



## Primer for Manage Basic Chronic Conditions - EPA FOD0

*Foundations of Discipline -FOD0 (PGY1s Blocks 5-13) involves **assessing and managing patients with straightforward chronic medical presentations.***

*Supervisor (staff and/or supervising fellow) does assessment based on **direct\* and indirect observation.***

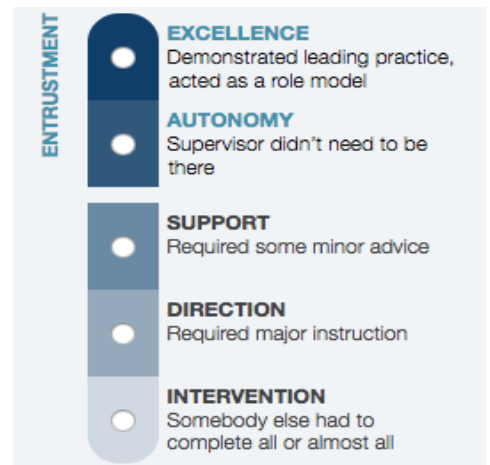
\*Direct = unfiltered case review at the time of presentation, with validation of part of the history /physical by the supervisor followed by discussion of the management plan.

### EPA MILESTONES: FOD 0 ([Click to see similar completed form](#))

1. Performs appropriate assessment, identifies & differentiates normal & abnormal findings in the history & physical exam of patient with a chronic medical condition.
2. Generates DDX with appropriate diagnostic strategies.
3. Selects and interprets investigations based on clinical priorities & resource stewardship.
4. Implements a management plan that addresses ongoing diagnostic uncertainty & incorporates best practice & guidelines.
5. Completes documentation in a timely & efficient manner.
6. Communicates with patient & family using person-centered approach, demonstrating compassion.

### HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. You observe the resident carry out the activity. We expect at least 5 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
2. You or the resident sign onto [medsquares](#), 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 provide comments about the resident's performance. Please also indicate the 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. Provide general comments and recommendations for the resident's future learning.
6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE (Autonomous and Consultancy levels are entrustable)

### 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 and Medsquares troubleshooting: Click [here](#) to watch  
EPAs 101: Click [here](#)

**PREVIEW** a sample completed TTD1 EPA.  
Click [here](#) to preview.

**VISIT**  
[www.deptmedicine.utoronto.ca/cbme](http://www.deptmedicine.utoronto.ca/cbme) for general information on resources and events.

**Questions? CONTACT** us at  
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