

Entrustable Professional Activity

Fall

Area of practice	Emergency Department of an urban Australian Hospital
Stage of training	Postgraduate Year 1 (Intern). This entrustable professional activity is expected to be achieved by the end of the ED term in the first intern year.
Basis of entrustment	<p>Supervision of new graduates is required throughout the intern year, with the supervisor present in the ED. However, the intensity of supervision and level of entrustment varies according to the individual intern's ability. The level of supervision may be defined according to three stages.</p> <p>Stage 1: Direct active – Full supervision at bedside. After the supervisor's initial assessment of the patient, the intern assesses the patient with regular prompting and feedback from the supervisor.</p> <p>Stage 2: Indirect active – Partial supervision within line of sight. Supervisor pre-prompts intern to assess the patient. The intern reports back their assessment of the patient to the supervisor.</p> <p>Stage 3: Passive – Full entrustment with the supervisor present in the ED. The supervisor entrusts the intern to initiate assessment of the patient and report back their findings with minimal prompting and feedback.</p> <p>The following activity will be entrusted at Stage 3 when: The supervisor is confident that the intern can perform the activity at an acceptable standard and that the intern knows when to ask for help in a timely manner.</p>
Title	Assess, synthesise and prioritise the initial management of an elderly patient presenting after a fall from standing

<p>Description</p>	<p>Interns must be able to assess, synthesise and prioritise key steps required in managing care of an elderly patient (aged 65 and older) presenting after a fall.</p> <p>They must have the ability to conduct a patient medical and social history in a timely manner to establish the cause/s of fall, the injuries sustained in fall and the functional and social implications of the fall. They must undertake an appropriate trauma examination, and be able to select, justify and interpret appropriate investigations, and synthesise findings to formulate a working diagnosis. Interns must be able to commence initial therapeutic steps within guidelines applicable to the setting where they work.</p> <p>They must have knowledge of trauma investigations and treatment options relevant to falls generally and to those specific to caring for elderly patients. Their knowledge must incorporate physiology in the context of elderly patients.</p> <p>Interns must also have the ability to recognise the signs and symptoms of a critically ill patient, and seek supervisory assistance with appropriate urgency.</p>
<p>Justification</p>	<p>Fall injuries are a common and potentially complex presentation in the emergency department. Appropriate management may be particularly critical with elderly patients. Therefore, the ability to conduct an accurate initial assessment of an elderly patient admitted following a fall is important in order to manage patients with potentially complex conditions.</p> <p>In the emergency department, initial assessment of elderly patients admitted following a fall requires the integration of multiple competencies and the ability to execute these in a busy clinical environment with multiple distractions.</p>
<p>ACFJD competencies</p>	<p>Clinical management – Safe patient care (Systems); Patient assessment (History and examination; Problem formulation; Investigations; Referral and consultation); Emergencies (Assessment; Prioritisation); Patient management (Management options;</p>

	<p>Therapeutics; Pain management; Discharge planning)</p> <p>Communication – Patient interaction (Context; Respect; Meetings with families or carers); Working in teams (Team structure; Case presentation)</p> <p>Professionalism – Doctor and society (Access to health care; Culture, society and health care; Professional standards); Professional behaviour (Professional responsibility; Time management; Personal well-being)</p> <p>Skills and procedures – General (Measurement; Interpretation of results); Trauma</p> <p>Clinical problems and conditions – Neurological; Critical care/ Emergency</p>
<p>KSA required</p>	<p>Entrustment is based on the intern demonstrating sufficient aspects of the following knowledge, skills and attitudes.</p> <p>Knowledge</p> <p>Demonstrates knowledge of trauma symptoms and management procedures</p> <p>Demonstrates knowledge of effects of trauma in the elderly patient</p> <p>Demonstrates knowledge of normal functioning, vital signs, and haemodynamic responses in the elderly patient</p> <p>Demonstrates knowledge of reasons for relevant investigations and treatment options for elderly patients admitted following a fall</p> <p>Demonstrates knowledge of interactions between trauma, co-morbidities and pre-morbid conditions</p> <p>Skills</p> <p>Recognises signs of critical illness and can ask for help when needed with appropriate urgency</p>

	<p>Takes a focused, relevant and succinct patient history (medical and social) in a timely manner</p> <p>Ascertains cause/s of fall</p> <p>Performs a relevant and focused trauma assessment</p> <p>Synthesises information to formulate provisional diagnosis</p> <p>Performs basic procedural skills (for example, suturing)</p> <p>Selects, requests and can justify relevant investigations (CT, x-ray)</p> <p>Interprets relevant investigations (x-ray)</p> <p>Recognises abnormal results from investigations</p> <p>Simple pain management within appropriate guidelines for the setting</p> <p>Formulates and can justify initial management plan, within the context of the patient's unique social circumstances and co-morbidities/pre-morbid conditions</p> <p>Presents case clearly and succinctly to senior doctors and other staff</p> <p><u>Attitude</u></p> <p>Adheres to professional standards</p> <p>Aware of own limitations and asks for help appropriately</p> <p>Respects patient privacy and confidentiality</p> <p>Treats patients and patients' family members courteously and respectfully</p> <p>Respects other health professional team members</p> <p>Behaves in ways to mitigate the personal health risks of emergency medicine, such as fatigue and stress</p>
Assessment process	This EPA is progressively assessed during clinical supervision.

Assessment methods	Direct observation Structured interviewing Case presentation Multi-source feedback
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