



Primer for EPA COD10 - Implementing **HEALTH PROMOTION STRATEGIES** in patients with / at risk for disease

What is CBD?

Competency By Design is the Royal College's model of Competence-Based Medical Education (CBME) which is an educational model that is...

- More oriented to **outcomes** rather than time in training (i.e. what trainee can DO)
- More **flexible** to learners' prior skills and current needs
- Training using a **coaching** approach with more regular feedback & entrustment decisions
- Enhanced **tracking** of learners' progress and performance

What is an EPA?

An Entrustable Professional Activity is a **unit of work** actually done during the clinician's day (e.g., admit a patient to hospital, carry out a procedure, lead a family meeting)

- There are **29 EPAs** for the PGY1-4 Internal Medicine training program
- Each EPA gets **assessed several times** for each resident
- Each EPA is made up of several **"milestones"**
- The EPAs increase in **complexity** through stages

Learn more about EPAs and CBD:

READ Factsheets:

CBD Terminology Click [here](#)

Improving feedback tips: Click [here](#)

WATCH an eModule on:

CBD in Internal Medicine: Click [here](#) to watch

EPAs 101: Click [here](#)

VISIT

www.deptmedicine.utoronto.ca/cbme

for general information on resources and events.

Questions? CONTACT us at

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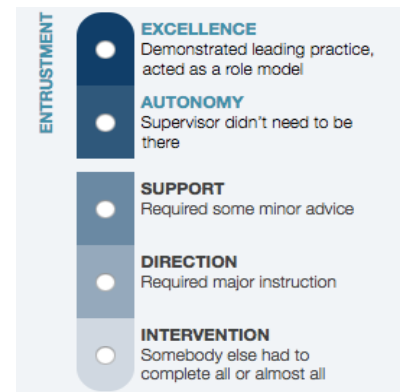
This **Core of Discipline -COD EPA 10 (PGY2&3)** focuses on the identification of opportunities for health promotion and preventive management, in a range of health care settings and across the breadth of acute and chronic conditions, e.g., asthma/COPD, diabetes, falls/frailty, immunocompromised patients, medication review, vaccinations, cardiovascular risk reduction. This should be done by the supervisor or senior resident/fellow under direct or indirect observation.

EPA MILESTONES: COD10 Health Promotion Strategies

1. Assess risk factors for disease progression as well as a patient's need for health promotion and/or health surveillance
2. Identify a patient's relevant determinants of health
3. Integrate primary and secondary prevention strategies as part of the overall management plan
4. Actively listen and respond to patient cues
5. Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
6. Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours
7. Counsel and support patients regarding risk factor reduction, such as smoking cessation

HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. The assessment may be based on direct observation or case discussion.
2. You or the resident sign onto Elentra, and provide the assessment demographics. This can be done on the mobile phone or computer top.
3. From the list of milestones pertinent to the EPA, choose 2-3 milestones that are relevant to the activity, and indicate their performance level on each milestone you assessed, using the entrustment scale. You are not required to cover all milestones, but are welcome to.
4. Using the global entrustment scale, 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. Describe 2-3 strengths and 2-3 actions, or areas for improvement. Please provide detailed and actionable comments based on your observations of their performance.
6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE
(Autonomous and Consultancy levels are entrustable)