

Entrustable Professional Activities for Pediatric Respiriology

2021
VERSION 1.0

Pediatric Respiriology: TTD EPA #1

Assessing and initiating management for patients with uncomplicated and common respiratory presentations or illnesses

Key Features:

- The focus of this EPA is the application of the clinical skills acquired in primary specialty training in the new clinical setting of respirology residency.
- This EPA includes performing a comprehensive respiratory history and physical exam, interpreting and synthesizing basic diagnostic investigations, and developing an appropriate differential diagnosis and plan for initial management.
- This EPA does not include complex or rare respiratory conditions, interpretation of advanced diagnostic investigations, or development of ongoing follow-up plans.
- This EPA must be observed in the inpatient and outpatient settings.

Assessment Plan:

Direct observation, case review and/or consult letter review by supervisor, including supervising resident

Use Form 1. Form collects information on:

- Case mix: undifferentiated respiratory complaint; obstructive lung disease; restrictive lung/chest wall disease; sleep disordered breathing; respiratory infection
- Setting: inpatient; outpatient
- Patient age: neonate; infant; toddler; child; adolescent
- Observation type: direct; case presentation; review of consult letter

Collect 3 observations of achievement

- At least 3 different examples of the case mix
- At least 1 from each setting
- At least 2 different age groups
- At least 2 direct observations
- At least 2 different observers
- At least 2 must be completed by staff

Relevant Milestones:

- 1 ME 1.3** Apply knowledge of biomedical and clinical sciences to identify, diagnose, and address common clinical problems

- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 3 COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
- 4 ME 2.2 Gather a history and perform a physical exam relevant to the presentation**
- 5 ME 2.2 Select and interpret investigations**
- 6 ME 2.4 Develop and implement an initial management plan**
- 7 COM 5.1 Organize information in appropriate sections within an electronic or written medical record**
- 8 P 1.1 Complete assigned responsibilities**

Pediatric Respiriology: TTD EPA #2

Recognizing and initiating management for patients with respiratory emergencies

Key Features:

- This EPA focuses on the recognition of respiratory emergencies, including identifying key abnormalities in basic diagnostic tests, and seeking assistance in a timely and appropriate manner for patients requiring urgent care.
- This EPA includes the appropriate triage and initiation of therapy for respiratory emergencies, communication with patients, families and other care providers, and coordination of care with other services.
- This EPA includes the application of knowledge of the local institution, its protocols and resources.
- The EPA may be observed in a simulation setting.

Assessment Plan:

Direct observation, case discussion and/or review of documentation by supervisor (including supervising resident), may include input from other health professionals

Use Form 1. Form collects information on:

- Setting: ICU; inpatient ward; ER; bronchoscopy suite; operating room; ambulatory clinic; simulation
- Case mix: asthma; cystic fibrosis; bronchoscopy complication; ILD; respiratory infection; hemoptysis; pneumothorax; respiratory failure; airway obstruction; other condition
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 2 observations of achievement

- At least 2 observers

Relevant Milestones:

- 1 ME 2.2 Perform an appropriately timed clinical assessment of a patient who needs airway and/or ventilation assistance**
- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 3 ME 2.2 Gather a history and perform a physical exam relevant to the presentation**
- 4 ME 2.2 Select and interpret investigations**
- 5 ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves**

- 6 ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
- 7 COM 4.3 Answer questions from the patient and family about next steps**
- 8 COL 1.1 Receive and appropriately respond to input from other health care professionals**

Pediatric Respiriology: TTD EPA #3

Performing the pre-procedural assessment and preparation for patients undergoing respiratory procedures

Key Features:

- The focus of this EPA is pre-procedure planning and preparation in order to safely perform basic respiratory procedures, such as diagnostic bronchoscopy.
- This includes assessing patient acuity and determining urgency of the procedure, optimizing the patient for the procedure, and determining and arranging the necessary logistics, services and/or resources in order to safely perform the procedure.
- This EPA does not include independently performing the procedure or post-procedure care.
- This EPA may be observed in a simulation setting.

Assessment Plan:

Direct observation of pre-procedure case discussion and obtaining consent or review of documentation by supervisor (including supervising resident)

Use Form 1. Form collects information on:

- Procedure: bronchoscopy; other procedure
- Consent observed: yes; no
- Setting: clinical; simulation
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 2 observations of achievement

- At least 1 observation of consent

Relevant Milestones:

- 1 ME 3.2 Explain the risks and benefits of, and the rationale, for a proposed procedure**
- 2 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**
- 3 ME 3.2 Obtain informed consent**
- 4 ME 2.2 Integrate and synthesize clinical information to assess clinical status, peri-procedural risk and opportunities for risk mitigation**
- 5 ME 2.4 Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan**
- 6 ME 3.4 Select the appropriate location and sedation for the patient's procedure**

- 7 **ME 3.4** Develop a plan for the appropriate disposition of the patient post procedure, as applicable
- 8 **COM 5.1** Document the clinical encounter to adequately convey clinical reasoning and the rationale for decisions and/or recommendations
- 9 **COL 1.3** Communicate effectively with other health care professionals

Pediatric Respiriology: Foundations EPA #1

Assessing, diagnosing, and managing patients with uncomplicated and common respiratory conditions

Key Features:

- This EPA builds on the skills of the primary discipline to focus on the establishment of a complete management plan.
- This EPA may be observed in the inpatient or outpatient setting.

Assessment Plan:

Direct observation and/or case review by supervisor, may include input from other health professionals and patient or family

Use Form 1. Form collects information on:

- Type of observation: direct; case review
- Settings: inpatient; outpatient; simulation
- Case mix (select all that apply): airway disease; respiratory failure/ICU; neoplasm; infection; industrial/environmental/aspiration lung injury; immunologic disease; restrictive disorder; sleep disorder; pulmonary circulation; other condition
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 5 observations of achievement

- At least 2 direct observations
- No more than two in simulation setting
- At least 5 different presentations from the case mix
- At least 3 observers

Relevant Milestones:

- 1 ME 1.3 Apply pathophysiologic concepts to identify, diagnose, and address common clinical problems**
- 2 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results**
- 3 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family**
- 4 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 5 ME 2.4 Develop and implement a management plan**
- 6 ME 3.2 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**

7 COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan

Pediatric Respiriology: Foundations EPA #2

Managing patients with common respiratory emergencies

Key Features:

- This EPA focuses on comprehensive management of common respiratory emergencies.
- This includes recognizing one's own limits, seeking assistance and appropriately transferring care as appropriate.
- This EPA may be observed in any setting including ICU, inpatient ward, ER, bronchoscopy suite, operating room (pediatrics), ambulatory clinics, and in simulation.

Assessment Plan:

Direct observation and/or case review by supervisor, may include input from other health professionals

Use Form 1. Form collects information on:

- Setting: ICU; inpatient ward; ER; bronchoscopy suite; operating room; ambulatory clinic; simulation
- Case mix (select all that apply): airway disease; respiratory failure/ICU; neoplasm; infection; industrial/environmental/aspiration lung injury; immunologic disease; restrictive disorder; sleep disorder; pulmonary circulation; other condition
- Complexity: low; medium; high
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 3 observations of achievement

- A variety of the case mix
- At least 2 observers

Relevant Milestones:

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
 - 2 ME 2.2 Perform focused clinical assessment without excluding key elements**
 - 3 ME 2.2 Select and interpret investigations**
 - 4 ME 2.4 Develop and implement management plans, including providing or arranging for definitive care**
 - 5 ME 5.2 Apply the principles of situational awareness to clinical practice**
 - 6 COM 5.1 Document the clinical encounter to adequately convey clinical reasoning and**
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the rationale for decisions and/or recommendations

- 7 ME 2.4 Determine the setting of care appropriate for the patient's health needs**
- 8 COM 3.1 Convey information about medical course and management plan clearly and compassionately**
- 9 COL 3.2 Communicate with health care professionals and/or receiving physicians, clarifying issues related to transfer as needed**

Pediatric Respiriology: Foundations EPA #3

Performing basic respiratory procedures in uncomplicated, low risk patients

Key Features:

- This EPA focuses on the performance of technical skills and includes obtaining consent, documenting the procedure, ensuring appropriate processing of samples, and providing immediate post-procedure care, including communication of results and recognition, and management of immediate procedure related complications.
- This EPA can be observed in clinical and simulation settings.

Assessment Plan:

Direct observation by supervisor

Use Form 2. Form collects information on:

- Procedure: flexible bronchoscopy; other procedure
- Patient age: neonate; infant; toddler; child; adolescent

Collect 5 observations of achievement

- At least 5 flexible bronchoscopies
- A range of patient ages
- At least 2 different observers

Relevant Milestones:

- 1 ME 3.2** Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 2 ME 3.4** Demonstrate effective procedural preparation, including the use of a pre-procedure time-out or safety checklist as appropriate
- 3 ME 3.4** **Set up and position the patient for a procedure**
- 4 ME 3.4** **Perform common procedures in a skilful, fluid, and safe manner with minimal assistance**
- 5 ME 3.4** Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 6 ME 3.4** **Establish and implement a plan for post-procedure care**
- 7 ME 3.4** **Recognize and manage immediate complications of the procedure**
- 8 COM 3.1** **Convey the findings and/or outcomes of the procedure to the patient clearly and compassionately**

9 COM 5.1 Document the encounter to accurately convey the procedure and outcome

10 COM 5.1 Complete clinical documentation in a timely manner

Pediatric Respiriology: Foundations EPA #4

Providing interpretation and reporting of pulmonary function tests

Key Features:

- This EPA includes pre- and post-bronchodilator spirometry, assessment of lung volume and diffusion capacity, and bronchoprovocation challenge.
- The diagnostic test may be performed for patients for whom the resident is providing clinical care, as well as for patients for whom the resident is solely providing diagnostic interpretation.
- The achievement of this EPA is based on review of diagnostic test interpretations.

Assessment Plan:

Review of diagnostic test interpretations by supervisor

Use Form 1. Form collects information on:

- Number of PFT's in batch (write in):
- Diagnostic test type (select all that apply): full PFT with DLCO; simple spirometry with bronchodilator; bronchoprovocation challenge; cardiopulmonary exercise test
- Case mix (select all that apply): airway disease; respiratory failure/ICU; neoplasm; infection; industrial/environmental/aspiration lung injury; immunologic disease; restrictive disorder; sleep disorder; pulmonary circulation; other condition

Collect 5 observations

- At least 5 PFT tests in each batch
- A variety of respiratory diseases and tests
- At least 2 different observers

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of respiratory physiology**
 - 2 ME 1.3 Apply knowledge of the technical components of diagnostic testing including equipment and protocols**
 - 3 ME 3.4 Assess the quality and validity of the study, and any impact on the diagnostic interpretation**
 - 4 S 3.4 Integrate best evidence and clinical expertise**
 - 5 ME 3.4 Interpret respiratory diagnostic investigations**
 - 6 ME 3.4 Summarize findings of clinical relevance, and provide suggestions for further testing and/or management as appropriate**
 - 7 COM 5.1 Provide clear, concise and accurate reports of diagnostic testing in a timely fashion**
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8 COM 5.1 Communicate critical results urgently, as needed

Pediatric Respiriology: Foundations EPA #5

Providing documentation of a respiratory consult

Key Features:

- This EPA focuses on the application of written communication skills.
- This includes a synthesis of the pertinent clinical findings, investigations and management plan as well as clear articulation of the role of the respirologist and the referring physician in further care.
- This EPA may be observed in any care setting and any patient presentation.

Assessment Plan:

Review of written consultation note by supervisor

Use Form 1

Collect 5 observations of achievement

- At least 2 observers

Relevant Milestones:

- 1 ME 2.2 Synthesize and interpret information from the clinical assessment**
- 2 COM 5.1 Organize information in appropriate sections within an electronic or written medical record**
- 3 COM 5.1 Document all relevant findings and investigations**
- 4 COM 5.1 Convey clinical reasoning and the rationale for decisions**
- 5 COM 5.1 Provide a clear plan for ongoing management**
- 6 COM 5.1 Adapt the written consultation to the clinical context**
- 7 COM 5.1 Complete clinical documentation in a timely manner**
- 8 COL 1.3 Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care**

Pediatric Respiriology: Core EPA #1

Assessing, diagnosing and managing patients with complex respiratory conditions

Key Features:

- This EPA focuses on clinical assessment, interpretation of diagnostic investigations and implementation of a management plan for a broad range of complex conditions.
- This EPA may be observed in the inpatient or outpatient setting.
- This EPA includes communication with the patient, family and health care team in a timely fashion.

Assessment Plan:

Direct observation and/or case/consult letter review by supervisor

Use Form 1. Form collects information on:

- Type: direct observation; case presentation; review of consult letter
- Setting: inpatient; outpatient
- Case mix: interstitial lung disease; pulmonary vascular disease; neuromuscular disease; atypical infection; pulmonary complication of systemic disease; congenital lung disease; other condition
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 10 observations of achievement

- At least 3 direct observations
- A variety of the case mix
- At least 3 different observers

Relevant Milestones:

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 2.2** Select and interpret investigations in the context of the patient's presentation
- 3 ME 2.2 Integrate the patient's other medical problems and current health status into the clinical assessment**
- 4 ME 3.3** Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities and/or other features of case complexity
- 5 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 6 ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
- 7 COM 4.3** Use communication skills and strategies that help the patient and family make informed decisions

- 8 COL 1.3 Work effectively with other health care professionals to plan and provide care for individual patients**
- 9 ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and/or monitoring for disease progression**

Pediatric Respiriology: Core EPA #2

Assessing and managing patients with rare respiratory conditions or in whom diagnostic uncertainty exists

Key Features:

- This EPA focuses on patients with rare conditions or for whom there is uncertainty in diagnosis despite appropriate clinical assessment, and/or uncertainty in determining optimal therapy.
- This EPA includes the clinical assessment and management as well as effective communication of uncertainty to the patient/family and referring physician.
- It also includes judicious use of health care resources and facilitation of access to appropriate care.

Assessment Plan:

Direct observation and/or case/consult letter review by supervisor

Use Form 1. Form collects information on:

- Type of observation: direct observation; case presentation; review of consult letter
- Setting: inpatient; outpatient; simulation
- Case mix: interstitial lung disease; pulmonary vascular disease; atypical infection; pulmonary complication of systemic disease; congenital malformation; vasculitis; other condition
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 5 observations of achievement

- At least 2 direct observations
- A variety of the case mix
- At least 2 different observers

Relevant Milestones:

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 2.2 Recognise atypical or uncertain presentations**
- 3 ME 2.2 Select, sequence and interpret investigations based on a differential diagnosis**
- 4 ME 2.4 Demonstrate flexibility in clinical reasoning in the setting of clinical uncertainty**
- 5 ME 2.4 Establish a patient-centred management plan despite limited, non-diagnostic, or conflicting clinical data**
- 6 COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner**

- 7 L 2.1 Demonstrate judicious use of health care resources**
- 8 HA 1.1 Facilitate timely access to health services or resources**
- 9 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 10 ME 4.1 Determine the need and timing of referral to another health care professional**

Pediatric Respiriology: Core EPA #3

Assessing and managing patients who require advanced respiratory-specific technologies

Key Features:

- The focus of this EPA is the application of knowledge of respiratory physiology and the various oxygen delivery and respiratory modalities to assess and manage patients with sleep disordered breathing and chronic respiratory failure.
- This includes: invasive and non-invasive ventilation, other modes of ventilation, tracheostomy care, medication delivery systems, airway clearance techniques, and home oxygen.
- This EPA also includes working with patients, health care professionals and external agencies to access and provide treatment modalities.

Assessment Plan:

Direct observation and/or case review by supervisor, may include input from other health professionals

Use Form 1. Form collects information on:

- Setting: ICU; inpatient ward; ER; ambulatory clinic; sleep laboratory; pulmonary function laboratory; simulation
- Case mix (select all that apply): sleep disordered breathing; chronic respiratory failure; other condition
- Modality (select all that apply): CPAP; non-invasive ventilation; invasive ventilation; medication delivery system; airway clearance technique; home oxygen; tracheostomy care; other modality
- Patient age: neonate; infant; toddler; child; adolescent

Collect 7 observations of achievement

- At least 1 of each specified modality
- A variety of ages
- At least 2 observers

Relevant Milestones:

- 1 ME 1.3 Apply clinical and biomedical sciences to manage core patient presentations**
- 2 ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves**
- 3 ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context**
- 4 ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches**

- 5 COL 1.2 Consult as needed with other health care professionals, including other physicians**
- 6 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 7 HA 1.1 Facilitate timely access to health services or resources**

Pediatric Respiriology: Core EPA #4

Managing patients with respiratory failure

Key Features:

- This EPA focuses on applying knowledge of respiratory physiology and pathophysiology for different modes of ventilation, while considering interactions with other organ systems.
- This EPA includes assessment, diagnosis and comprehensive management of hypoxemia, hypercapnia and mixed respiratory failure, including patients requiring ventilatory support (non-invasive and invasive).
- This EPA includes recognizing and managing complications associated with ventilatory support, as well as weaning from mechanical ventilation, and identifying candidates for tracheostomy and chronic ventilatory support.

Assessment Plan:

Direct observation and/or case review by a supervisor, registered respiratory therapist or respiratory therapy educator

Use Form 1. Form collects information on:

- Etiology (write in):
- Issues addressed (select all that apply): need for ventilatory support; adjustment of ventilatory support; need for tracheostomy; guidance for weaning; withdrawal of ventilator support
- Mode of ventilation (write in):
- Setting: clinical; simulation

Collect 6 observations of achievement

- At least 3 different etiologies of respiratory failure
- At least 5 in clinical setting
- At least 3 different observers

Relevant Milestones:

- 1 ME 1.3** Apply knowledge of respiratory physiology and cardiopulmonary interactions to the care of any patient receiving ventilator support
- 2 ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 3 ME 1.4** Perform clinical assessments that address all relevant issues
- 4 ME 2.2** Integrate information from the clinical assessment to formulate an understanding of the patient's condition
- 5 ME 2.2** Interpret medical imaging of the respiratory system

- 6 ME 2.4 Develop and implement management plans for patients requiring non-invasive or invasive ventilation, including weaning from prolonged and/or complicated mechanical ventilation**
- 7 ME 3.1 Determine the need for and timing of tracheostomy**
- 8 COL 1.3 Communicate effectively with other health care professionals**
- 9 S 3.4 Integrate best evidence and clinical expertise into decision-making**

Pediatric Respiriology: Core EPA #5

Performing the procedures of Respiriology

Key Features:

- This EPA focuses on the technical skills of bronchoscopy for any patient, including complex, unstable or high risk patients.
- This includes documenting the procedure, ensuring appropriate processing of samples, and providing immediate post-procedure care, including recognition and management of procedure related complications.

Assessment Plan:

Direct observation by supervisor

Use Form 2. Form collects information on:

- Setting: ICU; operating room; interventional/bronchoscopy suite; simulation
- Complexity: low; medium; high
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 5 observations of achievement

- At least 3 complex cases (medium or high)
- No more than 3 in simulation setting
- At least 2 observers

Relevant Milestones:

- 1 ME 3.2** Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 2 ME 3.4** Demonstrate effective procedural preparation, including the use of a pre-procedure time-out or safety checklist as appropriate
- 3 ME 3.4 Set up and position the patient for a procedure**
- 4 ME 3.4 Perform common procedures in a skilful, fluid, and safe manner with minimal assistance**
- 5 ME 3.4** Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 6 ME 3.4 Establish and implement a plan for post-procedure care**
- 7 ME 3.4 Recognize and manage immediate complications of the procedure**
- 8 COM 3.1 Convey the findings and/or outcomes of the procedure to the patient clearly and compassionately**

9 COM 5.1 Document the encounter to accurately convey the procedure and outcome

10 COM 5.1 Complete clinical documentation in a timely manner

Pediatric Respiriology: Core EPA #6

Providing care for patients with advanced and end-stage lung disease

Key Features:

- This EPA focuses on patients whose goals of care are transitioning to an emphasis on quality of life rather than disease modification or cure. This includes the recognition that the patient's burden of illness has progressed, and that further intervention may be of limited or low benefit. It includes management of disabling symptoms, optimization of quality of life, provision of care appropriate to the patient's goals of care, and collaboration with other health care professionals.
- It may include consideration of lung transplantation, palliative care and/or medical assistance in dying (MAiD).
- This EPA may be observed in any setting and across a range of diagnoses.

Assessment Plan:

Direct observation and/or case review by supervisor

Use Form 1. Form collects information on:

- Type of assessment: direct; case review; simulation
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 2 observations of achievement

- At least 2 different observers

Relevant Milestones:

- 1 **ME 2.1** Identify patients for whom the patient perceived burden of disease modifying therapy or investigations is greater than the clinical benefits
- 2 **ME 2.3 Recognize and respond to signs that it is time to transition care away from a disease modifying approach**
- 3 **COM 2.1 Gather information about the patient's beliefs, values, preferences, context and expectations with regards to their care**
- 4 **ME 2.3** Address the impact of the medical condition on the patients' ability to pursue life goals and purposes
- 5 **ME 2.3 Establish goals of care in collaboration with the patient and family**
- 6 **COM 3.1 Provide information on diagnosis and prognosis clearly and compassionately**
- 7 **COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**

8 ME 2.4 Develop and implement management plans that optimize symptom management and support achievement of the patient's goals of care

Pediatric Respiriology: Core EPA #7

Providing interpretation and supervision of advanced respiratory diagnostic tests

Key Features:

- This EPA includes the following diagnostic investigations: sleep studies (oximetry, respiratory component of Level 1) and special pulmonary function tests (e.g. MIPs/MEPS, peak cough flow, 6-minute walk test, bronchoprovocation testing, cardiopulmonary exercise testing (CPET)).
- The diagnostic tests may be performed for patients for whom the resident is providing clinical care, as well as for patients for whom the resident is solely providing diagnostic interpretation.
- The achievement of this EPA is based on review of diagnostic test interpretations.
- This includes communication of critical results.

Assessment Plan:

Review of diagnostic test interpretations by supervisor

Use Form 1. Form collects information on:

- Number of tests in batch (write in):
- Setting: PFT laboratory; PSG laboratory; teaching rounds; other setting
- Diagnostic test (select all that apply): PFT (including MIP/MEP); bronchoprovocation challenge; cardiopulmonary exercise testing (CPET); level 1 sleep study; oximetry; other test
- Case mix (select all that apply): airways disease (e.g. asthma, bronchiectasis); interstitial lung disease; infection; pulmonary vascular disease; congenital lung lesions; neuromuscular disease; sleep disorders; other condition
- Patient age: neonatal; infant; toddler; child; adolescent

Collect 5 observations of achievement

- Each observation must include a variety of the above
- 2 different observers

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of respiratory physiology**
- 2 ME 1.3 Apply knowledge of the technical components of diagnostic testing including equipment and protocols**
- 3 ME 3.4 Assess the quality and validity of the study, and any impact on the diagnostic interpretation**
- 4 S 3.4 Integrate best evidence and clinical expertise**
- 5 ME 3.4 Interpret respiratory diagnostic investigations**

- 6 ME 3.4 Summarize findings of clinical relevance, and provide suggestions for further testing and/or management as appropriate**
- 7 COM 5.1 Provide clear, concise and accurate reports of diagnostic testing in a timely fashion**
- 8 COM 5.1 Communicate critical results urgently, as needed**

Pediatric Respiriology: Core EPA #8

Managing the delivery of pulmonary function laboratory services

Key Features:

- This EPA focuses on the role of the respirologist leading the delivery of diagnostic services.
- This includes triage of requests for service, trouble-shooting procedures, providing medical oversight of diagnostic testing and quality management of laboratory services (e.g. infection control, performance of testing).
- The observation of this EPA is based on a week of PFT lab supervision.

Assessment Plan:

Direct and indirect observation by supervisor with input from other health care professionals

Use Form 1

Collect 2 observations of achievement

Relevant Milestones:

- 1 L 3.1 Prioritize requests for respiratory diagnostic testing based on clinical information**
- 2 ME 3.3 Modify test selection and/or protocol to address the clinical question**
- 3 P 1.1 Respond to requests from technical staff in a timely manner**
- 4 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 5 L 3.1 Apply knowledge of quality assurance, equipment maintenance, infection control, emergency procedures and staffing requirements**
- 6 L 1.4 Apply knowledge of the metrics and measurement systems used to track quality management and safety activities**
- 7 P 3.1 Demonstrate awareness of provincial accreditation requirements for a PFT lab**

Pediatric Respiriology: Core EPA #9

Leading the provision of care on a Respiriology service

Key Features:

- This EPA focuses on managing the care provided by a team of health care professionals, including handover and transition of care.
- This EPA includes responsibility for evidence-based medical decision-making across the breadth of clinical scenarios as well as leading the inpatient team, including delegation of tasks, priority setting, time management, and supervision of junior learners.
- The observation of this EPA is based on a period of at least one week.
- The observation of this EPA is divided into two parts: patient management; and interactions with the interprofessional team.

Assessment Plan:

Part A: Patient/time management

Direct and/or indirect observation by supervisor of a week of clinical activity

Use Form 1. Collect information on:

- Complexity of case mix: low; medium; high

Collect 2 observations of achievement

Part B: Interactions with team and learners

Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review

Use Form 3. Form collects information on:

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

Collect feedback on at least 2 occasions, from at least 4 observers

- At least 1 supervisor
- At least 1 nurse or other health care professional

Relevant Milestones:

Part A: Patient management

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 2 ME 1.5 Carry out professional duties in the face of multiple, competing demands**
- 3 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**

- 4 **ME 2.1** Determine the priorities for patient care
- 5 **ME 4.1** Determine the need and timing of referral to another health care professional
- 6 **L 4.1** Manage time and prioritize tasks
- 7 **S 3.4** Integrate best evidence and clinical expertise into decision-making
- 8 **ME 2.4 Develop plans for patient care that anticipate clinical response and progress to other settings of care, including home**
- 9 **COL 1.3** Use referral and consultation as opportunities to improve quality of care
- 10 **ME 4.1 Coordinate investigation, treatment and follow-up when multiple physicians and health care professionals are involved**
- 11 **COM 5.1** Document clinical encounters in an accurate, complete, timely and accessible manner
- 12 **L 2.1 Allocate health care resources for optimal patient care**
- 13 **ME 4.1** Develop and implement plans for discharge that include appropriate ongoing care, arrangements for relevant community support services and follow-up on investigations
- 14 **ME 5.2** Use systems to track and follow-up on clinical data such as investigations and laboratory tests
- 15 **L 2.2** Optimize practice patterns for cost-effectiveness and cost control

Part B: Interaction with team and learners

- 1 **ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 2 **COL 1.2 Make effective use of the scope and expertise of other health care professionals**
- 3 **COL 2.1** Delegate tasks and responsibilities in an appropriate and respectful manner
- 4 **COL 1.1** Receive and appropriately respond to input from other health care professionals
- 5 **COL 1.3 Communicate effectively with physicians and other health care professionals**
- 6 **COL 2.1 Show respect toward collaborators**
- 7 **HA 1.1 Facilitate timely access to health services or resources**

- 8 P 1.1 Respond punctually to requests from patients or other health care providers**
- 9 COM 1.5** Manage disagreements and emotionally charged conversations with patients and/or families
- 10 P 1.1 Demonstrate professional behaviours, including punctuality, integrity and compassion**
- 11 L 4.2 Run the service efficiently, safely, and effectively**
- 12 P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

Pediatric Respiriology: Core EPA #10

Delivering scholarly teaching to a variety of audiences, including peers, junior trainees and/or other health professionals

Key Features:

- This EPA focuses on the skills of critical appraisal as well as presentation and teaching skills.

Assessment Plan:

Direct observation by supervisor, incorporating feedback from learners

Use Form 1. Form collects information on:

- Setting/presentation type: academic half-day session; grand rounds; journal club; formal undergraduate medical courses; other small group formal session; other large group formal session; other setting
- Learner/audience (select all that apply): peers; faculty; other trainees; other health professionals; public; other audience

Collect 2 observations of achievement

- At least 2 different settings/presentation types

Relevant Milestones:

- 1 S 2.2 Create a positive learning environment**
- 2 S 2.4 Identify the learning needs and desired learning outcomes of others**
- 3 S 2.4 Develop learning objectives for a teaching activity relevant to the audience and setting**
- 4 S 2.4 Present information in an organized manner to facilitate understanding**
- 5 S 2.4 Use audiovisual aids effectively, as appropriate**
- 6 S 2.4 Provide adequate time for questions and discussion**
- 7 P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment**

Pediatric Respiriology: TTP EPA #1

Managing the multidimensional aspects of Respiriology practice

Key Features:

- This EPA focuses on managing the case load of a respirologist: providing quality care for individual patients, triaging and prioritizing between patients and amongst patients and other occupational demands, and demonstrating judicious use of resources.
- This EPA should be observed in both the inpatient and outpatient settings.
- The observation of this EPA is based on a week of clinical activity.

Assessment Plan:

Direct and/or indirect observation by respirologist based on a period of at least one week

Use Form 1. Form collects information on:

- Setting (select all that apply): inpatient; ambulatory; longitudinal clinic; specialty clinic; consult service

Collect 1 observation of achievement

Relevant Milestones:

- 1 ME 1.4 Perform relevant and time-effective clinical assessments**
- 2 ME 1.5 Prioritize among patients based on the urgency of clinical presentations**
- 3 ME 1.5 Carry out professional duties in the face of multiple, competing demands**
- 4 L 2.1 Allocate health care resources for optimal patient care**
- 5 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 6 ME 2.4 Establish patient-centred management plans**
- 7 L 4.1 Set priorities and manage time to fulfil diverse responsibilities**
- 8 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**