Medicine
UNIVERSITY OF TORONTO | Internal Medicine

Primer for Managing New Acutely Ill Patients - EPA FOD1

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 for general information on resources and events.

Questions? CONTACT us at
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*This EPA focusses on the ability to **assess, diagnose and provide initial management** for patients with **common acute medical** presentations in acute care settings. It is generally completed in Blocks 5-13 of the PGY1 year. Supervisor (staff and/or supervising fellow) does assessment based on direct* and indirect observation. It can be completed on any rotation where residents are managing acutely ill patients.*

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

EPA MILESTONES: Managing the Acutely Ill Patient FOD EPA 1

1. Performs appropriate assessment, identifies and differentiates normal and abnormal findings in history and physical exam of patient with acute medical presentation.
2. Recognizes life-threatening or emergent situations, and asks for help when appropriate
3. Generates DDx with appropriate diagnostic strategies.
4. Implements an initial management plan that addresses ongoing diagnostic uncertainty and incorporates best practice and guidelines.
5. Completes documentation, and if necessary patient admission, in a timely and efficient manner.
6. Communicates with patient and family using person-centered approach, demonstrating compassion.
7. Manages transitions of care (e.g. changing units, handover) appropriately.

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 10 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 2-3 specific, targeted comments on what they did well and suggestions for improving their performance.
6. Discuss your feedback with the resident.

ENTRUSTMENT

EXCELLENCE
Demonstrated leading practice, acted as a role model

AUTONOMY
Supervisor didn't need to be there

SUPPORT
Required some minor advice

DIRECTION
Required major instruction

INTERVENTION
Somebody else had to complete all or almost all

GLOBAL ENTRUSTMENT SCALE (Autonomous and Consultancy levels are entrustable)