



Primer for TTD1 EPA - **PERFORMING HISTORIES AND PHYSICAL EXAMINATIONS**, documenting and presenting findings, across clinical settings for initial and subsequent care

## 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](#)

EPAs 101: Click [here](#)

### VISIT

[www.deptmedicine.utoronto.ca/cbme](http://www.deptmedicine.utoronto.ca/cbme)

for general information on resources and events.

**Questions? CONTACT** us at

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*This EPA focuses on clinical assessment, which verifies the skills learned in medical school. It includes performing the history and physical exam on a new or follow-up patient, formulating a differential diagnosis and documenting the encounter, **at the level of an incoming PGY1**. This can occur in **any care setting** (e.g. ward, clinic, ER). It also includes providing an organized verbal presentation and written documentation of the case. It does **not include diagnosing or managing** patient problems. There is meant to be some component of **direct observation**.*

*It should be done in the **Transition to Discipline (TTD)** stage (first 4 blocks of PGY1).*

## EPA MILESTONES: TTD1 History & Physical Examination

1. Elicit an accurate, relevant history
2. Perform a physical exam that informs the diagnosis
3. Synthesize patient information from the clinical assessment for the purpose of written or oral summary to a supervisor
4. Identify and/or monitor key clinical features in the implementation of a management plan
5. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
6. Maintain accurate and up-to-date problem lists and medication lists
7. Document the essential elements of a clinical encounter using a structured approach

## 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)