

Entrustable Professional Activities (EPAs)

List of EPAs for Respiratory Medicine

EPA Title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1: Managing care of patients with pulmonary diseases in general ward and outpatient setting</u>	Level 4
<u>EPA 2: Managing patients with acute complex medical and surgical disorders in the ICU setting</u>	Level 4
<u>EPA 3: Resuscitating, stabilizing and caring for unstable or critically ill patients with pulmonary diseases</u>	Level 4
<u>EPA 4: Providing perioperative pulmonary assessment and care</u>	Level 4
<u>EPA 5: Providing pulmonary medicine consultation to other specialties</u>	Level 4
<u>EPA 6: Performing common pulmonary and critical care procedures</u>	Level 4
<u>EPA 7: Interpreting pulmonary function test, and chest imaging</u>	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Not allowed to practice EPA
Level 2	Allowed to practice EPA only under proactive, full supervision
Level 3	Allowed to practice EPA only under reactive/on-demand supervision
Level 4	Allowed to practice EPA unsupervised.
Level 5	Allowed to supervise others in practice of EPA

Respiratory Medicine EPA 1
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Title	EPA 1: Managing care of patients with pulmonary diseases in general ward and outpatient setting
Specifications and limitations	<p>Ability to manage patients presenting with pulmonary diseases which may require multidisciplinary care across multiple care settings.</p> <p>Examples include but are not limited to: Obstructive airway disease, parenchymal lung disorders, pulmonary vascular disorders, pathological changes in pulmonary physiology, lung cancer screening and modalities for diagnosis, modalities for interventional pulmonology, sleep disordered breathing, occupational lung disease, and pleural diseases.</p> <p><u>Specific functions are to:</u></p> <ol style="list-style-type: none"> 1. Gather essential information through history, physical examination, and initial investigation. 2. Apply sound diagnostic reasoning and develop appropriate differential diagnosis to facilitate subsequent management based on sound evidence. 3. Practice patient-centred care in the management of these conditions including recognition of the need to and initiating appropriate referrals to pulmonary subspecialties or non-respiratory specialties. 4. Identify opportunities, assess suitability for and institute appropriate preventive care for respiratory conditions with the help of other specialties and allied health professionals. This will include smoking cessation, vaccination, and pulmonary rehabilitation. 5. Carry out clear, concise, and accurate clinical documentation. 6. Understand one's own limitation and know when to call for help. <p>Limitations: Does not include patients with acute respiratory presentations.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 2
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Title	EPA 2 : Managing patients with acute complex medical and surgical disorders in the ICU setting
Specifications and limitations	<p>Ability to manage critically-ill patients with common acute medical and surgical conditions (e.g. acute exacerbation of obstructive lung disease, severe asthma attack, acute pulmonary embolism, major airway obstruction, acute respiratory distress syndrome, acute respiratory failure, shock, gastrointestinal bleeding, liver failure, bowel obstruction and ischemia, cardiac failure, acute myocardial infarction, septicemia due to severe respiratory/gastrointestinal, renal, CNS infections, bowel obstruction, acute kidney injury, stroke, acute poisoning, oncologic emergencies, etc.)</p> <p><u>Specific functions are to:</u></p> <ol style="list-style-type: none"> 1. Assess severity of illness and carry out follow-up action to treat urgent or life-threatening problems, e.g., stabilization or transfer to a higher acuity facility. 2. Gather essential information through history, physical examination, and initial investigation. 3. Apply sound diagnostic reasoning and develop appropriate differential diagnosis to facilitate subsequent management based on sound evidence. 4. Recognition of the need to and initiating appropriate referrals to other specialties. 5. Lead a multidisciplinary critical care medicine team. 6. Promote optimal critical care outcomes by managing ICU triage, appropriate use of ICU resources, and transitions of care. 7. Carry out clear, concise, and accurate clinical documentation. 8. Understand one's own limitation and know when to call for help. <p>Limited to critical care settings.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 3
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Title	EPA 3 : Resuscitating, stabilising and caring for unstable or critically ill patients with pulmonary diseases
Specifications and limitations	<p>Ability to manage unstable and critically ill patients with acute and emergency medical conditions which may require multidisciplinary care in acute care settings.</p> <p>Examples include but are not limited to: severe sepsis, shock and acute respiratory failure</p> <p><u>Specific functions are to:</u></p> <ol style="list-style-type: none"> 1. Assess severity of illness and using judgement as to whether or not immediate or emergency actions, stabilization or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems. 2. Able to review and discuss end of life goals with the patient, patient's family and relevant managing teams. 3. Gather essential information through history, physical examination and initial investigation. 4. Apply sound diagnostic reasoning and develop appropriate differential diagnosis to facilitate subsequent management based on sound evidence. 5. Practice patient-centred care in the management of these conditions including the recognition of the need to and initiating appropriate referrals to pulmonary subspecialties or non-respiratory specialities. 6. Carry out clear, concise, and accurate clinical documentation. <p>Limitations: No limitation</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 4
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Title	EPA 4 : Providing perioperative pulmonary assessment and care
Specifications and limitations	<p>Respiratory physicians need to assess patient for respiratory fitness for procedures which may compromise respiratory function especially if patients have concomitant respiratory conditions and assess patients for risk of operative and post-operative respiratory complications.</p> <p>Examples include but are not limited to: a COPD patient requiring abdominal or thoracic surgery, lung resection surgery, post-operative lung infection, pulmonary embolism.</p> <p><u>Specific functions include:</u></p> <ol style="list-style-type: none"> 1. Assess respiratory fitness for surgery. 2. Assess risk of operative and post-operative respiratory complications by history, physical examination and investigations. 3. Advise and counsel patient and referring team with regards to operative risk. 4. Detect, diagnose and manage post-operative respiratory complications. 5. Advise on prevention of post-operative respiratory complications.
	No limitations
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 5
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Title	EPA 5 : Providing pulmonary medicine consultation to other specialties
Specifications and limitations	<p>This EPA involves providing pulmonary medicine consultation to other medical and nonmedical specialties in both inpatient and outpatient settings.</p> <p>Respiratory physicians will receive a large number of referrals for respiratory conditions and respiratory-related symptoms. For example, chronic cough, peri-operative assessment, hypoxaemia and abnormal chest x-ray, professional opinion on respiratory medicine conditions.</p> <p><u>Specific functions include:</u></p> <ol style="list-style-type: none"> 1. Assessment of patients based on history, physical examination and investigations to allow sound clinical reasoning to obtain differential diagnoses to facilitate management of the respiratory condition or respiratory complaint that the patient is being referred for in the perioperative setting. 2. Assess factors related to surgery and perioperative care that may affect the underlying pulmonary disease and also how the disease may in turn affect the perioperative care of the patient. 3. Optimise patients with pulmonary disease for surgery and also assess fitness for surgery and anaesthesia. 4. Communication and clear, concise and accurate documentation of perioperative pulmonary risks and complications, and proposed management plan in a manner transparent to all members of the health care team.
	No limitations
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 6
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Title	EPA 6 : Performing common pulmonary and critical care procedures
Specifications and limitations	<p>The resident needs to have the ability to perform common pulmonary and critical care procedures safely and efficiently.</p> <p><u>Specific procedures include:</u></p> <ol style="list-style-type: none"> 1. Bronchoscopy 2. Transbronchial lung biopsy 3. Thoracocentesis 4. Chest Drain Insertion 5. Central Venous Catheterisation 6. Endotracheal intubation 7. Chest ultrasonography <p>The scope is the following:</p> <ol style="list-style-type: none"> 1. Determining the correct procedure to perform based on the clinical presentation, including indications and contraindications. 2. Taking consent from patient regarding these procedures, including explaining procedure to the patient. 3. Performing the procedures. 4. Managing immediate post-procedural complications.
	No limitations
EPA Entrustment Level to be Attained by Exit	Level 4

Respiratory Medicine EPA 7
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Title	EPA 7 : Interpreting pulmonary function tests and chest imaging
Specifications and limitations	<p>Understand the use of Pulmonary Function Test (PFT) and interpretation of chest x-ray (CXR) and CT chest for the purposes of diagnosing and management of respiratory conditions. Specific functions include:</p> <ol style="list-style-type: none"> 1. Know the indications of PFT and be able interpret and apply results for clinical practice. 2. Able to interpret CXR and CT thorax.
	<p>Limitations: Cardiopulmonary Exercise Test (CPET) & Sleep Studies are not assessed as part of this EPA but will require minimum numbers to be captured under procedure logs so that trainees have experience in using these tests.</p>
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