

Entrustable Professional Activities (EPAs)

List of EPAs for Ophthalmology

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Managing common ophthalmic conditions in an ambulatory setting	Level 4
EPA 2: Managing patients requiring laser procedures	Level 4
EPA 3: Managing patients requiring clinic/treatment room procedures	Level 4
EPA 4: Managing patients requiring elective surgery in the Operating Theatre	Level 4
EPA 5: Managing patients requiring emergency surgery	Level 4
EPA 6: Managing common ophthalmic conditions in an emergency setting	Level 4
EPA 7: Managing ophthalmic patients in an inpatient setting	Level 4
EPA 8: Managing patients requiring ophthalmic consults in inpatient setting	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Be present and observe, but no permission to enact EPA
Level 2	Practice EPA with direct (pro-active) supervision
Level 3	Practice EPA with indirect (re-active) supervision
Level 4	Unsupervised practice allowed (distant oversight)
Level 5	May provide supervision to junior learners

Ophthalmology EPA 1

Title	EPA1: Managing Common Ophthalmic Conditions In An Ambulatory Setting
Specifications and limitations	<ol style="list-style-type: none">1. Acquiring information through history taking, physical examination, laboratory and other relevant tests to evaluate patient;2. Applying logic and clinical reasoning to arrive at possible differential diagnosis to enable focused diagnostic testing to derive at likely diagnosis(es);3. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome;4. Understanding the cause, pathogenesis, possible outcomes/complications, treatment options, prognosis and other associated conditions and problems (e.g. systemic and genetic/familial) associated with the condition;5. Initiating discussion with patient and family regarding the medical condition(s) in develop an appropriate patient and family-centric care plan;6. Using evidence-based principles to guide and to optimize patient care;7. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment;8. Ensuring clear and transparent documentation of the treatment plan;9. Organising and executing of care treatment (eg. necessary diagnostic/screening tests, inter-specialty referrals, medications, procedures, follow-up appointments) with due consideration of quality care and patient safety; and10. Applying principles of clinical audit, quality improvement and patient safety to optimize patient care.
	Limitations: Excludes patients requiring immediate sub-specialist input
EPA Entrustment Level to be Attained by Exit	Level 4

Ophthalmology EPA 2

Title	EPA 2: Managing patients requiring laser procedures
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Specifications and limitations	<ol style="list-style-type: none"> 1. Reviewing information in the case records (ie. history, physical examination, laboratory and other relevant tests, clinical care plan, treatment indications) confirming the indication(s) for the laser procedure(s); 2. Reviewing clinical status of patient to ensure timeliness and appropriateness of the laser treatment 3. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 4. Understanding the basic principles of laser optics/physics, and applications and safe usage of the laser(s) in clinical settings; 5. Understand the benefits, risks and complications associated with the laser procedure(s) 6. Initiating discussion with patient and family regarding the medical condition(s) in develop an appropriate patient and family-centric care plan so as to be able to obtain inform consent 7. Using evidence-based principles to guide and to optimize patient care; 8. Ensuring clear and transparent documentation of the treatment plan; 9. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; and 10. Applying principles of clinical audit, quality improvement and patient safety to optimize patient care.
	<p>Limitations: Technically challenging cases should be referred to the relevant subspecialist.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Ophthalmology EPA 3

Title	EPA 3: Managing patients requiring clinic/treatment room procedures
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<p>Specifications and limitations</p>	<ol style="list-style-type: none"> 1. Reviewing information in the case records (i.e. history, physical examination, laboratory and other relevant tests, clinical care plan, treatment indications) confirming the indication(s) for the procedure(s); 2. Reviewing clinical status of patient to ensure timeliness and appropriateness of the procedure; 3. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 4. Understanding the basic principles of the procedure; 5. Demonstrating an understanding of the benefits, risks and complications associated with the procedure(s) 6. Initiating discussion with patient and family regarding the medical condition(s) in develop an appropriate patient and family-centric care plan so as to be able to obtain an informed consent 7. Using evidence-based principles to guide and to optimize patient care; 8. Ensuring clear and transparent documentation of the treatment plan; 9. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; and 10. Applying principles of clinical audit, quality improvement and patient safety to optimize patient care. <p>Limitations: This EPA excludes patients who require elective and emergnecy surgery, which are covered in EPAs 4 and 5 respectively. Technically challenging cases should be referred to the relevant subspecialist.</p>
<p>EPA Entrustment Level to be Attained by Exit</p>	<p>Level 4</p>

Ophthalmology EPA 4

<p>Title</p>	<p>EPA 4: Managing patients requiring elective surgery in the Operating Theatre</p>
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<p>Specification and limitations/</p>	<ol style="list-style-type: none"> 1. Acquiring information through history taking, physical examination, laboratory and other relevant tests to evaluate patient for surgery; 2. Applying logic and clinical reasoning to arrive at possible differential diagnosis to enable focused diagnostic testing; 3. Using evidence-based principles to guide patient care via a patient and family- centric management plan; 4. Understanding and making a clinical judgment of the severity and urgency of surgery and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 5. Understanding and explaining the alternatives, benefits, risks and complications of surgical procedures; 6. Initiating communication with patient and family on the necessary information required to obtain informed consent; 7. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; 8. Ensuring proper documentation of the treatment plan (pre-operative, intra-operative and post-operative) and the communication processes for clarity and transparency; and 9. Appropriate organisation, communication and documentation of post-operative and post-discharge care and follow-up plan.
	<p>Limitations: This EPA does not include complex cataract surgery and subspecialty surgeries.</p>
<p>EPA Entrustment Level to be Attained by Exit</p>	<p>Level 4</p>

Ophthalmology EPA 5

Title	<p align="center">EPA 5: Managing patients requiring emergency surgery</p>
<p>Specification and limitations</p>	<ol style="list-style-type: none"> 1. Acquiring information through history taking, physical examination, laboratory and other relevant tests to evaluate patient for surgery; 2. Applying logic and clinical reasoning to arrive at possible differential diagnosis to enable focused diagnostic testing; 3. Using evidence-based principles to guide patient care via a patient- and family- centric management plan; 4. Making a clinical judgment of the severity and urgency of surgery and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 5. Demonstrating ability to prioritize treatment plans to ensure timely and appropriate treatment of the emergency condition(s); 6. Understanding the benefits, risks and complications of surgical procedures; 7. Initiating communication with patient and family on the necessary information required to obtain informed consent; 8. Knowing how to obtain consent from relevant parties in urgent sight- or life-threatening situations for cognitively impaired, under-aged or non-verbal patients; 9. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; 10. Ensuring proper documentation of the treatment plan (pre-operative, intra-operative and post-operative) and the communication processes for clarity and transparency; and 11. Appropriate organisation, communication and documentation of post-operative and post-discharge care and follow-up plan.

	Limitations: Complex emergency subspecialty surgery
EPA Entrustment Level to be Attained by Exit	Level 4 for the following procedures <ol style="list-style-type: none"> 1. Suturing of corneal and scleral lacerations (including removal of anterior segment foreign bodies and lens removal when indicated) 2. Corneal glueing for corneal perforation 3. Removal of corneal and subtarsal foreign body 4. Lateral Tarsorrhaphy 5. Lateral canthotomy and cantholysis 6. Suturing of lid lacerations not involving canaliculus 7. Vitreous tap and intravitreal injections 8. Laser retinopexy 9. Laser peripheral iridotomy and iridoplasty 10. Anterior chamber paracentesis

Ophthalmology EPA 6

Title	EPA 6: Managing common ophthalmic conditions in an emergency setting
Specification and limitations	<ol style="list-style-type: none"> 1. Acquiring information through history taking, physical examination, laboratory and other relevant tests to evaluate patient; 2. Applying logic and clinical reasoning to arrive at possible differential diagnosis to enable focused diagnostic testing to derive at likely diagnosis(es); 3. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 4. Understanding the cause, pathogenesis, possible outcomes/complications, treatment options, prognosis and other associated conditions and problems (e.g. systemic and genetic/familial) associated with the condition; 5. Initiating discussion with patient and family regarding the medical condition(s) in developing an appropriate patient and family-centric care plan; 6. Using evidence-based principles to guide and optimize patient care; 7. Demonstrating ability to prioritize treatment plans to ensure timely and appropriate treatment of the emergency condition(s); 8. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; 9. Ensuring clear and transparent documentation of the treatment plan; 10. Organising and executing of care treatment (e.g. necessary diagnostic/screening tests, inter-specialty referrals, medications, procedures, follow-up appointments) with due consideration of quality care and patient safety; and 11. Applying principles of clinical audit, quality improvement and patient safety to optimize patient care.
	Limitations: Excludes emergency ophthalmic surgeries that are covered in EPA5
EPA Entrustment Level to be Attained by Exit	Level 4

Ophthalmology EPA 7

Title	EPA 7: Managing ophthalmic patients in an inpatient setting
Specification and limitations	<ol style="list-style-type: none"> 1. Reviewing information in the case records (i.e. history, physical examination, laboratory and other relevant tests, clinical care plan, treatment indications); 2. Understanding the cause, pathogenesis, possible outcomes/complications, evidence-based treatment options, prognosis and other associated conditions and problems (e.g. systemic and genetic/familial) associated with patient's condition; 3. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 4. Reviewing clinical status of patient to ensure timeliness and appropriateness of the care plan; 5. Applying logic and clinical reasoning to reassess differential diagnosis as necessary; 6. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; 7. Update care plan according to progress of patient's clinical status (based on review of clinical findings, investigation results, communications from other sub-specialties/disciplines and treatment response); 8. Organising and executing of changes in care treatment (e.g. necessary diagnostic/screening tests, inter-specialty referrals, medications, procedures, follow-up appointments) with due consideration of quality care and patient safety; 9. Update patient and family regarding the medical condition(s) and care plan; and 10. Applying principles of clinical audit, quality improvement and patient safety to optimize patient care. <p style="margin-top: 10px;">Limitations: NA</p>
EPA Entrustment Level to be Attained by Exit	Level 4

Ophthalmology EPA 8

Title	EPA 8: Managing patients requiring ophthalmic consults in inpatient setting
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<p>Specification and limitations</p>	<p>Rationale: When referred a patient by non-ophthalmologists in an inpatient setting, a general ophthalmologist is expected to make initial diagnosis, institute appropriate management and refer to the appropriate subspecialist (where needed) in a timely manner.</p> <ol style="list-style-type: none"> 1. Reviewing information in the case records (i.e. history, physical examination, laboratory and other relevant tests, clinical care plan, treatment indications); 2. Acquiring information through history taking, physical examination, laboratory and other relevant tests to evaluate patient; 3. Applying logic and clinical reasoning to arrive at possible differential diagnosis to enable focused diagnostic testing to derive at likely diagnosis(es); 4. Exercising sound clinical judgment of the severity and urgency of condition and the necessary collaboration with other disciplines to optimize the patient treatment outcome; 5. Understanding the cause, pathogenesis, possible outcomes/complications, treatment options, prognosis and other associated conditions and problems (e.g. systemic and genetic/familial) associated with the condition; 6. Initiating discussion with patient and family regarding the medical condition(s) in develop an appropriate patient and family-centric care plan, with due consideration for the patient's existing medical condition, principally, the reasons for which the patient is admitted to hospital; 7. Using evidence-based principles to guide and to optimize patient care; 8. Demonstrating ability to prioritize treatment plans to ensure timely and appropriate treatment of the emergency condition(s); 9. Collaborating and communicating with all members of the health care team regarding the treatment plan and the clinical reasoning of the planned treatment; 10. Ensuring clear and transparent documentation of the treatment plan; 11. Organising and executing of care treatment (e.g. necessary diagnostic/screening tests, inter-specialty referrals, medications, procedures, follow-up appointments) with due consideration of quality care and patient safety. <p>Limitations: NA</p>
<p>EPA Entrustment Level to be Attained by Exit</p>	<p>Level 4</p>