Primer for EPA TTP2A - Managing longitudinal aspects of care in a medical clinic: **Overall Patient Care**

This Transition to Practice - TTP EPA 2A (PGY4) focuses on the efficient management of a longitudinal outpatient clinic in the role of the physician most responsible for patient care. This EPA may be observed in a variety of clinics: general Internal Medicine clinics with a variety of patient presentations; focused clinics with patients with a narrow spectrum of presentations (e.g. COPD clinic); general subspecialty clinics with a variety of patient presentations.

**EPA MILESTONES: TTP2A – Overall Patient Care**

1. Perform relevant and time-effective clinical assessments
2. Select investigation strategies demonstrating awareness of availability and access in the outpatient setting
3. Establish a patient-centered management plan
4. Formulate treatment plans that are suitable for implementation in the outpatient setting
5. Use referral and consultation as opportunities to improve quality of care and patient safety
6. Coordinate investigation, treatment and followup when multiple physicians and health care professionals are involved
7. Integrate best evidence and clinical expertise into decision-making
8. Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
9. Provide accurate, timely and relevant written information to the referring/primary care physician
10. Address the questions and concerns of the referring/primary care physician when acting in the consultant role
11. Allocate health care resources for optimal patient care
12. Adhere to institutional policies and procedures in delivering clinical care

**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

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**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**
- CBD Terminology
- Improving Feedback Tips

**WATCH**
- CBME & CBD 101
- CBD in Internal Medicine

**VISIT**
- DOM CBME for general information on resources and events.
- PGME Elentra Help for Elentra Guides

Questions? **CONTACT** us at im.cbd@utoronto.ca

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**GLOBAL ENTRUSTMENT SCALE**

(Competent and Proficient levels are entrustable)
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.