



Primer EPA FOD5 - Assessing **UNSTABLE PATIENTS**, providing targeted treatment and consulting as needed

This EPA focuses on clinical assessment and management of the unstable patient. The residents are expected to **assess and provide targeted treatment** for unstable patients, consulting as needed.

Supervisor (staff and/or supervising fellow) does assessment based on **direct* and indirect observation**.

*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.

It is usually done in the **Foundations of Discipline (FOD) stage** (last 9 blocks of PGY1).

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 **28 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

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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EPA MILESTONES: FOD5 Unstable Patients

1. Recognize medical instability in patients with acute medical conditions
2. Address primary priorities of resuscitation (Airway, Breathing, Circulation)
3. Perform a focused clinical assessment of a patient with an unstable medical condition
4. Develop a specific differential diagnosis relevant to the patient's presentation
5. Develop and implement preliminary treatment strategies for patients with unstable medical conditions
6. Identify the necessity and urgency of referral for advanced care
7. Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
8. Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues as needed

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
(**Competent** and **Proficient** levels are entrustable)