



FOUNDATIONS OF DISCIPLINE (FOD)

EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: **FOD-1, FOD-2, FOD-3, FOD-4, COD-1, COD-4, COD-5, COD-9**

PROCESS: The Royal College and your program require that you complete the assessment requirements for the FOD EPAs during Foundations of Discipline, which covers Months 2-6 of the PGY4 year.

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. The core hospital rotation EPAs will be scheduled by the hospital coordinator. You should arrange the timing of the Longitudinal Clinic EPAs with your supervisor (2 each month).

As you progress through the year, we also recommend that at the start of each week you review your Elentra dashboard to identify 1-2 possible EPAs that you might be able to complete that 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 endocrine emergency) that you or your supervisor might decide is better for the EPA completion on that day. The goal is to complete 4-5 clinical EPA per month (2 of them being in Longitudinal clinic), depending on the rotation.

The majority (i.e. > 50%) of each of the CBME workplace-based assessments, such as EPAs, must be completed by University Appointed Faculty, except where the Residency Program Committee determines otherwise.

See also the **Curriculum Plan** for this stage on the DOM website for more details about which EPAs are available for you to complete on each rotation.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient
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The EPAs are assessed using the global entrustment scale. *Residents are not expected to be entrustable each time an EPA is completed, this normally takes repeated effort to achieve. Our program does not have a requirement for the level of entrustment on the scale for each EPA.* Readiness for progression to the next stage will depend on the full spectrum of evaluations (comments on EPAs, ITARs, and other assessments).

On days when an EPA is scheduled, chose the best EPA to get completed



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



Complete 1 clinical EPA weekly. Complete an Endocrine Emergency EPA every opportunity you get.



BREAKDOWN BY EPA

FOD-1: Assessing and managing individuals with an **uncomplicated** presentation of an endocrine conditions in **acute care settings**

Number of EPA assessments: Complete a minimum of **4** FOD-1 EPA assessments during your months of FOD (*you must successfully complete TTD1 first*).

Type of Cases: A variety of presentations (no more than 2 presentations of diabetes mellitus)

Rotation Services: Core Hospital Rotation, Longitudinal Clinic, (Community, Pediatrics)

Observation: At least 1 direct observation.

FOD-2: Providing ongoing care for individuals with an **uncomplicated** presentation of an endocrine condition

Number of EPA assessments: Complete a minimum of **4** FOD-2 EPA assessments during your months FOD. (*you must successfully complete TTD1 first*).

Type of Cases: *at least 1 presentation of diabetes and at least 3 different presentations other than diabetes*

Rotation Services: Longitudinal Clinic; 1 in Core Hospital Rotation, (Community, Pediatrics)

Observation: Collect 4 observations of achievement. At least 2 different observers.

FOD-3 Performing endocrine-focused physical examinations

Number of EPA assessments: Complete a minimum of **4** FOD-3 EPA assessments by the end of FOD.

Rotation/service: - Peds: At least 1 genital/breast exam or pubertal staging; otherwise, any rotation

Types of cases: - At least 4 different exam types (adrenal; diabetes foot exam; genital/breast; metabolic disease; osteoporosis exam; pituitary; pubertal staging; thyroid)

Observation: At least 2 different observers, must be direct observation

FOD-4: Counselling patients and families for the purposes of patient education, disease prevention, and/or health promotion

Number of EPA assessments: Complete a minimum of **3** FOD-4 EPA assessments by the end of FOD.

Rotation Services: Longitudinal Clinic; Core Hospital Rotation, (Community, Pediatrics)

Clinical Scenarios: At least 1 of each topic: disease/treatment education; disease prevention/health promotion

Observation: Collect 3 observations of achievement. At least 2 different observers



COD1: Managing patients presenting with an emergency related to an endocrine condition or its treatment

Number of EPA assessments: Complete a minimum of 4 COD-1 EPA assessments by the end of COD (plan to do during core rotation blocks of PGY4)

Clinical Scenarios: Any acute scenario, no more than 1 DKA or HHS, can be simulated

Rotation/service: Aim for one at each core rotation, can do whenever the opportunity arises

Observation: At least 1 observation by supervisor

COD-4: Interpreting investigations

Number of EPA assessments: Complete a minimum of 5 COD-4 EPA assessments by the end of COD (some where specified are best done during core hospital rotations PGY4)

Clinical Scenarios: Collect 5 observations of achievement: At least 2 dynamic testing (SMH); at least 1 imaging; at least 1 pathology; at least 1 thyroid FNA-B cytology

Observation: Indirect observation

COD-5: Managing diabetes with insulin therapy and the use of diabetes technologies

Number of EPA assessments: Complete a minimum of 10 COD-5 EPA assessments by the end of COD (some where specified are best done during core hospital rotations PGY4)

- At least 2 diabetes in pregnancy (2 UHN/SHS)
- At least 1 individual with congenital, cystic fibrosis-related, monogenic, post-pancreatic surgery or secondary diabetes (1 SMH CFRD)
- At least 3 continuous glucose monitoring (2 SHSC)
- At least 3 multiple daily injections
- At least 3 insulin pumps
- At least 1 transition to pump

Observation: At least 2 different observers

COD-9: Supporting adolescents/young adults with endocrine conditions in the transition from the pediatric to adult care setting

Number of EPA assessments: Complete a minimum of 2 COD-9 EPA assessments ideally during FOD (otherwise, during COD).

Type of Case: At least 2 different patient conditions

Setting: Pediatrics, WCH

Observation: At least 2 different observers



OPTIONAL FOR FOD

COD-6: Documenting patient encounters

Number of EPA assessments: Complete a minimum of 4 COD-6 EPA assessments

Type of Case: Type of documentation: At least 1 new patient consultation note; returning patient note

Setting: Longitudinal clinic

Observation: At least 2 different observers

COD-8: Providing **unplanned advice** to patients

Number of EPA assessments: Complete a minimum of 2 COD-8 EPA assessments

Type of Case: At least 1 complex case

Setting: Longitudinal clinic

Observation: At least 2 different observers



****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 etc)