Surgical Foundations: Foundations EPA #3

Assessing and performing risk optimization for preoperative patients in preparation for surgery

Key Features:
- This EPA includes selecting/reviewing relevant investigations, optimizing any pre-operative risk factors and preparing the patient for surgery

Assessment plan:
Direct or indirect observation by supervisor

Use Form 1. Form collects information on:
- Surgical priority: elective; emergent
- Patient risk category: low; moderate; high; critically ill

Collect 4 observations of achievement
- At least one elective, one emergent
- At least one high risk
- At least one critically ill
- At least 2 assessors

Relevant milestones

1. F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2. F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented
3. F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient’s presentation
4. F ME 2.2.2 Select and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
5. F ME 2.4.4 Develop and implement plans for pre-operative optimization of patients
6. F ME 2.4.6 Use appropriate prophylaxis
7. F ME 3.1.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
8. F ME 3.2.1 Obtain informed consent for commonly performed procedures and therapies, under supervision
9. F ME 3.2.2 Assess patients’ decision-making capacity
10. F ME 3.3.1 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
11. F ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
12. F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
13. F COM 1.6.1 Encourage discussion, questions, and interaction to validate understanding during the encounter
14. F COM 3.1.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and/or discharge plan
15  **F COM 5.1.3** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

16  **F COL 1.2.2** Collaborate with other health care providers and all involved parties in booking the case including but not limited to ICU, Step down unit, or OR

17  **F COL 1.3.1** Integrate the patient’s perspective and context into the collaborative care plan

18  **F HA 1.3.2** Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
   - Counsel regarding risk factors to health
   - Smoking cessation
   - Counsel regarding opportunities for health and wellness
   - Advocate for vulnerable and marginalized patients
   - Advocate for appropriate screening and facilitate process

19  **F P 1.1.2** Demonstrate the ability to be objective in treating patients regardless of their socioeconomic status or other factors

20  **F P 2.1.2** Describe the tension between the physician’s role as advocate for individual patients and the need to manage scarce resources