



CORE OF DISCIPLINE (COD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: COD-1, COD-2, COD3, COD-4A, COD-4B, COD-, COD-6, COD-7, COD-8, COD-9, COD-10, COD-11A, COD-11B

PROCESS: The Internal Medicine Program requires that you complete the assessment requirements for 11 EPAs during Core of Discipline, which covers the PGY2 and PGY3 years. COD-2, COD-5 (Procedures of Internal Medicine) and COD-8 (Safety Incident) can be started in PGY-1.

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 block you review your Curriculum Plan to identify 2-3 possible EPAs that you might be able to complete each 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.

Each time you start with a new supervisor, identify the EPAs to be completed each week & plan the best days to complete them



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



Complete a minimum of 1-2 clinical EPAs weekly
Complete a Procedural EPA every opportunity you get.

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 for a given stage of training, you are expected to receive a certain number of entrustments for each EPA.*

BREAKDOWN BY EPA

EPA COD-1: Assessing, diagnosing, and managing patients with **complex or atypical acute** medical presentations

Number of EPA assessments: Complete a minimum of 18 COD-1 EPA assessments by the end of PGY3.

Clinical scenarios: A variety of common medical conditions in the acute setting

Observation: At least 6 direct observations**, some in ambulatory care, covering each focus of care (initial assessment; diagnosis; management). At least 6 different assessors.

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 18 acutely ill patient EPAs by the end of PGY3.

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

Number of EPA assessments: Complete a minimum of 12 COD-2A EPA by the end of PGY3

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: Indirect or direct observation by at least 6 different faculty, at least 6 in ambulatory care setting and case mix must include a variety of conditions.

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

EPA COD-2B: Assessing and managing patients with complex chronic conditions: Patient education/Communication

Number of EPA assessments: Complete a minimum of 5 COD-2B EPA assessments by the end of PGY3

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: Direct observation** with at least one from faculty and at least one from other health professional. At least 3 should be with different patients and/or families.

Success: Completion of the requirements above and entrustment in 5 by the end of PGY3

EPA COD-3A: Providing internal medicine consultation to the other clinical services: Patient Assessment & Decision Making

Number of EPA assessments: Complete a minimum of 10 COD-3A EPA assessments by the end of PGY3

Clinical Scenarios: Case mix: perioperative, obstetrical, others, in the ambulatory and in-patient settings

Observation: Direct observation** by at least 3 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 10 by the end of PGY3

EPA COD-3B: Providing internal medicine consultation to the other clinical services: Written Communication

Number of EPA assessments: Complete a minimum of 6 COD-C3B EPA assessments by the end of PGY3

Clinical Scenarios: Supervisor to review written consultation note

Observation: Collect 6 observations of achievement

Success: Completion of the requirements above and entrustment in 6 by the end of PGY3

EPA COD-3C: Providing internal medicine consultation to the other clinical services: Oral Communication

Number of EPA assessments: Complete a minimum of 2 COD-3C EPA assessments by the end of PGY3

Clinical Scenarios: In the ambulatory or in-patient settings

Observation: Direct observation** by supervisor or referring physician

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

EPA COD-4A: Assessing, resuscitating, and managing unstable and critically ill patients: Patient C

Number of EPA assessments: Complete a minimum of 14 COD-4A EPA assessments during blocks of ICU, CCU and GIM with unstable patient contact

Clinical Scenarios: Shock; systemic inflammatory response syndrome/sepsis; acute respiratory distress; unstable cardiac rhythms; acute coronary syndrome; seizures/altered level of consciousness; coagulation emergencies

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 14 by the end of PGY3

EPA COD-4B: Assessing, resuscitating, and managing unstable and critically ill patients: Interprofessional care

Number of EPA assessments: Complete a minimum of 1 COD-4B EPA assessments during blocks of ICU or CCU

Clinical Scenarios: Patient care in the ICU or CCU setting

Observation: Multiple observers provide feedback individually, which is then collated into one report

Success: Completion of the requirements above entrustment in 1 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-6: Assessing capacity for medical decision-making

Number of EPA assessments: Complete a minimum of 3 COD-8 EPA assessments by the end of PGY3.

Clinical Scenarios: *Builds on Establishing Goals of Care FOD EPA.* This EPA focuses on the determination of capacity, and applying the laws and guidelines that direct the care of patients who lack decision-making capacity. e.g., patient leaving hospital against medical advice, patient refusing recommended treatment

Observation: Direct or indirect observation** by at least one faculty observer

Success: Completion of the requirements above and entrustment in 3 by the end of PGY3.

EPA COD-7: Discussing serious and/or complex aspects of care with patients, families and caregivers.

Number of EPA assessments: Complete a minimum of 3 COD-7 EPA assessments by the end of PGY3.

Clinical Scenarios: This EPA focuses on communication, including conveying complex and/or emotionally distressing information, guiding discussions involving multiple members of the health care team and recognizing and mitigating conflict. Situations include futility of care, breaking bad news, discharge related discussion, conflicting recommendations of consultants.

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 3 by the end of PGY3

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

Number of EPA assessments: Complete a minimum of 2 COD-8 EPA assessments over the 3 years of training

Clinical Scenario: This EPA focuses on all aspects of the care of a patient who has experienced a patient safety incident, including specific medical care, disclosure of the event to the patient/family, as well as documentation and reporting of the incident. May be 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

EPA COD-9A: Caring for patients at the End of Life: Symptom management in end of life care

Number of EPA assessments: Complete a minimum of 3 COD-9A EPA assessments by the end of PGY3.

Clinical Scenarios: Management of the end of life, up to and including referral to palliative care services. It includes symptom management in patients with cancer, organ failure, or neurodegenerative disease.

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 3 by the end of PGY3

EPA COD-9B: Caring for patients at the End of Life: Discussion about transition away from disease-modifying treatment

Number of EPA assessments: Complete a minimum of 3 COD-9A EPA assessments by the end of PGY3.

Clinical Scenarios: 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

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 3 by the end of PGY3

EPACOD10: Implementing health promotion strategies in patients with or at risk for disease

Number of EPA assessments: Complete a minimum of 4 COD-10 EPA assessments by the end of PGY3.

Clinical Scenarios: This EPA focuses on the identification of opportunities for health promotion and preventive management, in a range of health care settings and across the breadth of acute and chronic conditions, e.g., asthma/COPD, diabetes, falls/frailty, immunocompromised patients, medication review, vaccinations, cardiovascular risk reduction

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows, senior residents or nurses, but at least 50% should be completed by faculty

Success: Completion of the requirements above and entrustment in 4 by the end of PGY3

EPACOD-11A: Supervising junior learners in the clinical setting: Teaching

Number of EPA assessments: Complete a minimum of 4 COD-11A EPA assessments during CTU as a PGY2

Clinical Scenarios: This EPA focuses on the informal teaching that occurs in the clinical (bedside) setting, and includes ensuring safe patient care, teaching and providing feedback.

Observation: Direct observation by junior learners over a period of time (eg. 2 week rotation). Collect 4 observations of achievement by least 2 different junior learners

Success: Completion of the requirements above and entrustment in 4 by the end of PGY2

EPACOD-11B: Supervising junior learners in the clinical setting: Running the Team

Number of EPA assessments: Complete a minimum of 2 COD-11B EPA assessments during CTU as a PGY2

Clinical Scenarios: This EPA focuses on the informal teaching that occurs in the clinical (bedside) setting, and includes ensuring safe patient care, teaching and providing feedback.

Observation: Direct observation by at least 2 different supervisors.

Success: Completion of the requirements above and entrustment in 2 by the end of PGY2

COMPLETION: Completion of the minimum 44 Clinical EPA assessments listed above, plus Procedural ones. 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)