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Emergency Medicine: Transition to Discipline EPA #1

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

Key Features:

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

Assessment 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 dysrhythmias; shock; respiratory distress; altered neurological status; and 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 **TD ME 2.1.1** Recognize a patient in cardio-pulmonary arrest, initiate basic life support interventions and call for help
- 2 **TD ME 2.1.2** Recognize patients with unstable dysrhythmias, shock, respiratory distress or altered neurologic status and initiate appropriate early management
- 3 **TD ME 2.2.1** Perform a brief initial assessment focused on gathering pertinent data to identify the unstable patient in need of urgent resuscitation
- 4 **TD ME 2.2.2** Perform an airway assessment for predictors of difficult bag valve mask (BVM) ventilation and intubation and perform BVM ventilation
- 5 **TD ME 3.4** Perform basic airway maneuvers and CPR
- 6 **TD ME 3.4** Prepare the necessary equipment for basic airway maneuvers and CPR
- 7 **TD ME 2.2.3** Interpret electrocardiogram (ECG) recognizing conditions requiring immediate intervention including but not limited to ischemia or dysrhythmia
- 8 **TD ME 2.4.1** Initiate appropriate monitoring, time-sensitive interventions and management in the unstable patient, including obtaining cardiorespiratory monitoring, and fluid resuscitation.
- 9 **TD COM 5.1.1** Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
- 10 **TD COL 1.2.2** Involve and engage in collaborative patient care with appropriate physicians and allied health care providers in the management of the critically ill patient
- 11 **TD COL 1.2.3** Communicate the severity of the patient's condition clearly to a senior clinician and seek supervision in a timely manner
- 12 **TD COL 1.3.2** Summarize the patient's condition and initial treatment priorities to the

- healthcare providers involved in the resuscitation of a patient
- 13 TDS 1.2.1** Use clinical encounters and evidence-based resources as opportunities to guide learning

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Emergency Medicine: Transition to Discipline EPA #2

TD 2: Performing and documenting a focused history and physical exam, and preliminary management of cardinal emergency department presentations

Key Features:

The focus of this EPA is on the 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 cases is not a requirement for this EPA.

Assessment 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 25 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** **TD ME 2.1.3** Identify the chief complaint
- 2** **TD ME 2.2.4** Elicit and present a focused history and physical exam
- 3** **TD ME 2.2.5** Construct a differential diagnosis that recognizes both important uncommon and common diagnoses
- 4** **TD ME 2.4.2** Develop a management plan to guide initial investigations and treatments
- 5** **TD ME 4.1.2** Ensure timely follow-up of investigations, management plans, and reassessments
- 6** **F ME 5.1.1** Recognize potential patient safety issues, including but not limited to drug-drug interactions, and/or inaccurate team communication
- 7** **TD ME 5.2.3** Request supervision in unfamiliar situations in order to ensure patient safety
- 8** **TD COM 1.1.1** 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
- 9** **TD COM 1.2.2** Demonstrate appropriate measures including optimizing the physical environment to ensure comfort, dignity, privacy, engagement and safety, including draping, use of curtains, and positioning of patient
- 10** **TD COM 3.1.3** Communicate a care plan clearly to a patient, family, and caregivers
- 11** **TP COM 5.1.1** Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
- 12** **TD S 4.4.1** Formulate a basic clinical query and perform an efficient, appropriate point-of-care search of the evidence to create an evidence-informed answer

- 13** **TP P 1.1.1** 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

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Emergency Medicine: Transition to Discipline EPA #3

TD 3: Facilitating communication of information between an emergency department patient, caregivers and members of the healthcare 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 healthcare team and other specialties consulting on the patient. 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 healthcare team, including an organized, succinct presentation of the patient encounter to a supervisor.

Assessment 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 healthcare 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** **TD ME 1.6.2** Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in the patient encounter and in gathering information
- 2** **TD ME 4.1.2** Ensure timely follow-up of investigations, management plans and reassessments
- 3** **TD ME 5.2.1** 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** **TD COM 1.1.1** 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** **TD COM 1.4.1** Identify, verify and validate non-verbal cues on the part of patients and their families
- 6** **TD COM 3.1.4** Communicate a care plan clearly to patient, family, and caregivers
- 7** **TD COM 4.3.1** Use communication skills and strategies that help patients and their families make informed decisions regarding their health including obtaining informed consent for commonly performed procedures and therapies
- 8** **TD COM 5.3.2** Maintain patient confidentiality in transfers of patient information and in communication with non-healthcare providers including but not limited to hospital volunteers, and police

- 9** TD COL1.1.2 Demonstrate appropriate communication with other health care professionals, including seeking advice when appropriate
- 10** TD S 1.2.2 Be receptive to and incorporate feedback into practice

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Emergency Medicine: Foundations EPA #1

F1: Initiating and participating in resuscitation of critically ill patients

Key Features

The focus of this EPA is on the initiation of resuscitation and initial, systematic management of a patient, including but not limited to those experiencing cardiorespiratory arrest, dysrhythmias, shock, respiratory distress, or altered mental status.

Assessment plan:

Direct observation by supervising physician or resident in Core or TTP with input from nurses or other involved healthcare 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: cardiac arrest; dysrhythmias; shock; respiratory distress; altered mental status; other
- If "other" identify clinical presentation: [input text]

Collect 15 observations of achievement

- At least 3 authentic (i.e. non-simulated) presentations
- At least 2 pediatric presentations
- Pediatric presentations may be simulated

Relevant milestones

- 1 **F ME 1.3.1** Apply knowledge anatomy, physiology and pharmacology in the resuscitation of a patient
- 2 **F ME 2.2.4** Perform a focused history and physical examination that is accurate and relevant to the patient presentation
- 3 **F ME 2.2.5** Develop a working diagnosis and differential while simultaneously providing symptom management
- 4 **F ME 4.1.4** Recognize when help is needed and call for appropriate healthcare providers
- 5 **F ME 5.2** Apply appropriate measures for protection of health care providers during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination
- 6 **F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient's family, other physicians, police, firefighters, EMS personnel, and other health professionals
- 7 **F COL 1.2.2** Prioritize goals of care in the initial resuscitation and assign roles to health care team where appropriate
- 8 **F COL 3.2.4** Present medical information appropriately to ensure safe transfer of care after initiation of resuscitation
- 9 **F L 3.1.1** Organize an interprofessional team in the initial phase of a resuscitation
- 10 **F P 1.3.1** Interpret advanced directives or care plans for patients

Emergency Medicine: Foundations EPA #2

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

Key Features

The focus of this EPA is on assessment and emergency department management of 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 may include, but are not limited to:

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

Assessment 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
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic
- Clinical presentation: cough or wheeze; musculoskeletal injuries or pain; eye complaints; ENT complaints; 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 observations

Relevant milestones

- 1 **F ME 1.3.1** Apply knowledge of clinical and biomedical sciences to manage core patient presentations in Emergency Medicine
- 2 **F ME 1.4.2** Recognize problems that may need the involvement of more experienced colleagues and seek their assistance immediately
- 3 **F ME 2.2.1** Synthesize a working diagnosis and case-appropriate differential diagnosis relevant to the patient's presentation
- 4 **F ME 2.2.3** Select appropriate investigations and interpret their results for the purpose of diagnosis and management
- 5 **F ME 2.4.4** Execute a plan for the management of a patient's condition
- 6 **F ME 4.1.2** Reassess patients and follow-up on results of investigations and response to treatment
- 7 **F ME 4.1.3** Determine which patients are safe for discharge versus those who require further

- consultation or admission in consultation with a supervising physician
- 8 **F COM 1.1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
 - 9 **F COL 3.2.3** Summarize a patient's issues in a case presentation, including plan to deal with on-going issues
 - 10 **F COM 5.1.3** Maintain clear, concise, accurate records of clinical encounters and plans
 - 11 **TP COM 5.2.1** Communicate effectively using a written health record, electronic medical record, or other digital technology
 - 12 **F COL 2.1.1** Actively listen to and engage in interactions with collaborators
 - 13 **F HA 1.1.2** Identify resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health
 - 14 **F S 3.4.3** Integrate the best available evidence and best practices, including point of care resources to enhance the quality of care, patient safety, and resource utilization

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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 careKey Features:

The focus of this EPA is on integrating into the emergency department healthcare team to facilitate safe, high quality, efficient and timely patient-centred care. The healthcare team is a dynamic, constantly changing group of emergency physicians, nurses, social workers, other healthcare 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.

Assessment 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 by supervising physician
- At least 3 by a non-physician member of the healthcare team with a knowledge of emergency department function

Relevant milestones

- 1 **F ME 1.5.2** Demonstrate ability to manage personal clinical workload and to follow each patient's care through to appropriate disposition
- 2 **F ME 5.2.1** Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety when available
- 3 **F ME 5.1.3** Recognize and respond to complications, adverse events and near misses
- 4 **F COM 1.3.1** Recognize when patient and physician values, biases, or perspectives threaten the quality of care
- 5 **F COL 1.3.3** 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 **F COL 2.2.1** Identify communication barriers and promote positive communication between health care professionals
- 7 **F 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 **F L 3.1.2** Demonstrate leadership in the health care team as appropriate
- 9 **F HA 1.1.1** Demonstrate an approach to working with patients and other health professionals to advocate for beneficial services or resources
- 10 **F P 1.1.2** Demonstrate professionalism including but not limited to punctuality, privacy, confidentiality, and dress code
- 11 **F P 1.3.2** Recognize ethical issues in the daily clinical and academic setting
- 12 **F P 4.1.2** Demonstrate an ability to regulate attention, emotions, thoughts and behaviours

while maintaining capacity to perform professional tasks

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Emergency Medicine: Foundations EPA # 4

F4: Performing basic procedures

Key Features:

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

- Simple wound repair including local anesthesia for adult and pediatric patients
- Abscess drainage
- Immobilization (casting or splinting) of extremity injuries for adult and pediatric patients
- Joint aspiration arthrocentesis
- Anterior nasal packing
- Slit lamp and Intraocular Pressure Measurement
- Lumbar Puncture
- Intraosseous access (may be simulated)

Assessment 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; lumbar puncture; intraosseous access

Collect 30 observations of achievement

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

Relevant milestones

- 1 F ME 3.1.1** Describe the indications, contraindications, techniques, risks, and alternatives for a given procedure or therapy
- 2 C ME 3.1.4** Integrate planned procedures or therapies into global assessment and management plans
- 3 F ME 3.2.1** Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, the proposed options
- 4 F ME 3.4.1** Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 5 F ME 3.4.3** Provide appropriate analgesia during the procedure
- 6 C ME 3.4.2** Document procedures accurately
- 7 C ME 3.4.3** Establish and implement a plan for post-procedure care including patient specific post-procedure instructions

- 8 **F ME 5.1.3** Recognize and respond to complications, adverse events and near-misses
- 9 **F ME 5.2.4** Apply appropriate measures for protection of health care providers during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination.
- 10 **F COM 3.1.2** Provide explanations and post-procedure instructions that are clear and adapted to the patient's level of understanding and need
- 11 **C S 1.2.1** Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve effectiveness and efficiency of performing the procedure

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Emergency Medicine: Core EPA # 1

C1: Resuscitating and coordinating care for a critically ill patientKey Features:

The focus of this EPA is on leading a team of healthcare 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

Assessment 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 observations
- At least 15 observations in a clinical environment

Relevant milestones

- 1 **C ME 1.6.3** Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate diagnostic and therapeutic decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
- 2 **C ME 2.2.8** Generate a preliminary differential diagnosis in the face of diagnostic uncertainty
- 3 **C ME 3.1.7** Choose and prioritize appropriate diagnostic investigations and therapeutic interventions for the situation, accounting for the patient's condition
- 4 **F ME 3.3.1** Consider urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures
- 5 **C ME 3.3.4** Triage and set appropriate priorities when dealing with single or multiple critically ill patients
- 6 **C ME 4.1.1** 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 **F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient's family, other physicians, police, firefighters, EMS personnel, and other health professionals
- 8 **C COM 3.1.3** Effectively communicate bad news to the family and patient
- 9 **C COL 1.2.3** Collaborate as needed with other health care professionals, including other physicians
- 10 **C L 2.1.3** Practice the principles of crisis resource management in leading a healthcare team
- 11 **C P 4.1.2** Use effective coping strategies to deal with the stressors of decision-making and

- 12 prioritizing interventions in a leadership role
CP 4.3.2 Provide appropriate support or coping strategies to team members dealing with grief, or anxiety experienced during emotionally charged resuscitations

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Emergency Medicine: Core EPA # 2

C2: Resuscitating and coordinating care for a critically injured patient

Key Features:

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

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

Relevant milestones

- 1 C ME 1.6.3** Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate diagnostic and therapeutic decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
- 2 C ME 2.2.8** Generate a preliminary differential diagnosis in the face of diagnostic uncertainty
- 3 C ME 3.1.7** Choose and prioritize appropriate diagnostic investigations and therapeutic interventions for the situation, accounting for the patient's condition
- 4 F ME 3.3.1** Consider urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures
- 5 C ME 3.3.5** Triage and set appropriate priorities when dealing with single or multiple critically injured patients
- 6 C ME 4.1.1** 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 F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient's family, other physicians, police, firefighters, EMS personnel, and other health professionals
- 8 C COM 3.1.3** Effectively communicate bad news to the family and patient
- 9 C COL 1.2.4** Collaborate as needed with other health care professionals
- 10 C L 2.1.3** Practice the principles of crisis resource management in leading a health care team
- 11 C P 4.1.2** Use effective coping strategies to deal with the stressors of decision-making and prioritizing interventions in a leadership role
- 12 C P 4.3.2** Provide appropriate support or coping strategies to team members dealing with grief, or anxiety experienced during emotionally charged resuscitations

Emergency Medicine: Core EPA # 3

C3: Providing airway management and ventilation

Key Features:

The focus of this EPA is on endotracheal 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.

Assessment 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
- 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 10 pediatric observations
- At least 3 observations of predicted difficult airways
- At least 5 observations within the emergency department
- At least 3 different observers

Relevant milestones

- 1 **C ME 1.3.3** Apply knowledge of anatomy, physiology, and pharmacology in airway management and ventilation
- 2 **C ME 2.2.7** Perform appropriately timed clinical assessment of a patient who needs airway and/or ventilation assistance and develop a plan to address the issue taking into account clinical urgency, available resources, and anticipated difficulty of the airway.
- 3 **C ME 3.4.5** Perform the most appropriate approach to definitive airway management, including endotracheal intubation, and surgical airway techniques, in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 4 **C ME 3.4.6** 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
- 5 **C ME 3.4.7** Recognize when to seek assistance in the management of a patient with a difficult airway or potentially difficult airway
- 6 **C ME 5.1** Document clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal and privacy requirements
- 7 **C ME 5.2.2** Adopt strategies that promote patient safety and address human and system factors based on institutional policies and/or current guidelines
- 8 **C COL 1.3.1** Communicate effectively with physicians and other colleagues in the health care professions
- 9 **C COL 3.1.2** 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.

Assessment 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 adult observations in the emergency department
- At least 5 pediatric observations
- At least 3 different observers

Relevant milestones

- 1 **C ME 1.3.4** Apply knowledge of pharmacology and physiology in the delivery of emergency sedation and systemic analgesia
- 2 **C ME 3.1.5** Determine the most appropriate analgesic therapy and/or procedural sedation plan for the specific procedure using multimodal analgesia concepts and alternative pain/sedation strategies
- 3 **C ME 3.2.2** Obtain and document informed consent, explaining the risks and benefits and the rationale for procedural sedation in the emergency department
- 4 **C ME 3.3.3** Prioritize the need for procedural sedation and analgesia taking into account clinical urgency and available resources
- 5 **C ME 3.4.4** Perform procedural sedation in a skillful and safe manner, anticipating, planning for and responding to complications associated with procedural sedation or changing clinical states of the patients
- 6 **C ME 5.2.2** Adopt strategies that promote patient safety and address human and system factors based on institutional policies and/or current guidelines
- 7 **TP COM 1.6.1** Adapt to the unique needs of each patient and to his or her clinical condition and circumstances
- 8 **C COM 3.2.3** Communicate near-misses or complications from the procedural sedation to the patient and/or family
- 9 **C COM 5.1.3** 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
- 10 **C COL 1.3.3** Engage in respectful shared decision-making with physicians, nurses, respiratory therapists and other health professionals regarding the delivery of procedural sedation
- 11 **C COL 3.1.1** Determine when care should be transferred to another physician or healthcare 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

Assessment plan:

Direct and indirect observation by supervising emergency physician or resident in TTP with data collected from members of the healthcare 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 patients
- At least 2 observations of each presentation
- At least 2 different observers for each presentation

Relevant milestones

- 1 C ME 1.6.3** 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 C ME 2.2.5** Perform a complete and appropriate, selective, accurate and well-organized history for the patient with an emergent medical or surgical illness in each of the sentinel presentations
- 3 C ME 2.2.6** Perform a complete and appropriate, selective, accurate and thorough physical examination of the patient with an emergent medical or surgical illness in each of the sentinel presentations
- 4 C ME 2.2.9** Generate appropriate and complete differential diagnoses
- 5 C ME 2.2.14** Order and interpret investigations (laboratory, diagnostic imaging) aiding in the diagnosis of the patient with an emergent condition
- 6 C ME 2.4.1** Develop and implement management plans according to best evidence 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 C COM 1.1.3** Communicate effectively with patients and caregivers to establish goals of care and carry out a patient/family centered management plan

- 8 **C COM 2.3.2** Use alternative sources of information to complete or substantiate clinical information as appropriate
- 9 **C COM 5.1.7** Maintain clear concise and accurate resuscitation records
- 10 **C COL 1.2.1** Consult and communicate effectively as needed with other health care professionals, including other physicians
- 11 **C COL 1.3.5** Work within or lead an interprofessional team to effectively manage the care of a patient with an acute medical or surgical disorder
- 12 **C L 3.1.2** Lead a multidisciplinary healthcare team in the care of the patient with an emergent medical or surgical condition
- 13 **C HA 1.1.2** Advocate for optimal care for the patient with an emergent condition with respect to investigations, consultations, transport, admission and final disposition
- 14 **C HA 1.3.3** Recognize opportunities for injury prevention and anticipatory guidance for the patient with an emergency condition
- 15 **C P 3.1.5** Recognize, report and document concerns for child , intimate partner, or elder maltreatment
- 16 **C S 3.2** Use clinical informatics decision support (e.g. clinical queries, smart prescribing etc.) to assist in patient management

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Emergency Medicine: Core EPA #6

C6: Diagnosing and managing complicated urgent and non-urgent patient presentationsKey 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

Assessment 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 condition
- At least 10 pediatric observations
- At least 3 different observers

Relevant milestones

- 1 TD ME 1.6.6** Identify and manage clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making, including disposition plans
- 2 F ME 2.2.1** Synthesize a working diagnosis and case-appropriate differential diagnosis relevant to the patient's presentation
- 3 C ME 2.3.3** Work with patients and their families to understand relevant options for care
- 4 F ME 2.4.2** 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
- 5 C COM 3.1.5** 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 TP COM 5.2.1** Communicate effectively using a written health record, electronic medical

- record, or other digital technology
- 7 **TD COL 1.1.1** Demonstrate appropriate interaction with other health care professionals, including seeking advice and consultation when appropriate
 - 8 **C L 2.1.4** Consider appropriate resource implications when choosing care options
 - 9 **C L 3.1.4** Manage multiple patients simultaneously in a safe and efficient manner, including the appropriate delegation of tasks to other health care team members
 - 10 **F HA 1.1.1** Demonstrate an approach to working with patients to advocate for beneficial services or resources
 - 11 **F HA 1.1.2** Identify resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health
 - 12 **C HA 1.1.3** Identify patients at risk and notify the appropriate social agencies when required
 - 13 **F P 2.1.1** Manage tensions between patient, societal expectations and resource stewardship
 - 14 **C P 3.1.6** Fulfill the requirements of a physicians' duty to report including but not limited to communicable disease, suspected child, domestic or elder abuse, or clusters of unusual cases
 - 15 **C P 1.3.2** Recognize and respond to ethical concerns related to the care of the patient

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Emergency Medicine: Core EPA #7

C7: Managing the urgent and emergent presentation of the pregnant and post-partum patient

Key Features:

The focus of this EPA includes managing first trimester bleeding, complications of pregnancy (e.g., preeclampsia), vaginal delivery, and post-partum haemorrhage.

Assessment plan:

Direct or indirect observation (case discussion) by supervising EM or OB physician, resident in TTP or midwife 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 presentation
- At least 5 observations must be in the clinical environment
- At least 5 non-simulated vaginal deliveries

Relevant Milestones

- 1** **C ME 1.3.2** 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** **C ME 2.2.20** Select appropriate investigations for patient and fetus
- 3** **C ME 2.4.3** Implement appropriate management plans for the patient and fetus
- 4** **C COM 3.1.2** 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** **C COL 3.2.1** Organize the handover of care to the most appropriate physician or health care professional
- 6** **C HA 1.1.4** Advocate for access to appropriate prenatal care when necessary
- 7** **C P 1.1.3** 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 exposureKey Features:

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

Assessment 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 toxidromes, opioid toxidrome, antidepressant toxicity, and 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 (non-simulated) observations
- At least 3 different observers

Relevant Milestones

- 1** **C ME 1.6.3** Use sound clinical reasoning and judgment to guide diagnosis and management, even in circumstances where complete clinical or diagnostic information is not immediately available
- 2** **C ME 1.6.5** Recognize and respond to the complexity and uncertainty inherent to the care of the poisoned patient with an emergent illness with appropriate intervention and consultation
- 3** **C ME 2.2.15** Order appropriate laboratory investigations while caring for a patient with an overdose, toxic ingestion or exposure
- 4** **C ME 2.2.16** Perform an appropriate psychiatric history in conjunction with medical stabilization in cases of intentional overdose
- 5** **C ME 2.4.5** Initiate medical treatment of the patient with an overdose, toxic ingestion or exposure, including specific antidote therapy
- 6** **C ME 3.3.7** Mobilize resources for emergent enhanced elimination of a toxin as appropriate
- 7** **C ME 5.2.3** Ensure personal protection for health care team and perform decontamination as required
- 8** **C COM 2.3.2** Use alternative sources of information to complete or substantiate clinical information as appropriate
- 9** **C COL 1.3.8** Communicate effectively with physicians and other colleagues, including accessing regional poison expertise as necessary
- 10** **C HA 1.2.2** In cases involving substance abuse, refer to addiction services as appropriate, and promote safer practices and harm reduction strategies
- 11** **C HA 1.3.4** In cases of accidental ingestion or overdose, promote safe medication use and storage and appropriate occupational health practices

- 12** **C P 3.1.7** Report both accidental and non-accidental exposures to toxic substances appropriately

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Emergency Medicine: Core EPA # 9

C9: Managing a patient with an emergency mental health condition or behavioural emergency

Key Features:

The focus is on the acute management of a patient 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.

Assessment 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 patients
- At least 3 different observers

Relevant milestones

- 1** **C ME 2.2.10** Perform an appropriately detailed history of the patient presenting with a mental health emergency
- 2** **C ME 2.2.11** 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** **C ME 2.2.13** Perform a suicide risk assessment
- 4** **C ME 2.4.4** Initiate medical treatment of the patient presenting with a mental health emergency and concomitant acute medical condition including but not limited to overdose
- 5** **C ME 3.1.6** Recognize indications, contraindications and monitoring requirements for chemical and physical restraints within the framework of provincial legislation/regulations
- 6** **C COM 1.1.1** Provide the patient with brief counseling or coping strategies as appropriate
- 7** **C COM 1.1.2** Communicate at all times using an approach that encourages trust, and is characterized by empathy, respect and compassion
- 8** **C COM 1.5.3** Demonstrate verbal de-escalation techniques when appropriate
- 9** **C COM 2.3.1** Obtain collateral history from other sources including but not limited to friends, family members, EMS, law enforcement, social workers, housing workers, and other community liaisons
- 10** **C COL 1.2.3** Obtain consultations as appropriate with crisis team, psychiatry, social work, or medical services

- 11 **C COL 1.3.4** Collaborate as necessary with the patient's primary care physician, psychiatrist, community liaisons, and addiction and/or detox services upon discharge
- 12 **C P 2.2.1** Ensure personal and team safety during the assessment and management of patients
- 13 **C P 3.1.4** 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

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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).

Assessment plan:

Direct observation by supervising physician with input from other healthcare 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 **C ME 2.2.17** Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting current and historical data and integrating information to generate well organized management plans
- 2 **C ME 2.4.7** 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 **C COM 1.1.1** Provide the patient with brief counseling or coping strategies as appropriate
- 4 **C COM 1.1.2** Communicate at all times using an approach that encourages trust, and is characterized by empathy, respect and compassion
- 5 **C COM 1.5.3** Demonstrate verbal de-escalation techniques when appropriate
- 6 **C COM 1.6.1** Tailor approaches to decision-making to patient capacity, values, and preferences
- 7 **C COM 1.6.2** Assess a patient's decision-making capacity
- 8 **C COL 1.2.3** Obtain consultations as appropriate with crisis team, psychiatry, social work, or medicine services
- 9 **C COL 1.3.4** Collaborate as necessary with the patient's primary care physician, psychiatrist, or community liaisons upon discharge
- 10 **F HA 1.1.2** Identify and facilitate resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health
- 11 **C HA 1.1.3** Identify patients at risk and notify the appropriate authority when required
- 12 **TP HA 1.1.1** Work with patients to address the determinants of health that affect them and their access to needed health services or resources
- 13 **C HA 1.3.2** Refer patient to addiction or detox services in cases involving alcohol and substance abuse as appropriate
- 14 **C P 2.2.1** Ensure personal and team safety during the assessment and management of patients
- 15 **C P 3.1.4** Demonstrate knowledge and appropriate use of provincial mental health legislation as it pertains to involuntary admission 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 or who have experienced violence and/or neglectKey Features:

The focus of this EPA is on 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. Response to the identification of a patient at risk includes the appropriate provision of medical care, and collaboration with other healthcare providers and social agencies to ensure patient safety and timely follow-up.

Assessment plan:

Direct or indirect observation by supervising physician

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: [text input]

Collect 5 observations of achievement

- May include simulation

Relevant milestones

- 1 **C ME 2.4.6** 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 **C ME 2.4.7** 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 **C COM 1.1.2** Communicate at all times using an approach that encourages trust, and is characterized by empathy, respect and compassion
- 4 **C COM 1.6.1** Tailor approaches to decision-making to patient capacity, values, and preferences
- 5 **C COM 1.6.2** Assess a patient's decision-making capacity
- 6 **C COM 5.1.5** Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans
- 7 **C COL 1.2.3** Obtain consultations as appropriate with medical services, crisis team, psychiatry, social work, sexual assault team or child protective services.
- 8 **F HA 1.1.2** Identify and facilitate resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health
- 9 **C HA 1.1.5** Describe risk factors that may indicate that a patient is the victim of intimate partner violence, child abuse or neglect, sexual assault, elder abuse or human trafficking
- 10 **TP HA 1.1.1** Work with patients to address the determinants of health that affect them and their access to needed health services or resources
- 11 **C P 2.2.1** Ensure personal and team safety during the assessment and management of patients
- 12 **C P 3.1.5** Recognize, document and appropriately report patients at risk of violence or neglect

based on legislative requirements

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Emergency Medicine: Core EPA #12

C12: Liaising with prehospital emergency medical services

Key Features:

The focus of this EPA is on the participation with EMS providers in the shared care of a patient and facilitating the transfer of care of the patient into the emergency department.

Assessment plan:

Direct observation by supervising emergency 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 5 observations of achievement

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

Relevant milestones

- 1** **C ME 1.6.1** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 2** **C ME 2.2.18** 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
- 3** **C ME 3.3.1** 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
- 4** **C ME 5.1.1** Recognize and report patient safety incidents to appropriate EMS representatives
- 5** **C COL 1.2.5** Describe the scope of training and practice of EMS personnel and prehospital treatment algorithms
- 6** **C COL 1.2.6** Collaborate with EMS personnel in the ongoing resuscitation of acutely ill patients during initial resuscitation of the patient
- 7** **C COL 1.3.6** Work with others to assess, plan, provide, and integrate care for individuals and groups of patients
- 8** **C COL 1.3.7** Provide clear, concise, timely and respectful direction and feedback to prehospital personnel
- 9** **C COL 3.2.4** Convey appropriate medical information in a clear and organized manner to ensure safe transfer of care to another health care provider
- 10** **C COL 3.2.5** Communicate with EMS personnel in the transfer of care and provision of care in the prehospital setting
- 11** **C L 2.1.1** Use clinical judgment to minimize wasteful practices
- 12** **C P 1.2.2** Demonstrate knowledge of EMS systems and the function and protocols of EMS dispatch
- 13** **TP P 3.1.1** Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice

Emergency Medicine: Core EPA #13

C13: Performing advanced procedures

Key Features:

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

- complex wound repair
- central venous access
- 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

This EPA may be observed in the clinical setting or simulation

Assessment 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; 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 (non-simulated) environment
- At least 2 different observers for each procedure

Relevant milestones

- 1** **C ME 3.1.3** Describe the indications, contraindications, risks, alternatives, complications, and post-procedure management for a given procedure or therapy
- 2** **C ME 3.1.4** Integrate planned procedures or therapies into global assessment and management plans
- 3** **C ME 3.1.5** Determine and provide the most appropriate analgesic therapy and/or procedural sedation plan for the specific procedure using multimodal analgesia concepts and alternative pain/sedation strategies
- 4** **TP ME 3.2.1** 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** **C ME 3.4.2** Document procedures accurately
- 6** **C ME 3.4.3** Establish and implement a plan for post-procedure care
- 7** **C ME 5.1.2** Recognize near-misses in real time and respond to correct them, preventing them from impacting the patient
- 8** **F ME 5.2.3** Apply appropriate measures for protection of health care providers during the entire patient encounter including but not limited to the use of PPE to avoid exposure or contamination
- 9** **C COM 3.1.4** Deliver 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 TP S 1.2.1** Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources

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Emergency Medicine: Core EPA # 14

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

This EPA includes selection, performance and interpretation of point-of-care ultrasound 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 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.

Assessment 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** **C ME 1.3.3** Apply knowledge of the clinical and biomedical sciences including but not limited to physics, to facilitate image acquisition and interpretation
- 2** **C ME 2.1.3** Consider clinical urgency, feasibility, availability of resources, limitations and strengths in using point-of-care ultrasound versus alternative diagnostic strategies
- 3** **C ME 3.1.2** 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** **C ME 2.2.19** Demonstrate technical competence in image acquisition
- 5** **C COM 3.1.2** 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** **C COM 5.1.6** Maintain clear, concise, accurate, and appropriate records related to point-of-

- care ultrasound
- 7 **C COM 5.1.8** Provide image storage and archiving
 - 8 **C COL 1.2.2** communicate effectively with other health care professionals, including other physicians regarding information from point-of-care ultrasound
 - 9 **C COL 1.2.7** Consult with other health care professionals, recognizing the limits of their expertise and the limits of point-of-care ultrasound

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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 on the management of emergency department patient flow 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 only

Assessment plan:

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

Use Form 1. Form collects information on:

- Hospital or ED: [input name of hospital]
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 25 observations of achievement

Relevant milestones

- 1 **TP ME 1.4.2** 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 **TP ME 1.5.2** Carry out other professional duties (e.g. supervision of learners) while working in the emergency department in the face of multiple ill patients
- 3 **TP ME 1.5.3** Provide quality patient-centred care when faced with overcrowding
- 4 **C ME 1.6.4** Prioritize clinical duties effectively when faced with multiple patients and problems
- 5 **TP ME 4.1.2** Implement a patient-centered care plan for patients discharged from the emergency department, ensuring primary-care and/or consultant follow-up and efficient flow through the ED
- 6 **TP COL 1.2.1** Coordinate shared care responsibilities with physicians and other colleagues for patients in the emergency department including delegating tasks to other healthcare professionals
- 7 **TP COL 1.3.3** Communicate effectively with nurses, other physicians, other healthcare professionals and other staff to optimize flow of patients through the emergency department
- 8 **TP COL 3.2.2** Demonstrate safe handover of care, both verbal and written during patient transitions within and out of the emergency department
- 9 **C L 1.2.1** Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations
- 10 **TP L 2.1.2** Manage unexpected surges in patient numbers, and acuity in real or simulated disaster situations
- 11 **TP L 2.1.3** 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 **TP P 1.1.2** Maintain appropriate professional behaviors and demonstrate resilience in the face of high stress/intensity situations
- 13 **TP L 1.4.1** Use health informatics to improve the quality of patient care and optimize patient safety

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Emergency Medicine: Transition to Practice EPA #2

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

Key Features:

The focus of this EPA is on teaching and supervising the learning of medical students and residents and on teaching other healthcare 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 only

Assessment 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, EM resident, off service resident, other healthcare professional; other
- If "other" identify learner demographic: [input text]
- Complexity: simple; complex patient characteristic; complex clinical characteristic; complex environmental characteristic

Collect 15 observations of achievement

- At least 2 different observers

Relevant milestones

- 1** **TP ME 1.5.4** Perform bedside teaching including teaching procedural skills in the face of competing clinical demands in the emergency department environment
- 2** **TP COM 2.1.2** Identify and respond when a learner ignores the patient's beliefs, values, preferences, context, or expectations during a patient encounter
- 3** **TP S 2.1.1** Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 4** **TP S 2.3.1** Ensure patient safety, dignity and confidentiality is maintained when learners are involved
- 5** **TP S 2.3.2** Provide appropriate supervision of the learner balancing patient safety and care with educational needs
- 6** **TP S 2.4.2** Identify the level of the learner and their needs and adapt teaching strategies to match them
- 7** **TP S 2.4.3** Choose appropriate content, teaching format, and strategies tailored to both the learner and the emergency department
- 8** **TP S 2.5.1** Provide feedback to learners to enhance learning and performance
- 9** **TP S 2.5.3** 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
- 10** **TP S 3.4.2** Teach learners to effectively find, select and integrate evidence into decision making in their practice
- 11** **TP P 4.3.3** Teach, role-model and positively influence the behaviour of others to promote a positive and effective learning environment

Emergency Medicine: Transition to Practice EPA #3

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

Key Features:

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

Assessment plan:

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

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
- At least 3 clinical (non-simulated) observations

Relevant milestones

- 1 **TP ME 2.3.2** Determine goals of care with patients with complex illness when this has not been discussed before, conveying when treatment is inappropriate
- 2 **TP ME 2.3.3** 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 **C COM 1.5.1** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 4 **TP COM 1.5.1** Manage disagreements and emotionally charged conversations including situations when patients and families disagree with the physician and/or each other
- 5 **TP COM 1.5.2** 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 **TP COM 3.1.1** Communicate clearly with patients and others in the setting of ethical dilemmas
- 7 **TP COM 3.2.1** Disclose critical incidents involving patient safety and/or medical error to the patient and family accurately and according to institutional policy
- 8 **TP COL 2.2.1** Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 9 **TP S 2.5.3** 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
- 10 **TP P 3.1.1** 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 healthcare providers

Key Features:

This EPA focuses on the task of providing expert, specialist advice to physicians and other healthcare providers to assist them in effectively caring for their patients, including but not limited to admitting 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

Assessment 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 **C ME 1.6.3** Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate diagnostic and therapeutic decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
- 2 **C ME 1.6.5** Recognize and respond to the complexity and uncertainty inherent to the care of the patient with appropriate intervention and consultation
- 3 **C ME 2.4.1** 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 **C ME 4.1.2** Determine the necessity and appropriate timing of consultation
- 5 **TP COM 5.2.2** Ensure accurate documentation of relevant information and medical orders when providing advice when appropriate
- 6 **TP COM 5.3.2** Provide effective consultant reports to referring physician outlining findings, treatments and follow up care plan
- 7 **TP COL 1.2.2** Coordinate continuing care with referring physicians for patients discharged from the emergency department
- 8 **TP COL 1.3.4** When providing medical consultation, allow for shared decision making by incorporating the clinical and situational input of other healthcare providers
- 9 **TP COL 3.2.3** Demonstrate safe transfer of care, both verbal and written during patient transitions into and out of the emergency department
- 10 **TP P 1.1.3** Exhibit professional behaviour when communicating about patient care with other physicians and healthcare providers
- 11 **TP P 1.5.2** Demonstrate the secure and appropriate use of communication technology with referring physicians and other health care providers

Emergency Medicine: Transition to Practice EPA #5

TP5: Coordinating and collaborating with healthcare professional colleagues to safely transition the care of a patient, 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, or long-term care facilities (LTC). This EPA must be observed in the Emergency Department only

Assessment 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 primary care provider; 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** **TP ME 4.1.1** Implement a collaborative patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- 2** **TP COM 3.1.2** Inform the patient of the transition of care process and key elements
- 3** **TP COL 3.1.1** Determine when care should be transferred to another physician or health care professional
- 4** **TP COL 3.2.1** Demonstrate safe transfer of care, both verbal and written, during patient transitions to a different healthcare professional, setting, or stage in care
- 5** **TP COL 3.2.5** Communicate and negotiate, when appropriate, a plan for the patient's care with the patient's other health care providers for patients discharged from the emergency department
- 6** **TP S 3.4.1** Integrate best evidence surrounding handover practices.
- 7** **TP P 1.5.2** Demonstrate the secure and appropriate use of communication technology with referring physicians and other health care providers

Emergency Medicine: Transition to Practice EPA #6

TP6: Dealing with uncertainty when managing patients with ambiguous presentations

Key Features:

Clinical presentation is unclear or relevant information is either unavailable or rapidly changing. Safe and efficient care and disposition, in the absence of all desired information or a precise diagnosis is the goal.

Assessment 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 **C ME 1.6.3** Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate diagnostic and therapeutic decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
- 2 **C ME 2.1.1** 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 **C ME 3.3.6** Respond to the urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures or therapy
- 4 **TP ME 4.1.3** 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 **F COM 2.3.1** Seek and synthesize relevant information from other sources, including the patient's family, other physicians, police, firefighters, EMS personnel, and other health professionals
- 6 **TP COM 5.1.2** 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