



Primer for EPA FOD 2A - Managing patients admitted to ACUTE care settings with common medical problems and advancing their care plans:
PATIENT ASSESSMENT & MANAGEMENT

This EPA focusses on the ability to manage patients admitted to **acute care settings with common medical problems and advancing their care plans**. Supervisor (staff and/or supervising resident or fellow) does assessment based on direct* and indirect observation. It can be completed on any rotation where residents are managing acutely ill patients.

It should be done in the **Foundations of Discipline (FOD)** stage (**last 9 blocks of PGY1**)

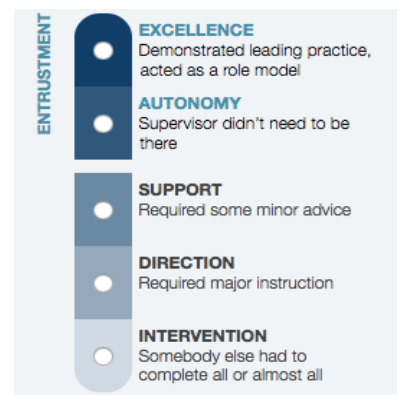
*Direct = unfiltered case review at the time of presentation, with validation of the history/physical by the supervisor followed by discussion of the management plan.

EPA MILESTONES: FOD 2A Manage Acute Follow Up

1. Demonstrate compassion for patients
2. Apply clinical and biomedical sciences to manage common patient presentations in Internal Medicine
3. Perform appropriate clinical assessments throughout the course of a patient illness
4. Adapt the management plans to the clinical course
5. Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
6. Ensure follow-up on results of investigation and response to treatment
7. Monitor patients for complications, response to therapy, and evolution of the clinical course
8. Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

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 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.



GLOBAL ENTRUSTMENT SCALE
(Autonomous and Consultancy levels are entrustable)

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 Factsheets:

CBD Terminology [Click here](#)

Improving feedback tips: [Click here](#)

WATCH an eModule on:

CBD in Internal Medicine: [Click here](#) to watch

EPAs 101: [Click here](#)

VISIT

www.deptmedicine.utoronto.ca/cbme

for general information on resources and events.

Questions? CONTACT us at

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