

GASTROENTEROLOGY ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)

EPA Tool Names

Stage 1: Transition to Discipline (TTD)

- TD1 – Assessing, triaging, and initiating management for patients with GI emergencies
- TTD2A – Performing the pre-procedural assessment and risk optimization for patients undergoing endoscopy (Consent)
- TTD2B – Performing the pre-procedural assessment and risk optimization for patients undergoing endoscopy (Patient preparation for the procedure)

Stage 2: Foundations of Discipline (FOD)

- FOD1A – Assessing and initiating management for uncomplicated patients (History and Physical)
- FOD1B - Assessing and initiating management for uncomplicated patients (Clinical Assessment and Management)
- FOD2 – Assessing the nutritional status and initiating a nutritional support plan for uncomplicated patients
- FOD3A – Performing esophagogastroduodenoscopy (Procedure)
- FOD3B – Performing esophagogastroduodenoscopy (Procedure Note)
- FOD4 – Performing endoscopic examination to the level of the sigmoid colon

Stage 3: Core of Discipline (COD)

- COD1 – Assessing and initiating management for complex patients
- COD2 – Providing ongoing management for patients with stable, chronic and/or complex conditions
- COD3 – Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions
- COD4A – Identifying and referring patients who need additional specialized care (Assessment and Decision for Referral)
- COD4B – Identifying and referring patients who need additional specialized care (Communication with the Consultant)
- COD5 – Providing complete nutritional assessment and plans for patients with complex nutritional needs
- COD6 – Performing colonoscopy
- COD7 – Identifying clinically significant findings during endoscopic procedures of the upper and lower gastrointestinal tract
- COD8A – Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract (Procedural Skills)
- COD8B – Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract (Procedure Note)
- COD9 – Providing care for patients who have experienced a patient safety incident
- COD10A – Leading the provision of GI care for patients on an inpatient service (Patient Care)
- COD10B – Leading the provision of GI care for patients on an inpatient service (Interprofessional Care)

Stage 4: Transition to Practice (TTP)

- TTP1 – Managing the days list of endoscopy procedures

EPAs and Milestones

***** FOR “observations” – THIS MEANS “ENTRUSTABLES” *****

Transition to Discipline

PGY4 Blocks 1 & 2

July 1-August 23, 2020

Total EPA Completion during TTD: 6

~ 0.80 EPA per week, per learner

TD1 – Assessing, triaging, and initiating management for patients with GI emergencies

Collect 2 observations – at least 2 different presentations and at least 1 patient requiring endoscopy

- Work within personal limitations, asking for assistance as needed
- Determine the acuity of the issue and establish priorities for patient care
- Perform a history and physical exam relevant to the patient’s presentation, in a time-effective manner
- Develop a differential and provisional diagnosis relevant to the patient’s presentation
- Develop and implement initial management plans for gastrointestinal emergencies
- Determine the need and timing of referral to another health care professional
- Identify patients requiring handover to other physicians or health care professionals

TTD2A – Performing the pre-procedural assessment and risk optimization for patients undergoing endoscopy (Consent)

Collect 2 observations – 2 different assessors

- Apply knowledge of the laws governing capacity for decision making
- Explain the risks and benefits of, and the rationale, for a proposed procedure
- Provide information clearly and compassionately, checking for patient/family understanding
- Use communication skills and strategies that help the patient make an informed decision
- Document the consent discussion in an accurate and complete manner

TTD2B – Performing the pre-procedural assessment and risk optimization for patients undergoing endoscopy (Patient preparation for the procedure)

Collect 2 observations – 1 upper endoscopy, 1 lower endoscopy

- Integrate and synthesize the clinical information to assess clinical status, peri-procedural risk and opportunities for risk mitigation
- Anticipate peri-procedural issues and complications, and incorporate these considerations in the management plan
- Order the preparation for the endoscopic procedure, to optimize procedural outcomes
- Select the appropriate location and sedation for the patient’s procedure
- Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations
- Communicate effectively with other health care professionals

Foundations of Discipline

PGY4 Blocks 3-8

August 2, 2020 -February 7, 2021

Total EPA Completion during FOD: 31

~ 1.29 EPA per week, per learner

FOD1A – Assessing and initiating management for uncomplicated patients (History and Physical)

Collect 2 observations – at least 1 observed history, at least 1 observed physical

- Elicit an accurate, relevant history
- Conduct the interview in a patient-centered manner
- Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
- Perform a physical examination that informs the diagnosis
- Develop a differential and provisional diagnosis relevant to the patient's presentation
- Select and interpret appropriate investigations

FOD1B - Assessing and initiating management for uncomplicated patients (Clinical Assessment and Management)

Collect 12 observations – at least 4 different categories, at least 3 assessors

- Synthesize information from the clinical assessment
- Develop a differential and provisional diagnosis relevant to the patient's presentation
- Select and interpret appropriate investigations
- Develop and implement management plans
- Communicate effectively with other health care professionals
- Document the clinical encounter to adequately convey clinical reasoning, rationale for decisions and/or recommendations

FOD2 – Assessing the nutritional status and initiating a nutritional support plan for uncomplicated patients

Collect 2 observations of achievement – 2 different assessors

- Elicit a diet and nutritional history
- Synthesize patient information to determine a patient's nutritional status, including macronutrient and micronutrient sufficiency
- Estimate nutritional requirements in an uncomplicated patient
- Develop and implement a plan for nutritional support, by any route; oral, enteral, parenteral
- Work with the patient and family to understand relevant options for care
- Anticipate the risk and recommend interventions to prevent and treat refeeding syndrome
- Facilitate timely patient access to services and resources

FOD3A – Performing esophagogastroduodenoscopy (Procedure)

Collect 6 observations – at least 2 assessors

- Apply knowledge of anatomy, key landmarks and the endoscopic procedure
- Manipulate endoscope appropriately, achieving stabilization, orientation and direction



- Use appropriate strategies for endoscope advancement
- Achieve clear visualization of the lumen for safe navigation and complete mucosal evaluation
- Perform tissue biopsies, as appropriate
- Monitor patient comfort and safety, and adjust the procedure as needed
- Respond appropriately to input from other health care professionals

FOD3B – Performing esophagogastroduodenoscopy (Procedure Note)

Collect 3 observations – at least 2 assessors

- Document the encounter to accurately convey the procedure and outcome
- Document the quality and findings of the endoscopic procedure, using instruments with strong validity evidence as appropriate
- Record high quality images of significant findings
- Complete clinical documentation in a timely manner

FOD4 – Performing endoscopic examination to the level of the sigmoid colon

Collect 6 observations – at least 2 assessors

- Prepare and position the patient for the procedure
- Assemble and optimize endoscope function
- Manipulate the endoscope shaft, head and angulation control knobs for effective navigation of the GI tract
- Achieve optimal visualization using a variety of appropriate techniques such as air, water and suction
- Use torque steering appropriately
- Demonstrate fine tip control
- Recognize loop formation and use loop reduction techniques appropriately
- Use position change and other techniques, as appropriate, to advance the endoscope safely
- Demonstrate appropriate pace and progress during insertion and withdrawal
- Communicate effectively with nurses and assistants during the procedure
- Monitor patient comfort and safety, and adjust the procedure as needed
- Assess the quality of the bowel preparation using standardized scales
- Work within personal limitations, asking for assistance as needed

Core of Discipline

PGY4 Blocks 9-13

PGY5 Blocks 1-11

February 8, 2021 – May 1, 2022

Total EPA Completion during COD: 107

~ 1.67 EPA per week, per learner

COD1 – Assessing and initiating management for complex patients

Collect 5 observations – at least 1 direct observations, at least 2 inpatient, at least 2 outpatient, at least 5 different examples of the case mix, at least 2 assessors

- Identify barriers to access and care for individual patients
- Integrate the patient's perspective and context into the collaborative care plan
- Develop and implement management plans that consider all of the patient's health problems and needs
- Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities and/or other features of case complexity
- Share information and explanations that are clear and accurate while checking for understanding
- Implement a plan for ongoing care, follow-up on investigations, response to treatment and/or monitoring for disease progression
- Coordinate treatment and follow up across care settings and amongst other physicians, health care professionals and services

COD2 – Providing ongoing management for patients with stable, chronic and/or complex conditions

Collect 14 observations – at least 2 direct observations, at least 2 assessors, a minimum 2 of each of the following presentations: chronic liver disease, liver transplant recipients, chronic pancreatobiliary disease, inflammatory bowel disease, refractory disease such as GERD, H Pylori, cystic fibrosis, celiac disease/eosinophilic disorders; at least 2 other presentations

- Prioritize which issues need to be addressed
- Assess treatment adherence, efficacy and/or toxicity
- Select and interpret the results of investigations performed to monitor treatment and clinical status
- Synthesize patient information to determine clinical status and/or response to therapy
- Develop and implement monitoring strategies for anticipated adverse events, illnesses and/or complications
- Incorporate disease prevention, health promotion, and health surveillance activities into patient interactions
- Coordinate treatment and follow-up plans
- Communicate with the patient's primary health care professional about the patient's care

COD3 – Managing patients with exacerbations, disease progression, and/or complications of chronic GI conditions

Collect 10 observations – at least 2 in patient, at least 2 outpatient, at least 2 patients with IBD, at least 3 patients with chronic liver disease, at least 1 on each of the other diagnoses, at least 1 of each issue, at least 2 assessors

- Prioritize which issues need to be addressed
- Select and interpret the results of investigations performed to monitor treatment and clinical status
- Differentiate signs and symptoms of disease and/or disease progression from adverse effects of treatment

- Synthesize patient information to determine clinical course, response to treatment and/or toxicity, and short and long-term prognosis
- Adjust management plans based on clinical status and/or response to treatment
- Provide information related to the patient's health status, care and needs clearly and compassionately
- Facilitate timely patient access to services and resources

COD4A – Identifying and referring patients who need additional specialized care (Assessment and Decision for Referral)

Collect 3 observations – at least 1 elective, at least 2 different types of referral, at least 2 assessors

- Synthesize information from the clinical assessment and investigations to determine the patient's clinical status and health care needs
- Integrate the patient's other medical problems, overall functioning, and current health status into the decision regarding plan of care
- Establish goals of care
- Develop and implement management plans
- Apply knowledge of local resources for optimal patient care
- Determine the need and timing of referral to another health care professional
- Provide information related to the patient's health status, care and needs clearly and compassionately
- Facilitate timely patient access to services and resources

COD4B – Identifying and referring patients who need additional specialized care (Communication with the Consultant)

Collect 2 observations – at least 1 urgent referral

- Formulate clear and appropriate requests for consultation
- Summarize the patient's issues for the consultant
- Communicate with other health professionals clearly and respectfully
- Organize the handover of care to the most appropriate physician
- Coordinate care when multiple physicians and health care professionals are involved
- Work effectively with other physicians and health care professionals to provide integrated care

COD5 – Providing complete nutritional assessment and plans for patients with complex nutritional needs

Collect 2 observations – at least 1 physician, at least 1 requiring nutritional intervention

- Estimate nutritional requirements in a complex patient
- Develop and implement a plan for nutritional support by any route; oral, enteral, parenteral
- Consider costs when choosing care options
- Work with the patient and family to understand relevant options for care
- Develop and implement a plan for monitoring and follow-up
- Identify and manage complications of nutritional support (medical, and device and access related)
- Work effectively within an interprofessional team

COD6 – Performing colonoscopy

Collect 12 observations – at least 4 high difficulty, at least 4 assessors, at least 2 assessors for high difficulty

- Prepare and position the patient for the procedure
- Manipulate the endoscope shaft, head and angulation control knobs for effective navigation of the GI tract
- Achieve optimal visualization using a variety of appropriate techniques such as air, water and suction

- Use torque steering appropriately
- Demonstrate fine tip control
- Recognize loop formation and use loop reduction techniques appropriately
- Use position change and other techniques, as appropriate, to advance the endoscope safely
- Demonstrate appropriate pace and progress during insertion and withdrawal
- Communicate effectively with nurses and assistants during the procedure
- Monitor patient comfort and safety, and adjust the procedure as needed
- Work within personal limitations, asking for assistance as needed

COD7 – Identifying clinically significant findings during endoscopic procedures of the upper and lower gastrointestinal tract

Collect 12 observations – at least 3 at each location (esophagus, stomach, small bowel, colon), at least 3 assessors

- Identify clinically significant findings during endoscopic procedures
- Interpret the clinical significance of findings of endoscopic procedures
- Integrate endoscopic findings to develop a provisional diagnosis and management plan
- Determine the most appropriate interventions for the purposes of ongoing assessment and/or management
- Propose and implement plans for ongoing care and/or follow-up on investigations

COD8A – Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract (Procedural Skills)

Collect 25 observations – at least 3 variceal hemostasis, at least 8 non-variceal hemostasis, at least 2 dilations, at least 10 polypectomy, at least 2 foreign body, at least 4 actively bleeding, at least 5 polypectomy >1 cm, at least 5 of medium or high complexity, at least 2 assessors

- Preserve tissue vitality when handling tissue and instruments
- Demonstrate appropriate and safe use of ancillary equipment (e.g., electrocautery, endoscopic injection therapies, endoscopic clips, hemospray, APC, rubber band ligation, balloon tamponade tubes)
- Monitor patient comfort and safety, and adjust the procedure as needed
- Identify and react to immediate complications of the procedure, if applicable
- Work within personal limitations, asking for assistance as needed
- Maintain professional clinical performance in demanding or stressful clinical settings

COD8B – Performing therapeutic endoscopic interventions of the upper and lower gastrointestinal tract (Procedure Note)

Collect 4 observations

- Complete clinical documentation in a timely manner
- Document the encounter to accurately convey the procedure and outcome
- Document the quality and findings of the endoscopic procedure, using instruments with strong validity evidence as appropriate
- Document all relevant findings

COD9 – Providing care for patients who have experienced a patient safety incident

Collect 2 observations – at least 1 in a clinical setting

- Identify a patient safety incident in a timely manner
- Mitigate further injury from adverse events, as appropriate
- Communicate the reasons for unanticipated clinical outcomes and disclose patient safety incidents
- Answer questions from the patient and family about next steps



- Document harmful patient safety incidents as per institutional processes
- Identify potential improvement opportunities arising from harmful safety incidents and near misses
- Plan and document follow-up to a harmful patient safety incident

COD10A – Leading the provision of GI care for patients on an inpatient service (Patient care)

Collect 10 observations – at least 4 different assessors, a mix of acute and chronic diseases, a variety of medical diagnoses

- Perform relevant and time-effective clinical assessments
- Establish patient centered management plans
- Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- Integrate best evidence and clinical expertise into decision-making
- Coordinate care when multiple physicians and health care professionals are involved
- Allocate health care resources for optimal patient care

COD10B – Leading the provision of GI care for patients on an inpatient service (Interprofessional care)

Collect feedback from at least 6 observers – at least 2 other health care professionals

- Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of junior attending
- Make effective use of the scope and expertise of other health care professionals
- Delegate tasks and responsibilities in an appropriate and respectful manner
- Communicate effectively other health care professionals
- Show respect toward collaborators
- Demonstrate professional behaviors, such as punctuality, integrity and compassion
- Run the service efficiently, safely, and effectively

Transition to Practice

PGY5 Blocks 12&13

May 2-June 30, 2022

Total EPA Completion during TTP: 5

~ 0.55 EPA per week, per learner

TTP1 – Managing the days list of endoscopy procedures

Collect at least 5 observations – at least 3 assessors, at least 1 list of medium or high complexity

- Run the service efficiently, safely, and effectively
- Perform endoscopic procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- Adhere to occupational safety procedures to ensure patient, personal and team safety
- Identify clinically significant findings of endoscopic procedures
- Propose and implement plans for ongoing care, follow-up on investigations, and further treatment or referral
- Demonstrate leadership skills in the endoscopy suite
- Manage time effectively to maintain patient and endoscopy flow