

EPAs voor de fellow opleiding Intensive Care in Nederland

1. Postoperative management of the surgical patient
2. Consultation and triage of potential ICU patients
3. Management of a patient with sepsis
4. Management of patient with acute abdominal condition
5. Management of patient with cardiogenic shock and/or cardiovascular disorders
6. Management of patient with massive bleeding
7. Management of complex ventilation and oxygenation problems
8. Management of patient with altered consciousness
9. Management of patient with acute or acute on chronic liver failure
10. Management of trauma patient
11. Management of patient with acute brain condition (ischemia and all types of intracranial bleeding)
12. Support and treatment of the patient with renal failure
13. Management of the immunocompromised patient
14. Management of patient with metabolic disorders
15. Care of long stay ICU patients

Namens de Werkgroep ontwikkeling EPA's tbv opleiding Intensive Care in opdracht van GIC Gemeenschappelijke Intensivisten Commissie (GIC)

Mei 2017

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 01	Postoperative management of the surgical patient	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Handover, timely management plan, communication with the health care team, medical file, discharge					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)						Aspects to improve
Knows principles of haemostasis, SIRS, fluid management, vasoactive medication, ventilation, pain, sedation (M)						
Knows implications of common acute and chronic medical conditions for postoperative care (M)						
Leads an effective handover: history, surgical procedure and anaesthesia, problems to be expected, transfer of responsibility (C, Co, L, P)						
Ensures a timely plan for postoperative management including analgesia, sedation, fluids, antibiotics, nutrition, and monitoring (M, Co, L)						
Considers the surgical and anaesthetic procedure in relation to postoperative management (including application of relevant protocols / guidelines / care bundles) (M, Co, L)						
Prevents, recognizes and manages main acute complications (M, L)						
Has attention for physiological optimisation and monitoring (M, L)						
Promotes effective teamwork on the ICU (Co, C, L, P)						
Appropriately consults and effectively communicates with e.g. surgeon and anaesthesiologist (C, Co, L, P)						
Shows a professional relationship with patient and surrogates (C, P)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Shows attention to medical file and registration systems (Co, P, HA)						
Communicates continuing care requirements at ICU discharge (C, Co, L, P)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 01	Postoperative management of the surgical patient
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, VI. Gastrointestinal and Nutrition, VII. Infection, XIII. Transport, XV. Professionalism, XVI. Practical procedures
Requirements	Minimal 3 months training in anaesthesiology Entrustment decisions on desired level by minimal 3 different supervisors Case based discussion
Suggestions to enhance progress	MiniCEX on parts of EPA Case based discussions

Background information			
CanMEDs Competency fields	M	Medical expert	
	C	Communicator	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	Co	Collaborator	
	L	Leader	
	HA	Health Advocate	
	P	Professional	
	S	Scholar	
	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity; activity is done collaboratively with supervisor.
	II	Proactive supervision	Fellow may carry out full activity while supervisor is on the ward. Supervisor can intervene at any time deemed necessary. Supervisor checks <i>all</i> findings.
	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 02	Consultation and triage of potential ICU patients	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	History and physical examination, differential diagnosis, communication, asks for help, prognosis, triage, transport					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Adequate and timely management of consultation requests (including MET/RRT) and takes care of initial triage (M, L, P)						
Obtains history and performs appropriate physical examination (M, C)						
Triage and priorities patients appropriately, including timely admission to the ICU; Recognises and manages emergencies (M, Co, L, HA)						
Knows the differential diagnosis of patients with respiratory insufficiency (M)						
Knows the differential diagnosis of patients in shock (M)						
Knows the differential diagnosis of patients with altered consciousness (M)						
Has knowledge of prognostic scoring systems and considers limited treatment when appropriate (M, HA, P)						
Knows and applies therapeutic interventions/circulatory support: fluids and vasoactive/inotropic drugs (M, L)						
Initiates and manages the airway and ventilation (M, Co, L)						
Takes care of safe intrahospital transport to the ICU (M, L)						
Communicates effectively with health care team and other medical specialties in consultation; promotes teamwork (C, Co, L, P)						
Communicates effectively with patient and/or surrogates about decisions of care and treatment and their consequences for prognosis (C, HA, P)						
Manages end of life care and the process of withholding treatment with a multidisciplinary team (C, Co, L, HA, P)						
Takes responsibility for patient safety and asks for help in a timely manner (Co, P)						
Attends to medical file/accurate documentation (Co, P)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPAs 1-15 Fellow opleiding Intensive Care NL

EPA 02	Consultation and triage of potential ICU patients
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, IV. Central and Peripheral nerve system, IX. Intoxication, XIII. Transport, XIV. Ethics, XV. Professionalism, XVI. Practical procedures, (VI. Gastrointestinal and Nutrition)
Requirements	2-6 months of ICU training, subject to judgment of medical staff Entrustment decisions on desired level by minimal 3 different supervisors Case based discussion
Suggestions to enhance progress	MiniCEX on parts of EPA OSATS for skills Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity; activity is done collaboratively with supervisor.
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	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 03 Management of a patient with sepsis		Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Differential diagnosis, hemodynamic, ventilator and renal support, appropriate skills, antimicrobial therapy					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Knows current sepsis guidelines (M, S)						
Obtains history and performs appropriate physical examination (M, C)						
Differentiates septic shock from other types of shock (M)						
Organises timely and appropriate diagnostics and interprets results to form a differential diagnosis (M, L)						
Initiates and manages adequate antimicrobial drug therapy and source control (M, HA)						
Knows and applies therapeutic interventions/circulatory support: fluids and vasoactive/inotropic drugs (M, L)						
Performs central venous catheterisation (M, Co, L)						
Performs airway management (M, Co, L)						
Initiates and manages respiratory support (M, Co, L)						
Recognises indications of renal replacement therapy (M) (see also EPA 12 Renal Failure)						
Responds adequately to trends in physiological variables (M, Co, L)						
Communicates effectively with health care team and other medical specialties and promotes teamwork (C, Co, L, P)						
Communicates effectively with patient and/or surrogates about decisions of care, treatment and consequences for prognosis (C, HA, P)						
Manages end of life care and the process of withholding treatment with the multidisciplinary team (C, Co, L, HA, P)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, L, P)						
Extra Feedback						
Fellow						
Supervisor						

EPAs 1-15 Fellow opleiding Intensive Care NL

Date	
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EPA 03	Management of a patient with sepsis
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, III. Nephrology, VII. Infection, (VIII. Haematology), XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training in central venous access Training in airway management Entrustment decisions on desired level by minimal 3 different supervisors Case based discussion
Suggestions to enhance progress	MiniCEX on parts of EPA OSATS for skills Literature, eLearning Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity; activity is done collaboratively with supervisor.
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EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 04	Management of patient with acute abdominal condition	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Main focus: Differential diagnosis, collaboration and diagnostics, transport, handover, triage Problems as peritonitis, obstruction, ischemia, perforation, pancreatitis, ileus, complications after abdominal surgery					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)						Aspects to improve
Obtains history, performs an accurate clinical examination (M, C)						
Adopts a problem solving approach; develops a working and limited differential diagnosis based on presenting clinical features (M, L)						
Triage and prioritises patients appropriately, including prompt admission to the ICU. Recognises and manages emergencies (M, L, Co)						
Collaborates with radiologists/surgeons/gastroenterologists/others to organise timely and appropriate diagnostics and knows limitations of these diagnostics (M, C, Co, L, HA)						
Knows indications, limitations and alternatives of problem focused interventions: drainage, surgery, endoscopy. Knows circumstances when treatment is unnecessary or futile (M, HA, C, P)						
Performs gastric tube placement and abdominal paracentesis; describes indications and takes care of safe conduct of endoscopic procedures (M, L, Co)						
Interprets results of diagnostics to make a management plan (M, C, Co, L)						
Handles handovers before and after interventions: procedure, results, and delineates post-intervention care, including nutritional support (C, Co, L)						
Is able to undertake safe intrahospital transport of the critically ill patient (M, L)						
Applies appropriate supportive treatment based on physiological variables: vasoactive medication (including central venous access), mechanical ventilation (including airway management), transfusion of blood products and dialysis (M, S, L, Co) (see also EPA 06 Massive bleeding, EPA 07 Liver failure, EPA 12 Renal Failure)						
Prescribes antimicrobial therapy based on history, examination, preliminary diagnostics, local patterns of bacterial resistance and antibiotic policy, including therapeutic drug monitoring (M, HA)						
Knows aetiology and management of raised intra-abdominal pressure and consequences on renal function and ventilation (M, L, Co)						
Communicates effectively with ICU team; promotes teamwork (L, C, Co, P)						
Takes responsibility for patient safety; asks for help timely (Co, P)						
Communicates and collaborates effectively with patient and surrogates (C, P)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						

EPAs 1-15 Fellow opleiding Intensive Care NL

Supervisor	
Date	

EPA 04	Management of patient with acute abdominal condition
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, III. Nephrology, VI. Gastrointestinal problems and Nutrition, VII. Infection, XIII Transport, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Training airway management Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	OSATS for skills MiniCEX on parts of EPA Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity; activity is done collaboratively with supervisor.
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	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 05	Management of patient with cardiogenic shock and/or cardiovascular disorders	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Interpretation and treatment of hemodynamic instability, appropriate skills, prognosis and end of life discussions					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)	Aspects to improve					
Obtains history, performs clinical examination; takes care of appropriate diagnostics (M, C, P)						
Differentiates cardiogenic shock from other types of shock (M)						
Knows signs, symptoms, causes, prevention, management and complications of cardiovascular disorders (M, S, HA)						
Knows indications, limitations and complications of techniques to measure hemodynamic variables (invasive and non-invasive) ECG, PA catheter, echocardiography (TTE) (M, S, HA, P)						
Interprets and discusses results with others such as (intervention) cardiologists, thoracic or cardiovascular surgeons to make a management plan (M, C, Co, L)						
Responds to physiological variables; knows how to support circulation with fluids, vasoactive/anti-arrhythmic/anti-ischemic drugs, and other supportive treatment (M, L, Co)						
Performs defibrillation, cardioversion and cardiac pacing (M, L, Co)						
Has knowledge of assist devices (e.g. IABP, ECMO, VAD); recognises indications (S, M, HA)						
Manages the care of the patient with ischemic heart disease (M, S, L, Co, HA)						
Manages postoperative care of the cardiovascular surgery patients (M, S, L, Co) (see also EPA 01 Postoperative Management)						
Manages care after cardiac arrest (M, L, Co, HA)						
Recognises and manages haemorrhage and coagulation disorders; administers blood(products) safely (M, S, L, HA) (see also EPA 06 Massive bleeding)						
Knows and applies appropriate diagnostic and therapeutic strategies of common infections in cardiovascular patients (e.g. endocarditis, mediastinitis) (M, S, HA)						
Knows circumstances when treatment is unnecessary or futile (P, HA)						
Communicates effectively with team; promotes teamwork (L, C, Co, P)						
Communicates effectively with patient and/or surrogates in decision about care, treatment and consequences for prognosis (C, P, HA)						
Manages end of life care and the process of withholding treatment with a multidisciplinary team and surrogates (Co, C, L, P, HA)						
Takes responsibility for patient safety; asks for help timely (Co, P)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						

EPA's 1-15 Fellow opleiding Intensive Care NL

Supervisor	
Date	

EPA 05	Management of patient with cardiogenic shock and/or cardiovascular disorders
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, VII. Infection, XIII. Transport, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Training airway management Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor Training in hemodynamic monitoring modalities
Suggestions to enhance progress	Ultrasound course (FATE) MiniCEX on parts of EPA OSATS Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
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	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 06	Management of patient with massive bleeding	Level of Supervision				
		I	II	III	IV	V
Entrustment decision						
Main focus	Differential diagnosis, timely management plan, collaboration, knowledge of guidelines					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Obtains history, performs clinical examination (M, C, P)						
Differentiates haemorrhagic shock from other types of shock (M)						
Knows current guidelines for massive blood transfusion (M, S)						
Knows therapeutic interventions and its limitations e.g. surgery, intervention radiology, gastrointestinal specialist, endoscopy, optimisation of coagulation (disorders) (M, Co, HA)						
Organises timely and appropriate diagnostics and interprets results to reach a differential diagnosis and management plan (M, L, Co)						
Organises therapeutic interventions (C, Co, L)						
Performs central venous catheterization, peripheral venous access, intraosseous access (M, Co, L)						
Timely starts the massive blood transfusion protocol, fluid resuscitation and use of vasopressor medication (M, Co, L)						
Recognises and manages limitations and complications of blood transfusion (HA, M)						
Continuously responds to trends in physiological variables (M, L)						
Communicates effectively with the team, blood transfusion laboratories and other medical specialties; promotes teamwork (C, Co, P, L)						
Knows circumstances when treatment is futile (P, HA)						
Takes responsibility for patient safety; asks for help timely (co, P)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						

EPAs 1-15 Fellow opleiding Intensive Care NL

Date	
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EPA 06	Management of patient with massive bleeding
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, VII. Infection (inflammation), VIII. Haematology, X. Trauma, XI. Obstetrics, XIII. Transport, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor Training intraosseous access
Suggestions to enhance progress	Simulation training OSATS for skills Literature study Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
	II	Proactive supervision	Fellow may carry out full activity while supervisor is on the ward. Supervisor can intervene at any time deemed necessary. Supervisor checks <i>all</i> findings.
	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
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	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 07	Management of complex ventilation and oxygenation problems	Level of Supervision				
		I	II	III	IV	V
Entrustment decision						
Main focus	History and clinical examination, diagnostics, consultation, airway management, ventilation, prognosis and end of life care					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Knows respiratory physiology and different causes of complex respiratory failure such as asthma, severe COPD, ARDS, fibrosis, fistula, neuromuscular problems, weaning problems (M, S)						
Recognises causes of respiratory failure (M)						
Establishes a management plan based on clinical and laboratory information, imaging modalities and consultation of radiologists/pulmonologists/thoracic surgeons/others (M, Co, L)						
Triage patients appropriately, including prompt admission to the ICU (M, L, HA)						
Knows and applies different modes and settings of (non) invasive mechanical ventilation according to the condition or response of the patient (M, Co, L)						
Knows indications and contraindications for specific therapeutic interventions or treatments as prone positioning, NO ventilation, ECLS (M, S, HA)						
Initiates above treatments and knows circumstances when treatment is inappropriate or futile (M, L, Co, HA, P)						
Performs (emergency) airway management (M, Co, L)						
Performs thoracentesis and manages pleural drains (M, Co, L)						
Performs percutaneous tracheostomy under supervision (M, Co, L)						
Recognises and manages difficult airways and is aware of personal limitations. Knows how, when and who to ask for help timely (M, P, Co, L)						
Considers patient comfort and safety during ventilation and procedures/diagnostics e.g. intubation, BAL (L, C, Co)						
Communicates effectively with ICU team and other medical specialties; promotes teamwork (Co, P)						
Communicates effectively with patient and/or surrogates in decision about care and treatment and consequences for prognosis (C, P, HA)						
Manages end of life care and the process of withholding treatment with a multidisciplinary team and surrogates (Co, C, L, P, HA)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 07	Management of complex ventilation and oxygenation problems
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, VII. Infection (inflammation), VIII. Haematology, X. Trauma, XI. Obstetrics, XIII. Transport, XV. Professionalism, XVI. Practical procedures
Requirements	Training airway management Training thoracocentesis, pleural drain Training percutaneous tracheostomy Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	Simulation based training OSATS MiniCEX on part of EPA Lung ultrasound training

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
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EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 08	Management of patient with altered consciousness	Level of Supervision				
		I	II	III	IV	V
Entrustment decision						
Main focus	Knowledge of diagnosis, consultation, prognosis					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Recognises the patient with altered consciousness (M)						
Obtains history, performs brief neurological examination, e.g. Glasgow Coma Scale (M, C, P)						
Knows differential diagnoses of altered consciousness; intoxication, ischemia, infections, seizures, metabolic coma and delirium (M)						
Knows diagnostic and therapeutic strategies of patients with altered consciousness (M, S)						
Responds to trends in (neuro)physiological variables. Resuscitates and applies early management of the patient with altered consciousness (M, Co, L)						
Recognises and manages specific conditions of altered consciousness e.g. post anoxia, drug poisoning, intoxication, acute brain injury, cerebral infections, seizures, metabolic coma and delirium (M, Co, L) (see also EPA 11 Acute brain injury)						
Organises timely and appropriate diagnostics e.g. imaging, EEG, ECG, body temperature and laboratory studies, interprets results and consults others (e.g. radiologist, neurologist, pharmacist) to form a differential diagnosis (M, C, Co, L, P, HA)						
Organises therapeutic interventions e.g. antidotes, surgery, thrombolysis, dialysis (C, Co, L) (see also EPA 12 Renal Failure)						
Communicates effectively with ICU team and other medical specialties; promotes teamwork (C, Co, P, L)						
Knows circumstances when treatment is futile (M, P, HA)						
Communicates effectively with patients surrogates in decision about care and treatment and their consequences for prognosis (C, P, HA)						
Manages end of life care and the process of withholding treatment with a multidisciplinary team and the patient's representatives (C, Co, L, P, HA)						
Recognises criteria of brain death (M, S, P, HA)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						

EPAs 1-15 Fellow opleiding Intensive Care NL

Date	
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EPA 08	Management of patient with altered consciousness
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, IV. Central and Peripheral nerve system, VII. Infection, IX. Intoxication, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Training airway management Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	MiniCEX on part of EPA Case based discussions Literature study

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
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EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 09	Management of patient with acute or acute on chronic liver failure	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Knowledge of liver failure, coagulation, acid base disturbances, consultation and diagnostics, vital organ support, prognosis, transplantation					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)						Aspects to improve
Knows and recognises signs and symptoms, causes, severity and complications of acute and acute on chronic liver failure, their prevention and management (M,S)						
Identifies hepatotoxic drugs and adjusts drug dosage in hepatic impairment/failure (M, S)						
Communicates effectively with gastroenterologist, surgeon, radiologists and others to organise timely and appropriate diagnostics, imaging and to interpret results to produce a therapeutic strategy (C, Co, L).						
Knows the indications and priorities of appropriate supportive treatment, and applies it based on physiological variables, e.g. microbiological, haematological and renal support (M, Co, L) (see also EPA 12 Renal failure)						
Knows prognostic scoring system and recognises indications for liver transplantation (M, Co, HA)						
Recognises and manages electrolyte, glucose, acid base, coagulation disorders and provides nutritional support (M)						
Performs ultrasound guided abdominal paracentesis (M, Co, P)						
Communicates effectively with health care team and promotes teamwork (C, Co, L, P)						
Knows circumstances when treatment is futile (P, HA)						
Communicates with patient and surrogates: explaining the reasons for ICU admission in context of the underlying disease, consequences regarding prognosis and probability of recovery (C, P, HA)						
Takes responsibility for patient safety; asks for help timely (Co, P)						
Attends to medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPAs 1-15 Fellow opleiding Intensive Care NL

EPA 09	Management of patient with acute or acute on chronic liver failure
Themes Dutch ICU training program	I Circulation, II. Oxygenation and Ventilation, IV. Central and Peripheral nerve system, VII. Infection, VIII. Haematology, IX. Intoxication, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor Training in abdominal paracentesis
Suggestions to enhance progress	MiniCEX on part of EPA OSATS Case based discussions Literature study

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
	II	Proactive supervision	Fellow may carry out full activity while supervisor is on the ward. Supervisor can intervene at any time deemed necessary. Supervisor checks <i>all</i> findings.
	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 10	Management of trauma patient	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Initial management, timely stabilization, teamwork, transport, prognosis blunt, penetrating or burn injury					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)						Aspects to improve
Knows relevant guidelines and principles of acute trauma care, handover after trauma screening and interventions (M, Co, S)						
Differentiates hypovolemic/haemorrhagic shock from other types of shock (M)						
Knows indications and limitations of diagnostic and therapeutic strategies. Collaborates with radiologists/surgeons/neurologists/others to organise timely and appropriate diagnostics and to interpret results and make a management plan (M, HA, C, Co, L)						
Takes care of safe transport to the ICU (Co, L)						
Knows how to diagnose and manage haemorrhage and coagulation disorders; administers blood(products) safely (M, S, HA, L) (see also EPA 06 Massive Bleeding)						
Knows how to diagnose and manage traumatic compartment syndrome, traumatic brain injury, burn injuries (M, S, L) (see also EPA 11 Acute Brain Injury and EPA 04 Acute abdominal conditions)						
Applies appropriate supportive treatment of vital organs based on physiological variables: including central venous catheterisation, airway management and ventilation (M, L, Co)						
Performs thoracocentesis to relieve tension pneumothorax or pleural effusion (M, Co, L)						
Communicates effectively with health care team and other medical specialties; promotes teamwork (C, Co, L, P)						
Knows how to communicate with authorities and security (Co, P, HA)						
Communicates effectively with patient and/or surrogates in decision about care and treatment and their consequences for prognosis (C, P, HA)						
Knows when further treatment is futile; Manages end of life care and the process of withholding treatment within a multidisciplinary team and surrogates (Co, C, L, HA, P)						
Recognises criteria of brain death. Recognises potential organ donation candidates and knows how to communicate this with surrogates. Manages physiological support of the organ donor (M, S, HA, P, C)						
Takes responsibility of patient safety and asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge (C, L, P)						
Extra Feedback						
Fellow						

EPA's 1-15 Fellow opleiding Intensive Care NL

Supervisor	
Date	

EPA 10	Management of trauma patient
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, IV. Central and Peripheral nerve system, VIII Haematology, X. Trauma and Burns, XII. Organ donation, XIII Transport, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Training airway management Training thoracocentesis Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor concerning burn victim
Suggestions to enhance progress	MiniCEX on part of EPA OSATS Case based discussions Literature study ATLS training

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
	II	Proactive supervision	Fellow may carry out full activity while supervisor is on the ward. Supervisor can intervene at any time deemed necessary. Supervisor checks <i>all</i> findings.
	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 11	Management of patient with acute brain condition (ischemia and all types of intracranial bleeding)	Level of Supervision				
		I	II	III	IV	V
Entrustment decision						
Main focus	Neurological diagnosis, imaging, optimisation, consultation, surrogates, donation					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Performs brief neurological examination (M, C)						
Knows clinical signs, causes and location of ischemic and haemorrhagic stroke (M, S)						
Knows diagnostic and therapeutic strategies of patients with ischemic and haemorrhagic stroke (M, S)						
Knows guideline based diagnostic and therapeutic strategies of patients with traumatic brain injury (M, S)						
Takes care of timely and appropriate assessment, history and diagnostics: imaging (cranial CT(A) scan, angiography), ECG, laboratory results and interpretation of results to form a differential diagnosis (M, L, Co, HA)						
Recognises and manages specific conditions in patients with stroke, intracerebral bleeding, subarachnoid bleeding and traumatic brain injury (M, Co, L)						
Recognises and communicates indication for acute endovascular treatment, thrombolysis, neurosurgical intervention (M, L, Co, C)						
Responds to trends in physiological variables, intracranial pressure and cerebral perfusion pressure (M, L, Co)						
Manages complications: raised intracranial pressure, external ventricular drain and delayed cerebral ischemia, bleeding after thrombolysis (M, L)						
Knows principles of outcome, prognostic indicators and treatment intensity scales. Knows when treatment is inappropriate or futile (M, P, HA)						
Communicates effectively within health care team and ICU consultants; promotes teamwork (C, Co, L, P)						
Communicates effectively with patient and/or surrogates in decision about care and treatment and their consequences for prognosis (C, P, HA)						
Manages end of life care and the process of withholding treatment within a multidisciplinary team and patient and/or surrogates (C, P, HA)						
Recognises criteria of brain death. Recognises potential organ donation candidates and knows how to communicate this with surrogates. Manages physiological support of the organ donor (M, HA, P, C)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge including secondary prophylaxis (Co, P, L, HA)						
Extra Feedback						

EPAs 1-15 Fellow opleiding Intensive Care NL

Fellow	
Supervisor	
Date	

EPA 11	Management of patient with acute brain condition (ischemia and all types of intracranial bleeding)
Themes Dutch ICU training program	I Circulation, II. Oxygenation & Ventilation, IV. Central and peripheral nerve system, VIII Haematology, XII. Organ donation, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Organ/tissue donation course and knowledge of donation protocol Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	Literature study MiniCEX on part of EPA Case based discussion

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
	II	Proactive supervision	Fellow may carry out full activity while supervisor is on the ward. Supervisor can intervene at any time deemed necessary. Supervisor checks <i>all</i> findings.
	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 12	Support and treatment of the patient with renal failure	Level of Supervision					
Entrustment decision		I	II	III	IV	V	
Main focus	Knowledge, consultation, central venous access, prognosis						
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve		
Knows the definitions, causes, diagnosis, prevention, prognosis and workup of renal failure present before, at and during ICU admission (M, S)							
Knows indications and modalities of renal replacement therapy (M, S)							
Performs appropriate vascular access for renal replacement therapy and knows how to handle complications (M, Co, L)							
Initiates and manages renal replacement therapy (M, Co, L)							
Recognises and manages electrolyte and acid base disturbances (M, Co)							
Identifies nephrotoxic drugs and adjustment of drug dosage in renal failure and during HD and CVVH (M, S, Co)							
Consults with nephrologist and radiologist regarding diagnostics, management plan and renal replacement therapy (L, C, Co, P)							
Takes care of appropriate handover: contingency plans in case of filter/flow problems during out of office hours, target value anticoagulation (L, P, Co, C)							
Knows circumstances when treatment is unnecessary or futile (P, HA)							
Communicates effectively within the health care team and with other medical specialties; promotes teamwork (C, Co, L, P)							
Communicates with surrogates: explains the causes of renal failure, consequences for prognosis, therapy, and chances of recovery (C, HA)							
Takes responsibility for patient safety and asks for help timely (Co, P)							
Attends to the medical file and communicates continuing care requirements at ICU discharge (Co, P, L)							
Extra Feedback							
Fellow							
Supervisor							
Date							

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 12	Support and treatment of the patient with renal failure
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, III Nephrology, VI Metabolic and Endocrine disorders, VII. Infection and inflammation, IX. Intoxications, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	CVVH course MiniCEX on part of EPA Case based discussion

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
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	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 13	Management of the immunocompromised patient	Level of Supervision				
		I	II	III	IV	V
Entrustment decision						
Main focus	knowledge, consultation, vital organ support, prognosis hematology, oncology, posttransplant, HIV patient					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)					Aspects to improve	
Knows common allogical -oncological disorders, therapies and complications (M,S)						
Knows diagnostic and therapeutic strategies of common infections in the immunocompromised patients, graft versus host, rejection (M,S) (see also EPA 03 Sepsis)						
Knows and considers prognosis before and after ICU admission, and the consequences for supportive strategies in the immunocompromised patient (M,P,HA)						
Triage and priorities patients appropriately, including timely admission to the ICU (M, L, Co, HA)						
Communicates effectively with haematologist/ microbiologist/ infectiologist / organ transplant specialist on the ward, ER and ICU for appropriate diagnostics and management plan (C, Co, P, L)						
Performs therapeutic interventions and organ system support (M, Co, L)						
Communicates with surrogates: explaining the indications for ICU admission in context of the underlying disease, consequences regarding prognosis and chances for recovery (C, P)						
Communicates effectively within the health care team and with ICU consultants; promotes teamwork (C, Co, L, P)						
Manages end of life care and the process of withholding treatment within the multidisciplinary team (C, Co, L, HA, P)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 13	Management of the immunocompromised patient
Themes Dutch ICU training program	I Circulation, II. Oxygenation and Ventilation, VII. Infection, VIII. Haematology, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Training central venous access Training airway management Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	Literature study MiniCEX on part of EPA Case based discussion

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
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	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 14	Management of patient with metabolic disorders	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	Knowledge of acid base, electrolyte, endocrine and temperature disturbances, diagnostics, triage, timing of management					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)	Aspects to improve					
Recognises electrolyte, glucose, acid base, extreme temperature and endocrine disorders. Knows their signs and symptoms (M, S)						
Triage and prioritises patients appropriately, including timely admission to the ICU. Recognises and manages emergencies (M, Co, L)						
Provides a diagnostic plan of metabolic disturbance (M)						
Applies appropriate and timely therapeutic interventions and monitoring (M, Co, L) (see also EPA 12 Renal Failure)						
Is watchful of, prevents and manages acute complications (M, L)						
Communicates effectively within the health care team and with other medical specialties; promotes teamwork (C, Co, L, P)						
Communicates effectively with patient and/or surrogates in decision about care and treatment (C, P)						
Takes responsibility for patient safety; asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge (Co, P, L)						
Extra Feedback						
Fellow						
Supervisor						
Date						

EPAs 1-15 Fellow opleiding Intensive Care NL

PA 14	Management of patient with metabolic disturbance
Themes Dutch ICU training program	I. Circulation, II. Oxygenation and Ventilation, III Nephrology, VI Metabolic and endocrine disorders, IX. Intoxications, XIV. Ethics, XV. Professionalism, XVI. Practical procedures
Requirements	Entrustment decisions by minimal 3 different supervisors Case based discussion
Suggestions to enhance progress	MiniCEX on parts of EPA Literature Case based discussions

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
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	III	Responsive supervision	Fellow may carry out full activity independently with supervisor not present in the room but available within minutes. Including availability of supervision by telephone for advice. Supervisor checks <i>key</i> findings.
	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*

EPA's 1-15 Fellow opleiding Intensive Care NL

EPA 15	Care of long stay ICU patients	Level of Supervision				
Entrustment decision		I	II	III	IV	V
Main focus	infection, delirium, failure to wean, weakness, decubitus, nutrition, stress, pain, communication, prognosis, transfusion					
Checklist to help entrustment decision: Knowledge, Skills, Attitude (CanMEDs competency field)						Aspects to improve
Recognises long stay ICU patient, has knowledge of underlying disease and short and long term prognosis (M, S)						
Has knowledge of risks and the implementation of preventive measures such as infection prevention, thrombosis prophylaxis, stress ulcer prophylaxis, decubitus, transfusion strategies and the prevention of delirium for long stay patients in the ICU (M, S)						
Has knowledge of and manages treatment of ICU patients with delirium (M, S, L) (see also EPA 08 Altered consciousness)						
Has knowledge of and manages optimal nutritional support for long stay patients in the ICU (M,S, L)						
Has knowledge of and applies diagnostic and therapeutic strategies of long stay ICU patients with (ICU acquired) weakness (M, S, L)						
Has knowledge of and applies diagnostic, preventive and therapeutic strategies of long stay ICU patients with nosocomial infections (M, S, L)						
Has knowledge of and applies diagnostic and therapeutic strategies of long stay ICU patients with failure to wean from ventilatory, circulatory, or renal replacement support (M, L) (see also EPA 07 complex ventilation and oxygenation)						
Knows circumstances when treatment is futile (M, P, HA)						
Communicates effectively within health care team and with ICU consultants; promotes teamwork (C, Co, L)						
Communicates effectively with patient and/or surrogates in decision about care and treatment and their consequences for prognosis (C, P, HA)						
Manages end of life care and the process of withholding treatment within a multidisciplinary team and with surrogates (C, Co, P, HA)						
Is knowledgeable of the criteria of non-heart beating organ (tissue) donor (M, P, HA)						
Takes responsibility for patient safety and asks for help timely (Co, P)						
Attends to the medical file and communicates continuing care requirements at ICU discharge (Co, L, P)						
Extra Feedback						
Fellow						
Supervisor						

EPAs 1-15 Fellow opleiding Intensive Care NL

Date	
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EPA 15	Care of long stay ICU patients
Themes Dutch ICU training program	
Requirements	Entrustment decisions by minimal 3 different supervisors Case based discussion with a supervisor
Suggestions to enhance progress	Literature study MiniCEX on part of EPA Case based discussion

Background information			
CanMEDs Competency fields	M C Co L HA P S	Medical expert Communicator Collaborator Leader Health Advocate Professional Scholar	
Levels of Educational Supervision* * Fellow remains under final responsibility of supervisor.	I	Direct supervision	Supervisor is present at bedside. Part of this level can include coactivity, activity is done collaboratively with supervisor.
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	IV	Postponed supervision	Fellow may carry out full activity with deferred consultation of supervisor. Fellow reports post hoc. This stage gradually extends into unsupervised practice and marks grounded trust that should allow for certification to take full responsibility for an entrustable professional activity.*
	V	Provide supervision (Subject to judgment of program director)	Fellow shows ability to provide supervision and may act in a supervisory role for more junior trainees.*