**Anesthesiology EPAs**

This completed form must be received by the NIHS for each application submitted. The application process is not complete without this form:

**Resident/Fellow Full Name:**

**Postgraduate Year (PGY):**

**Emirates ID:**

The following is the Entrustable Professional Activities (EPAs) that were developed to provide the opportunity for frequent, time-efficient, feedback-oriented and workplace-based assessment in the course of daily clinical workflow.

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| **EPA** | **Level of Entrustment** | **PGY level #** | **Date of Entrustment** |
|  | **1****Trusted to observe only** | **2****Act under direct supervision** | **3****Act under indirect supervision i.e on request and quickly available** | **4****Act with oversight supervision or post hoc** | **5****Trusted to perform independently without supervision****Fellow can supervise junior trainees** |  |  |
| Performing preoperative assessments; Monitoring; and postoperative transfer of care of healthy adult patients for non-complex surgical procedures |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for non-complex cases in adult patients |[ ] [ ] [ ] [ ] [ ]   |  |
| Performing the non-airway basic procedures of Anesthesiology |[ ] [ ] [ ] [ ] [ ]   |  |
| Identifying patients presenting with an anticipated difficult airway and preparing for management options |[ ] [ ] [ ] [ ] [ ]   |  |
| Diagnosing and managing common issues in the post-anesthesia care unit (PACU), or the surgical ward |[ ] [ ] [ ] [ ] [ ]   |  |
| Initiating resuscitation and diagnosis of patients with life-threatening conditions in a time-appropriate manner |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing and providing labor analgesia for healthy parturient with an uncomplicated pregnancy, including the management of common complications of labor analgesia |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing anesthesia for patients undergoing non-complex cesarean section |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for non-complex cases in pediatric patients |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing anesthetic management for patients with defined critical illness (including ethical issues around end-of-life care) and/or significant cardiac disease |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing patients presenting with a difficult airway and/or undergoing airway surgical procedures, including developing plans for extubation |[ ] [ ] [ ] [ ] [ ]   |  |
| Initiating and leading resuscitation for unstable patients  |[ ] [ ] [ ] [ ] [ ]   |  |
| Demonstrating required skills in POCUS (point of care ultrasound) to answer a clinical question. |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing peripartum anesthetic management for high-risk pregnant patient |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for pediatric patients with more complex cases |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management incorporating a peripheral nerve block technique |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing anesthetic management for patients undergoing procedures outside the usual environment of the operating room |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for patients undergoing vascular surgery |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for patients undergoing intracranial procedures and those undergoing complex spinal procedures |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing perioperative anesthetic management for patients undergoing thoracic surgery |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing and providing comprehensive multi-modal management for patients with complex acute pain OR Chronic Pain Disorders |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing all aspects of care for patients presenting to a preoperative clinic |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing all aspects of anesthesia care for a scheduled day list |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing anesthesia services for an on-call period |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing all aspects of care for obstetrical anesthesia services |[ ] [ ] [ ] [ ] [ ]   |  |

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| Name of Sponsoring Institution |  |
| Name of the Program  |  |
| Name of the Program Director |  |
| Signature of the Program Director  |  |

**Official Stamp Date:**