Medicine
UNIVERSITY OF TORONTO | Internal Medicine

TRANSITION TO DISCIPLINE (TTD)
EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: **TTD-1, TTD-2**, FOD-2B, FOD-2C, FOD3, FOD4, FOD-6, **FOD-7, COD-5**.

PROCESS: The Royal College and your program require that you complete the assessment requirements for the TTD EPAs (TTD-1 and TTD-2) during Transition to Discipline, which covers Blocks 1-4 of the PGY1 year.

You *must* also complete one Learning Plan (FOD-7) on every non-CTU rotation in PGY1, starting as early as Block 1 of TTD. This may be done on CTU, but there are higher priority EPAs for CTU.

You *must* complete COD-5 (Procedures of Internal Medicine) whenever possible.

You *may* start any of FOD-2B, FOD-2C, FOD3, FOD4, FOD-6.

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 week you review your Elentra dashboard to identify 2-3 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 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, <u>plus</u> procedural ones.

<u>In addition</u>, as described above, you must complete a Personal Learning EPA (FOD-7) on each non-CTU rotation.

EPA assessment may be initiated by you or your supervisor.

Each time you start with a new supervisor, identify the EPAs to be completed that week & plan the best day to complete it

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

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

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. For TTD1, 75% or more must be completed by faculty.

See the individual EPA Primers on the DOM website for more details about each EPA.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient

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.*

BREAKDOWN BY EPA

TTD-1: Performing **Hx & Px, documenting** & **presenting** findings, across clinical settings for initial & subsequent care

Number of EPA assessments: Complete a minimum of **4** entrustable (Competent or Proficient) TTD-1 EPA assessments during your 4 blocks of TTD.

Types of Case / Procedure: A minimum of 4 different common medical conditions.

Observation: Observation by a minimum of 3 different assessors; 50% direct observation of the minimum entrustments target.

Type of Presentation: 2 of the New patient, and 2 of the Focused follow up patients.

TTD-2: Identifying & assessing **unstable patients**, providing initial management, & obtaining help

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) TTD-2 EPA assessments during your 4 blocks of TTD.

Type of Case / Procedure: A minimum of 3 different conditions: acute respiratory distress; hemodynamic instability; altered level of consciousness

Observation: Observation by a minimum of 2 different assessors (can be faculty, fellows, or senior resident). 1 can be simulation (ex. from your PGY1 Entry Assessment OSCE), 2 must be direct observation.

FOD-7: Identifying **personal learning needs** while caring for patients, and addressing those needs

Number of EPA assessments: Complete a minimum of **6** entrustable (Competent or Proficient) FOD-7 EPA assessments during your non-CTU blocks of TTD and FOD. (This may be done on CTU, but there are higher priority EPAs for CTU.)

Type of Case / Procedure: Wide variety of acute and chronic types of illnesses

Settings: Can be across ED; ambulatory; ward

Observation: Complete Personal Learning clinical presentation or complete formal rounds based on a patient case

COD-5: Performing the **procedures** of Internal Medicine

Number of EPA assessments: Complete a minimum of 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** as COD-5A. An additional one can be done under direct observation, but simulated. After that, if you are comfortable doing it on your own, you can complete the third one independently, but you will still need a supervisor to sign off the COD-5A EPA. Once you have completed **3** entrustable (Competent or Proficient) EPAs (**5** for central lines), you can then start doing self-assessments** (task completed independently and logged independently as COD-5B).

You need a minimum of **5** successful procedures completed for each category of procedure to meet the program's minimum requirements. You should do procedures whenever you are able to.

You should continue logging all procedures, even after 5 have been completed, as documentation for future reference letters for positions after residency. As a senior, you should also self-assess and log all code blues (supervisor can complete unstable patient EPA, COD-4, if code was observed or debriefed).

* Normally completed in PGY2 and PGY3

** Self-Assessments should be logged as COD-5B in Elentra with "Procedure Log PostMD" as the assessor

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OPTIONAL FOR TTD

FOD-2B: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Communicating with patients**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) FOD-2B EPA assessments by the end of FOD.

Rotation Services: Cardiology, Endocrinology, Haematology, Gastroenterology, Geriatric Medicine, Infectious Diseases, Nephrology, Neurology, Respirology, or Other

Observation: Indirect observation with input from patient/family; or direct observation of interaction. A minimum of 50% of the entrustment target must be Direct Observation.

FOD-2C: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Handover**

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) FOD-2C EPA assessments by the end of FOD.

Clinical Scenarios: Any acute scenario

Observation: Must be 100% direct observation.

FOD-3: Consulting specialists and other health professionals, synthesizing recommendations and integrating these into the care plan

Number of EPA assessments: Complete a minimum of **4** entrustable (Competent or Proficient) FOD-3 EPA assessments by the end of FOD.

Setting: Ambulatory care; inpatient; emergency department

Observation: Role of observer: supervisor; physician specialist being consulted; other health professional.

- At least 1 non-physician health professional (completed by supervisor in consultation with the health professional
- At least 1 physician specialist being consulted

FOD-4A: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: **Discharge plan documentation**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) FOD-4A EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital

Observation: Indirect observation

FOD-4B: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: **Discharge plan communication**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) FOD-4B EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital

Observation: Direct observation

FOD-6 Discussing and establishing patients' **goals of care**

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) FOD-6 EPA assessments by the end of FOD (PGY1).

Type of Presentation: A minimum of 2 different types of presentation are required (for example: *stable acute condition, unstable acute condition, progressive medical condition, in-patient, ambulatory, at least one substitute decision maker)*

Observation: Minimum of 2 different assessors. Minimum of 2 of either direct observation, case review and/or discussion (maximum of 1 simulation).

COMPLETION OF TTD

Completion of the required EPA assessments and entrustment requirements listed above for TTD1 and TTD2. 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 etc.)

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