Surgical Foundations: Foundations EPA #5

Demonstrating the fundamental aspects of surgical procedures

Key Features:
- The observations of this EPA are separated into two parts: observations of the resident’s performance in the foundational aspects of surgical procedures and observations of the resident’s participation as a member of the surgical team.
- This EPA may be observed in any clinical setting (e.g. ER, OR, minor setting)

Assessment plan:

Part A: Foundational aspects of procedures
Direct observation by supervisor

Use Form 1.
Collect 4 observations of achievement
- At least 2 by faculty
- At least 2 different types of procedures
- At least 2 different assessors

Part B: Participating in a team
Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review

Use Form 3. Form collects information on:
- Role: surgeon; nurse; anesthetist; other

Collect feedback from at least 6 observers
- At least one each of surgeon, nurse, and anesthetist

Relevant milestones (Part A)

1. F ME 2.4.6 Use appropriate prophylaxis
2. F ME 3.4.1 Perform pre-procedural tasks in a timely, skillful, and safe manner
   - Apply aseptic technique for all procedures
   - Maintain universal precautions
   - Position the patient appropriately
   - Mark appropriate side/site
   - Prepare the operative site
   - Cleanse the operative site
   - Hand-cleanse, gown and glove
   - Demonstrate appropriate draping of the patient
   - Deliver pre-procedural local anesthesia if appropriate
3. F ME 3.4.2 Perform procedural tasks in a timely, skilful, and safe manner
   - Use common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel, and scissors

4. F ME 3.4.5 Perform post-procedural tasks in a timely, skilful, and safe manner
   - Prepare and handle specimens for intra-operative consultation with a pathologist
   - Perform appropriate wound surveillance and dressing care

5. F ME 5.1.3 Demonstrate an understanding of the steps to take when there has been a break in universal precautions or sterility contamination

6. F ME 5.1.4 Prevent complications that stem from operative positioning

7. F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety

8. F COM 5.1.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care

9. F COM 5.1.4 Document operative procedures to adequately convey clinical findings, reasoning and the rationale for decisions

10. F COL 1.1.2 Respect established protocols of the operating room and team

11. F COL 2.1.1 Actively listen to and engage in interactions with collaborators

12. F S 2.3.2 Demonstrate an understanding of the role of appropriate supervision

13. F P 3.1.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice

14. F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting

Relevant milestones (Part B)

1. F COL 1.1.2 Respect established protocols of the operating room and team

2. TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals

3. F COL 2.1.1 Actively listen to and engage in interactions with collaborators

4. F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts

5. F P 3.1.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice

6. F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting