Medicine
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CORE OF DISCIPLINE (COD)
EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: COD-1, COD-2A, COD-2B, COD3A, COD-3B, COD-3C, COD-4A, COD-4B, COD-5A, COD-6, COD-7, COD-8, COD-9A, COD-9B, COD-10, COD- 11A, COD-11B

PROCESS: The Internal Medicine Program requires that you complete the assessment requirements for 11 EPAs during Core of Discipline, which covers the PGY2 and PGY3 years.

COD-2A, COD-5 (Procedures of Internal Medicine) and COD-8 (Safety Incident) can be started in PGY-1.

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 block you review your Curriculum Plan to identify 1-2 possible EPAs that you might be able to complete each 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.

Each time you start with a new supervisor, identify the EPA(s) to be completed each week & plan the best days to complete them

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At the start of the day when an EPA is scheduled, remind your supervisor that the form needs to be completed that day

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Complete a minimum of 1-2 clinical EPAs weekly

Complete a Procedural EPA every opportunity you get.

The majority (i.e. > 50%) of each of the CBME workplace based assessments, such as EPAs, must be completed by University Appointed Faculty, except where the Residency Program Committee determines otherwise.

See the individual EPA Primers on the DOM website for more details about each EPA.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient

The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Autonomy and Excellence 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 for a given stage of training, you are expected to receive a certain number of entrustments for each EPA*

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BREAKDOW BY EPA

COD-1: Assessing, diagnosing, and managing patients with **complex or atypical acute** medical presentations

Number of EPA assessments: Complete a minimum of **15** entrustable (Competent or Proficient) COD-1 EPA assessments by the end of PGY3. *You must have successfully completed FOD1 before doing this EPA.*

Type of Case / Procedure: A minimum of 8 different common medical conditions in the acute setting

Setting: Minimum of 4 in an ambulatory care setting

Observation: At least 4 direct observations** covering each focus of care (initial assessment; diagnosis; management). At least 6 different assessors

COD-2A: Assessing & managing patients with **complex chronic** conditions:
Assessment, Diagnosis & Management

Number of EPA assessments: Complete a minimum of **10** entrustable (Competent or Proficient) COD-2A EPA by the end of PGY3. *Can be done in PGY1 after TTD.*

Type of Case / Procedure: A minimum of 6 different common medical conditions (for example: asthma, anemia, arthritis, cancer, chronic fatigue, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, connective tissue disease, coronary artery disease, cirrhosis, dementia, diabetes mellitus, hypertension, other)

Observation: Indirect or direct observation by at least 4 different assessors. A minimum of 6 assessments should be complete in an ambulatory care setting.

COD-2B: Assessing and managing patients with **complex chronic** conditions:
Patient education/ Communication

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) COD-2B EPA assessments by the end of PGY3

Type of Case / Procedure: A variety of common medical conditions (for example: asthma, anemia, arthritis, cancer, chronic fatigue, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, connective tissue disease, coronary artery disease, cirrhosis, dementia, diabetes mellitus, hypertension, other)

Observation: 100% direct observation**

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COD-3A: Providing internal medicine **consultation** to the other clinical services: **Patient Assessment & Decision Making**

Number of EPA assessments: Complete a minimum of **7** entrustable (Competent or Proficient) COD-3A EPA assessments by the end of PGY3, *This can be completed during Subspecialties rotations, in addition to GIM.*

Type of Case / Procedure: A minimum of 5 different types of case (for example: perioperative, obstetrical, others). A minimum of 2 perioperative cases

Setting: A minimum of 4 assessments in an ambulatory setting

Observation: Observation by a minimum of 3 different assessors

COD-3B: Providing internal medicine **consultation** to the other clinical services: **Written Communication**

Number of EPA assessments: Complete a minimum of **4** entrustable (Competent or Proficient) COD-3B EPA assessments by the end of PGY3.

Clinical Scenarios: Supervisor to review written consultation note.

COD-3C: Providing internal medicine **consultation** to the other clinical services: **Oral Communication**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) COD-3C EPA assessments by the end of PGY3.

Setting: In the ambulatory or in-patient settings

Observation: 100% Direct observation** by supervisor or referring physician

COD-4A: Assessing, resuscitating, and managing **unstable and critically ill** patients: **Patient Care**

Number of EPA assessments: Complete a minimum of **12** entrustable (Competent or Proficient) COD-4A EPA assessments during blocks of ICU, CCU and GIM with unstable patient contact. *You must have successfully completed FOD5 before doing this EPA.*

Type of Case / Procedure: A minimum of 5 different types of cases (for example: Shock; systemic inflammatory response syndrome/sepsis; acute respiratory distress; unstable cardiac rhythms; acute coronary syndrome; seizures/altered level of consciousness; coagulation emergencies)

Observation: Observation by at least 4 different assessors

COD-4B: Assessing, resuscitating, and managing **unstable and critically ill** patients: **Interprofessional care**

Number of EPA assessments: Complete a minimum of **1** entrustable (Competent or Proficient) COD-4B EPA assessments during blocks of ICU or CCU

Setting: Patient care in the ICU or CCU setting

Observation: Multiple observers provide feedback individually, which is then collated into one report and submitted by faculty

COD-5: Performing the **procedures** of Internal Medicine

Number of EPA assessments: Complete a minimum of 23, 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. An additional one can be done under direct observation, but simulated. After that, if you are comfortable doing it on your own, you can complete the third one independently, but you will still need a supervisor to sign off the COD-5A EPA. Once you have completed **3** entrustable (Competent or Proficient) EPAs (**5** for central lines), you can then start doing self-assessments** (task completed independently and logged independently as COD-5B).

To meet the program's minimum requirements, you need a minimum of **3** successful procedures completed for each category of procedure (5 for central lines).. You should do procedures whenever you are able to.

You should continue logging all procedures, even after the 3 or 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, and/or COD-4, if code was observed or debriefed).

* Normally completed in PGY2 and PGY3

** Self-Assessments should be logged as COD-5B in Elentra with "Procedure Log PostMD" as the assessor

COD-6: Assessing capacity for medical decision-making

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) COD-6 EPA assessments by the end of PGY3.

Clinical Scenarios: *Builds on Establishing Goals of Care FOD EPA.* This EPA focuses on the determination of capacity, and applying the laws and guidelines that direct the care of patients who lack decision-making capacity. e.g., patient leaving hospital against medical advice, patient refusing recommended treatment

Type of Case / Procedure: A minimum of 2 different type of cases

Observation: A minimum of 1 Direct Observation** by at least one faculty observer

COD-7: Discussing serious and/or complex aspects of care with patients, families and caregivers.

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) COD-7 EPA assessments by the end of PGY3.

Clinical Scenarios: This EPA focuses on communication, including conveying complex and/or emotionally distressing information, guiding discussions involving multiple members of the health care team and recognizing and mitigating conflict. Situations include futility of care, breaking bad news, discharge related discussion, conflicting recommendations of consultants.

Observation: 100% Direct observation** by at a minimum of 2 different assessors

COD-8: Caring for patients who have experienced a patient **safety incident** (adverse event)

Number of EPA assessments: Complete a minimum of **1** entrustable (Competent or Proficient) COD-8 EPA assessments by the end of PGY3.

Clinical Scenario: This EPA focuses on all aspects of the care of a patient who has experienced a patient safety incident, including specific medical care, disclosure of the event to the patient/family, as well as documentation and reporting of the incident. May be error; near miss; adverse event

Observation: Direct observation, case review and/or discussion; a maximum of 1 can be simulated

COD-9A: Caring for patients at the End of Life: **Symptom management in end of life care**

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) COD-9A EPA assessments by the end of PGY3.

Clinical Scenarios: Management of the end of life, up to and including referral to palliative care services. It includes symptom management in patients with cancer, organ failure, or neurodegenerative disease.

COD-9B: Caring for patients at the End of Life: **Discussion about transition away from disease-modifying treatment**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) COD-9B EPA assessments by the end of PGY3.

Clinical Scenarios: Management of the end of life, up to and including referral to palliative care services. It includes the discussions with patients and families about progression of illness and evolution of the goals of care. Includes patients with cancer, organ failure, neurodegenerative disease

Type of Case / Procedure: A minimum of 2 different types of cases (for example: cancer, neurodegenerative, organ failure)

Observation: A minimum of 1 of either Direct Observation**, case review and/or discussion; a maximum of 1 simulation

COD10: Implementing health promotion strategies in patients with or at risk for disease

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) COD-10 EPA assessments by the end of PGY3.

Clinical Scenarios: This EPA focuses on the identification of opportunities for health promotion and preventive management, in a range of health care settings and across the breadth of acute and chronic conditions

Type of Case / Procedure: A minimum of 3 different types of cases (for example: asthma/COPD, diabetes, falls/frailty, immunocompromised patients, medication review, vaccinations, cardiovascular risk reduction)

Observation: Observation by a minimum of 2 different assessors

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COD-11A: Supervising junior learners in the clinical setting: **Teaching**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) COD-11A EPA assessments during CTU as a PGY2

Clinical Scenarios: This EPA focuses on the informal teaching that occurs in the clinical (bedside) setting, and includes ensuring safe patient care, teaching and providing feedback.

Observation: Direct observation by junior learners over a period of time (eg. 2 week rotation). **Completed by faculty** (who observes teaching and/or asks for junior resident feedback, from at least 2 different junior learners). Maximum of 1 could be completed by a junior attending resident or clinical associate.

COD-11B: Supervising junior learners in the clinical setting: **Running the Team**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) COD-11B EPA assessments during CTU as a PGY2

Clinical Scenarios: This EPA focuses on the informal teaching that occurs in the clinical (bedside) setting, and includes ensuring safe patient care, teaching and providing feedback.

Observation: 100% Direct observation by a minimum of 2 different supervisors (1 could be completed by a junior attending resident or clinical associate).

COMPLETION OF COD

Completion of the minimum 44 Clinical EPA assessments listed above, plus Procedural ones. 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)

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