

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC/TG/EPA 1/RSI/V3
	Issue Date	01 Jan 2024
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Hong Kong College of Emergency Medicine

Entrustable Professional Activity 1 Procedure Skill 1 RSI

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1	01 July 2020
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Document number	EC/TG/EPA 1/RSI/V3
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Distribution List	Training Supervisors, Trainers and Trainees

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HKCEM EPA (1) Procedure Skill (1)	Rapid Sequence Intubation (RSI)
Case Inclusion Criteria	1. All cases need intubation by rapid sequence intubation
Case Exclusion Criteria	1. Cold intubation (intubation without using drugs) should be excluded.
Assessment start at:	Decision for RSI is made (preferable supervisor should observe the whole process from the beginning, but practically, it is acceptable for the supervision to start at any time during induction but before putting the tube in.)
Assessment end at:	Disposal of patient from R-room
Coverage of college core competency (please tick)	<input checked="" type="checkbox"/> Medical Knowledge and clinical skills <input checked="" type="checkbox"/> Patient Care <input type="checkbox"/> Professionalism, ethics and Legal issues <input type="checkbox"/> Education and Research <input checked="" type="checkbox"/> Communication, collaboration and interpersonal skills <input type="checkbox"/> Organization planning and management skills
Assessment Frequency before Exit	3 or more assessments over 12-month period
Exit Criteria	When cumulative FOUR level 4 or above attained

Hospital:	Trainee:	Assessor:
Date:		
Case AE number:		
Case difficulty (please tick)	<input type="checkbox"/> Ordinary / <input type="checkbox"/> moderately challenging / <input type="checkbox"/> very challenging	
Summative Decision of Entrustment: (please tick the right column) (The decision should be entered into trainee's e-portfolio by assessor or delegate)		
Level 1 <input type="checkbox"/>	Restricted to observe or assist the skill; Not entitled to do it due to significant knowledge or skill deficiency.	
Level 2 <input type="checkbox"/>	Allowed to perform the skill under close or hands-on supervision as the skill is not to a competent level.	
Level 3 <input type="checkbox"/>	Entrusted to perform the skill under hands-off supervision or just on-site supervision in uncomplicated cases.	
Level 4 <input type="checkbox"/>	Fully competent and entrusted to complete the task totally independent even for complicated cases.	
Level 5 <input type="checkbox"/>	Entitled to teach or supervise others by showing excellent performance and deep understanding of the background knowledge.	
Assessor's comments: (to be entered by assessor) (optional)		

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Formative Assessment

(The contents should be entered by trainee into e-portfolio)

What has been done well and to keep on:

Trainee's comments on own performance:

Assessor's comments on trainee performance: (to be entered by trainee)

What needs to improve or change

Trainee's comments on own performance:

Assessor's comments on trainee performance: (to be entered by trainee)

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Appendix 1: Narration of Core competency

Medical knowledge and skill

- Decided for intubation under RSI appropriately and timely
- Has chosen the most appropriate pre-medication, neuromuscular relaxant and induction agent in considering its pharmacological property, patient factor and other factors.
- Selected a correct tube size
- Proper use of BMV and bag in a gentle manner to avoid gastric inflation.
- Proper use of direct laryngoscope or video assisted laryngoscope: for example, no levering against teeth and used the blade to displace the tongue laterally instead of press the tongue.
- Irrespective the plan, successfully intubated in one go
- Ensured intubation under direct visualization of vocal cord (if applicable)
- Performed more than 1 maneuver to verify tube position (auscultation, ETCO₂, post intubation CXR, etc)
- Provided sedative agent +/- muscle relaxant after intubation if appropriate.
- Capable to provide optimal ventilation setting for the patients
- Monitored ETCO₂ continuously and acted promptly for undesirable readings
- For level 5: Able to discuss trouble-shooting after intubation (DOPE and hypotension)
- For level 5: Able to discuss various ventilator setting according to patient's condition.
- For level 5: Able to discuss the causes and management for various type of ventilator alarms.

Patient care

- Proper PPE was put on before the procedure.
- Checked balloon by self or acknowledged checking by nurse.
- Pre-oxygenated the patient before induction.
- Made assessment on airway difficulty and if applicable, anticipated difficulty with preventive measure such as preparation for plan B and early application of advanced adjunct (such as bougie, glidescope, videoscope etc)
- Obtained patient vitals before and after intubation and act promptly if appropriate.
- Sedated +/- paralyzed the patient properly after intubation with proper pharmacological agents.
- Obtained optimal positioning of patient for better view before attempt to intubate (for example, sniffing position, use of pillow or blanket, slight prop up, etc)
- If applicable, for trauma and suspected C-spine injury, perform in-line immobilization.
- Prepared suction (Yankauer) ready and use it if appropriate.
- Performed Sellick's maneuver (cricoid pressure) only when necessary and at appropriate time.
- Application of bite-block if applicable.
- Proper documentation of patient vitals, drugs, tube and ventilation settings.
- If applicable, know own limitation and ask for help in extreme difficult situation such as CICV.

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Communication, collaboration and interpersonal skills

- Communicated with nurses and other colleagues in preparation of RSI: IV line, equipment; contingency plan, drugs of choice and dosage, ventilator setting, etc
- Communicated with colleagues on patient monitoring: BP/P, SpO2 and ETCO2.
- Checked drug with colleagues and communicated in a closed loop manner.
- Communicated with colleagues with clear message in checking of tube position, marking of tube, desirable pressure of balloon (20-30cm H2O) and fixation of tube.
- Communicated with receiving department for patient disposal.
- Coordinated with nurses to ensure patient safety before transfer: include but not limit to
 - obtaining vitals before departure from R-room,
 - checking patient monitors are working
 - ensuring correct and secured tube position.
 - ensuring patient well sedated with no fighting against ventilator

Appendix 2: Description of entrustment decision (These are only examples of decision and may be inexhaustible. The description might be different for other EPA.)

Level 1:

- Trainee demonstrated poor in **basic medical knowledge** for the task.
- Trainee demonstrated **poor in skill**.
- Trainee demonstrated unfavorable professional **attitude** in the assessment process.
- Trainee omitted **vital safety** concern in the assessment.

Level 2:

- Trainee demonstrated **inadequate confidence in the skill**.
- Trainee demonstrated **over-confidence** or lack of self-awareness in skill that might potentially endanger the patients especially in complicated cases.
- Trainee demonstrated inadequacy on non-basic knowledge for the task that may or may not harm the patient.

Level 3:

- Trainee showed adequate background knowledge.
- Trainee demonstrated reasonable skill level but not to the extent of mastery.
- **Minor mistake or skill issue** identified that did not adversely affect the patient.
- The assessor is unclear if trainee can do well in a complicated case and uncomfortable to award level 4.

Level 4:

- Trainee showed perfect knowledge and skills with no challengeable shortcoming.
- Trainee did very well even in a complicated case.
- However it is unsure whether the trainee can teach or supervise other in the same mastery level.

Level 5:

- Trainee showed excellent performance in skill.
- Trainee either
 - offered a running commentary during the assessment or
 - carried out an in-depth discussion with the assessor after the procedure that demonstrated deep insight on the subject and competency in teaching.