

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院 <u>Subject</u> HKCEM EPA 1 Procedure Skill 4 Closed reduction of Colles fracture	Document No.	EC/TG/EPA 4/CR/v2
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# Hong Kong College of Emergency Medicine

## Entrustable Professional Activity 1 Procedure Skill 4 Closed reduction of Colles fracture

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1	01 Jan 2022
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Author	Dr YF Choi Curriculum Subcommittee Chairman
Custodian	Secretariat Office
Approved by	Education Committee
Approver	Dr LUI Chun Tat Censor-in-Chief
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Distribution List	Training Supervisors, Trainers and Trainees

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<b>HKCEM EPA (4)</b>	Closed reduction of Colles Fracture
Case Inclusion Criteria	<ol style="list-style-type: none"> <li>1. Closed Colles fracture</li> <li>2. Other closed dorsally angulated fracture of distal wrist include greenstick fracture</li> <li>3. Other closed fracture of distal wrist in patents who refuse admission or refuse surgery</li> </ol>
Case Exclusion Criteria	<ol style="list-style-type: none"> <li>1. Open fracture</li> <li>2. Barton, Smith, intra-articular (excepted those patients refuse surgical intervention)</li> <li>3. No closed reduction is necessary</li> <li>4. Admit orthopedics for some reasons without closed reduction in A&amp;E.</li> </ol>
Assessment start at:	X-ray confirmation of diagnosis and decision for closed reduction
Assessment end at:	Patient disposal
Coverage of college core competency (please tick)	<input checked="" type="checkbox"/> Medical Knowledge and clinical skills <input checked="" type="checkbox"/> Patient Care <input checked="" 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	2 assessments per 12 months
Exit Criteria	3 level 4 or above

Hospital:	Trainee:	Assessor:
Date:		
Case AE number:		

Case difficulty (optional, 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.

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Assessor's comments:

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: (to be completed by trainee)

**What needs to improve or change**

Trainee's comments on own performance:

Assessor's comment on trainee: (to be completed by trainee)

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Appendix 1: Narration of Core competency

<p>Medical knowledge and skill</p> <ul style="list-style-type: none"> <li>- Accurate interpretation of X-ray</li> <li>- Able to measure the degree and directions of displacement/angulation</li> <li>- Discuss the pros and cons of alternative treatment other than closed reduction</li> <li>- Discuss the pros and cons of more than one anaesthetic modality for the procedure</li> <li>- Wise choice of the method of treatment for the maximal benefit of the patient</li> <li>- Good skill in anaesthesia and closed reduction</li> <li>- Adequate knowledge and skill on the post reduction care: <ul style="list-style-type: none"> <li>o Immobilize in optimal position: appropriate palmar flexion and ulnar deviation.</li> <li>o Measure the degree of residual deformity and discuss whether it is acceptable for the patient in considering patient characteristics.</li> <li>o Discuss more than one modality of immobilization method and discuss the pros and cons.</li> <li>o Offer appropriate modality and duration of immobilization</li> <li>o Appropriate advice, referral or follow up: (for example, referral to orthopedic, physiotherapy, osteoporosis assessment, geriatric fall prevention clinic)</li> </ul> </li> </ul>
<p>Patient care</p> <ul style="list-style-type: none"> <li>- The treatment of choice is most suitable for the patient in considering the patient background</li> <li>- The choice of anaesthesia is most safe and effective out of various choices</li> <li>- Attentive to pain throughout the procedure</li> <li>- Ensure patient safety for anesthesia procedure</li> <li>- Test neurology before and after the procedure</li> <li>- Order post-reduction X-ray and able to discuss on X-ray findings with patient (and relative).</li> <li>- Offer post-immobilization check.</li> <li>- Explain the possible complication of immobilization</li> <li>- Offer other post-treatment care and advice for patient which include but not limited to <ul style="list-style-type: none"> <li>o POP care</li> <li>o Activity level</li> <li>o Warning symptom and signs of complications</li> <li>o What to expect in follow up</li> </ul> </li> </ul>
<p>Professionalism</p> <ul style="list-style-type: none"> <li>- Explain the informed consent properly that include the possibility of failed reduction, possible nerve injury, pain experienced and possible residual disability.</li> <li>- Explain the pros and cons of sedation/anaesthesia</li> </ul>
<p>Communication</p> <ul style="list-style-type: none"> <li>- Able to explain the procedure clearly to the patient (and relative if applicable).</li> <li>- In case of elderly patient, extra patience and skills are needed to enhance communication.</li> <li>- Communicate with senior and nursing staff effectively.</li> </ul>

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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: <ul style="list-style-type: none"> <li>● Trainee demonstrated poor in <b>basic medical knowledge</b> for the task.</li> <li>● Trainee demonstrated <b>poor in skill</b>.</li> <li>● Trainee demonstrated unfavorable professional <b>attitude</b> in the assessment process.</li> <li>● Trainee omitted <b>vital safety</b> concern in the assessment.</li> </ul>
Level 2: <ul style="list-style-type: none"> <li>● Trainee demonstrated <b>inadequate confidence in the skill</b>.</li> <li>● Trainee demonstrated <b>over-confidence</b> or lack of self-awareness in skill that might potentially endanger the patients especially in complicated cases.</li> <li>● Trainee demonstrated inadequacy on non-basic knowledge for the task that may or may not harm the patient.</li> </ul>
Level 3: <ul style="list-style-type: none"> <li>● Trainee showed adequate background knowledge.</li> <li>● Trainee demonstrated reasonable skill level but not to the extent of mastery.</li> <li>● <b>Minor mistake or skill issue</b> identified that did not adversely affect the patient.</li> <li>● The assessor is unclear if trainee can do well in a complicated case and uncomfortable to award level 4.</li> </ul>
Level 4: <ul style="list-style-type: none"> <li>● Trainee showed perfect knowledge and skills with no challengeable shortcoming.</li> <li>● Trainee did very well even in a complicated case.</li> <li>● However it is unsure whether the trainee can teach or supervise other in the same mastery level.</li> </ul>
Level 5: <ul style="list-style-type: none"> <li>● Trainee showed excellent performance in skill.</li> <li>● Trainee either <ul style="list-style-type: none"> <li>■ offered a running commentary during the assessment or</li> <li>■ carried out an in-depth discussion with the assessor after the procedure that demonstrated deep insight on the subject and competency in teaching.</li> </ul> </li> </ul>