User Guide for Internal Medicine EPAs

Assess and Manage Acute Patients

FOD1, FOD2, COD1

For the General Overview of EPAs, click on: below

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

This EPA focuses on the clinical assessment and patient management of patients with acute medical presentations in acute care setting.
FOD1 (PGY1, Blocks 5-13) *involves* ***assessing, diagnosing, and initiating management*** *for acutely ill patients. patients with common presentations.*
FOD2 (PGY1, Blocks 5-13) *requires* ***managing patients admitted to acute care settings*** *with common medical problems and* ***advancing their care*** *plans.*
COD1 (PGY2s and 3s) *involves* ***assessing, diagnosing, and managing patients with complex or atypical acute medical presentations,*** *where h*igh complexity is defined as: multiple conditions that co-exist and/or interact; a single condition with multi-systemic manifestation; an atypical presentation of a common condition; management challenges due to social determinants of health +/- cultural complexities.
For FOD1 and FOD2, Supervisor (staff and/or supervising resident) does assessment based on **direct* and indirect observation.**
***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 ELEMENTS: FOD1 New patient (PGY1, BOCKS 5-13)

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

EPA ELEMENTS: **FOD2 Ongoing care** (PGY1, BOCKS 5-13)

1. Performs appropriate clinical assessments throughout the course of a patient's illness.
2. Recognizes life-threatening or emergent situations, and asks for help when appropriate.
3. Generates DDx with appropriate diagnostic strategies.
4. Adapts the management plan to the clinical course.
5. Documents clinical encounters to adequately convey clinical reasoning and rationale for decisions.
6. Follows up on results and monitors for complications, response to therapy, and evolution of the clinical course and adapts plan appropriately.
7. Communicates with patient and family using person-centered approach, demonstrating compassion.

EPA ELEMENTS: COD1 (PGY2-3)

1. Performs complete and appropriate assessment of complex clinical presentations, considers competing treatment needs.
2. Considers clinical urgency and comorbidities in determining priorities to be addressed.
3. Selects and interprets appropriate investigations based on differential diagnosis and discriminate use of health care resources.
4. Generates and prioritizes the differential diagnoses.
5. Monitors the evolution of the clinical course and/or patient's response to treatment.
6. Communicates with patient and family using person-centered approach, demonstrating compassion.
7. Determines the necessity and timing of referrals to other health care professionals.
8. Incorporates interdisciplinary and interprofessional teams in developing and executing management plans for patients.

Steps for this assessment:

1. You observe the resident carry out the activity. We expect 5- 10 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.

2. Resident or you sign onto medsquares, find the "Assess and manage acute patients" form and provide the demographics about the patient encounter, including selected the right version (FOD1 –new patient; FOD2 – follow-up patient; COD1 complex patient).

3. From the list of EPA elements provided above in the peach-coloured boxes, chose 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 (see Figure 1 immediately 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

OVERALL Entrustment in this EPA, for this EVENT at THIS TIME ONLY

INTERVENTION	DIRECTION	MINIMAL GUIDANCE	AUTONOMOUS	CONSULTANCY LEVEL
Performs some tasks. Requires **considerable intervention**	Performs most tasks, and demonstrates some autonomy. Requires **some intervention**	Performs most tasks autonomously. Requires some **guidance**	Performs all tasks **autonomously and competently.** Approp asks for guidance.	Demonstrates **consultancy level practice**. Is insightful and proactive.

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.

Examples of useful feedback:

"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 not say "vital signs are stable".