



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

TRANSITION TO DISCIPLINE (TTD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: TTD-1, TTD-2, TTD-3, TTD-4, TTD-5

PROCESS: The Physical Medicine & Rehabilitation (PM&R) Program requires that you complete the assessment requirements for 5 EPAs during Transition to Discipline, which covers the first two rotation blocks of PGY1.

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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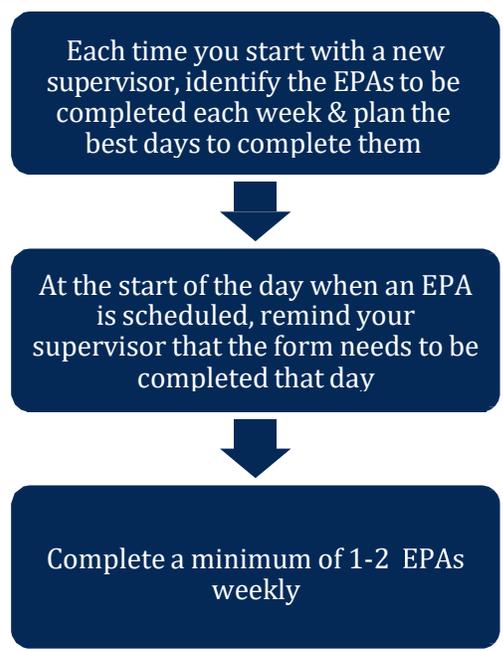
The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Competent and Proficient categories. *Residents are not expected to be entrustable each time an EPA is completed, this normally takes repeated effort to achieve. To be considered competent for a given stage of training, you are expected to receive a certain number of entrustments for each EPA.*

BREAKDOWN BY EPA

EPATTD1: Performing psychiatry-focused histories.

Key Features:

- This EPA focuses on an organized and comprehensive patient-centered approach to information gathering.
- This includes information on baseline function (including ADL and IADL), socioeconomic determinants of health, and barriers of access to medical care and resources.
- This EPA may be observed in an inpatient or outpatient setting, and in patients with any psychiatric presentation.



Contextual Variables:

- At least 1 direct observation
- At least 1 physiatrist assessor
- At least 1 entrustment per rotation (1 MSK, 1 Neuro)

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

Relevant Milestones:

1. COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety, as applicable
2. COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
3. COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information
4. ME 2.2 Gather a functional history including ADLs and IADLs
5. COM 1.4 Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient and family
6. COM 3.1 Use clear and concise language; avoid or adequately explain medical jargon
7. COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family
8. P 1.1 Complete assigned responsibilities

EPATTD-2: Performing physiatry-focused physical examinations**Key Features:**

- This EPA focuses on the general physical examination, including screening of musculoskeletal and neurological components.
- It includes an organized, reliable and respectful approach to system-based examinations, with clear instructions to the patient and appropriate consent, while attending to patient comfort (e.g., appropriate patient draping).
- It may be observed in an inpatient or outpatient setting and in patients with any physiatric presentation.
- This EPA does not include detailed discipline-specific content (i.e. ASIA, spasticity, higher level cognitive function, detailed gait assessment, aphasia, dysphagia, contracture, comprehensive MSK special tests, etc.) or discernment of pertinent positives or negatives.

Contextual Variables:

- At least 1 direct observation
- At least 1 physiatrist assessor
- At least 1 entrustment per rotation (1 MSK, 1 Neuro)

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

Relevant Milestones:

1. COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
2. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
3. ME 2.2 Perform a general physical exam
4. ME 2.2 Perform a screening musculoskeletal and/or neurological exam
5. COM 1.4 Identify, verify, and validate non-verbal cues
6. ME 2.2 Demonstrate an organized approach to the physical examination
7. P1.1 Complete assigned responsibilities

EPATTD-3: Generating a problem list based on the ICF Framework**Key Features:**

- This EPA focuses on integration of the information obtained from a history and physical exam component to generate a problem list.
- This includes applying knowledge of the World Health Organization ICF framework.
- The observation of this EPA is based on case presentation to a supervisor, and may be observed in an inpatient or outpatient setting, and in patients with any psychiatric presentation.

Contextual Variables:

- At least 1 psychiatrist assessor

Success: Completion of the requirements above and 1 entrustment (Competent or Proficient) by the end of TTD.

Relevant Milestones:

1. COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
2. HA 1.1 Identify a given patient's determinants of health and explain their implications
3. HA 1.1 Identify obstacles patients and families face in obtaining health care resources
4. ME 2.2 Synthesize patient information clearly and succinctly for the purpose of case presentation to other physicians or health care providers
5. ME 2.2 Develop an ICF-based problem list
6. ME 2.3 Ascertain the patient's perspective on their goals of care

EPATTD-4: Completing clinical documentation**Key Features:**

- The focus of this EPA is the documentation of a case, including orders, in compliance with local health record requirements
- This may include admission, discharge and progress notes

- This does not include independence in generating comprehensive consultation reports

Contextual Variables:

- At least 1 physiatrist assessor
- At least 1 entrustment per rotation (1 MSK, 1 Neuro)

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

Relevant Milestones:

1. COM 5.1 Organize information in appropriate sections within an electronic or written medical record
2. COM 5.1 Maintain accurate and up-to-date problem lists and medication lists
3. COM 5.1 Document relevant patient care orders
4. P 1.1 Complete assigned responsibilities in a timely fashion

EPATTD-5: Providing patient handover

Key Features:

- This EPA focuses on an organized approach to accepting and passing on responsibility for patient care (on-call, ward, etc.) to maintain continuity at times of transfer between providers
- This EPA may be observed in the inpatient and outpatient setting, and with patients with any physiatric presentation
- This EPA may be observed with a simulated case

Contextual Variables:

- At least 1 physiatrist assessor

Success: Completion of the requirements above and 1 entrustment (Competent or Proficient) by the end of TTD.

Relevant Milestones:

1. ME 2.2 Synthesize patient information clearly and succinctly for the purpose of case presentation to other physicians or health care providers
2. COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
3. COL 2.1 Actively listen to and engage in interactions with collaborators
4. P 1.1 Complete assigned responsibilities

COMPLETION: Completion of 8 total TTD 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