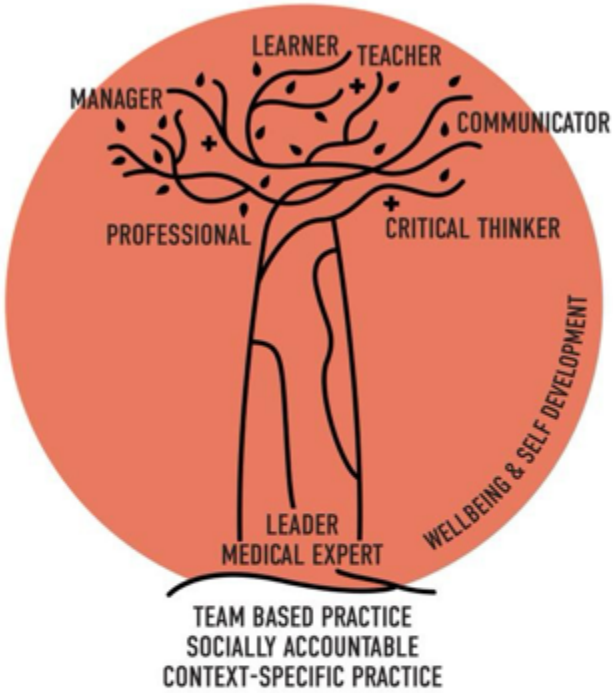

The South African
EMERGENCY PHYSICIAN

Emergency Medicine EPA

Draft document - July 2024

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EPA 1: RESUSCITATION OF THE PULSELESS PATIENT

SPECIFICATIONS

This activity/task will require:

Start: Recognition of a pulseless patient and initiation of resuscitation

End: Return of spontaneous circulation and post-cardiac arrest management, or substantiated decision to terminate resuscitation, up to and including debriefing

- Recognition and interpretation of cardiac arrest rhythms
- Application of up-to-date, evidence-based, contextually appropriate life support guidelines
- Performance of critical procedural skills
- Effective communication and leadership during a resuscitation
- Appropriate use of resuscitation equipment
- Appropriate use of ultrasound
- Use of cognitive aids (visual aids/technology-related aids)
- Post-cardiac arrest management
- Leading the debrief
- Interactions with family/guardians
- Disposition decisions
- Appropriate multi-disciplinary interactions incl. consultations
- Substantiated decisions on when to terminate resuscitation

Must include:

- adult patients
- paediatric patients
- trauma patients
- medical patients

Does not include:

- Care of the critically ill patient (EPA 2)

LIMITATIONS

- Recall bias for reflected cases
- Limited opportunities for consultant presence during resuscitation(s)
- Limited opportunities for resuscitations in specific patient populations or specific scenarios
- Equipment to practice novel/ specialised techniques might not be available (ECMO/ mechanical CPR devices)

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- The resuscitation of a patient in cardiac arrest due to acute coronary syndromes
- The resuscitation of a toxicology patient who suffers a cardiac arrest
- The resuscitation of a patient in cardiac arrest secondary to trauma

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- The resuscitation of a paediatric patient in cardiac arrest

RISKS IN CASE OF FAILURE

Patient morbidity and mortality due to:

- Failure to initiate the resuscitation timeously
- Failed resuscitation
- Suboptimal resuscitation resulting in permanent disability
- Medico-legal implications

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Medical Expert
5. Leader
6. Teaching and learning
7. Team based practice
8. Self-development and Wellbeing

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Critical application of advanced life support literature
- Indications for prolonged CPR
- Indications for terminating a resuscitation
- Indications for specific resuscitative procedures
- Medico-legal frameworks relating to initiation and termination of resuscitation

Skills

- Basic and advanced airway and respiratory management in the pulseless patient

Demonstrate the haemodynamic management of the pulseless patient; which includes but are not limited to:

- Initiation of appropriate patient monitoring
- Performing CPR
- Use of a mechanical CPR device
- Demonstrate the ability to integrate ultrasonography into the management of the pulseless patient
- Obtaining appropriate venous access (see skills list)
- Identifying and correcting reversible causes of cardiac arrest

Demonstrate the initiation of post-ROSC care, including but not limited to:

- Recognize the return of spontaneous circulation; which includes the use and the interpretation of $ETCO_2$ and ultrasound
- Includes use of invasive haemodynamic monitoring
- The set-up and initial use of invasive mechanical ventilation
- Initiate appropriate inotropic support
- Initiate appropriate temperature management

Attributes

- Acknowledgement of individual limitations
- Open to correction, feedback and differing ideas on patient care/ resuscitation
- Understanding of the ethical complexities

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- Non-judgemental approach
- Can assemble and lead a resuscitation team
- Can allocate clear resuscitation roles to the members of the resuscitation team
- Communicates shared mental models
- Demonstrates closed loop communication
- Can summarise the patient's condition and initial treatment priorities to the resuscitation team
- Debrief with the members of the team on completion of the resuscitation
- Demonstrates professional and compassionate behaviour at all times
- Encourages team work to ensure an optimal patient outcome
- Calm demeanour

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

Case-based discussions

- Resuscitation of the pulseless patient is discussed using a real case, either retrospectively or prospectively

Directly observed

- Resuscitation of the pulseless patient is directly observed by a faculty member
- Simulation across all patient populations can be used to observe this EPA

Multi-source feedback assessment

- Peer assessment by any member of the resuscitation team

ENTRUSTABILITY SCALE

1. Entrusted to observe and assist a team leader during the resuscitation of a pulseless patient
2. Entrusted to lead the resuscitation of a pulseless patient under direct supervision of a senior registrar or consultant
3. Entrusted to lead the resuscitation of a pulseless patient with the telephonic guidance of a consultant
4. Entrusted to lead the resuscitation of a pulseless patient unsupervised
5. Entrusted to supervise medical officers and junior registrars during the resuscitation of a pulseless patient

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 2: MANAGING THE CRITICALLY ILL PATIENT

SPECIFICATIONS

This activity/task will require:

Start: Recognition of a critically ill or injured adult or paediatric patient **or** a clinical deterioration of an initially stable patient

End: Patient disposition decision to an appropriate clinician/discipline/facility

- Recognition of the critically ill or injured patient
- Awareness of team safety and appropriate PPE use
- Patient placement in high acuity area
- Appropriate patient monitoring
- Brief and focused initial patient assessment including information collection via history taking or collateral informant
- Recognition of key organ systems requiring immediate support/stabilisation
- Implementation of immediate life-saving measures
- Clinical reasoning and critical application of knowledge of common emergencies in the generation of differential diagnoses
- Identifying the need for, and performance of life-saving emergency procedure(s)
- Selection and interpretation of appropriate bedside and special investigations
- Provision of time-sensitive treatment
- Adequate documentation and recordkeeping
- Effective multidisciplinary interactions
- Shared-decision making with patient/family
- Disposition decision and implementation there-of
- Considerations for palliative care
- Considerations for organ donation

Must include:

- paediatric patients
- trauma patients
- medical patients
- poisoned patient
- Obstetric patient

Does not include:

- Resuscitation in cardiac arrest (See EPA 1)
- Transition of care of patients (See EPA 8)

LIMITATIONS

- Recall bias for reflected cases
- Limited opportunities for advanced critical care management in certain settings/due to resource constraints

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EXAMPLES

Examples of these types of presentations include, but are not limited to:

- Undifferentiated septic shock patient requiring investigation and organ support, disposition to ICU, various speciality consults.
- Polytrauma patient requiring massive transfusion, intubation, transfer to theatre for damage control surgery
- Paediatric patient with foreign body in airway requiring advanced airway techniques and ventilation, removal of FB in theatre
- Decompensated heart failure precipitated by occlusion MI, requires NIV and thrombolysis, transfer to hospital with PCI capabilities

RISKS IN CASE OF FAILURE

- Patient morbidity and mortality if patients are not managed expediently or adequately
- Medicolegal implications
- Inappropriate use of healthcare resources when appropriate escalation or de-escalation decisions are not considered

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Medical expert
5. Leader
6. Teaching and learning
7. Team-based practice
8. Self-development and wellbeing

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge:

- Knowledge of common emergencies and their complications
- Knowledge of common emergency management and procedures
- Knowledge of emergency pharmacological therapies
- Knowledge of relevant investigations
- Knowledge of appropriate ceilings of life-sustaining interventions

Skills:

- Recognition of life-threatening illness/injury and the deteriorating patient
- Clinical examination and diagnosis
- Interpreting results of investigations
- Critical procedural skills (e.g. pericardiocentesis)
- Use of Ultrasound in the critically ill patient
- Airway management (e.g. intubation, surgical airway)
- Procedural sedation and analgesia

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- Ventilation (e.g. setting a ventilator)
- Circulatory management (e.g. haemorrhage control, central venous access)
- Management of trauma/medical/paediatric/toxicology and all other major causes of critical illness

Attributes:

- Acknowledgement of individual limitations
- Open to correction, suggestions and differing ideas on patient care
- Understanding of the ethical complexities in management of the critically ill/injured
- Recognition of the vulnerable patient e.g. non-accidental injuries
- Recognition of the palliative care patient
- Collaborative approach with other specialities
- Inclusive disposition
- Non-judgemental approach
- Compassionate attitude to patient and family
- Calm demeanour or disposition
- Effective multi-disciplinary interactions
- Situational awareness
- Leadership skills
- Patient advocacy skills
- Conflict resolution and communication skills, including closed-loop communication with team members and communication with family members

Experience:

- Prior simulated skills training
- Prior observed/supervised management of critically ill patients
- Prior observed/supervised/training in the management of ventilated patients

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

Case based discussions

Directly observed procedures and patient interactions

Multi-source feedback

ENTRUSTABILITY SCALE

1. Trusted to observe only
2. Trusted to perform with direct supervision
3. Trusted to perform with distant supervision
4. Trusted to perform independently
5. Trusted to perform independently AND supervise others

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 3: Assessing and managing the patient with an urgent ED presentation

Specifications

This activity/task will require:

Start: Initial patient interaction: Assessment and risk stratification of an urgent patient presentation

End: Disposition decision of the patient

- Assessment of the patient: history; physical examination
- Performance and interpretation of bedside investigations
- Risk assessment: determine when to escalate or de-escalate level of care
- Formulate a differential diagnosis
- Context-specific management of the patient
- Appropriate disposition of the patient

Must include:

- Adult patients
- Paediatric patients

Does not include

- Pulseless patients (EPA1)
- Critically ill patients (EPA2)
- Mental health care users (EPA4)
- Palliative / End of life patients (EPA7)
- Vulnerable patients (EPA 8)
- Non-urgent patients (EPA 13)

Limitations

- Recall bias for reflected cases
- Limited opportunities for workup and management in specific patient populations or specific scenarios for urgent patients
- Equipment and medications may not be available for the ideal management of patients due to resource constrained settings

Examples

Examples of these types of presentations include, but are not limited to:

- Abdominal pain
- Chest pain
- Respiratory distress
- Altered mental status (including seizures)
- Fever
- Vomiting
- Syncope
- Weakness
- Acute gynaecological presentations

Risks in case of failure

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- Patient morbidity and mortality due to inappropriate risk assessment, management and/or disposition
- Inappropriate use of healthcare resources (over or under investigation) resulting in limited health value (e.g. laboratory, radiology investigations, point-of-care tests, allied services)
- Inappropriate disposition plan that may result in patient related morbidity or mortality, and/or systemic issues like departmental overcrowding
- Omission of consideration of the context-specific (biopsychosocial) needs of the patient

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Medical expert
3. Communicator
4. Professional
5. Context-specific practice
6. Team based practice
7. Social accountability

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Apply clinical judgement to differentiate an urgent patient from a critically ill or non-urgent patient
- Recognise problems that exceed the capabilities of the registrar and seek appropriate and timeous assistance
- Apply and integrate knowledge of basic and clinical sciences with diagnostic reasoning to formulate a differential diagnosis or generate a problem list.
- Knowledge of disease specific clinical decision tools / rules
- Interpretation of appropriately selected bedside and comprehensive investigations
- Demonstrates insight regarding various pharmacological and non-pharmacological therapeutic options
- Execution of a comprehensive, context-specific management and disposition plan

Skills

- Communicates using a patient-centred approach that facilitates patient trust, preserves autonomy and is characterized by respect, and compassion
- Documents a focused patient-specific assessment and management plan.
- Completes appropriate documentation as indicated (e.g. J88, IOD forms)
- Competently performs bedside investigations
- Competently performs procedures necessary for the management of patients
- Communicates professionally with other healthcare workers
- Establishes a collaboration with a multidisciplinary team

Attributes

- Demonstrates professional and compassionate care.
- Applies transparent and empathetic communication.

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- Is considerate of patient specific values and needs.
- Acknowledge ethical concerns related to the care of the patient
- Displays professional and respectful behaviour during all patient interactions
- Advocates for the patient care when required
- Interacts professionally with and respects all individuals in the work environment.

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Case based discussions
- Entrustment based discussions (what if scenarios)
- Directly observed patient interactions

ENTRUSTABILITY SCALE

1. Trusted to observe only
2. Trusted to perform with direct supervision
3. Trusted to perform with distant supervision
4. Trusted to perform independently
5. Trusted to perform independently AND supervise others

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 4: MANAGING AN ACUTE MENTAL HEALTHCARE PATIENT

SPECIFICATIONS

This activity/task will require:

Start: Recognition of an acute presentation of a mental health care user with a low risk for general medical condition.

End: Disposition of patient to a psychiatric in-patient service.

- Assess and manage patients presenting with acute mental health issues in the emergency department (ED).
- Identifying a mental health crises
- Performing psychiatric assessments
- Initiating appropriate acute care management appropriate for the patient.
- Understanding of the mental health care act (MHCA) and completion of medico-legal documentation and coordinating care with mental health services.

Core competencies include:

- Patient-Centered Communication:
  Effectively communicate with patients experiencing mental health crises, demonstrating empathy, respect, and cultural competence and their families.
- Clinical Assessment:
  Conduct thorough psychiatric assessments, including risk assessments for harm to self or others, and recognise signs and symptoms of acute psychiatric conditions. Conditions include, but are not limited to, psychotic disorders, mood disorders, anxiety disorders, eating disorders and major depressive disorders with suicidality, and personality disorders.
- Actively assessing patients to exclude a GMC as a cause for their presentation.
- Applying investigations critically and that are appropriate for context and resources.
- Management and Intervention:
  Initiate appropriate emergency management for acute psychiatric conditions, including de-escalation techniques, pharmacotherapy, and psychotherapeutic interventions as appropriate and emergency department work up.
- Interprofessional Collaboration:
  Collaborate with psychiatry, social work, and other healthcare professionals to develop and implement a comprehensive care plan.
- Systems-Based Practice:
  Navigate the healthcare system to facilitate the transfer of care to appropriate mental health services, including inpatient and outpatient resources.
- Ethical and Legal Considerations:
  Apply ethical principles and understand legal aspects related to the care of patients with mental health conditions, including issues of consent, confidentiality,

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and involuntary treatment. Demonstrate a thorough understanding of the Mental Health Care Act (MHCA) and appropriate documentation.

LIMITATIONS

- Recall bias and reliance on self reported activities.
- Variability in Evaluator Judgments as different assessors may have varying expectations, experiences, and biases that influence their evaluation of a trainee's performance
  .
- Difficulty in Assessing Essential attributes such as empathy, communication, and professionalism

- Complexity and Unpredictability of Mental Health Presentations
- Variation among departmental practices and processes
- Feasibility of assessment

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- Known mental health care user presents with acute agitation.
- First presentation of behavioral disorder with a low risk for general medical condition
- Intentional overdose

RISKS IN CASE OF FAILURE

- Adverse patient outcomes from prolonged agitation with risk to self or others (including escorts, family, staff and other ED patients)
- Medico-legal implications for involuntary admission
- Patient safety concerns from improper chemical and / or physical restraints
- Risk to the patient and public as a consequence of abscondment.
- Suicide from poor risk assessment.
- Delayed psychiatric management in misdiagnosed conditions.

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical Thinker
2. Leader
3. Manager
4. Communicator
5. Social Accountability
6. Professional
7. Wellbeing
8. Team Based Practice
9. Medical Expert
10. Context Specific Practise

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REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Psychiatric Disorders:
  Understanding of various psychiatric disorders including mood disorders, anxiety disorders, psychosis, substance use disorders, and personality disorders, and their presentation in acute settings.
- Psychopharmacology:
  Knowledge of common psychotropic medications used in emergency settings, including indications, contraindications, side effects, and management of overdose.
- Legal and Ethical Considerations:
  Familiarity with legal issues such as consent, confidentiality, involuntary admissions, and understanding of ethical dilemmas commonly encountered in emergency psychiatry.
- De-escalation Techniques:
  Knowledge of strategies for managing acute agitation, suicidal ideation, and psychosis in the emergency department.

Skills

- Clinical Assessment:
  Ability to perform a rapid yet comprehensive psychiatric evaluation, including risk assessment for harm to self or others.
- Therapeutic Communication:
  Skills in establishing rapport, effectively communicating with patients experiencing mental health crises, and engaging with their families or support systems.
- Emergency Management:
  Competence in initiating appropriate emergency interventions, including pharmacological and non-pharmacological strategies.
- Inter-professional Collaboration:
  Ability to work effectively within a multidisciplinary team, including coordinating care with psychiatry, social work, and law enforcement as necessary.

Attributes

- Empathy and Compassion:
  Demonstrating understanding and compassion towards patients and their families, respecting their dignity and privacy.
- Professionalism:
  Maintaining a high level of professionalism, ethical practice, and patient advocacy in all interactions.
- Cultural Sensitivity and social accountability:
  Recognising and respecting the diverse backgrounds and needs of patients, including cultural, socioeconomic, and spiritual factors that may influence their mental health and healthcare experiences.
- Resilience and Self-care:
  Recognising the emotional and physical demands of managing mental health

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crises and engaging in practices that support personal well-being and professional development.

- .
- Direct Patient Care:
  Hands-on experience in assessing and managing a variety of mental health conditions in the emergency setting under supervision, progressing to more independent practice as competency is demonstrated including interactions with security personal.
- Interdisciplinary Teamwork:
  Active involvement in multidisciplinary team meetings and case conferences to discuss complex cases and develop holistic care plans.

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Case based discussions
- Entrustment based discussions (what if scenarios)
- Directly observed patient interactions

ENTRUSTABILITY SCALE

1. Enrusted to only observe the management of a mental health care user
2. Enrusted to manage a mental health care user under direct supervision
3. Entrusted to manage a mental health care user with distant supervision
4. Entrusted to manage a mental health care user independently
5. Entrusted to manage a mental health care user independently AND supervise others

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 5: THE TRANSITION OF PATIENT CARE TO OTHER HEALTHCARE PROVIDERS

SPECIFICATIONS

This activity may contain the following elements:

Start:

Any observation of the EM Registrar handing a patient over to another healthcare worker for transfer or disposition

End:

The patient exiting the emergency department, or care of the patient being taken over by another healthcare provider

- The provision of care for an acutely ill patient from one healthcare worker to another (in-patient speciality) as part of the disposition process
- The reception of care of an acutely ill patient from another healthcare worker for the continuation of care within the emergency department (handover)
- The preparation of a patient for transfer to higher/lower level of care with handover to transferring professional
- The professional manner in which communication and transition occurs
- Sufficient and clear documentation of the above processes
- Adequate and clear case summary presentations

Must include:

- paediatric patients
- trauma patients
- medical patients

Does not include:

- Preparation of the patient for transport
- Where the healthcare worker was not the main treating physician
- unit handover (nested in EPA 9)

LIMITATIONS

- Recall bias and reliance on self reported activities.
- Limited opportunities for consultant presence during telephonic or in-person conversations

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- Preparing and handing over the patient to an in-patient speciality for further management
- Preparation and handover of a patient to an Emergency Medical Service provider for transfer to a tertiary facility for further investigation and management
- Handing over outstanding investigations to a colleague at the end of an ED shift

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RISKS IN CASE OF FAILURE

- Morbidity and mortality to the patient in the instance of poor or incorrect management of the patient
- Medico-legal implications for incorrect information transmitted or documented
- Ethical repercussions in the instance of breach of confidentiality/autonomy

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Medical expert
5. Teacher/Learner
6. Social responsibility
7. Context-specific care
8. Manager

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Full complement of medical knowledge to recognise, manage and communicate life-threatening emergencies during the transition of care of the acutely ill patient
- Anticipation of potential complications of patient condition that may arise during the transition of care
- Shows familiarity with hospital-specific patient transition protocols

Skills

- Effectively communicates patient condition and severity professionally and succinctly to healthcare worker
- Continuously updates patient notes
- Demonstrates care that is professional and time-effective

Attributes

- Courteous and professional to other healthcare workers and patient
- Willingness to receive feedback
- Shows insight into referring institute/disciplines limitations or capabilities
- Demonstrates effective communication, de-escalation techniques and conflict management

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Structured Direct Observation of patient transitions
- Shift reports
- Multi-source feedback reports
- Simulated cases

ENTRUSTABILITY SCALE

1. Entrusted to only observe the transition of patient care to another health care provider
2. Trusted to perform the transition of patient care to another health care provider with direct supervision
3. Entrusted to perform the transition of patient care to another health care provider with distant supervision
4. Entrusted to perform the transition of patient care to another health care provider independently

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5. Entrusted to perform the transition of patient care to another health care provider independently AND supervise others
ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 6: Giving Telephonic advice/ Telemedicine

Specifications

This activity may contain the following elements:

Start: Answer the telephone for a consultation and or advice; alternatively, provide a consultation via any other electronic referral pathway

End: End of the telephone call or electronic referral

- Provide health care via telemedicine
- Consider the circumstances and context of the person referring to your facility
- Facilitate family and patient-centered experience
- Recognise and address unique circumstances related to the limitations of the medium used on patient care/communication
- Consider telemedicine's impact on access to care and health disparities

Must include:

- paediatric patients
- trauma patients
- medical patients

Does not include:

- Transition of patient care (EPA5)

Limitations

- Recall bias for reflected cases
- Limited opportunities for consultant presence during telephonic consults, however with non-verbal referral pathways the consultant can have access to the communication history

Examples

Examples of these types of presentations include, but are not limited to:

- Accepting referrals and giving advice over the telephone
- Accepting referrals and giving advice over an alternative electronic platform (referral app)
- Telemedicine consult via virtual platform

Risks in case of failure

- Patient morbidity and mortality if patients are not managed expediently or adequately
- Medico-legal implications - for breach of confidentiality via electronic platform

Most relevant domains of competence

1. Critical thinker
2. Communicator
3. Professional
4. Medical expert
5. Leader
6. Teaching and learning
7. Team-based practice
8. Self-development and well-being

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REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Understand and apply medical decision-making skills to provide safe and effective health services to patients (including children and adolescents) through telemedicine.
- Recognise certain diagnoses despite limited information and manage them appropriately.
- Appropriately triage patients, distinguishing between cases that need urgent care or non-urgent care
- Incorporate guidelines, protocols, and algorithms relevant to the specific problem during telemedicine encounters.
- Develop appropriate treatment, referral, and follow-up plans based on available information from telemedicine encounters.
- Understand how telemedicine influences health disparities.
- Understand the medico-legal framework for telemedicine services in South Africa

Skills

- Explain the telemedicine encounter to patients and families, setting appropriate expectations.
- Engage in closed-loop communication and shared decision-making during and after the telemedicine visit.

Attributes

- Acknowledgement of individual limitations
- Demonstrate empathy and a caring demeanor to enhance connectivity with patients and families.
- Open to correction, feedback and differing ideas on patient management
- Recognition of the vulnerable patient
- Actively seeks to create an inclusive culture
- Non-judgmental approach
- Demonstrates effective communication, de-escalation techniques and conflict management

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Structured Direct Observation of patient transitions
- Shift reports
- Multi-source feedback reports
- Simulated cases

ENTRUSTABILITY SCALE

1. Trusted to observe only
   Intervention required. Requires supervision action to complete task
2. Trusted to perform with direct supervision
   Guidance required. Requires verbal guidance with onsite supervision to complete task
3. Trusted to perform with distant supervision
   Guidance required. Requires verbal guidance with distant supervision to complete task
4. Trusted to perform independently
   Autonomy/Independence. Able to complete task independently

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5. Trusted to perform independently AND supervise others Teacher/Consultant level. Able to complete task independently AND teach others
ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 7: CREATING AND IMPLEMENTING AN END-OF-LIFE PLAN

SPECIFICATIONS

This activity may contain the following elements:

Start: Recognition of a patient who will likely demise in ED due to catastrophic injury or illness, or disease progression of pre-existing conditions and who qualifies for palliative care

End: Patient death, counselling of family, team debrief and all relevant paperwork completed **OR** patient admitted for further palliative care in a ward.

- Evidence-based decision making on clinical prognosis and suitability for Emergency Department Palliative care
- Identify which patients are for palliative rather than curative management
- Acknowledge the nuances between palliative care and end-of-life care
- Design and implement an integrated end-of-life plan for a patient which emphasizes holistic in-hospital care.
- Identify and manage acutely reversible conditions in the end-of-life patient where appropriate
- Ensure that the palliative plan is aligned with patient needs and wishes
- Prescribe and monitor comfort care e.g. fluids, analgesia, sedation, pressure care, in line with South African Palliative Care guidelines
- Communicate to all members of multi-disciplinary team, the reasons and goals of the end-of-life plan
- Appropriate use & cessation of life-prolonging measures, taking into account resource constraints, patient wishes and ethical practice, e.g. prolonged ventilation in ED
- Professional and compassionate communication with the patient and relatives.
- Abiding by medical ethics and principles
- Respecting the specific cultural and/or religious beliefs of each patient.
- Comprehensive documentation of the above including feedback from various stakeholders.
- Contemporaneous recordkeeping and timeous completion of all death-related medico-legal documents, e.g. Death Certificate
- Leading a team debrief after the death of a patient

Does not include:

- Transfer of a patient to a step-down facility.
- Outpatient/home-based palliative planning
- Long-term palliative management of chronic threats to life, e.g. chronic cancer management.

LIMITATIONS

- Recall bias for reflected cases
- Limited opportunities for consultant presence during communication with patients or family members and while breaking bad news

EXAMPLES

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Examples of these types of presentations include, but are not limited to:

- Medical or trauma patients presenting with an acute, irreversible injury/disease process affording them a poor prognosis
- Progression of a pre-existing terminal disease such as dementia, COPD, heart failure or malignancy, where life-prolonging measures would be futile

RISKS IN CASE OF FAILURE

- Incorrect identification of patient as end-of-life leading to morbidity and mortality
- Incorrect and/or inappropriate pharmacological management leading to inadequate alleviation of symptoms.
- Ethical consequences in instances where medical ethics are overlooked.
- Medico-legal considerations and local policy not followed regarding end-of-life medicine.
- Disregarding the patient's religious beliefs, preferences and culture resulting in traumatic care to patient and family.

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical Thinker
2. Communicator
3. Professional
4. Medical Expert
5. Leader
6. Teacher/Learner
7. Well-being
8. Social awareness
9. Context-specific
10. Team-based
11. Manager

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

<u>Knowledge</u>

- Medical Knowledge to identify an end-of-life patient and understand the relevant disease progression
- Palliative care identification tools including SPICT, SPICTTM-SA
- Application of HPCSA ethical guidelines on Palliative care (Booklet 17) and Withholding and withdrawing care (Booklet 7)
- Insight regarding various pharmacological and non-pharmacological therapy options as per South African Palliative Care guidelines
- Can debate local policy, moral and ethical aspects of palliative medicine.
- Apply ethical principles to decision-making
- Demonstrates efficient context-specific resource management.

<u>Skills</u>

- Communication with medical interdisciplinary team
- Communication with patient and family members
- Effective sedation, analgesia & symptom control
- Confirmation of death
- Breaking bad news
- Completion of the death certificate and other relevant documentation

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Attributes

- Demonstrates professional and compassionate care.
- Applies transparent and empathetic communication.
- Considerate towards patient-specific values and needs.
- Prioritises active listening
- Shared decision making
- Forms a collaboration with a multidisciplinary team.
- Acknowledges feedback and synthesises positive responses.
- Interacts professionally with and respects all individuals in the work environment.
- Prior role as an observer/member of the end-of-life team
- Experience in breaking bad news and empathetic communication

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Direct observation of patient and staff interaction for plan implementation
- Direct observation of counselling session with patient and caregivers
- Handover report of patient to specialty or ED team
- Multisource feedback reports
- Simulated cases
- Case notes review
- Case based discussion

ENTRUSTABILITY SCALE

1. Entrusted to observe a senior colleague in creating and implementing an integrated management plan for a palliative patient.
2. Entrusted to create and implement an integrated management plan for a palliative patient under direct supervision of a senior colleague
3. Entrusted to create and implement an integrated management plan for a palliative patient under distant supervision
4. Entrusted to create and implement an integrated management plan for a palliative patient unsupervised
5. Entrusted to supervise junior registrars and medical officers to create and implement an integrated management plan for a palliative patient

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of application to write the FCEM final exit examination, the trainee should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 8: Identifying and Managing Vulnerable Patients

Specifications

This activity may contain the following elements:

Start: Recognizing a potentially vulnerable patient in the Emergency Department

End: Establishment of a structured management and care plan addressing the needs of the patient, including prioritisation of their safety and well-being.

- Ensure personal and team safety at all times
- Identifying vulnerability – recognizing vulnerable patients, including vulnerability due to age, demographics, disabilities, abuse, chronic conditions, mental health, social determinants of health, and other factors.
- Assess needs – conduct a full evaluation to assess the medical, psychological and social needs of the patient, as well as assessment of decision-making capacity
- Develop a management and care plan that includes patient's safety, expressed wishes, well-being, and medical, psychological and social health
- Collaborate with social workers, psychologists, crisis teams, non-profit organisations, primary health care teams and others as appropriate
- Appropriately report abuse as per South African legal requirements
- Apply appropriate legal frameworks to special populations e.g. Mental Healthcare Act, Children's Act
- Appropriately document assessment, interventions, management plan and coordinated efforts with allied health providers

Must include:

- paediatric patients
- trauma patients
- medical patients

Limitations

- Challenges in Identifying Vulnerable Patients
- Community and resource limitations – ideal comprehensive plans may be challenging
- Communication barriers (special needs, language barriers)

Examples

Examples of these types of presentations include, but are not limited to:

- Patients with presentations suggesting vulnerability to abuse including trafficking, intimate partner violence, elder abuse, and child abuse.
- Patients with concerns for social determinants of health including unhoused, poor, and migrant patients.
- Patients with challenges in communication and capacity to consent for care i.e. language barriers, special needs, dementia, confusion, and mental health.
- Patients suffering from substance use disorders.

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RISKS IN CASE OF FAILURE

- Harm and increased adverse events to patients and the community
- Medico-legal implications, ethical complaints, and moral injury if appropriate care is not provided
- Breakdown in relationship between health care providers and community

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Medical expert
5. Leader
6. Team-based practice
7. Context-specific practice

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Factors contributing to patient vulnerability
- Legal regulatory framework for reporting (Older persons act, Children's Act, Mental Health Care Act)
- Best practice and local guidelines for assessing and managing specific cases

Skills

- Evaluate and assess needs of complex, vulnerable patients

Attributes

- Commitment to advocacy for vulnerable patients
- Demonstrates calmness, kindness and theability to connect with vulnerable patients
- Communicate clearly with multi-disciplinary team and patient
- Management of a wide range of patient presentations in the emergency department

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Structured direct observation of the management of vulnerable patients
- Critical reflection
- Case based discussion

ENTRUSTABILITY SCALE

1. Able to observe a senior who recognizes, assesses and formulates a thorough management plan for vulnerable patients
2. Able to recognize, assess and formulate a thorough management plan for vulnerable patients with direct supervision
3. Able to recognize, assess and formulate a thorough management plan for vulnerable patients with distant supervision
4. Able to recognize, assess and formulate a thorough management plan for vulnerable patients unsupervised.

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5. Able to teach and supervise others in recognizing, assessing and formulating a thorough management plan for a vulnerable patient
ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 9: LEADING A HANDOVER ROUND

SPECIFICATIONS

This activity/task will require:

Starts: at the commencement of handover rounds

End: after handover rounds

This activity includes the following elements:

- The provision of information about a patient from one healthcare worker to another as part of the patient assessment and disposition process
- The reception of information about a patient from another healthcare worker, along with the transfer of direct responsibility for the patient care within the emergency department
- Oversight of the professional manner in which communication and transition occurs
- Includes oral transfer of information as well as written transfer of information
- The information that is transferred includes at least patient demographics, a concise medical history, current problems and issues, pending lab/radiographic and other diagnostic results information, anticipatory guidance/upcoming possibilities, and a justified to-do list.
- Critical overview of the clinical and historical information and its interpretation in the context of the patient's presentation.

Does not include:

- Transition of patient care (EPA5)
- Managing the unit floor on shift (EPA12)

LIMITATIONS

- Recall bias for reflected cases
- Workload dependant assessment
- Consultant presence required for assessment

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- post intake ward round on the morning handover with a new ED team taking over
- designated academic ward round with consultant presence
- afternoon or end of shift ward round or handover

RISKS IN CASE OF FAILURE

- Morbidity and mortality to the patient in the instance of
    - poor or incorrect communication and/or
    - incorrect management of the patient
- Medicolegal implications
    - for incorrect information transmitted or documented
    - Ethical repercussions in the instance of breach of confidentiality/autonomy

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator

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3. Professional
4. Medical expert
5. Teacher/Learner
6. Social responsibility
7. Context-specific care
8. Manager

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- The candidate needs to fully understand all details of the condition of the patient, including diseases present and their potential future complications, anticipate future developments, and prioritise competing tasks.
- Candidate requires knowledge of all common illness scripts of the discipline and setting is required, if the trainee is to be entrusted with the responsibility of conducting handovers in this discipline and setting.

Skills

- Communicate effectively with clinicians, with family or with other caregivers
- Communicate situation awareness, illness severity, action and contingency plans between and to other healthcare providers.
- Use of a standardised verbal and written template to improve the reliability of the information transfer and prevent errors of omission.
- Ensure that the healthcare professional accepting responsibility for the patient also has specific communication skills, including clarifying and synthesising information.
- Ensure that the received mental model matches the sender's mental model, and provide feedback to the individual instigating the handover on any errors that occurred, including inaccurate information transmission.

Attributes:

- The trainee must show a willingness to take sufficient time for information transfer, to understand the perspectives of the healthcare teams, especially if not from the same profession, and to serve the patients' interests above institutional and speciality interests.
- Should be courteous and professional to other healthcare workers and patient
- Shows insight into emergency department healthcare teams' limitations or capabilities
- Should have experience in the use of a systematically structured oral handover, for example, using a mnemonic such as SBAR (Situation, Background, Assessment, Recommendation) or similar
- Candidates must make use of the written or electronic medical record as a dynamic tool.

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Structured observation during handovers, preferably with a validated handover observation and feedback tool (minimum TBC)
- Shift reports (minimum TBC)
- Multi-source feedback reports

ENTRUSTABILITY SCALE

1. Entrusted to observe handover rounds
2. Entrusted to lead handover rounds under direct supervision
3. Entrusted to perform handover rounds under distant supervision
4. Entrusted to lead handover rounds unsupervised
5. Entrusted to supervise handover rounds

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ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 10: CONFLICT MANAGEMENT AND COMMUNICATION

SPECIFICATIONS

This activity/task will require:

Starts: Awareness of the complaint and/ or recognition of the complaint by a registrar.

End: Resolution of complaint/ suggestion for quality improvement made by registrar.

This activity includes the following elements:

- Identification of the source and nature of a conflict or complaint: Actively listening to the parties involved and reviewing relevant medical records to understand the conflict/complaint fully.
- Demonstration of empathy: Acknowledging concerns, demonstrating empathy and understanding, and explaining the steps to address the conflict/complaint.
- Developing a resolution plan (that is patient-centric where applicable)
- Assessing Impact: Consideration of the conflict/complaint's potential effects on patient care and the institution's reputation, emphasizing continuous quality improvement.
- Effective communication with all relevant parties
- Monitoring and Adapting: Tracking the response to the resolution plan, ready to adjust as needed.
- Escalation Process: Recognizing when to escalate the conflict/complaint to higher authority, and maintaining transparency with the patient.
- Documentation: Meticulously documenting all actions and communications related to the conflict/complaint in the medical record and report.

LIMITATIONS

- Communication barriers in high-stress environments.
- Resource constraints impacting timely complaint resolution.
- Systemic issues requiring broader organisational changes.
- Ensuring privacy and confidentiality under acute conditions.
- Addressing biases and ensuring cultural competency.
- Managing the emotional dynamics of patients and staff in emergency settings.

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- A patient complains about a perceived lack of respect and poor communication from their healthcare provider.
- A family representative expresses concern over the delayed diagnosis of their relative's condition.
- Managing a patient complaint due to prolonged waiting time in triage
- Conflict management with a colleague
- Mediating a conflict between colleagues or between a colleague and a patient

RISKS IN CASE OF FAILURE

- Failure to effectively manage a patient-related complaint can result in patient dissatisfaction, loss of trust, and potential litigation
- Failure to identify and address a patient's complaints can also negatively impact the patient's care and lead to poor health outcomes.

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- Poor handling of patient complaints can result in negative publicity for the institution and loss of reputation.
- Relationship breakdown among colleagues and specialities

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical Thinker
2. Communicator
3. Professional
4. Medical Expert
5. Leader
6. Context-Specific Practice
7. Team-Based Practice

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Understands the relevant medical conditions and treatments
- Knowledge of legal and ethical considerations related to patient complaints.
- Knowledge on conflict management and disciplinary procedures

Skills

- assess and address patient complaints by developing, and implementing management plans, while monitoring patient response.
- interpersonal and communication skills, including active listening and effective communication with patients and the healthcare team

Attributes

- Professional attitude that values patient autonomy, confidentiality, and ethical principles
- Address conflicts and complaints in a respectful and empathetic manner.
- Consistent demonstration of professional behaviour in challenging situations.
- Exposure to ED for practical learning through direct observation or case reviews

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Direct observation of the registrar's interactions with patients and their representatives, as well as with the healthcare team
- Case note review of the specialist's medical records and documentation of patients and management plans
- Multisource feedback (360 degree feedback)
- Objective assessments of communication and conflict resolution skills, such as simulated patient encounters or standardized assessments

ENTRUSTABILITY SCALE

1. Entrusted to observe a senior registrar or consultant in managing conflict or a patient complaint
2. Entrusted to independently manage straightforward conflict or patient complaints under direct supervision
3. Entrusted to independently manage a range of conflicts or patient complaints with distant supervision

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4. Entrusted to independently manage complex conflicts or patient complaints unsupervised
5. Entrusted to supervise junior registrars and medical officers in managing conflict or patient complaints

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

- By the time of writing the FCEM Final Exit level exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 11: TEACHING AND PROVIDING FEEDBACK

SPECIFICATIONS

This activity/task will require:

Start: Awareness or recognition of the need for feedback or a teaching intervention.
End: Fulfilling the objectives of the teaching initiative. This includes assessing for understanding and feedback. .

- Teaching of a procedure to a group of juniors or peers (undergrad students and/or junior staff, e.g., interns, medical officers and/or nurses, or fellow registrars or consultants)
- Teaching of a topic or skill to a group of juniors or peers (undergrad students and/or junior staff, e.g., interns, medical officers and/or nurses, or fellow registrars or consultants)
- Engage in teaching-learning whenever the potential arises, as appropriate.
- Apply a structured approach to facilitate constructive feedback.

LIMITATIONS

The following limitations applies:

- This EPA refers only to a single observable teaching opportunity.

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- The registrar notices a competency gap while observing a medical student/colleague presenting a patient case. The registrar provides structured feedback to the medical student/colleague and takes the opportunity to teach and learn.
- The registrar is asked to train a nurse or junior doctor on how to perform the South African Triage Scale.
- During a simulation, the registrar is asked to teach a procedural skill or management scenario to a junior staff member
- The registrar facilitates a tutorial on an approach to a clinical problem to staff

RISKS IN CASE OF FAILURE

- Patient safety (if time away from patient care outweighs the benefits of a teaching intervention)
- Trust amongst members of the team
- Emotional distress to registrar/learner
- Inaccurate skills, knowledge conveyed to junior staff during teaching transaction.
- Insensitive/harsh/untactful feedback to juniors that may cause distress to junior staff.
- Perceived challenged power dynamics between peers.

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Med expert
5. Leader

DRAFT

6. Teach/Learn
7. Wellbeing

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Understand the components of a structured approach to deliver constructive feedback to junior medical staff about emergency medicine practice.
- Understand basic principles of adult learning theory and methodology.
- Understand basic strategies of teaching in emergency department, e.g., one-minute preceptor
- Basic understanding of equipment used when teaching procedural skills
- Understand how to seize and capitalise on a teachable moment in a busy emergency department

Skills

- Balance the operational needs of a busy emergency department with the opportunity to teach - to maintain patient safety.
- Develop structured learning outcomes and critically apply teaching and learning techniques while teaching undergraduate and peer postgraduate students.
- Confidently engage in knowledge translation of new evidence in team based practice
- Lead small and large group didactic teaching sessions
- Integrate basic principles of adult learning to proficiently facilitate a learning exchange to a small audience
- Recognise opportunities (teaching moments) to facilitate bed-side teaching whenever the potential arises, as appropriate.
- Lead and teach on a multidisciplinary ward rounds (bedside teaching)
- Application of an effective, appropriate and feasible teaching method
- Structured approach to teach a procedural skill
- Apply basic methodologies to assess for learning.

Attributes:

- Promoting a safe learning environment for the learner
- Courteous and professional to patient and students/junior staff
- Responsive to the needs and demands of the students/junior staff and the patients
- Respect dignity and privacy of patients involved in bedside teaching
- Effective role-modeling by the registrar
- Recognises and actively applies feedback as a two-way exchange.

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- WBA: Direct observation
    - To collect two observations from two different observers in the first two years (one procedure and one knowledge based topic)
    - To collect two observations from two different observers in the last two years (one procedure and one knowledge based topic)
- Simulated cases (annual observable performance examination)
    - Annually x3
- Shift reports
- Multi-source feedback (from junior staff and students)
    - Opportunistic bedside teaching

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○ Feedback from students and junior staff ● Summative entrustment decision-making made by Education (Competency) Committee
ENTRUSTABILITY SCALE
1. Entrusted to observe and assist a team leader teach a small group of juniors and provide feedback 2. Entrusted to teach a small group of juniors and provide feedback under direct supervision by a senior registrar or consultant 3. Entrusted to teach a small group of juniors and provide feedback with consultant present. 4. Entrusted to teach a small group of juniors and provide feedback unsupervised. 5. Entrusted to supervise junior registrars and medical officers to teach a small group of juniors and provide feedback.
ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
● By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 12: MANAGING THE UNIT FLOOR ON A SHIFT

SPECIFICATIONS

This activity/task will require: Maintaining situational awareness regarding the status of patients arriving in Emergency Department and currently in Emergency Department (seen and unseen)

Start: Arrival on a shift

End: Leaving at end of that shift

- Having a birds-eye viewMaintaining situational awareness of staffing, patient numbers, waiting times, acuity of unseen patients and potential challenges
- Prioritising resuscitation and management of critically ill patients
- Coordination of care activities within the unit with physician and non-physician colleagues
- Managing overcrowding in the emergency department by addressing current factors contributing to access block, in, through, and output factors, identifying patients who can be seen quickly (reverse triage) and streamlining patients for discharge
- Manage unexpected surges in patient numbers and acuity, which includes applying surge policies.
- Teamwork with the multi-disciplinary teams to identify and solve challenges
- Supervising of junior staff while working in the Emergency Department
- Engage in professional activities including teaching while caring for multiple ill patients
- Engage with administration and management to facilitate safe flow of patients in and through the Emergency Department
- Demonstrate calm and respectful communication to members of multi-disciplinary teams

Does not include:

- Management of a pulseless patient (EPA1)
- Care of the critically ill patient (EPA 2)
- Assessing and managing the patient with an urgent ED presentation (EPA3)
- Leading a handover round (EPA9)
- Conflict management and communication (EPA10)

LIMITATIONS

- Recall bias and reliance on self reported activities.
- Limited opportunities for consultant presence during shift

EXAMPLES

Examples of these types of presentations include, but are not limited to:

- Registrar on shift during a day with average patient numbers
- Registrar on shift during surge in patient numbers

DRAFT

- Hospital major incidentmanagement

RISKS IN CASE OF FAILURE

- Increased morbidity and mortality due to overcrowding and access block
- Inability to create surge capacity during disasters may lead to inadequate major incident or disaster response
- Prolonged waiting times for critically ill patients
- Stress on registrar and team
- Breakdown in communication, teamwork and relationships

MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Communicator
3. Professional
4. Med expert
5. Leader
6. Context specific practice
7. Team based practice
8. Manager

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Understands factors affecting overcrowding and access block
- Applies predictors of critically ill patients
- Demonstrates knowledge on the hospital major incident and disaster management plans in their facility, where apprpriate.
- Applies appropriate triage systems.

Skills

- Ensures closed loop communication between colleagues and members of multidisciplinary teams
- Demonstrates effective patient triage or sort.
- Delegate tasks effectively.
- Demonstrates effective leadership skills

Attributes:

- Demonstrates Respect for all stakeholders.
- Demonstrates the ability to lead teams.
- Displays professional and respectful behaviour during all patient interactions
- Advocates for the patient care when required
- Acknowledges ethical concerns related to the care of the patient, particularly in times of overcrowding, resource limitations and disasters.

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Direct observation
- Shift reports
- Multi-source feedback

ENTRUSTABILITY SCALE

1. Entrusted to participate in shifts as ateam member , but not as a team leader
2. Entrusted to manage the floor and lead during a shift, under direct supervision

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3. Entrusted to manage the floor independently with a consultant on telephonic call 4. Entrusted to manage the unit floor on a shift, unsupervised 5. Entrusted to lead a shift in the context
ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?
• By the time of application to write the FCEM final exit exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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EPA 13: Assessing and managing patients with non-urgent emergency department presentations

Specifications

This activity/task will require:

Start: Initial patient interaction: Assessment of a non-urgent patient

End: Disposition decision of the patient

- Assessment of the patient: history; physical examination including vital signs ± use of a discriminator list
- Risk stratification: excluding important positive findings, exclusion of red flags and the use of disease-specific scoring systems where appropriate
- Performance and interpretation of bedside investigations
- Generation of a differential diagnosis
- Context-specific management of the patient
- Disposition of the patient

Must include:

- Adult patients
- Paediatric patients

Does not include

- Critically ill patients (EPA2)
- Assessing and managing the patient with an urgent ED presentation (EPA3)
- Mental health care users (EPA4)
- Palliative / End of life patients (EPA7)
- Vulnerable patients (EPA 8)

Limitations

- Recall bias and reliance on self-reported activities.
- Limited opportunities for consultant presence during shift

Examples

Examples of these types of presentations include, but are not limited to:

- Cough or wheeze
- Musculoskeletal injuries or pain
- Eye complaints
- ENT complaints
- Headache
- Rash

Risks in case of failure

- Patient morbidity & mortality due to inappropriate risk stratification, management or disposition
- Inappropriate use of hospital resources (point-of-care tests, allied services)
- Inappropriate disposition plan resulting in morbidity or overcrowding of the ED
- Omission of consideration of the psychosocial needs of the patient

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MOST RELEVANT DOMAINS OF COMPETENCE

1. Critical thinker
2. Medical expert
3. Communicator
4. Professional
5. Context-specific practice
6. Team-based practice
7. Social accountability

REQUIRED KNOWLEDGE, SKILLS, ATTITUDE, BEHAVIOUR AND EXPERIENCE

Knowledge

- Apply clinical judgment to differentiate a non-urgent patient from a critically ill or urgent patient
- Recognize problems that may need the involvement of more experienced or specialised colleagues and seek their assistance immediately
- Apply knowledge of clinical and biomedical sciences to risk stratify a patient
- Knowledge of disease-specific risk stratification tools
- Apply knowledge of clinical and biomedical sciences to formulate a problem list or differential diagnosis
- Selection and interpretation of bedside and formal investigations
- Insight regarding various pharmacological and non-pharmacological therapeutic options and execution of a plan for the management of a patient's condition
- Develop a comprehensive, context-specific disposition plan

Skills

- Communicates using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
- Utilises tools such as the South African Triage Scale, clinical decision rules, prediction scores
- Documents a well-defined patient-specific assessment and management plan.
- Completes appropriate documentation as indicated (e.g. J88, IOD forms)
- Performs appropriate bedside investigations
- Performs procedures as necessary for the management of patients
- Communicates professionally with medical and non-medical personnel
- Forms a collaboration with a multidisciplinary team

Attributes:

- Demonstrates professional and compassionate care.
- Applies transparent and empathetic communication.
- Considerate of patient-specific values and needs.
- Recognize and respond to ethical concerns related to the care of the patient
- Displays appropriate and respectful behaviour during patient assessment and interaction
- Actively advocates for the patient when necessary
- Interacts professionally with and respects all individuals in the work environment.
- Should have experience working in an ED or specialized unit with an EP that can perform relevant assessments and give feedback
- Should have basic experience with the use of triage scores and risk stratification

INFORMATION SOURCES TO ASSESS PROGRESS AND SUPPORT A SUMMATIVE ENTRUSTMENT DECISION

- Case based discussions
- Directly observed patient interactions

DRAFT

- Multi-source feedback

ENTRUSTABILITY SCALE

1. Trusted to observe the management of a non-urgent ED presentation only
2. Trusted to perform the management of a non-urgent ED presentation with direct supervision
3. Trusted to perform the management of a non-urgent ED presentation with distant supervision
4. Trusted to perform the management of a non-urgent ED presentation independently
5. Trusted to perform the management of a non-urgent ED presentation independently AND supervise others

ENTRUSTMENT FOR WHICH LEVEL OF SUPERVISION IS TO BE REACHED AT WHICH STAGE OF TRAINING?

By the time of writing the FCEM Final Exit level exam, all trainees should have mastered this EPA at: Level 4 (Unsupervised practice)

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