uncertainty, and the differences between the goals of curative and palliative treatments to the patient and family clearly and compassionately**
- 3 ME 2.3 Collaborate with the patient and their family to confirm goals of care and if not previously determined, assist the patient and family in defining goals of care, incorporating their values and appropriate medical options**
- 4 COM 5.1 Document the patient's goals of care in an accurate, complete, timely, and accessible manner**
- 5 COL 2.2 Develop a consensus between the patient, family, and care providers regarding the care plan for the patient in the emergency department, including recognition and mediation of conflicts**
- 6 ME 2.2 Perform an assessment of a patient's decision-making capacity**
- 7 ME 2.4 Develop and implement management plans for control of pain**
- 8 ME 2.4 Develop and implement management plans for non-pain symptom control**
- 9 COM 3.1 Clearly and compassionately communicate the news of the patient's death to their family**
- 10 COM 4.2 Provide resource support options for families in grief**

Emergency Medicine: Core Special Assessment #1

C SA1: Describing the indications and performance of rare, critical procedures

Key Features:

The focus of this (non-EPA) assessment is assessing a resident's ability to describe the indications, contraindications, necessary equipment, sequential steps and follow-up of the following procedures:

- Transvenous pacemaker insertion and management
- Pericardiocentesis
- Thoracotomy and pericardiotomy
- Lateral canthotomy and cantholysis
- Perimortem hysterotomy

Provision of the required equipment or simulated partial task trainers for inclusion in the description is at the discretion of the program.

Assessment plan:

Resident's descriptions of the indication and performance of the procedure, without assistance or resources, reviewed by PD or Competence Committee

Use Form 4.

Collect 1 submission of satisfactory achievement.

Emergency Medicine: Core Special Assessment #2

C SA2: Clinical (i.e., bedside) teaching in the emergency department

Key Features:

The focus of this (non-EPA) assessment is on teaching, supervising and providing feedback to medical students and residents in transition to discipline or foundations during an emergency department clinical shift.

Elements to include in emergency department clinical teaching are:

- Ensuring patient safety
- Promoting a safe learning environment for the learner
- Collaboratively identifying the learner's needs
- Establishing expectations between the teacher and the learner
- Providing appropriate supervision of the learner
- Efficient use of teaching moments
- Providing constructive feedback and coaching to the learner
- Effective role modelling by the teacher

Assessment plan:

Direct observation over a series of two or more emergency department clinical shifts by supervising physician or transition to practice emergency medicine resident

Use Form 4.

Collect two observations of satisfactory achievement from two different observers.

Emergency Medicine: Core Special Assessment #3
C SA3: Teaching an interactive large group session

Key Features:

The focus of this (non-EPA) assessment is on teaching an interactive large group session. Elements to include in the large group session are:

- Performing a needs assessment
- Developing learning objectives
- Using instructional methods that are based on theory / best practices and align with the learning objectives
- Evaluating the session to determine the effectiveness of the design

Assessment plan:

Direct observation of a session by supervisor with access to participant evaluations of the session

Use Form 4.

Collect 1 submission of satisfactory achievement.

Emergency Medicine: Core Special #4

C SA4: Participating in a disaster medicine exercise

Key Features:

The focus of this (non-EPA) assessment is on the participation in a simulated disaster medicine exercise.

Elements to include in the disaster medicine exercise are:

- hospital surge capacity
- Multi-patient decontamination
- Multi-patient triage
- Multi-patient care
- Incident command
- Internal and external communication

Assessment plan:

Direct or indirect observation of resident completion of a disaster medicine exercise, as approved by the residency training program, by PD

Use Form 4.

Collect 1 submission of satisfactory achievement.

Emergency Medicine: Core Special Assessment #5

C SA5: Advancing emergency medicine through a scholarly project

Key features

The focus of this (non-EPA) assessment is on producing an original innovation or discovery, which advances emergency medicine, that builds on existing literature or theory, and achieves a standard acceptable to internal (i.e., within the residency program) peer review. The project may address a clinical, health systems or education topic on approval by the residency program. The report must be suitable for submission to a peer-reviewed publication or oral presentation at an academic meeting.

Assessment Plan:

Resident's submission of a report on a clinical research, quality improvement/patient safety, or education project, relevant to Emergency Medicine, reviewed by PD or Competence Committee

Use form 4.

Collect one submission of satisfactory achievement

Emergency Medicine: Transition to Practice EPA # 1

TP1: Managing the emergency department to optimize patient care and department flow

Key Features:

The focus of this EPA is the management of emergency department patient flow in a specific area or section of the department to ensure best possible patient care, taking into account emergency department resources, patient acuity, patient numbers, and clinical personnel. Flexibility, situational awareness, effective and safe clinical decision-making, advocacy for patient needs, and collaborative resource decision-making are elements of this EPA. This EPA must be observed in the emergency department.

Observation plan:

Direct observation by supervising physician with input from other health care professionals (e.g., charge nurse)

Use Form 1. Form collects information on:

- Hospital or ED: [input name of hospital]
- Section: resuscitation; acute care; ambulatory, other
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 25 observations of achievement

Relevant milestones

- 1 ME 1.4 Perform appropriately timed clinical assessments that are organized and properly documented in written form for patients of all triage levels presenting to an emergency department**
- 2 ME 1.5 Carry out other professional duties (e.g., supervision of learners) while working in the emergency department while responsible for multiple ill patients**
- 3 ME 1.5 Provide quality patient-centred care when faced with overcrowding**
- 4 ME 1.6 Prioritize clinical duties effectively when faced with multiple patients and problems**
- 5 ME 4.1 Implement patient-centered care plans for patients discharged from the emergency department, ensuring primary-care and/or consultant follow-up and efficient flow through the emergency department**
- 6 COL 1.2 Coordinate shared care responsibilities with physicians and other colleagues for patients in the emergency department including delegating tasks to other health care professionals**
- 7 COL 1.3 Communicate effectively with nurses, other physicians, other health care professionals and other staff to optimize flow of patients through the emergency department**
- 8 COL 3.2 Demonstrate safe transfer of care, both verbal and written, during patient transitions into and out of the emergency department**
- 9 L 1.2 Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations**
- 10 L 2.1 Manage unexpected surges in patient numbers and acuity, in real or simulated disaster situations**
- 11 L 2.1 Coordinate medical and surgical specialties with hospital administration to problem solve resource issues in the emergency department (e.g., crisis events, bed block, malfunction of technology)**
- 12 P 1.1 Maintain appropriate professional behaviours and demonstrate resilience in**

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- 13** **the face of high stress/intensity situations**
 L 1.4 Use health informatics to improve the quality of patient care and optimize patient safety

Emergency Medicine: Transition to Practice EPA #2

TP2: Teaching and supervising the learning of trainees and other health care professionals

Key Features:

The focus of this EPA is on teaching and supervising the learning of medical students and residents, and teaching other health care trainees and professionals (when appropriate) in the emergency department. This EPA integrates bedside teaching, assessment of performance and the provision of feedback to learners into regular clinical practice. This EPA must be observed in the emergency department.

Observation plan:

Direct and indirect observation by supervising physician with verbal feedback from learners provided to the supervisor

Use Form 1. Form collects information on:

- Learner demographic: medical student; off service resident; EM resident; other
- If "other" identify learner demographic: [input text]
- Learners: individual; multiple
- Complexity: simple; complex

Collect 15 observations of achievement

- At least 2 different observers
- At least 3 observations each of teaching a medical student, off service resident and EM resident

Relevant milestones

- 1 ME 1.5 Provide bedside teaching including teaching procedural skills in the face of competing clinical demands in the emergency department environment**
- 2 COM 2.1 Identify and respond when a learner ignores the patient's beliefs, values, preferences, context, or expectations during a patient encounter**
- 3 S 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners**
- 4 S 2.3 Ensure patient safety, dignity, and confidentiality are maintained when learners are involved**
- 5 S 2.3 Describe the role and responsibility of the supervisor as determined by relevant local policies**
- 6 S 2.3 Provide appropriate supervision of the learner, balancing patient safety and care with educational needs**
- 7 S 2.4 Identify the level of the learner and their needs, and adapt teaching strategies to match them**
- 8 S 2.4 Choose appropriate content, teaching format, and strategies tailored to both the learner and the emergency department setting**
- 9 S 2.5 Provide feedback to learners to enhance learning and performance**
- 10 S 2.5 Provide feedback to learners who are performing below their level of training, being clear about areas that require immediate attention and providing guidance for future training**
- 11 S 3.4 Teach learners to effectively find, select and integrate evidence into decision making in their practice**
- 12 P 4.3 Teach, role-model, and positively influence the behaviour of others to promote**

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a positive and effective learning environment

Emergency Medicine: Transition to Practice EPA #3

TP3: Managing complex interpersonal interactions that arise during the course of patient care

Key Features:

This EPA focuses on identifying and responding to complex, emotionally charged communication situations with the goal of resolving conflict and achieving the best care for patients in the emergency department. Complex interpersonal interactions may involve patients, physicians or other health professionals.

Observation plan:

Direct or indirect observation by supervising physician, with input from other health care professionals (e.g., nurse, social worker etc.)

Use Form 1. Form collects information on:

- Setting: emergency department; simulation
- Demographic: patient interaction; family interaction; physician interaction; other health care professional interaction
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 5 observations of achievement

- At least 2 different observers
- At least 3 clinical (not simulated) observations

Relevant milestones

- 1 ME 2.3 Determine goals of care with patients with complex illness when this has not been previously discussed, conveying when treatment is inappropriate**
- 2 ME 2.3 Set boundaries of therapeutic care with patients and/or families when there are unrealistic expectations (e.g., unnecessary diagnostic imaging, emergent referral etc.) or secondary gain contributing to the visit to the emergency department**
- 3 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
- 4 COM 1.5 Manage disagreements and emotionally charged conversations including situations when patients and families disagree with the physician and/or each other**
- 5 COM 1.5 Defuse situations with patients who demonstrate abusive or violent behaviour, and recognize when the situation exceeds the limits of normal communication, necessitating the intervention of law enforcement and/or the use of chemical or physical restraint**
- 6 COM 3.1 Communicate clearly with patients and others in the setting of ethical dilemmas**
- 7 COM 3.2 Disclose critical incidents involving patient safety and/or medical error to the patient and family accurately and according to institutional policy**
- 8 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture**
- 9 P 3.1 Adhere to the professional and ethical codes, standards of practice, and laws governing practice**

Emergency Medicine: Transition to Practice EPA #4

TP4: Providing expert EM consultation to physicians or other health care providers

Key Features:

This EPA focuses on the task of providing expert, specialist advice to physicians and other health care providers to assist them in effectively caring for their patients, including but not limited to patients within the emergency department, another service requiring consultation or a community physician seeking guidance for the management of a patient. This EPA must be observed in the emergency department only, but can include telephone-based consultations.

Observation plan:

Direct or indirect observation by supervising physician with review of documentation

Use Form 1. Form collects information on:

- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Patient referred to ED: yes; no
- Referral source: consulting service; community ED; outpatient clinic; family physician; other
- If "other" identify referral source: [input text]

Collect 5 observations of achievement

- At least 2 different observers

Relevant milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 1.6 Recognize and respond to the complexity and uncertainty inherent to the care of the patient with appropriate intervention and consultation**
- 3 ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team**
- 4 ME 4.1 Determine timing and necessity for referral**
- 5 COM 5.2 Ensure accurate documentation of relevant information and medical orders when providing advice when appropriate**
- 6 COM 5.3 Provide effective consultant reports to referring physician outlining findings, treatments, and follow up care plan**
- 7 ME 4.1 Coordinate continuing care with referring physicians for patients discharged from the emergency department**
- 8 COL 1.3 When providing medical consultation, allow for shared decision making by incorporating the clinical and situational input of other health care professionals**
- 9 COL 3.2 Demonstrate safe transfer of care, both verbal and written, during patient transitions into and out of the emergency department**
- 10 P 1.1 Exhibit professional behaviour when communicating about patient care with other physicians and health care professionals**
- 11 P 1.5 Demonstrate secure and appropriate use of communication technology with referring physicians and other health care professionals**

Emergency Medicine: Transition to Practice EPA #5

TP5: Coordinating and collaborating with health care professional colleagues to safely transition the care of patients, including handover and facilitating inter-institution transport

Key Features:

The focus of this EPA is the safe and efficient transition of care from one most responsible physician to another, including between emergency physicians (EP), other physicians (OP), the primary care provider (PCP), or long-term care facilities (LTC). This EPA must be observed in the emergency department only.

Observation plan:

Direct and indirect observation by supervising physician, including review of handover note and feedback from other physician(s) involved

Use Form 1. Form collects information on:

- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Handover: EP to EP; EP to OP within hospital; EP to OP at another hospital; EP to LTC; EP to PCP; EP to follow-up with OP; other
- If "other" identify clinical presentation: [input text]

Collect 10 observations of achievement:

- At least 5 EP to EP handovers
- At least 2 different observers

Relevant milestones:

- 1 COL 3.1 Determine when care should be transferred to another physician or health care professional**
- 2 ME 4.1 Implement a collaborative patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
- 3 COM 3.1 Inform the patient of the transition of care process and key elements**
- 4 COL 3.2 Communicate and negotiate, as appropriate, a plan for the patient's care with the patient's other health care professionals for patients discharged from the emergency department**
- 5 COL 3.2 Demonstrate safe transfer of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage in care**
- 6 S 3.4 Integrate best evidence surrounding handover practices**
- 7 P 1.5 Demonstrate secure and appropriate use of communication technology with referring physicians and other health care professionals**

Emergency Medicine: Transition to Practice EPA #6

TP6: Dealing with uncertainty when managing patients with ambiguous presentations

Key Features:

The focus of this EPA is on the provision of safe and efficient patient care and disposition when the clinical presentation is unclear, such as in the absence of a precise diagnosis, or when relevant information is either unavailable or rapidly changing. This EPA may be observed in the emergency department or in simulation.

Observation plan:

Direct and indirect observation supervising physician (e.g., review of medical record)

Use Form 1. Form collects information on:

- Setting: emergency department; simulation
- Patient demographic: infant; child; youth; adult; senior
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 5 observations of achievement

- At least 2 different observers

Relevant Milestones

- 1 ME 1.6 Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available**
- 2 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the emergency department visit or during future follow-up with other health care practitioners**
- 3 ME 3.3 Respond to the urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures or therapy**
- 4 ME 4.1 Develop and implement a safe patient-centred care plan dealing with clinical uncertainty that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
- 5 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, other physicians, first responders, and other health professionals**
- 6 COM 5.1 Maintain clear, concise, accurate records of clinical encounters and plans, indicating approaches that prioritize safe, symptomatic treatment and exclusion of key diagnoses, but that may not achieve a final diagnosis**

Emergency Medicine: TTP Special Assessment #1

TP SA1: Developing personal learning plans

Key Features:

The focus of this (non-EPA) assessment is the establishment of a systematic process for guided (i.e., coached, mentored) self-assessment of learning needs and a process for meeting the identified gap.

Elements to include in a PLP are:

- A platform (e.g., electronic, paper-based) to summarize the process
- A description of how the self-assessment was informed by a clinical content or education expert
- Data used to identify the learning need
- A process for guided self-assessment
- Resources used to fulfil the learning need
- Process for monitoring future practice to ensure maintenance (and advancement) of their ability in the identified area.

Assessment plan:

Resident submission of a personal learning plan around a specific, completed learning need reviewed by PD or Competence Committee

Use Form 4.

Collect 1 submission of satisfactory achievement.

Emergency Medicine: TTP Special Assessment #2

TP SA2: Participating in quality improvement initiatives to enhance patient care

Key Features:

The focus of this (non-EPA) assessment is on the participation in a real or simulated quality improvement exercise. This assessment requires that the resident complete the analysis; it is not necessary for the resident to implement or participate in the implementation of any quality improvement plan.

Elements to include in the quality improvement exercise are:

- review and analysis of a clinical case(s) or event(s), including associated data and outcomes to evaluate the quality of health care delivery
- analysis of any gap in desired outcomes
- description of a plan (including necessary resources and processes) to improve delivery of care
- description of an evaluation process to determine the potential effectiveness of the proposed plan

Assessment plan:

Direct observation of a presentation (e.g., rounds) or indirect review of resident's submission of a report by supervisor

Use Form 4

Collect 1 submission of satisfactory achievement