

<b>Title</b>	Recognition and initial treatment of patients with vital instability
<b>Description</b>	<ul style="list-style-type: none"> <li>• Evaluate patient with the 'ABCD' approach;</li> <li>• Measure and interpret vital signs;</li> <li>• Based on the above, come to a clinical evaluation;</li> <li>• In case of emergency: call directly for help/supervision;</li> <li>• Initiate Basic Life Support, perform bag-mask-ventilation and airway manoeuvres and start intravenous fluid therapy;</li> <li>• Be a member of the resuscitation team;</li> <li>• Discern limitations in capability.</li> </ul> <p>This EPA does <u>not</u> comprise:</p> <ul style="list-style-type: none"> <li>• Provision of advanced cardiac/trauma life support, completely and/or indirectly supervised</li> <li>• Care for paediatric patients with vital instability (&lt; 16 years)</li> </ul>
<b>Link to competency domains</b>	<p>CanMEDS (Dutch KNMG version):</p> <ul style="list-style-type: none"> <li>• Medical Expert: applies diagnostic, therapeutic, preventive repertoire (1.2)</li> <li>• Communicator: reports adequately on a case, orally and in writing (2.4)</li> <li>• Collaborator: consults others effectively (3.1), efficacious in interdisciplinary collaboration (3.4)</li> <li>• Manager: works effectively within a system (6.2)</li> <li>• Professional: discerns limits of competence (7.3)</li> </ul>
<b>Required knowledge, skills, and attitudes (level of doctor in postgraduate year 1)</b>	<p><u>Knowledge</u></p> <ul style="list-style-type: none"> <li>• Knowledge of normal ranges for blood pressure, heart rate, respiratory rate, saturation and temperature;</li> <li>• Knowledge of symptoms of threatened vital parameters</li> <li>• Knowledge of Glasgow Coma Scale (GCS) and primary neurological survey;</li> <li>• Knowledge of causes of disturbances in consciousness;</li> <li>• Knowledge of Basic Life Support;</li> <li>• Knowledge of principles of advanced cardiac and trauma life support;</li> <li>• Knowledge of 4Hs, 4Ts, shock and no-shock algorithms;</li> <li>• Knowledge of indications for and application of (Automatic) External Defibrillators;</li> <li>• Knowledge of effective communication protocols to call for help (e.g. SBARR method);</li> <li>• Knowledge of local protocols regarding acute intervention teams, emergency telephone number, resuscitation team etcetera;</li> <li>• Knowledge of equipment and materials for basic interventions in 'ABC' (e.g. infusion materials, AMBU-bag, non-rebreathing mask, Mayo tube) including (contra-)indications;</li> <li>• Knowledge of levels of care on different wards (normal ward to ICU);</li> <li>• Knowledge of indications to stop resuscitation efforts</li> </ul> <p><u>Skills</u></p> <ul style="list-style-type: none"> <li>• Asks timely for help/supervision with an effective communication protocol (e.g. SBARR) and locally applicable emergency procedure;</li> <li>• Performs and interprets a systematic physical exam according to 'ABCD' and monitoring of vital signs;</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinical judgment based on 'ABCD' and vital parameters;</li> <li>• Provides probable diagnosis regarding the cause of the vital instability;</li> <li>• Gives and receives orders/tasks and confirms the order/task and its execution;</li> <li>• Proposes a management plan;</li> <li>• Proposes orders regarding treatment;</li> <li>• Initiates Basic Life Support;</li> <li>• Performs Basic Life Support skills and part-tasks;</li> <li>• Performs bag-mask ventilation and airway manoeuvres (head tilt/chin lift, jaw thrust);</li> <li>• Sites a peripheral intravenous catheter;</li> <li>• Defibrillates a shockable rhythm with (automatic) external defibrillator;</li> <li>• Reports in medical record;</li> <li>• Provides a structured handover of a patient with vital instability to colleague/supervisor/ward.</li> </ul> <p><u>Attitudes</u></p> <ul style="list-style-type: none"> <li>• Discerns and acknowledges personal limits of knowledge, skill and capability and can adequately reflect on this;</li> <li>• Situational awareness;</li> <li>• Is set to short cycles of assessment, treatment, and re-assessment;</li> <li>• Collaborates in a team in an emergency setting;</li> <li>• Reveals professional role and level;</li> <li>• Professional conduct towards patient and/or relatives;</li> <li>• Uses Evidence Based Medicine.</li> </ul>
<b>Information to assess progress</b>	<p><u>Workplace assessment</u></p> <ul style="list-style-type: none"> <li>• Mini-CEXs with regard to the evaluation of patients with or without vital instability, including indicating necessity for (acute) intervention and with regard to discernment of personal limits of capability;</li> <li>• Multisource feedback: performance as a team member in urgent and non-urgent settings;</li> </ul> <p><u>Assessment of knowledge, skills and attitudes</u></p> <ul style="list-style-type: none"> <li>• Knowledge examination (written, variety of formats);</li> <li>• Clinical reasoning and know-how (case-based discussions);</li> <li>• Demonstration of isolated skills in non-clinical setting (Objective Structured Examination of Clinical Skills);</li> <li>• Reflection forms regarding performance, difficult moments, discernment of limitations.</li> </ul> <p><u>Assessment of clinical performance</u></p> <ul style="list-style-type: none"> <li>• Simulation of acute care settings.</li> </ul>
<b>Target level of supervision (entrustment)</b>	Indirect supervision (immediately available): evaluation and initial management, awaiting arrival of help/supervisor
<b>When is unsupervised practice expected?</b>	At the end of DTY Acute Care