



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 during Transition To Discipline which covers Blocks 1-4 of the PGY1 year (TTD-1 and TTD-2). 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, plus procedural ones.

In addition, 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.

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, you are expected to receive a certain number of entrustments for each EPA.*

BREAKDOWN BY EPA

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 TTD-1 EPA assessments during your 4 block of TTD.

Clinical Scenarios: A variety of common medical conditions

Observation: Direct observation** by at least 3 different supervisors

Success: Completion of the requirements above, and entrustment (Competent or Proficient) in 2 of the New patient, and 2 of the Focused follow up patient EPAs.

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



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

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

Number of EPA assessments: Complete a minimum of 3 TTD-2 EPA assessments during your 4 blocks of TTD.

Clinical Scenarios: Examples: Acute respiratory distress; hemodynamic instability; altered level of consciousness

Observation: Direct observation** by at least 2 different assessors, can be faculty, fellows or senior resident, but at least 50% should be completed by faculty. One can be simulation, from your PGY1 Entry Assessment OSCE.

Success: Completion of the requirements above and entrustment (Competent or Proficient) for 3 unstable patient EPAs

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

Number of EPA assessments: Complete a minimum of 8 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.)

Clinical Scenarios: 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

Success: Completion of the requirements above and entrustment (Competent or Proficient) for 8 EPAs

EPA COD-5: Performing the procedures of Internal Medicine

Number of EPA assessments: 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. After that, if you are comfortable doing it on your own, you can complete it independently, but you will still need a supervisor to sign off the COD-5A EPA. Once you have completed 3 entrustable 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 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).

Success: Do whenever able to, requires 5 successful for each procedure (*those in italics are normally completed in PGY2 and PGY3). Log all procedures done (beyond 5) on Elentra for your permanent record.

OPTIONAL FOR TTD

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

Number of EPA assessments: Complete a minimum of 2 FOD-2B EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Cardio, Endocrine, Haem, GI; Geriatrics, ID, Nephro, Neuro, Respiratory, Other

Observation: Type of observation: indirect with input from patient/family; direct observation of interaction

Success: Completion of above requirements & entrustment for 2 patient EPAs, by the end of PGY1

EPA FOD-2C: Manage patients admitted to acute care with common medical problems & advancing their care plans: **Performing handover for patients**

Number of EPA assessments: Complete a minimum of 3 FOD-2C EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Any acute scenario

Observation: At least 2 by attending staff

Success: Completion of the requirements above and entrustment for 3 patient EPAs, by the end of PGY1

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

Number of EPA assessments: Complete a minimum of 4 FOD-3 EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Ambulatory care; inpatient; emergency department

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

At least two in ambulatory setting, at least one other health professional, at least one other physician specialist, at least two from supervisor.

Success: Completion of the requirements above and entrustment for 4 patient EPAs, by the end of PGY1

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

Number of EPA assessments: Complete a minimum of 2 FOD-4 EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital; at least one complex hospital stay

Observation: SUPERVISOR MUST ASSESSMENT BOTH COMPONENTS: Discharge plan

documentation: Indirect observation; Discharge plan *communication:* direct observation.

Success: Completion of the requirements above and entrustment for 2 patient EPAs, by the end of PGY1

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

Number of EPA assessments: Complete a minimum of 3 FOD-6 EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: stable acute condition; unstable acute condition; progressive medical condition; in-patient, ambulatory; at least one substitute decision maker

Observation: Direct** observations; at least 2 faculty; at least 2 different assessors

Success: Completion of the requirements above and entrustment for 3 patient EPAs, by the end of PGY1

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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