

## User Guide for Internal Medicine EPAs

### Procedural Skills

MEDSQUARES TTD3, COD5

For more info about EPAs, click on: [below](#)

*This EPA documents the resident's ability to do the **procedures of medicine**.*

***TTD 3 (PGY1, Blocks 1-4)** involves performing the **basic procedures** of internal medicine: venipuncture; peripheral intravenous placement; radial arterial blood gas sampling; nasogastric tube placement; preparation of sterile field with local anaesthetic injection for invasive procedures. It involves consent, preparation; performance and recognition of and management of complications.*

***COD 5** (any time in residency) covers consent, preparation; performance; post-procedural care including documentation and managing any immediate complications. It **includes the following advanced procedures**: airway management & endotracheal intubation; arterial line catheter insertion; central line placement; thoracentesis; paracentesis; lumbar puncture; joint arthrocentesis.;*

#### **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](http://www.youtube.com/watch?v=MVmp8pYRswE)

#### **EPA ELEMENTS:**

1. Obtains informed consent, explaining the indications, benefits and risks of procedure using a person-centered approach.
2. Prepares for procedures (incl gathering materials, following aseptic techniques, using safety checklist, positioning patient, handles sharps safely, maintains universal precautions).
3. Demonstrates knowledge of steps of procedure, potential risks, and means to avoid/overcome them.
4. Performs technical aspects of the procedure skillfully.
5. Attends to patient comfort during the procedure.
6. Recognizes, troubleshoots and manages complications and/or seeks help when needed.
7. Documents procedure in a manner that enhances care; documentation is organized & timely.
8. Works effectively and professionally with the health care team during the procedure.
9. When relevant, implements post-procedure care plan, orders appropriate tests and correctly interprets them.

#### **Steps for this assessment:**

1. You observe the resident carry out the activity.
2. Resident or you sign onto [medsquares](http://medsquares.cbme.usquaresoft.com), ([cbme.usquaresoft.com](http://cbme.usquaresoft.com)), find the "Procedural skill" form and provide the demographics about the patient encounter, including selected the right version (TTD3 for the first 4 blocks of PGY1 and for ABGs and NG tube insertions; COD5 for the more advanced skills).
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 <b>considerable intervention</b>	Performs most tasks, and demonstrates some autonomy. Requires <b>some intervention</b>	Performs most tasks autonomously. Requires <b>some guidance</b>	Performs all tasks <b>autonomously and competently.</b> Approp asks for guidance.	Demonstrates <b>consultancy level practice.</b> Is insightful and proactive.
			<b>These 2 levels are Entrustable!</b>	

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".**