Medicine
UNIVERSITY OF TORONTO | Internal Medicine

Primer for History & Physical Examination - EPA TTD1

This EPA focuses on clinical assessment, which verifies the skills learned in medical school. It includes performing the history and physical exam on a new or follow-up patient and formulating a differential diagnosis at the level of an incoming PGY1. This can occur in any care setting (e.g. ward, clinic, ER). It also includes providing an organized verbal presentation and written documentation of the case. It does not include diagnosing or managing patient problems. There is meant to be some component of direct observation.

It should be done in the Transition to Discipline (TTD) stage (first 4 blocks of PGY1).

EPA MILESTONES: New patient

1. Gathers a comprehensive, appropriate current history (pertinent positives & negatives, accurate & includes relevant comorbid issues)
2. Gathers complete past medical hx, meds, previous treatments, family hx, & social hx
3. Performs & interprets appropriate physical exam (comprehensive for presenting issues, screening other systems)
4. Demonstrates a person-centered approach to patient's needs, goals and issues
5. Gathers relevant data from all available sources (chart, family, existing lab results, etc)
6. Formulates a problem list & provides a prioritized differential diagnosis
7. Documents & verbally presents the clinical case in an organized, coherent manner

EPA MILESTONES: Follow up patient

1. Performs focused follow-up history, identifying & monitoring key clinical features
2. Performs & interprets focused follow-up physical exam, identifying & monitoring key clinical features
3. Demonstrates a person-centered approach to patient's needs, goals and issues
4. Gathers relevant data from all available sources (chart, family, existing lab results, etc)
5. Formulates a problem list & provides a prioritized differential diagnosis
6. Documents & verbally presents the clinical case in an organized, coherent 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 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 general comments and recommendations for the resident's future learning.
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)