



TRANSITION TO PRACTICE (TTP) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: TTP-1A, TTP-1B, TTP-2A, TTP-2B, TTP-2C, TTP-3, TTP-4, TTP-5, TTP-6, TTP-7, TTP-8

PROCESS: The Internal Medicine Program requires that you complete the assessment requirements for 11 EPAs during Transition to Practice, which covers the PGY4 year.

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 2-3 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.

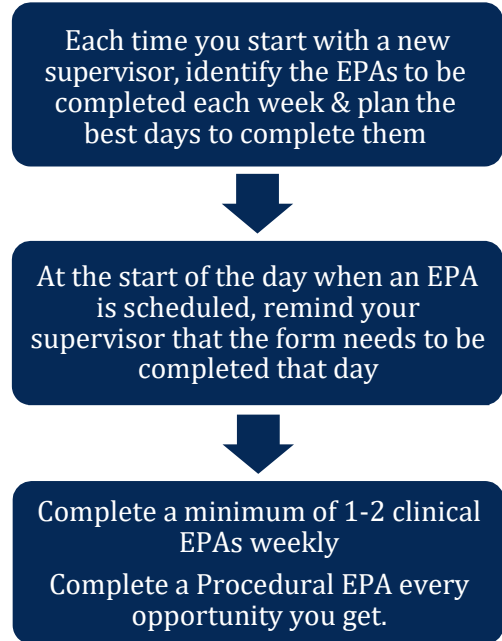
The majority (i.e. > 50%) of each of the CBME workplace based assessments, such as EPAs, must be completed by University Appointed Faculty, except where the Residency Program Committee determines otherwise.

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

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient
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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

TTP-1A: Managing an inpatient medical service: Overall Patient Care

Number of EPA assessments: Complete a minimum of 10 entrustable (Competent or Proficient) TTP-1A EPA assessments by the end of PGY4

Type of Case / Procedure: A variety of medical diagnoses, a mix of acute and chronic conditions

Observation: Chart review by supervisor; at least 4 different assessors

TTP-1B: Managing an inpatient medical service: Interprofessional Care

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) TTP-1B EPA assessments by the end of PGY4

Type of Case / Procedure: A variety of medical diagnoses, a mix of acute and chronic conditions

Observation: Multiple observers (supervisor, nurse, junior resident, student, at least 2 other health care professionals) provide feedback individually, which is then collated to one report

TTP-2A: Managing longitudinal aspects of care in a medical clinic: Overall Patient Care

Number of EPA assessments: Complete a minimum of 10 entrustable (Competent or Proficient) TTP-2A EPA assessments by the end of PGY4

Type of Case / Procedure: general Internal Medicine clinics with a variety of patient presentations; focused clinics with patients with a narrow spectrum of presentations (e.g. COPD clinic); general subspecialty clinics with a variety of patient presentations.

Observation: Chart review (e.g., review of consult letter) by supervisor.

TTP-2B: Managing longitudinal aspects of care in a medical clinic: Collaboration and Efficiency

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) TTP-2B EPA assessments by the end of PGY4

Type of Case / Procedure: general Internal Medicine clinics with a variety of patient presentations; focused clinics with patients with a narrow spectrum of presentations (e.g. COPD clinic); general subspecialty clinics with a variety of patient presentations.

Observation: Multiple observers provide feedback individually, which is then collated to one report. The role of the observers can be: supervisor (at least 2 observations), clinic staff (at least 1 observation) nurse, other health care professional



TTP-2C: Managing longitudinal aspects of care in a medical clinic: Patient Survey

Type of Case / Procedure: general Internal Medicine clinics with a variety of patient presentations; focused clinics with patients with a narrow spectrum of presentations (e.g. COPD clinic); general subspecialty clinics with a variety of patient presentations.

Observation: Patients provide feedback individually, which is then collated to one report. Collect feedback from 15 patients.

TTP-3: Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

Number of EPA assessments: Complete a minimum of 4 entrustable (Competent or Proficient) TTP-3 EPA assessments by the end of PGY4

Clinical Scenarios:

Setting: ambulatory; inpatient

Condition: acute; chronic; both acute and chronic

Type of undifferentiated issue: limited data; non-diagnostic data; conflicting data

Observation: At least 1 review of consult note/written communication to other MD. At least 1 direct observation of communication with patient

TTP-4: Providing consultation to off-site health care providers

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) TTP-4 EPA assessments by the end of PGY4

Type of Case / Procedure: At least 1 transfer to ward; at least 1 transfer to ICU/CCU

Observation: Direct or indirect observation (review of case summary) by supervisor

TTP-5: Initiating and facilitating transfers of care through the health care system

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) TTP-5 EPA assessments by the end of PGY4

Setting: Transfer to acute care setting with high resource intensity; to acute care setting with low resource intensity. Case complexity should be medium or high.

Observation: Direct observation, case discussion or review of clinical documentation by supervisor, no more than 1 simulation



TTP-6: Working with other physicians and healthcare providers to develop collaborative patient care plans

Number of EPA assessments: Complete a minimum of 3 entrustable (Competent or Proficient) TTP-6 EPA assessments by the end of PGY4

Setting: Inpatient or outpatient clinical service (e.g. multidisciplinary ambulatory clinics) and/or team conferences (e.g. tumour boards)

Observation: Collect feedback from 8 observers

- At least 2 supervisors
- At least 3 consulting physicians
- At least 2 other health care professionals

TTP-7: Identifying learning needs in clinical practice, and addressing them with a personal learning plan

Number of EPA assessments: Complete a minimum of 1 entrustable (Competent or Proficient) TTP-7 EPA assessments by the end of PGY4.

Observation:

- a. Review a submission-ready documentation of a “Personal Learning Plan (PLP)” appropriate for entry into MAINPORT in which a resident identifies:
 - i) a personal knowledge or performance gap, or
 - ii) an emerging need in the community that they serve and then creates and implements a plan to update their knowledge/skills
- b. Review the resident’s e-portfolio for evidence of literature searches, attendance at conferences, or other activity that addresses their learning needs over the TTP stage

TTP-8: Identifying and analyzing system-level safety, quality, or resource stewardship concerns in healthcare delivery

Number of EPA assessments: Complete a minimum of 1 entrustable (Competent or Proficient) TTP-8 EPA assessments by the end of PGY4.

Observation:

Review of resident submission by the Competence Committee.

Resident submission must include all of the following:

For Project: Summary of data identifying the concern(s) in safety, quality or resource stewardship; Analysis of the human and system factors related to that concern

For advanced course: syllabus and evidence of participation

For committee: Summary of participation including examples of the concern(s) in safety, quality or resource stewardship and analysis of the human and system factors related to that concern



COMPLETION OF TTP

Completion of the minimum 37 EPA assessments 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)

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