

Entrustable Professional Activities (EPAs)

List of EPAs for Anaesthesiology

EPA Title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1: Performing preoperative/ pre-procedural assessment and optimisation of adult patients</u>	Level 4
<u>EPA 2: Providing anaesthetic care for adult patients requiring general anaesthesia (GA)</u>	Level 4
<u>EPA 3: Providing anaesthetic care for patients under regional anaesthesia (RA)</u>	Level 4
<u>EPA 4: Assessing and managing patients with potentially difficult airway in the hospital setting</u>	Level 4
<u>EPA 5: Assessing and managing patients with polytrauma in the perioperative setting</u>	Level 4
<u>EPA 6: Managing critically ill patients in the intensive care unit (ICU)</u>	Level 4
<u>EPA 7: Providing anaesthetic care for obstetric patients</u>	Level 4
<u>EPA 7A: Managing parturients for labour epidural/ combined spinal epidural (CSE)</u>	Level 4
<u>EPA 7B: Managing parturients for Lower Segment Caesarean Section (LSCS)</u>	Level 4
<u>EPA 8: Providing anaesthetic care for patients in a non-operating theatre setting</u>	Level 4
<u>EPA 9: Providing anaesthetic care for paediatric patients aged between 3 to 16 years old</u>	Level 4
<u>EPA 10: Managing adult patients for cardiovascular procedures and interventions.</u>	Level 3
<u>EPA 11: Assessing and managing patients with acute pain</u>	Level 4
<u>EPA 12: Assessing and managing patients with chronic pain</u>	Level 3

Entrustment Scale

Entrustment Level	Description
Level 1	Be present and observe, but no permission to enact EPA
Level 2	Practice EPA with direct (pro-active) supervision
Level 3	Practice EPA with indirect (re-active) supervision
Level 4	Unsupervised practice allowed (distant oversight)
Level 5	May provide supervision to junior learners

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Title	Performing preoperative / pre-procedural assessment and optimisation of adult patients
Specifications and limitations	<p>This EPA includes both elective and emergency procedures/ surgery</p> <p>Specifications:</p> <ol style="list-style-type: none"> 1. Establishing rapport with patients 2. Gathering data on disease processes and medical issues relevant to anaesthetic care 3. Identifying the need for, ordering, and interpreting appropriate pre-procedural investigations and following up of results 4. Performing anaesthetic risk assessment and determining fitness for surgery 5. Optimising patients preoperatively with inter-professional teams 6. Referring patients to other specialties for further evaluation and optimisation as necessary 7. Counselling and obtaining appropriate informed consent for anaesthetic care 8. Counselling patients who are breastfeeding regarding anaesthesia and analgesia options 9. Organising and documenting all relevant information to facilitate effective handover 10. Proposing an appropriate anaesthetic management plan based on preoperative assessment <p>Limitations:</p> <p>This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patients less than 16 years old 2. Obstetric patients
EPA Entrustment Level to be Attained by Exit	Level 4

Anaesthesiology EPA 2

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Title	Providing anaesthetic care for adult patients requiring general anaesthesia (GA)
Specifications and limitations	<p>Specifications:</p> <p>This EPA includes providing anaesthetic care for patients of all physiological and pathophysiological states undergoing elective and emergency procedures within the operating rooms that are otherwise not specified in the list of limitations below.</p> <ol style="list-style-type: none"> 1. Ensuring all medicolegal requirements related to the procedure and anaesthesia, such as informed consent and documentation, are fulfilled. 2. Formulating the general anaesthetic plan and prioritising tasks to carry out plan 3. Communicating information effectively to all members of the healthcare team such as during a team brief/ huddle 4. Ensuring all preparations required to execute the plan are in place including the operating room, equipment, staff, and the employment of personal protective measures 5. Complying with patient safety practices such as peri-procedural checklist/ timeout 6. Managing increased risk of aspiration from delayed gastric emptying with measures such as rapid sequence induction 7. Using appropriate physiological monitors to guide patient care 8. Inducing and maintaining an appropriate state of balanced general anaesthesia 9. Managing the airway of patients at all levels of consciousness 10. Minimising harm to the patient, from iatrogenic causes or due to the anaesthetised state, procedure or underlying medical condition, including (not exhaustive) eye injuries, pressure injuries, burns, neuropathy due to positioning, hypotension due to medication, hypercarbia due to pneumoperitoneum, hypoxia due to one-lung ventilation, etc 11. Recognising and managing peri-procedural complications/crisis in a timely manner including calling for help appropriately 12. Reversing the state of general anaesthesia and managing the emergence of the patient 13. Handing over care of the patient appropriately to fellow anaesthetists, nursing staff in the post-anaesthesia care unit or staff in the intensive care unit 14. Reporting adverse events when indicated <p>Limitations:</p> <p>This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patients pregnant with a viable foetus 2. Patients aged less than 16 years old 3. Patient undergoing procedures involving the heart and/or access to heart chambers and/or cardiopulmonary bypass or equivalent 4. Patients undergoing procedures NOT within the operating rooms
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Providing anaesthetic care for patients under regional anaesthesia (RA)
Specifications and limitations	<p>Specifications:</p> <ol style="list-style-type: none"> 1. Assessing patient suitability for RA including evaluating baseline neurological deficits 2. Formulating a regional anaesthetic plan with consideration for the type of surgical procedure, and the risks/benefits of various options including local anaesthesia, peripheral nerve blocks (PNB), central neuraxial blocks, sedation and monitored anaesthetic care (MAC) 3. Utilising standard monitoring equipment, procedure-specific equipment, and drugs 4. Performing regional anaesthesia related patient safety checklist including ensuring correct block for the surgery to be performed, informed consent, optimal patient positioning and all other preparations in place 5. Performing RA with attention to sterility, patient comfort and proceduralist's ergonomic considerations 6. Providing monitored anaesthesia care for patients who have been given RA block by anaesthetists/ surgeon 7. Managing side effects and complications associated with RA technique including failed RA/ local anaesthetic systemic toxicity (LAST)/ neuropraxia 8. Formulating and implementing post RA care plan 9. Communicating care plans with patients and interprofessional teams 10. Documenting procedure including complications if any <p>Limitations: This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patient aged less than 16 years old
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Title	Assessing and managing patients with potentially difficult airway in the hospital setting
Specifications and limitations	<ol style="list-style-type: none"> 1. Identifying patients with features of any of the four categories of anticipated difficult airway – bag mask ventilation, intubation, supraglottic airway, front of neck access; and assessing risk of aspiration 2. Discussing risks with the patient and obtaining informed consent 3. Planning and executing management options for ventilation, oxygenation, intubation, extubation and post-operative care of patients with potentially difficult airway including ensuring optimal patient positioning 4. Managing an awake intubation 5. Formulating back-up airway management plans in accordance with difficult airway algorithms 6. Preparing the operating theatre, equipment, drugs, and personnel required in the management of difficult airway 7. Communicating concerns and coordinating multidisciplinary care of patients with an anticipated difficult airway 8. Seeking assistance from colleagues more experienced in the management of difficult airways 9. Facilitating surgery requiring a shared airway 10. Managing difficult airway in locations outside of main operating theatre. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Limitations: This EPA excludes the following</p> <ol style="list-style-type: none"> 1. Unanticipated difficult airway scenarios </div>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Assessing and managing patients with polytrauma in the perioperating setting
Specifications and limitations	<ol style="list-style-type: none"> 1. Recognising patients with life-threatening injuries who require immediate stabilisation and resuscitation through a structured tool such as Advanced Trauma and Life Support guidelines 2. Gathering and interpreting information to determine diagnosis and priority goals 3. Initiating and organising resuscitation of unstable patients based on urgency of the situation and resource availability 4. Establishing clear leadership, either by recognising the team leader or assuming the leadership role as appropriate. Delegating task and responsibilities in an appropriate and respectful manner 5. Adapting management plans as the clinical situation evolves and seeking assistance in situations that are complex or new 6. Recognising the potential for pulmonary aspiration during airway management and demonstrating competency in the advanced airway skills, including managing difficult airway and consideration for neck/ spine/ facial/ airway injuries 7. Demonstrating competency in haemodynamic resuscitation including skills in obtaining central venous access 8. Demonstrating understanding of activation of massive blood transfusion protocol 9. Formulating and executing an anaesthesia plan including monitoring, invasive lines, and postoperative disposition, that considers the complexity of the patient's medical condition (e.g., head injuries) 10. Communicating and coordinating patient care involving other professional disciplines 11. Organising the transfer of patient within the hospital or between hospitals with proper documentation and handover of care 12. Seeking and interpreting multiple sources of information to modify patient care for better outcomes 13. Performing team debrief
	<p>Limitations: This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. obstetric patients 2. patients aged less than 16 years old
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Title	Managing critically ill patients in the intensive care unit (ICU)
Specifications and limitations	<ol style="list-style-type: none"> 1. Identifying, stabilising, and resuscitating critically ill patients 2. Triaging of patients for admission to ICU 3. Coordinating interdisciplinary management and disposition of critically ill patients to ensure optimal patient outcomes with appropriate use of ICU resources and transitions of care 4. Initiating and managing organ/system support in critically ill patients including <ol style="list-style-type: none"> a. Central nervous system – Sedation, Intracranial pressure management b. Cardiovascular system– Vasoactive medications, Point-Of-Care-Ultrasound (POCUS), FloTrac®, Pulmonary Artery catheter c. Respiratory system – Mechanical ventilation /Non-invasive ventilation including High Flow Nasal oxygen d. Gastrointestinal system – Stress ulcer prophylaxis, Nutrition e. Renal system – Renal Replacement Therapy f. Infection control – Rational use of antibiotics 5. Performing critical care procedures such as intra-arterial and central venous cannulation, vascular catheter insertion for dialysis 6. Performing concise handover of care with pertinent issues highlighted 7. Leading a multidisciplinary critical care team in patient care e.g., during resuscitation 8. Communicating difficult news to patient/ family with sensitivity e.g., breaking bad news, poor prognosis, end-of-life discussions 9. Practicing infection control principles i.e., patient isolation/ precautions, personal protective measures
	<p>Limitations: This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patients aged less than 16 years old 2. Cardiothoracic surgical intensive care unit and coronary care unit patients
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Title	Providing anaesthetic care for obstetric patients
Specifications and limitations	<p>This EPA includes the following nested EPAs:</p> <ul style="list-style-type: none"> A. Managing parturients for labour epidural/ combined spinal epidural (CSE) B. Managing parturients for Lower Segment Caesarean Section (LSCS) <ol style="list-style-type: none"> 1. Assessing obstetric patients through history taking, physical examination and relevant investigations 2. Locating best available evidence and using it to formulate and justify anaesthetic plans for obstetric patients with consideration for common issues that impact obstetric anaesthesia care, complex issues in critically ill obstetric patients and patient preference 3. Anticipating potential obstetric, medical, or anaesthetic problems and formulating contingency plans 4. Providing patient consultation, counselling, and obtaining informed consent for procedures 5. Making appropriate referrals to other specialties 6. Communicating with patients and their families, and engaging them in shared decision making 7. Coordinating care of patients through effective communication between healthcare professionals in a multidisciplinary team to ensure safe transition of care and handovers especially in complex clinical situations like non obstetric surgery which requires extra perioperative precautions and monitoring for foetal wellbeing 8. Managing the difficult obstetric airway in accordance with the difficult obstetric airway algorithm 9. Performing central neuraxial regional anaesthesia (RA) in the obstetric patient 10. Managing complex obstetric conditions according to the latest guidelines such as severe pre-eclampsia, massive obstetric haemorrhage 11. Organising and managing resuscitation in obstetric emergencies such as eclampsia and massive obstetric haemorrhage, as part of a multidisciplinary team
	<p>Limitations:</p> <p>This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Obstetric patients requiring intensive care 2. Medically complex mother-foetal dyad presenting for foetal surgery 3. Obstetric patients undergoing complicated non obstetric surgeries e.g., complicated oncological surgeries
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Title	Managing parturients for labour epidural/ combined spinal epidural (CSE)
Specifications and limitations	<ol style="list-style-type: none"> 1. Identifying high risk patients, complex ethical situations, and those with contraindications to labour regional anaesthesia (RA) and escalating situation to supervisor 2. Counselling patient for labour analgesia; eliciting patient's values, goals, and preferences; discusses risks and benefits of RA and/or alternatives 3. Formulating and implementing an appropriate labour epidural analgesia plan 4. Performing central neuraxial anaesthesia including using ultrasound to identify interspinous spaces and the midline in patients with complex neuraxial anatomy 5. Managing failed/ inadequate labour epidural analgesia and complications related to labour epidural/ CSE such as Post Dural Puncture Headache (PDPH), hypotension, backache, dural puncture, foetal bradycardia after initiation of epidural/ CSE
	<p>Limitations: Refer main EPA 7</p>
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Title	Managing parturient for Lower Segment Caesarean Section (LSCS)
Specifications and limitations	<ol style="list-style-type: none"> 1. Assessing patient through history taking, physical examination and relevant investigations 2. Identifying and escalating care of high-risk parturient presenting for LSCS 3. Formulating and implementing an appropriate anaesthetic plan for patients presenting for LSCS 4. Counselling patients for anaesthesia for caesarean section by: <ul style="list-style-type: none"> • Eliciting patient's values, goals, and preferences • Discussing risks, benefits of anaesthesia and/or alternatives. 5. Managing inadequate/failed spinal anaesthetic and its complications such as high block, hypotension, and neurological deficits 6. Managing high risk obstetric patients requiring lower segment caesarean section, such as those with preeclampsia, using a multidisciplinary approach 7. Recognising crisis situations such as malignant hyperthermia or local anaesthetic systemic toxicity, calling for help early and initiating management 8. Anticipating and managing difficult obstetric airway using standard obstetric airway algorithm 9. Coordinating care of patients in clinical situations utilising the roles of the interprofessional teams 10. Performing safe and effective transition of care/handovers in routine clinical situations. 11. Managing complex or stressful situations such as massive peripartum haemorrhage, complex ethical situations <p>Limitations: In addition to those mentioned under limitations of main EPA 7, this EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patients with abnormal placentation 2. Ex utero intrapartum treatment (EXIT) procedure
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Title	Providing anaesthetic care for patients in a non-operating theatre setting
Specifications and limitations	<p>Remote locations for procedures that require Anaesthesia care may include the following settings:</p> <ul style="list-style-type: none"> • Diagnostic Radiology and Intervention Radiology Centre • Cardiac Catheterisation Laboratory • Radiotherapy Centre • MRI Suite • Endoscopy Centre • Ambulatory Surgical Centre • Burns Centre • Dental Centre <p>Patients who require anaesthesia care in remote locations can range from well patients who need sedation to tolerate a procedure, to patients who require anaesthesia support because they are in a higher risk category (e.g., endovascular clot retrieval for stroke).</p> <ol style="list-style-type: none"> 1. Evaluating suitability of patients for procedures in remote locations 2. Formulating and executing anaesthesia plans for patients undergoing procedures and interventions in remote locations 3. Coordinating and communicating between multidisciplinary professionals to facilitate patient care
EPA Entrustment Level to be Attained by Exit	<p>Limitations:</p> <p>This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Procedures involving the heart and/or access to heart chambers
	Level 4

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Title	Providing anaesthetic care for paediatric patients aged between 3 to 16 years old
Specifications and limitations	<ol style="list-style-type: none"> 1. Assessing the child pre-procedure and recognising the need for optimisation of medical condition, relevant preoperative investigation, and premedication for anxiolysis 2. Counselling and obtaining informed consent from legal guardian and assent from the child as appropriate for sedation/ general anaesthesia using age- appropriate language 3. Formulating and implementing an anaesthetic plan that considers the child's physiological, psychological, and surgical condition including depth of hypnosis required, mode of induction, fasting duration, venous access, fluid management, airway management, temperature management, pain management, choice of appropriate monitoring, equipment and drugs, and emergence and recovery from general anaesthesia/ sedation 4. Initiating management of common anaesthesia related complications/ crisis such as laryngospasm, and calling for expert help appropriately 5. Assessing and managing acute pain in children and referring complex pain patients to a paediatric pain consultant 6. Providing initial age-appropriate resuscitation in a critically ill child including trauma 7. Providing anaesthetic care for a child in a remote location such as a diagnostic imaging suite 8. Communicating information effectively with relevant health care team members through verbal and accurate documentation <p>Limitations: This EPA does not include the following:</p> <ol style="list-style-type: none"> 1. Neonates, infants, and children aged less than 3 years old 2. Children ASA 4 and above 3. Children with congenital heart disease, potentially difficult airway or undergoing airway procedures, one- lung ventilation, neurosurgical emergencies
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Title	Managing adult patients for cardiovascular procedures and interventions
Specifications and limitations	<ol style="list-style-type: none"> 1. Performing risk assessment and optimising medical comorbidities prior to interventions 2. Preparing equipment and medications for cardiovascular procedures and interventions with attention to maintaining sterility of invasive vascular lines 3. Communicating care plans with anaesthesia and interprofessional teams. 4. Providing perioperative care of patients for cardiovascular procedures and interventions. 5. Providing sedation and intravenous anaesthetics for interventional procedures. 6. Managing crises 7. Transferring patients to post-anaesthesia care unit or intensive care unit. 8. Conducting handover of patient care.
	<p>Limitations:</p> <p>This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Patients aged less than 16 years old
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Title	Assessing and managing patients with acute pain
Specifications and limitations	<ol style="list-style-type: none"> 1. Performing assessment using focused history, targeted physical examination and selecting appropriate investigations to gather relevant information 2. Diagnosing common causes of acute pain based on gathered information 3. Developing and implementing patient-centric pain management strategies using a multimodal approach, appropriate equipment and techniques based on best available evidence/ guidelines 4. Discussing with patient +/- family on pain management options and their potential side effects, and setting pain treatment goals together 5. Documenting all clinical encounters including consent taking for procedures, risk benefit discussions, agreed pain management plan 6. Coordinating care and communicating with all healthcare members using verbal, written or electronic medical record, or other digital technology 7. Monitoring for and managing the complications of various acute pain management strategies 8. Recognising the need to seek senior or specialist opinion/help when appropriate
	<p>Limitations: This EPA excludes the following:</p> <ol style="list-style-type: none"> 1. Pure chronic pain cases 2. Patients aged less than 16 years old
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Assessing and managing patients with chronic pain
Specifications and limitations	<ol style="list-style-type: none"> 1. Performing assessment with focused history-taking, physical examination, and relevant investigations to ascertain the following: <ol style="list-style-type: none"> a. biological basis for pain symptoms b. psychological state of the patient c. social impact of pain such as ability to function, rest and pursue interests and goals 2. Diagnosing common chronic pain conditions such as spinal pain, neuropathy 3. Formulating patient-centric, multimodal, multidisciplinary management chronic pain management plans using the biopsychosocial model approach 4. Consulting pain specialist or allied health care professionals appropriately 5. Communicating with patients and their families to allay expectations, make informed decisions regarding their chronic pain condition, and counsel regarding treatment strategies including potential side effects of medications or complications of pain treatment procedures 6. Coordinating care and communicating with all healthcare members using verbal, written or electronic medical record, or other digital technology
	Limitations: This EPA excludes the following: <ol style="list-style-type: none"> 1. Patients aged less than 16 years old
EPA Entrustment Level to be Attained by Exit	Level 3