

DIVISION OF PHYSICAL MEDICINE AND REHABILITATION Department of Medicine University of Toronto

TRANSITION TO PRACTICE (TTP) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

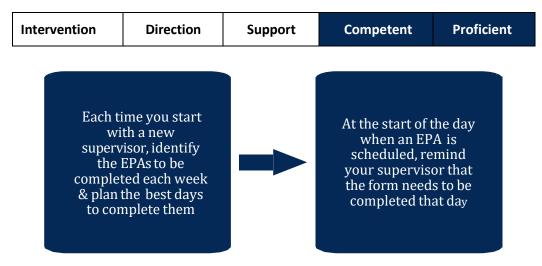
TOOLS: Please use the following tools and special assessments in Elentra: TTP-1, TTP-2, TTP-SA1, TTP-SA2, TTP-SA3

PROCESS: The Physical Medicine & Rehabilitation (PM&R) Program requires that you complete the assessment requirements for 5 EPAs during Transition to Practice, which occurs in PGY5.

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.

ENTRUSTMENT SCALE:

The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Competent and Proficient categories. *Residents are <u>not expected</u> 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.*



SPECIAL ASSESSMENTS:

TTP-SA1, TTP-SA2, TTP-SA3 are EPAs that do not have an entrustment scale, rather they are comment boxes for the assessor to input their feedback/comments.

BREAKDOWN BY EPA

EPA TTP-1: Managing a Physiatric practice

Key Features:

- This EPA focuses on a typical physiatrist's practice working simultaneously in more than one setting (e.g. covering more than one clinical service at a time, teaching, committees)
- This includes contribution to team functioning, coordination of care between different parties, time management including in-office patient flow, office management including effective task delegation, and remuneration practices.
- This EPA also includes appropriate follow-up of both patients and investigation results.
- It may include managing the administrative aspects of bed flow, length of stay, wait lists, triage, surge beds, off-service admissions, and communication with hospital administration and operational staff.
- This EPA may be observed in some combination of inpatient, outpatient and consultation service settings, and must be based on a block of time of at least a week.
- Feedback from patients, and hospital administrators, including medical office staff, on issues such as time management, communication, and collaboration, may be incorporated by the physiatrist to inform the observation of this EPA

Contextual Variables:

- At least 1 direct observation
- At least 1 indirect observation
- At least 1 case review and/or discussion
- At least 2 observations from University appointed faculty

Success: Completion of the requirements above and 5 entrustments (Competent or Proficient) by the end of TTP.

Relevant Milestones:

- L 4.1 Set priorities and manage time to fulfil diverse responsibilities including clinical, administrative, supervisory and teaching responsibilities
- ME 1.5 Prioritize patients based on the urgency of clinical presentation
- S 3.4 Integrate best evidence and clinical expertise into decision-making
- L 2.2 Apply evidence and management processes to achieve cost-appropriate care
- COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements

- COL1.1 Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care
- COL 1.2 Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- COL. 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
- COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- P 1.1 Respond appropriately to feedback from patients, families and health care professionals
- P 2.1 Demonstrate accountability to patients, society and profession by adhering to ethical billing practices
- P 4.1 Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings

EPA TTP-2: Developing a strategy for continuing professional development

Key Features:

- This EPA focuses on reviewing personal performance data (i.e. feedback and observations) to facilitate selfreflection, identify areas of personal strength as well as areas for improvement, and develop the skills that are required for continuing professional development.
- This includes developing plans to address areas for improvement and/or gaps in knowledge. Plans must be clear, concrete and feasible, and must include the appropriate choice of clinical experiences and/or appropriate academic resources (journals, textbooks, conferences).
- The plans should be SMART (specific, measureable, assessable, realistic, and timely).
- The plans may also include additional areas of interest, a preparation plan for the Royal College examination, or a possible career plan with specific steps toward achievement.
- This EPA applies the MOC Framework and its 3 sections: Group Learning, Self-learning, and Assessment (progression from reviewing simple questions, to review of practice).
- This EPA includes registering for Mainport and initiating MOC documentation
- The observation of this EPA is divided into two parts: engaging in self-directed learning; and, participating in Mainport MOC

Contextual Variables:

- To be completed by Program Director (PD), Academic Coach, or other Supervisor
- At least 1 MOC section 3 activity

Success: Completion of the requirements above and 4 entrustments (Competent or Proficient) by the end of TTP.

Relevant Milestones:

- P 2.1 Demonstrate a commitment to maintaining and enhancing competence
- ME 1.6 Recognize and respond to the complexity, uncertainty and ambiguity inherent in Physiatry practice
- S 1.2 Identify opportunities for learning and improvement by using performance data as a basis for self-reflection
- S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
- L 4.2 Adjust educational experiences to gain competencies necessary for future practice
- S 1.1 Develop, implement, and monitor a personal learning plan
- S 2.5 Role-model regular self-assessment and feedback seeking behavior

EPA TTP- SA1: Planning and completing personalized training experiences aligned with career plans and/or specific learning plans

Key Features:

- This Special Assessment (SA) allows trainees to individualize training to meet the needs of their intended community and/or personal career goals.
- This SA may be used for any structured training experience: clinical or academic.
- Examples include: electrodiagnostic medicine (additional training to allow acquisition of cases required to write CSCN Electrodiagnostic examination); advanced focal spasticity and dystonia management (including chemodenervation); intra-thecal baclofen pump management; advanced pain management (including ultrasound & fluoro guided procedures); and sub-specialized rehabilitation (burns, pediatric, cancer, cardiac, pulmonary).
- This may also include research, medical education and international health.
- The assessment of this SA is based on the achievement of outcomes co-created by the resident with a faculty advisor and/or the program director and approved by the program director/program committee. These outcomes must be SMART (specific, measurable, achievable, relevant, timely)

Contextual Variables:

• To be completed by Program Director, Academic Coach, or other Supervisor

Success: Completion of the requirements by the end of TTP.

Relevant Milestones:

- S 1.2 Identify a specific area for improvement related to the needs of their intended community and/or career goals
- S 1.1 Create and implement a learning plan
- S 1.1 Develop a structured approach to monitor progress of learning, including identifying timelines and accountabilities
- S 1.1 Develop clear outcomes to assess progress of learning
- L 4.2 Adjust educational experiences to gain competencies necessary for future practice
- HA 2.3 Identify and respond to unmet health care needs within one's practice

EPA TTP-SA2: Contributing to the improvement of health care delivery for persons with impairments/disabilities

Key Features:

- This SA focuses on managerial and leadership activities commonly encountered in Physiatry
- The observation of this EPA is divided into two parts: engagement in management and leadership activities; and, self-reflection on activities.
- Examples of managerial activities include: creating and overseeing physiatry on-call schedules, organizing academic half days, participating in various committees, and RPC meetings.
- Examples of leadership activities include: advocating for patients and systems to improve health outcomes for persons with disabilities, applying evidence to achieve cost-appropriate care, participating in quality assurance/improvement to improve patient care and safety.
- The self-reflection must identify the patient or systems issue, describe the action taken by the resident, the outcomes achieved and any identified learning points.
- The self-reflection may be written or oral.

Contextual Variables:

• To be completed by Program Director, Academic Coach, or other Supervisor.

Success: Completion of the requirements by the end of TTP.

Relevant Milestones:

- P 2.1 Demonstrate a commitment to active participation in the activities of the profession
- HA 2.3 Contribute to a process to improve health in the communities or populations served
- L 1.3 Analyze harmful patient safety incidents and near misses to enhance systems of

care

- L 1.4 Use health informatics to improve the quality of patient care and optimize patient safety
- HA 2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- L 3.1 Demonstrate an understanding of the administrative operations of physiatry programs
- L 3.1 Contribute to improvements in professional practice
- L 3.2 Facilitate change in health care to enhance services and outcomes
- S 3.4 Integrate best evidence and clinical expertise into decision-making
- COL 1.3 Work effectively with physicians and other colleagues

EPA TTP-SA3: Conducting a scholarly project from inception to completion

Key Features:

- This includes identifying an appropriate scholarly question, performing a comprehensive critical appraisal of the related literature, applying for research ethics or health privacy approval, as appropriate, conducting the project using appropriate methodology, analyzing the results, completing the project, and preparing it for dissemination (publication, or presentation).
- The project can be performed in any scholarly domain including basic sciences, clinical research, medical education, or quality improvement.
- Assessment is based on the submission of a completed scholarly project, and may also include observation of the presentation of the scholarly work.
- Publication or formal presentation at a national or international conference is not required

Success: Completion of the requirements by the end of TTP.

Relevant Milestones:

- L 4.1 Organize work to manage clinical, scholarly and other responsibilities
- S 4.4 Identify, consult and collaborate with content experts and others in the conduct of scholarly work
- S 4.4 Generate focused questions for scholarly investigation
- S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- S 4.5 Summarize the findings of a literature review
- S 4.4 Select appropriate methods of addressing a given scholarly question
- S 4.2 Identify ethical principles in research
- S 4.4 Collect data for a scholarly work

- S 4.4 Perform data analysis
- S 4.4 Integrate existing literature and findings of data collection
- S 4.4 Identify areas for further investigation
- S 4.5 Defend and disseminate the results of research

COMPLETION: Completion of 13 TTP EPAs (entrustments and special assessments) as outlined above. Your EPA and special assessments will be reviewed by the Competence Committee at regular meetings. The Competence Committee determines your progress looking at the overall picture. Future EPA and special assessments 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)

CanMEDS Role Abbreviations

ME: Medical Expert COM: Communicator COL: Collaborator L: Leader HA: Health Advocate S: Scholar P: Professional