Medicine
UNIVERSITY OF TORONTO | Internal Medicine

FOUNDATIONS OF DISCIPLINE (FOD)
EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: **FOD-1, FOD-2A, FOD-2B, FOD-2C, FOD3, FOD-4A, FOD-4B FOD-5, FOD-6, FOD-7**, COD-2A, COD-2B, COD-5, COD-8

PROCESS: The Royal College and your program require that you complete the assessment requirements for the FOD EPAs during Foundation of Discipline, which covers Blocks 3-13 of the PGY1 year.

You *must* complete COD-5 (Procedures of Internal Medicine) whenever possible.

You *may* complete COD-2A & B (Complex Patient with Chronic Condition), and COD-8 (Safety Incident) now and during the rest of your training.

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 week you review your Elentra dashboard to identify 1-2 possible EPAs that you might be able to complete that 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.

EPA assessment may be initiated by you or your supervisor.

Each time you start with a new supervisor, identify the EPAs to be completed that week & plan the best day to complete it

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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

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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 Competent and Proficient 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.*

BREAKDOWN BY EPA

FOD-1: Assessing, diagnosing, and providing initial management for patients with common **acute medical presentations** in acute care settings

Number of EPA assessments: Complete a minimum of **8** entrustable (Competent or Proficient) FOD-1 EPA assessments during your 11 blocks of FOD *(you must successfully complete TTD1 first).*

Type of Case / Procedure: A minimum of 5 different types of cases are required (for example: *Chest Pain, SOB, Altered LOC, Fever, Hemodynamic Instability*, or *Other)*

Observation: Observation by a minimum of 3 different assessors. A minimum of 50% of the entrustment target must be Direct Observation.

FOD-2A: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Patient Assessment and Management**

Number of EPA assessments: Complete a minimum of **6** entrustable (Competent or Proficient) FOD-2A EPA assessments during your 11 blocks of FOD. *(you must successfully complete TTD1 first).*

Rotation Services: A minimum of 4 different types of services are required (for example: *Cardiology, Endocrinology, Haematology, Gastroenterology & Hepatology, Geriatric Medicine, Infectious Diseases, Nephrology, Neurology, Respirology,* or *Other*)

Observation: Observation by a minimum of 3 different assessors. A minimum of 50% of the entrustment target must be Direct Observation.

FOD-2B: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Communicating with patients**

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

Rotation Services: Cardiology, Endocrinology, Haematology, Gastroenterology, Geriatric Medicine, Infectious Diseases, Nephrology, Neurology, Respirology, or Other

Observation: Indirect observation with input from patient/family; or direct observation of interaction. A minimum of 50% of the entrustment target must be Direct Observation.

FOD-2C: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Handover**

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

Clinical Scenarios: Any acute scenario

Observation: Must be 100% direct observation.

FOD-3: Consulting specialists and otherhealth professionals, synthesizing recommendations and integrating these into the care plan

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

Setting: Ambulatory care; inpatient; emergency department

Observation: Role of observer: supervisor; physician specialist being consulted; other health professional.

- At least 1 non-physician health professional (completed by supervisor in consultation with the health professional
- At least 1 physician specialist being consulted

FOD-4A: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: **Discharge plan documentation**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) FOD-4A EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital

Observation: Indirect observation

FOD-4B: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: **Discharge plan communication**

Number of EPA assessments: Complete a minimum of **2** entrustable (Competent or Proficient) FOD-4B EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital

Observation: Direct observation

FOD-5: Assessing **unstable patients**, providing targeted treatment and consulting as needed

Number of EPA assessments: Complete a minimum of **6** entrustable (Competent or Proficient) FOD-5 EPA assessments during your 9 blocks of FOD. *(you must successfully complete TTD2 first).*

Type of Case / Procedure: *acute respiratory distress*, *hemodynamic instability*, *altered level of consciousness,* or *other* (Minimum of 4 different are required)

Setting: ED, step-down unit, critical care unit, ward

Observation: d*irect observation, case review and/or discussion,* or *simulation.* A maximum of 3 may be simulation

FOD-6 Discussing and establishing patients' **goals of care**

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) FOD-6 EPA assessments by the end of FOD (PGY1).

Type of Presentation: A minimum of 2 different types of presentation are required (for example: *stable acute condition, unstable acute condition, progressive medical condition, in-patient, ambulatory, at least one substitute decision maker)*

Observation: Minimum of 2 different assessors. Minimum of 2 of either direct observation, case review and/or discussion (maximum of 1 simulation).

FOD-7 Identifying **personal learning needs** while caring for patients, and addressing those

Number of EPA assessments: Complete a minimum of **3** entrustable (Competent or Proficient) FOD-7 EPA assessments during your non-CTU blocks of TTD and FOD. (This may be done on CTU, but there are higher priority EPAs for CTU.)

Type of Case / Procedure: Wide variety of acute and chronic types of illnesses

Settings: Can be across ED; ambulatory; ward

Observation: Complete Personal Learning clinical presentation or complete formal rounds based on a patient case

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/or 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 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, 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

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OPTIONAL FOR FOD

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

Number of EPA assessments: Complete a minimum of **12** entrustable (Competent or Proficient) COD-2A EPA by the end of PGY3

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 **5** 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**

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

Number of EPA assessments: Complete a minimum of **2** 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

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COMPLETION OF FOD

Completion of the required EPA assessments and entrustment requirements listed above. 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 etc