



Primer for EPA FOD1 - Assessing, Diagnosing and Providing Initial Management for Patients with Common ACUTE MEDICAL PRESENTATIONS in Acute Care

This EPA focusses on the ability to **assess, diagnose and provide initial management** for patients with **common acute medical** presentations in acute care settings. 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.

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 **28 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

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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EPA MILESTONES: FOD1 Manage Acute New Patient

1. Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance
2. Perform complete and appropriate assessments of patients with common acute medical presentations
3. Generate differential diagnoses along with appropriate diagnostic strategies
4. Develop and implement initial management plans for common internal medicine presentations
5. Seek assistance, as needed, when unanticipated findings or changing clinical circumstances are encountered
6. Communicate the diagnosis, prognosis and/or plan of care in a clear, compassionate, respectful and accurate manner
7. Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
8. Identify patients requiring handover to other physicians or health care professionals

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
(Competent and Proficient levels are entrustable)