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 29 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 an eModule on:
- CBD in Internal Medicine and Medsquares troubleshooting: Click here to watch EPAs 101: Click here

PREVIEW a sample completed TTD1 EPA. Click here to preview.

VISIT www.deptmedicine.utoronto.ca/cbme for general information on resources and events.

Questions? CONTACT us at dom.cbd@utoronto.ca

**Primer for Managing New Acutely Ill Patients - EPA FOD1**

This EPA focusses on the ability to **assess, diagnose and provide initial management** for patients with common acute medical presentations in acute care settings. It is generally completed in Blocks 5-13 of the PGY1 year. Supervisor (staff and/or supervising fellow) does assessment based on direct* and indirect observation. It can be completed on any rotation where residents are managing acutely ill patients.

*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.

**EPA MILESTONES: Managing the Acutely Ill Patient FOD EPA 1**

1. Performs appropriate assessment, identifies and differentiates normal and abnormal findings in history and physical exam of patient with acute medical presentation.
2. Recognizes life-threatening or emergent situations, and asks for help when appropriate
3. Generates DDx with appropriate diagnostic strategies.
4. Implements an initial management plan that addresses ongoing diagnostic uncertainty and incorporates best practice and guidelines.
5. Completes documentation, and if necessary patient admission, in a timely and efficient manner.
6. Communicates with patient and family using person-centered approach, demonstrating compassion.
7. Manages transitions of care (e.g. changing units, handover) appropriately.

**HOW TO COMPLETE AN EPA ASSESSMENT:**

1. You or the resident initiate the assessment. You observe the resident carry out the activity. We expect at least 10 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
2. You or the resident sign onto medsquar(es), 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 provide comments about the resident’s performance. Please also indicate the 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 entrusted early in a new stage of training, although this particular tool verifies skills that should have been learned in medical school.
5. Provide 2-3 specific, targeted comments on what they did well and suggestions for improving their performance.
6. Discuss your feedback with the resident.

**GLOBAL ENTRUSTMENT SCALE** (Autonomous and Consultancy levels are entrustable)