

LIST OF INTENSIVE CARE MEDICINE EPA TITLES

No.	EPA title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1</u>	Leading ICU rounds	Level 4
<u>EPA 2</u>	Leading a Family Conference	Level 4
<u>EPA 3</u>	Managing the newly admitted ICU patient	Level 4
<u>EPA 4</u>	Performing ICU procedures	Level 4
<u>EPA 5</u>	Managing care transitions and referrals	Level 4

Level 1: Be present and observe, but no permission to enact EPA
Level 2: Practice EPA with direct supervision
Level 3: Practice EPA with indirect supervision
Level 4: Unsupervised practice allowed
Level 5: May provide supervision for the practice of this EPA

EPA 1

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Title	EPA 1 - Leading ICU Rounds
Specifications and limitations	<p>The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable.</p> <ol style="list-style-type: none">1. Prioritising patients to be reviewed2. Reviewing patients and clarifying reported history and physical examination3. Consolidating and reviewing information from various other sources, including but not limited to laboratory, radiological investigations, medication list, patient monitors, AHP, nursing and family inputs4. Formulating, documenting, communicating and executing a management plan5. Communicating and delegating tasks to the team members that are commensurate to their skill/knowledge level6. Integrating supervisory and educational/teaching responsibilities, where appropriate, while ensuring patient safety. Supervising and educating members of the team7. Ensuring that relevant updates are communicated to family members8. Assessing readiness for discharge from ICU9. Designing communications plan and executing it10. Facilitating inter-professional communications during rounds
	<p>Limitations: Residents will not be subject to assessment of this EPA when ICU BOR exceeds 100%; manpower constraints</p>
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 2

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Title	EPA 2 - Leading a Family Conference
Specifications and limitations	<p>The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable.</p> <p>This EPA caters to family conferences conveying poor prognosis (which could include brain death) & to discuss extent of care.</p> <ol style="list-style-type: none">1. Preparation for the conference<ul style="list-style-type: none">• Includes planning of agenda, review of medical records, determining meeting attendees• Pre-conference huddle with staff (eg other specialist doctors, nursing and/or MSW)2. Introduction and Agenda<ul style="list-style-type: none">• Introduce all attendees of the conference (staff and family members of patient including key decision maker)• Provide agenda for the meeting3. Discussion of patient's status and prognosis<ul style="list-style-type: none">• Explore understanding and expectations of family regarding patient's condition and prognosis• Share patient's medical status and prognosis (may include likelihood of death, prolonged hospitalisation, cognitive and functional disabilities, brain death).4. Clarify overall goals of care<ul style="list-style-type: none">• Explore patient's preferences for care and what quality of life meant to the patient (eg spending time with family, maintaining independence, returning home, or living as long as possible)5. Discussion of treatment options (aligning with goals of care)<ul style="list-style-type: none">• May include withholding and withdrawing life-sustaining treatment in cases of poor prognosis• If brain death certification and organ donation are considered, to provide relevant information on process and resource to the family eg referral to organ transplant coordinator6. Value and acknowledge the family's perspectives, emotions and concerns when addressing (3-5)7. Summarise and discuss the next step and follow-up action post conference.8. Documentation of the family conference proceedings.

	Limitations: Not applicable to patients whose family members have previously demonstrated inappropriately aggressive behaviour; cases with pending lawsuits
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 3

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Title	EPA 3 - Managing the newly admitted ICU patient
Specifications and limitations	<p>The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable.</p> <ol style="list-style-type: none">1. To recognise a critically ill patient by clinical features, physiological derangements and preliminary diagnostic testing.2. To initiate appropriate diagnostic investigations.3. To prioritise clinical problems and implement treatments accordingly.4. To ensure right-siting of an ICU referral.5. To understand concepts of resource limitations and ways to optimise resource allocation.6. To coordinate multidisciplinary care where appropriate.7. To supervise and communicate effectively with members of the healthcare team.8. To manage communications with patient and patient's next of kin.9. To recognise and utilise appropriate resources for managing and resolving ethical dilemmas. <p>Limitations: Residents will not be subjected to assessment of this EPA when there are multiple (>2) concurrent ICU admissions taking place within the same time frame requiring the ICM resident to attend several patients simultaneously.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 4

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Title	EPA 4 – Performing ICU procedures
Specifications and limitations	<p>The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable.</p> <ol style="list-style-type: none">1. Obtain informed consent/assent from the patient where appropriate.2. Select and organise appropriate equipment or device & use resources efficiently.3. Perform the procedure in a manner which minimises the risks of complications.4. Undertake appropriate investigation to confirm correct placement of device or exclude complications.5. Recognise and manage emergencies; seek assistance appropriately.6. Document adverse incidents in a timely, detailed and appropriate manner7. Lead, delegate and supervise others appropriately according to experience and role.8. Be able to perform core procedures as listed:<ol style="list-style-type: none">a. Airway Managementb. Flexible Bronchoscopyc. Central Venous Cannulation (Including dialysis catheter)d. Point of Care Ultrasound
	<p>Limitations: Not applicable to procedures outside the competency or scope of the trainee as outlined in the specifications.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 5

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Title	EPA 5 - Managing care transitions and referrals
Specifications and limitations	<p>The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable.</p> <p>This EPA covers multiple settings, including inpatient and ambulatory care settings and in emergency departments.</p> <p>The residents should be able to:</p> <ul style="list-style-type: none">• Transfer care at any transition point, including:<ul style="list-style-type: none">• between clinical services/care facilities (including ED, OT and GW)• at changes of shift• at discharge to the ward• Ensure continuation of care• Share patient information with other health care providers in conjunction with the transfer of responsibility for patient care• Select modes of information transfer, such as oral and written format• Communicate (at least):<ul style="list-style-type: none">• patient demographics• concise medical history• current problems and issues• details of pertinent and pending investigation results• medical and multidisciplinary care plans• Significant social circumstances• upcoming possibilities• When referring the patient to another Discipline, or Allied Health, the resident should demonstrate:<ul style="list-style-type: none">• The ability to enumerate the indications and reasons for referral explicitly• The ability to manage inter-departmental and inter-professional conflicts and disagreements in patient management effectively• The ability to translate recommendations given by the Consult Team into a workable plan of action
Limitations:	For complex patients, direct Consultant to Consultant communication is preferred.
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