



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

CORE OF DISCIPLINE (COD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: COD-1, COD-2, COD-3, COD-4, COD-5, COD-6A, COD-6B, COD-7, COD-8A, COD-8B

PROCESS: The Physical Medicine & Rehabilitation (PM&R) Program requires that you complete the assessment requirements for 8 EPAs during Core of Discipline, which occurs in PGY2-5.

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 block you review your Rotation Card to identify 1-2 possible EPAs that you might be able to complete each 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 1-2 EPAs per week.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient
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The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Competent and Proficient categories. *Residents are not expected 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

EPA COD-1: Providing consultation and developing comprehensive management plans for patients with complex presentations

Key Features:

- This EPA focuses on comprehensive functional psychiatry-specific histories, physical examinations and management plans for the following complex rehabilitation patient groups: SCI, ABI, stroke, P&O, MSK, neuromuscular, cardio-respiratory, and complex pain conditions.
- This includes focused assessments such as those for spasticity, botulinum toxin injections, general sports medicine

Each time you start with a new supervisor, identify the EPAs to be completed each week & plan the best days to complete them



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



Complete a minimum of 1-2 EPAs weekly

clinics, and technical aid (e.g. seating) prescriptions.

- Complexity is defined as any of the following: functional impairment from multiple conditions; fluctuating functional impairments; diagnostic uncertainty, rare or atypical condition/presentation; management challenges due to social determinants of health and/or cultural complexities; and, management challenges due to environmental context.
- This EPA may include determining the patient's candidacy for rehabilitation and transferring care and/or discharging the patient when rehabilitation is not an option.
- It includes communicating the physiatry plan, physiatric recommendations, and goals of care to the patient, family and other health care providers (referring source/team, other health care professionals), including when a patient is not a candidate for rehabilitation.
- This EPA may be observed on inpatient rehabilitation units, in outpatient physiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Contextual Variables:

- At least 2 of each rehab population group
- At least 1 of each type of activity (history, physical, and diagnosis and management) per population group
- Variety of inpatient and outpatient settings
- At least 1 university appointed faculty (physiatrist) per rehabilitation population group
- At least 1 of each type of assessment (direct, indirect, and case review/discussion)

Success: Completion of the requirements above and 25 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 1.4 Perform clinical assessments that address the breadth of issues in each case in an organized manner
- ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- ME 2.2 Elicit an accurate, relevant history
- ME 2.2 Perform a physical exam and identifies the clinical significance of findings
- ME 2.2 Summarize clinical information in a manner that accurately reflects the patient's presentation
- ME 2.4. Develop and implement management plans that consider all of the patient's health problems and needs
- ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional
- COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately
- ME 2.3 Discuss concerns, in a constructive and respectful manner, with the patient and family about goals of care that are not felt to be achievable
- S 3.4 Integrate best evidence and clinical expertise into decision-making

EPA COD-2: Providing ongoing assessment and management for patients with complex presentations

Key Features:

- This EPA focuses on clinical reassessment and integration of the results of investigations and outcomes of the psychiatric plan to monitor and refine ongoing management plans and/or provide longitudinal follow-up plans for rehabilitation.
- Complexity is defined as any of the following: functional impairment from multiple conditions; fluctuating functional impairments; diagnostic uncertainty, rare or atypical condition/presentation; management challenges due to social determinants of health and/or cultural complexities; and, management challenges due to environmental context.
- This EPA may be observed on inpatient rehabilitation units, in outpatient psychiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Contextual Variables:

- At least 2 of each rehab population group
- Variety of inpatient and outpatient settings
- At least 1 of each type of activity (history, physical, and diagnosis and management) per population group
- At least 1 university appointed faculty (psychiatrist) per rehabilitation population group

Success: Completion of the requirements above and 25 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 1.4 Perform clinical assessments that address all relevant issues
- ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- ME 2.2 Synthesize patient information to determine outcome of psychiatric plan
- ME 2.2 Summarize clinical information in a manner that accurately reflects the patient's presentation
- S 3.4 Integrate best evidence and clinical expertise into decision-making
- ME 2.4 Adjust management plans based on clinical status and/or response to therapy
- ME 4.1 Determine the frequency and timing of future investigations and visits
- COL 3.1 Determine when care should be transferred back to the primary health care professional
- COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately

EPA COD-3: Identifying, assessing and managing patients with emergent and urgent medical issues

Key Features:

- This EPA includes complex emergent and urgent medical issues.

- This may include communicating with patients, families and/or other health care professionals, advocating for appropriate patient care (e.g. transfer to acute care or ICU), and handover to a receiving clinical team
- This EPA may be observed in the simulation setting.

Contextual Variables:

- At least 2 direct observations
- At least 4 different medical issues
- At least 1 autonomic dysreflexia (may be observed in simulation)
- No more than 4 in simulation setting
- At least 4 different observers
- At least 4 observations from university appointed faculty

Success: Completion of the requirements above and 8 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- ME 2.2 Select and interpret the results of investigations and imaging based on differential diagnosis
- ME 2.4 Develop and implement initial and/or ongoing management plans
- COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately
- COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents
- COM 5.1 Document relevant information
- COL 2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer, as needed
- L 2.1 Consider health care resources and costs when determining the investigation and management plan

EPA COD-4: Providing consultation and developing management plans for children with common pediatric rehabilitation conditions

Key Features:

- This EPA includes a basic developmental and functional history and physical examination as appropriate for age, developmental level and diagnosis/presentation
- It involves developing a basic management plan for identified impairments, activity limitations and/or participation restrictions, taking into consideration diagnostic and prognostic factors.
- It includes communicating effectively with pediatric patients and their families and/or caregivers.

- Examples of common pediatric rehabilitation conditions include cerebral palsy, spina bifida, muscular dystrophy, amputation/limb deficiency, brain injury/tumor, scoliosis, Juvenile Idiopathic Arthritis (JIA), and MSK conditions (e.g. apophysitis, Slipped Capital Femoral Epiphysis (SCFE), osteochondritis dissecans).

Contextual Variables:

- At least 1 observations of history
- At least 1 observations of physical examination
- At least 1 observations of management plan
- At least 1 observations of communication
- At least 1 comprehensive observation that covers a complete assessment and management plan
- At least 2 different observers

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

Relevant Milestones:

- ME 1.4 Perform a clinical assessment that addresses all relevant issues
- ME 2.2 Elicit a history relevant to the presentation
- ME 2.2 Perform a focused physical exam using appropriate technique for examinations in children
- ME 2.2 Adapt the clinical assessment to the child's age and developmental stage
- ME 2.4 Develop and implement initial management plans for common pediatric rehabilitation presentations
- ME 4.1 Establish plans for ongoing care, taking into consideration all of the patient's health problems and needs as well as clinical state and preferences
- COM 1.1 Communicate using a patient-centred approach that is age-appropriate
- COM 3.1 Share information and explanations clearly and accurately and verify patient and family understanding

EPACOD-5: Performing common physiatric procedures

Key Features:

- This EPA focuses on common musculoskeletal (joint, tendon sheath, bursa, soft tissue, aspiration) and neurological (e.g. median, suprascapular injections) procedures, as well as wound debridement, and spasticity-related injections.
- This EPA includes establishing patient candidacy for the procedure (i.e. identifying the indications and contraindications), obtaining informed consent, preparing the patient and gathering required materials/medications, selecting the site for the procedure, following sterile or clean technique, providing post-procedure counseling to the patient, and documenting the procedure.
- This EPA may be observed in the clinical or simulation setting

Contextual Variables:

- At least 3 different observers
- At least 3 of each procedure
- No more than 1 of each procedure in simulation setting

Success: Completion of the requirements above and 20 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure
- ME 3.4 Gather and/or manage the availability of appropriate instruments and materials
- ME 3.4 Position the patient appropriately
- ME 3.4 Perform procedures in a skillful, fluid, and safe manner with minimal assistance
- ME 3.4 Establish and implement a plan for post-procedure care
- ME 3.4 Recognize and manage immediate complications of a procedure
- COM 3.1 Communicate effectively with patient during the procedure
- COL 1.3 Utilize assisting staff professionally and effectively
- COM 5.1 Document the clinical encounter to convey a procedure and its outcome

EPACOD-6: Selecting and interpreting investigations relevant to Physiatry

Key Features:

- This EPA includes identifying the indications for an investigation and discussing the risks and benefits with the patient; interpreting the quality of the study and its findings; and, counselling the patient on the results and effectiveness.
- This EPA is divided into two parts: interpreting electrodiagnostic testing; interpreting other investigations
- Interpreting electrodiagnostic testing includes interpretation of nerve conduction studies and/or electromyography reports, both simple and complex; complex studies are defined as presentations that are beyond a simple focal entrapment neuropathy (e.g., median or ulnar neuropathy) or radiculopathy.
- Interpreting other investigations includes interpretation of the results of a variety of investigations for the purposes of developing or modifying a management plan. This includes cardiac stress tests, diagnostic blocks, gait lab analyses, intra-thecal trials or pump refills, PFTs, shunt assessments, sleep studies, swallowing studies, urodynamic studies, and image-guided procedures
- This EPA may be assessed in the clinical setting or using simulated cases.

EPACOD-6A: Interpreting electrodiagnostic testing (NCS/EMG)

Contextual Variables:

- At least 10 upper limb
- At least 10 lower limb
- At least 5 complex cases

- No more than 3 simulated
- At least 3 different observers

Success: Completion of the requirements above and 15 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 2.2 Assess a patient's suitability to proceed with electrodiagnostic testing
- ME 2.2 Assess the quality and validity of the study, and any impact on the diagnostic interpretation
- ME 2.2 Interpret the results of electrodiagnostic testing in the context of the clinical presentation
- ME 2.4 Integrate the results of electrodiagnostic testing into the patient centered management plan
- COM 3.1 Convey results of electrodiagnostic testing to the patient clearly and compassionately

EPACOD-6B: Interpreting other investigations

Contextual Variables:

- At least 3 different procedures
- No more than 3 simulated
- At least 3 different observers

Success: Completion of the requirements above and 6 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 1.3 Apply knowledge of principles, strengths and limitations of diagnostic investigations
- ME 2.2 Interpret the results of investigations in the context of the clinical presentation
- ME 2.4 Integrate the results of investigations into the patient centered management plan
- COM 3.1 Convey results of investigations to the patient clearly and compassionately

EPACOD-7: Leading interprofessional meetings

Key Features:

- This EPA focuses on leading interprofessional team and family meetings and clinical rounds for the purposes of discussing rehabilitation potential, clarifying patient/family expectations, setting rehabilitation goals, reviewing patient rehabilitation progress and discharge planning
- This EPA includes identifying and managing conflict between patients, families, other physicians, and other healthcare providers.
- Supervisors may use any method to inform their observation of this EPA (e.g., team or family conference STACER or observation tool, daily encounter form, or multisource feedback).

- This EPA may be assessed in the clinical or simulation setting.

Contextual Variables:

- At least 1 of each meeting type
- No more than 2 in simulation setting
- At least 5 different patient populations
- At least 3 different observers

Success: Completion of the requirements above and 10 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- ME 1.1 Demonstrate a commitment to high quality care for patients in their care.
- COM 1.3 Modify the approach to the patient, recognizing when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care
- COM 1.5 Manage disagreements and emotionally charged conversations
- COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- COM 5.3 Share information with patients, families and other health care providers that respects patient privacy and confidentiality and enhances understanding
- COL 1.1 Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred 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
- L 4.2 Facilitate interprofessional meetings, ensuring engagement and participation of attendees and appropriate time management

EPACOD-8: Facilitating the learning of others

Key Features:

- This EPA includes formal and informal teaching sessions delivered to peers, broad audiences, other trainees, faculty, other health professionals, and/or the public
- The observation of this EPA is divided into two parts: informal/bedside teaching; and formal scheduled teaching
- Informal teaching includes choosing appropriate learning methods and giving constructive feedback to learners.
- Formal teaching includes the skills of critical appraisal, as well as presentation and teaching skills.
- This EPA does not include individual patient counselling

EPACOD-8A: Informal/bedside teaching

Contextual Variables: n/a

Success: Completion of the requirements above and 2 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- S 2.1 Be a positive role model
- S 2.2 Create a positive learning environment
- S 2.4 Identify the learning needs and desired learning outcomes of others
- S 2.4 Present information in an organized manner to facilitate understanding
- S 2.5 Identify behaviours to continue as well as those for improvement
- S 2.5 Provide specific suggestions for improvement of performance
- S 2.5 Provide examples of learner performance to support the overall assessment
- P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

EPA COD-8B: Formal scheduled teaching

Contextual Variables:

- At least 2 different settings/presentation types

Success: Completion of the requirements above and 2 entrustments (Competent or Proficient) by the end of COD.

Relevant Milestones:

- S 2.2 Create a positive learning environment
- S 2.4 Identify the learning needs and desired learning outcomes of others
- S 2.4 Develop learning objectives for a teaching activity adapting to the audience and setting
- S 3.3 Critically evaluate the integrity, reliability and applicability of health related research and literature
- S 2.4 Present information in an organized manner to facilitate understanding
- S 2.4 Use audiovisual aids effectively, as appropriate
- S 2.4 Provide adequate time for questions and discussion

COMPLETION: Completion of 117 total COD EPA entrustments as outlined above. 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)

CanMEDS Role Abbreviations

ME: Medical Expert

COM: Communicator

COL: Collaborator

L: Leader

HA: Health Advocate

S: Scholar

P: Professional