

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 <u>here</u> Improving feedback tips: Click <u>here</u>

WATCH an eModule on:

CBD in Internal Medicine and Medsquares troubleshooting: Click <u>here</u> to watch EPAs 101: Click <u>here</u>

PREVIEW a sample completed TTD1 EPA. Click <u>here</u> to preview.

VISIT

<u>www.deptmedicine.utoronto.ca/cbme</u> for general information on resources and events.

Questions? CONTACT us at dom.cbd@utoronto.ca



Internal Medicine

Primer for Managing Uncomplicated Unstable Patient - EPA FOD5

This EPA focuses on **clinical assessment and management of the unstable patient**, which includes providing targeted treatment, and consulting as needed. 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: Managing Uncomplicated Unstable Patient FOD5

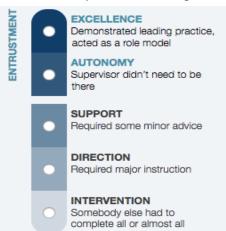
- 1. Recognizes patients with critical illness or unstable medical conditions.
- 2. Performs focused Hx, Px and addresses primary priorities of resuscitation (Airway, Breathing, Circulation).
- 3. Performs ACLS.
- 4. Gathers relevant information required for the elaboration of a diagnosis.
- 5. Applies reasoned preliminary approach (monitoring & tests) to diagnosis and generates focused differentials.
- 6. Recognizes the limits of one's experience and expertise and obtains help if required.
- 7. Implements preliminary treatment strategies based on proposed differentials and the patient's goals of care.
- 8. Seeks timely consultations with subspecialist or critical care specialists as required (CCRT, ICU or palliative care).
- 9. Documents in a manner that enhances care; documentation is organized.
- 10. Provides explanations and updates to the patient and family.
- 11. Hands over care appropriately to other physicians, providing relevant information in a timely manner.

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 <u>medsquares</u>, 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.
- Provide 2-3 specific, targeted comments on what they did well and suggestions for improving their performance.
- 6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE (Autonomous and Consultancy levels are entrustable)