



FOUNDATIONS OF DISCIPLINE (FOD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: FOD-1, FOD-2A, FOD-2B, FOD-2C, FOD3, FOD4, FOD-5, FOD-6, FOD-7, COD-2, COD-5, COD-8

PROCESS: The Royal College and your program require that you complete the assessment requirements for 9 EPAs during Foundation of Discipline which covers Blocks 5-13 of the PGY1 year. You may continue to complete COD-2 (Complex Patient with Chronic Condition), COD-5 (Procedures of Internal Medicine) and COD-8 (Safety Incident) during the rest of your training.

The specific requirements for each EPA assessment are outlined below. We suggest that you review this document prior to each block, and at regular intervals. We also recommend that at the start of each week you review your Elentra dashboard to identify 2-3 possible EPAs that you might be able to complete that week, and plan the timing with your supervisor at the start of the week, with the understanding that EPA completion will be dependent on cases seen on any given day. There will be unique opportunities that come up during the day (e.g. an unstable patient or a procedure) that you or your supervisor might decide is better for the EPA completion on that day. The goal is to complete 2 clinical EPAs per week, plus procedural ones.

In addition, you must complete a Personal Learning EPA (FOD-7) on each rotation, except for on CTU, starting in TTD.

EPA assessment may be initiated by you or your supervisor.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Autonomy	Excellence
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The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Autonomy and Excellence categories. *Residents are not expected to be entrustable each time an EPA is completed, this normally takes repeated effort to achieve. To be considered competent, you are expected to receive a certain number of entrustments for each EPA.*

BREAKDOWN BY EPA

EPA FOD-1: Assessing, diagnosing, and providing initial management for patients with common **acute medical presentations** in acute care settings

Number of EPA assessments: Complete a minimum of 10 FOD-1 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Chest pain, SOB, altered LOC, fever, hemodynamic instability, other

Observation: Direct observation** in at least 5; at least 3 must be in the ED, at least 3 from faculty

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 10 acutely ill patient EPAs

Each time you start with a new supervisor, identify the EPAs to be completed that week & plan the best day to complete it



At the start of the day when an EPA is scheduled, remind your supervisor that the form needs to be completed that



Complete a minimum of 2 clinical EPAs weekly
Complete a Procedural EPA every opportunity you get.

**EPA FOD-2A: Manage patients admitted to acute care with common medical problems and advancing their care plans:
Patient Assessment and Management**

Number of EPA assessments: Complete a minimum of 8 FOD-2A EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Cardio, Endocrine, Haem, GI; Geriatrics, ID, Nephro, Neuro, Respiratory, Other

Observation: Direct observation** or indirect observation;

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 8 acutely ill patient EPAs

**EPA FOD-2B: Manage patients admitted to acute care with common medical problems and advancing their care plans:
Communicating with patients**

Number of EPA assessments: Complete a minimum of 2 FOD-2B EPA assessments by the end of FOD.

Clinical Scenarios: Cardio, Endocrine, Haem, GI; Geriatrics, ID, Nephro, Neuro, Respiratory, Other

Observation: Type of observation: indirect with input from patient/family; direct observation of interaction

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 2 patient EPAs

**EPA FOD-2C: Manage patients admitted to acute care with common medical problems and advancing their care plans:
Performing handover for patients**

Number of EPA assessments: Complete a minimum of 3 FOD-2C EPA assessments by the end of FOD.

Clinical Scenarios: Any acute scenario

Observation: At least 2 by attending staff

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 3 patient EPAs

EPA FOD-3: Consulting specialists and other health professionals, synthesizing recommendations and integrating these into the care plan

Number of EPA assessments: Complete a minimum of 4 FOD-3 EPA assessments by the end of FOD.

Clinical Scenarios: Ambulatory care; inpatient; emergency department

Observation: Role of observer: supervisor; physician specialist being consulted; other health professional.

At least two in ambulatory setting, at least one other health professional, at least one other physician specialist, at least two from supervisor

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 4 patient EPAs

EPA FOD-4: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

Number of EPA assessments: Complete a minimum of 4 FOD-4 EPA assessments by the end of FOD.

Clinical Scenarios: Acute illness in hospital; at least one complex hospital stay

Observation: Discharge plan *documentation*: Indirect observation; Discharge plan *communication*: direct observation

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) 2 of each (documentation and communication)

EPA FOD-5: Assessing unstable patients, providing targeted treatment and consulting as needed

Number of EPA assessments: Complete a minimum of 7 FOD-5 EPA assessments during your 9 blocks of FOD

Clinical Scenarios: acute respiratory distress; hemodynamic instability; altered level of consciousness **Observation:** direct, indirect; ED; step-down unit; critical care unit; ward; simulation

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 7 patient EPAs; maximum 3 simulated; must cover all 3 case-types

EPA FOD-6 Discussing and establishing patients' goals of care

Number of EPA assessments: Complete a minimum of 3 FOD-6 EPA assessments by the end of FOD.

Clinical Scenarios: stable acute condition; unstable acute condition; progressive medical condition; in-patient, ambulatory; at least one substitute decision maker

Observation: Direct** observations; at least 2 faculty; at least 2 different assessors

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 3 patient EPAs

EPA FOD-7 Identifying personal learning needs while caring for patients, and addressing those needs

Number of EPA assessments: Complete a minimum of 8 FOD-7 EPA assessments during your non-CTU blocks of TTD and FOD.

Clinical Scenarios: wide variety of acute and chronic types of illnesses

Settings: Can be across ED; ambulatory; ward

Observation: Complete Personal Learning clinical presentation or complete formal rounds based on a patient case

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 8 EPAs

OPTIONAL

EPA COD-2A: Assessing and managing patients with complex chronic conditions: Assessment, Diagnosis, and Management

Number of EPA assessments: Complete a minimum of 12 COD-2A EPA assessments over PGY2 and PGY3. Can be started in FOD.

Clinical scenarios: A variety of common medical conditions (asthma, anemia, arthritis, cancer, chronic fatigue, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, connective tissue disease, coronary artery disease, cirrhosis, dementia, diabetes mellitus, hypertension, other)

Observation:

- At least 6 in ambulatory care setting
- Case mix must include a variety of conditions
- At least 6 different faculty

Success: Completion of the requirements above, with entrustment in 12, by the end of PGY3

EPA COD-5: Performing the procedures of Internal Medicine

Number of EPA assessments: 35, over 3 years, can be started in TTD

Procedures: Paracentesis, Thoracentesis, Lumbar puncture, Knee Aspiration, (*Central Line Insertion, Arterial Line Insertion, Endotracheal intubation and Airway management -- Bag & mask ventilation, Code Blue*)*

Observation: Each procedure must be completed at least once successfully live under direct observation. After that, if you are comfortable doing it on your own, you can complete it independently, but you will still need a supervisor to sign off the EPA. Once you have completed 3 entrustable EPAs (5 for central lines), you can then start doing self-assessments (task completed independently and logged independently). You need a minimum of 5 successful procedures completed for each category of procedure to meet the program's minimum requirements. You should continue logging all procedures, even after 5 have been completed. You should also self-assess and log all code blues (supervisor can complete unstable patient EPA if code was observed or debriefed).

Success: Do whenever able to, requires 5 successful for each procedure (*those in italics are normally completed in PGY2 and PGY3). Enter all procedures done (beyond 5) on Elentra for your permanent record.

EPA COD-8: Caring for patients who have experienced a patient safety incident (adverse event)

Number of EPA assessments: 2, over 3 years

Clinical Scenario: error; near miss; adverse event

Observation: Direct observation of disclosure of event; 1 can be simulated

Success: Completion of the requirements above, with entrustment in 2, by the end of PGY3

COMPLETION OF FOD: Completion of the required EPA assessments and entrustment requirements listed above. Your EPA assessments will be reviewed by the Competence Committee at regular meetings. The Competence Committee determines your progress looking at the overall picture. Future EPA assessment completion requirements will depend on the Competence Committee report and recommendations, and the overall Royal College requirements.

****APPENDIX**

What constitutes a direct observation?

A direct observation is one where your assessor observed you during a step of patient management (e.g. while completing a history, completing a physical exam, talking to the patient about discharge instructions, or observing you do a procedure etc.)

What constitutes an indirect observation?

An indirect observation is one where your assessor infers information based on collateral information (e.g. from your charting, speaking directly to a patient, examining a patient after you have examined the patient, speaking to nursing staff about your interpersonal skills etc.)