



Primer for Managing Follow-up Acute Patients - EPA FOD 2A

This EPA focusses on the ability to manage patients admitted to **acute care settings with common medical problems and advancing their care plans**. 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.

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

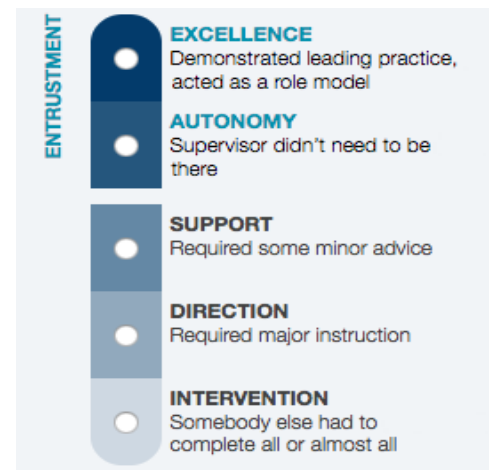
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EPA MILESTONES: **Managing Follow-up Acute Patients FOD 2A**

1. Performs appropriate clinical assessments throughout the course of a patient's illness.
2. Recognizes life-threatening or emergent situations, and asks for help when appropriate.
3. Generates DDx with appropriate diagnostic strategies.
4. Adapts the management plan to the clinical course.
5. Documents clinical encounters to adequately convey clinical reasoning and rationale for decisions.
6. Follows up on results and monitors for complications, response to therapy, and evolution of the clinical course and adapts plan appropriately.
7. Communicates with patient and family using person-centered approach, demonstrating compassion.

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 [medsquares](#), 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 entrustable 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)