***User Guide for Internal Medicine EPAs***

***What is an EPA?***

An EPA is an “Entrustable Professional Activity”. It is signed off for the learner as “entrustable” when the supervisor feels the resident is ready to perform it unsupervised.

See 3-minute video:

<https://www.youtube.com/watch?v=MVmp8pYRswE>

**TTD1: HISTORY, PHYSICAL AND DOCUMENTATION** (Uncomplicated Patients)

**TRANSITION TO DISCIPLINE** (Medsquares Tool 01)

**For more detailed information, click on: [GENERAL OVERVIEW of EPAs](#_GENERAL_OVERVIEW)**

***This EPA focuses on clinical assessment,*** *which verifies the skills that should have been*

*learned in medical school. It includes performing the history and physical exam on a new*

*or follow-up patient. This can occur in* ***any care setting*** *(e.g. ward, clinic, ER). It also i****ncludes***

*completing clinical* ***documentation****. It does* ***no****t* ***include diagnosing or managing***

*patient problems.*

**Steps for this assessment:**

1. Resident signs onto Medsquares at <https://cbme.usquaresoft.com/> and provides the demographics about the patient encounter (with your assistance, as needed).
2. You observe the resident carry out the activity. We expect at least 10 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
3. From the [list of elements pertinent to the EPA](#_LIST_OF_ELEMENTS), choose 2-3 elements that are relevant to the activity, and provide comments about the resident’s performance. Please also indicate the performance *level* on each element you assessed, using the entrustment scale. *You are not required to cover all elements, but are welcome to do so if you wish.*
4. Using the global [entrustment scale](#_ENTRUSTMENT_SCALE) (see Figure 1 below)., decide whether the resident can be entrusted overall to perform this activity with a similar case in the future *In general, residents are not expected to be entrustable early in a new stage of training, although this particular tool verifies skills that should have been learned in medical school.*
5. Provide general overall comments and recommendations for the resident’s future learning.
6. Discuss your feedback with the resident.

**Figure 1**



These 2 levels are Entrustable!

For questions, contact Jeannette Goguen, IM Program Director at mailto:goguenj@smh.ca?subject=CBD inquiry

## GENERAL OVERVIEW

## ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)

An EPA is “A key task of a discipline that can be entrusted to an individual who possesses the appropriate level of competencies”. The Royal College has identified several of these that together attempt to capture the work of an internist. In the new approach to resident assessment, we are aiming to explore whether residents can be “entrusted” (i.e., deemed to be able to safely carry out these tasks without supervision) at various levels of training – the levels of training are summarized below. Some EPAs are expected early in residency, others only towards the end of training. Each EPA includes several “elements”. These are the separate actions that residents would perform, that taken together would constitute the EPA. (See below under EPA for TTD-1 for an example of the elements pertinent to the EPA – Clinical Assessment.)

**STAGES OF TRAINING**

These are as follows for general internal medicine training (note that there are 13 blocks in each year):

* “Transition to Discipline” (TTD, Blocks 1-4 of PGY1)
* “Foundations of Discipline” (FOD, Blocks 5-13 of PGY1)
* “Core of Discipline” (COD, PGY2 and 3)
* “Transition to Practice” (TTP, PGY4)

**HOW IS THE ASSESSMENT OF EPAs CARRIED OUT AND USED?**

Each EPA requires multiple assessments. Each assessment requires direct observation. The key distinction between assessment of EPAs and completion of ITERs is that for the EPA the faculty member needs to decide if the resident can be trusted to perform the activity on their own, and if not, what level of supervision do they require.

The assessments of each EPA’s elements are incorporated into the resident’s portfolio, which is later reviewed in its entirety by the Competency Committee, for promotional decisions.

Residents need and want honest feedback so they can improve their clinical skills.

**SIGN ONTO Medsquares:**

To assess this EPA, use Medsquares: found here: https://cbme.usoftsquare.com and look at Tool 01: History, Physical & Documentation The resident will select *Transition to Discipline* under “Stage of Residency”.

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## **EPA ELEMENTS:** New patient

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| --- |
| 1. Gathers a comprehensive but appropriate current history (pertinent positives and negatives, accurate and includes relevant comorbid issues)
2. Gathers complete past medical history, medications, previous treatments, family history, and relevant social history
3. Performs and interprets appropriate physical exam (comprehensive for presenting issues, screening for other systems)
4. Demonstrates a person-centered approach to patient’s needs, goals and issues
5. Gathers relevant data from all available sources (chart, family, existing lab results, etc)
6. Formulates a problem list and provides a prioritized differential diagnosis
7. Documents and verbally presents the clinical case in an organized, coherent manner
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## **EPA ELEMENTS:** Follow up patient

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| --- |
| 1. Performs focused follow-up history, identifying and monitoring key clinical features
2. Performs and interprets focused follow-up physical exam, identifying and monitoring key clinical features
3. Demonstrates a person-centered approach to patient’s needs, goals and issues
4. Gathers relevant data from all available sources (chart, family, existing lab results, etc)
5. Formulates a problem list and provides a prioritized differential diagnosis
6. Documents and verbally presents the clinical case in an organized, coherent manner
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## ENTRUSTMENT SCALE



**“Autonomous” and “Consultancy level” indicate resident was entrustable.**

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## Examples of useful feedback:

Provide specific, actionable feedback, such as what follows:

**“You were very empathetic when you asked about the patient’s concerns about therapy.”**

 **“Next time, remember to make sure the patient understands the language you are using, especially when English is not their first language.”**

**“You need to ask about high risk sexual behaviour in the patient with hepatitis.”**

**“Always specify the numeric value of each vital sign, and do not just say “vital signs are stable.”**

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