



Primer for EPA COD 9A Caring for patients at the END OF LIFE – SYMPTOM MANAGEMENT in End of Life Care

This **Core of Discipline -COD EPA 9A (PGY2&3)** focuses on Management of the end of life, up to and including referral to palliative care services. It includes the discussions with patients and families about progression of illness and evolution of the goals of care. Includes patients with cancer, organ failure, neurodegenerative disease. Completion of the form requires direct observation** by at least 2 different assessors.

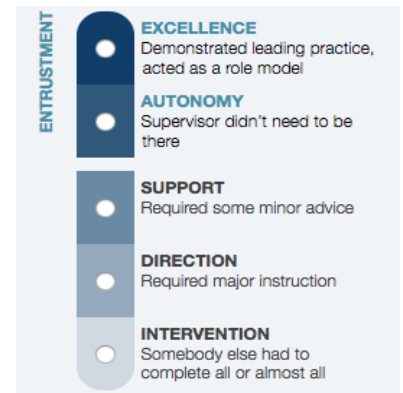
*Direct = unfiltered case review at the time of presentation, with validation of part of the history/physical by the supervisor followed by discussion of the management plan.

EPA MILESTONES: COD9A End of Life: Symptom Management

1. Adapt care as the complexity, uncertainty, and ambiguity of the patient’s clinical situation evolves
2. Identify symptoms influencing patient comfort at the end of life
3. Synthesize patient information to determine symptom management priorities
4. Develop and implement management plans
5. Determine the necessity and timing of referral to another health care professional
6. Actively listen to and respond to patient cues
7. Facilitate timely patient access to services and resources

HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. The assessment may be based on direct observation or case discussion.
2. You or the resident sign onto Elentra, 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 indicate their 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. Describe 2-3 strengths and 2-3 actions, or areas for improvement. Please provide detailed and actionable comments based on your observations of their performance.
6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE
(Autonomous and Consultancy levels are entrustable)

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 [here](#)

Improving feedback tips: Click [here](#)

WATCH an eModule on:

CBD in Internal Medicine: Click [here](#) to watch

EPAs 101: Click [here](#)

VISIT

www.deptmedicine.utoronto.ca/cbme

for general information on resources and events.

Questions? CONTACT us at

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