Physical Medicine & Rehabilitation: Foundations EPA 2

Identifying, assessing, and providing initial management of patients with emergent and urgent medical issues, and recognizing when to ask for assistance

Key Features:
- This EPA includes recognizing unstable or acutely ill patients in various clinical settings, requesting help where appropriate, and initiating management until help arrives.
- This EPA also includes communicating with patients, families and/or other health care professionals.
- This EPA may include collaborating and advocating for appropriate patient care (e.g. transfer to acute care or ICU).
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct and/or indirect observation by any physician, Core or TTP trainee with feedback from nurse or other health professional, patient and/or family

Use form 1. Form collects information on:
- Observation type: direct; indirect
- Medical issue (check all that apply): acute joint swelling; acute limb swelling; acute wound deterioration; altered level of consciousness; altered neurological status; angioedema/anaphylaxis; chest pain; code blue; critical abnormal investigation result; critical abnormal vitals; falls/acute trauma; major hemorrhage; palpitations; pulseless limb; respiratory distress; overdose; severe acute pain; urgent mental health and behavioral issues; other (open text)
- Setting: emergency room; medicine inpatient unit; surgery inpatient unit; medicine outpatient clinic; surgery outpatient clinic; simulation; other (open text)

Collect 10 observations of achievement.
- At least 4 direct observations
- At least 4 different medical issues
- At least 2 different settings
- No more than 2 in simulation setting
- At least 4 different observers
- At least 4 observations from faculty

Relevant milestones
1. ME 2.1 Prioritize issues to address in the patient’s assessment and management
2. ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
3. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
4. ME 2.1 Establish priorities for the clinical encounter, incorporating the patient’s perspectives, preferences and care needs
5. **ME 2.2** Develop a differential diagnosis relevant to the patient’s presentation

6. **ME 2.4** Develop and implement an initial management plan

7. **ME 4.1** Coordinate investigation, treatment, and follow-up when multiple physicians and health care professionals are involved

8. **COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

9. **COM 2.3** Seek and synthesize relevant information from other sources, including the patient’s family

10. **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

11. **COM 5.1** Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

12. **COL 1.2** Seek and respond to input from other health care professionals

13. **COL 3.1** Identify patients requiring handover to other physicians or health care professionals

14. **COL 1.3** Communicate clearly and directly to promote understanding in the health care team

15. **L 2.1** Apply knowledge of the resources available in the care setting when developing and implementing management plans

16. **L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios