



Primer for Communicating with Patients – EPA FOD 2B

This EPA focusses on the ability to **communicate with patients and families**. The assessor can be the supervisor, a physician specialist being consulted or another health professional. This can be done indirectly with input from patient and/or family or with the direct observation of interaction. It is generally completed in Blocks 5-13 of the PGY1 year.

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

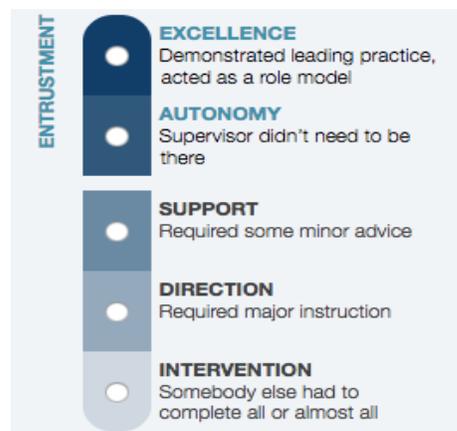
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EPA MILESTONES: Communicating with Patient/Family FOD 2B

1. Works with patients and their families to understand relevant options for care
2. Contextualizes the available biomedical and psychosocial information with the patient’s beliefs, values and expectations
3. Collects and synthesizes relevant information from other sources, including the patient’s family, with patient consent
4. Considers patient preferences when discussing the results of clinical assessments, tests, and treatment plans
5. Verifies and validates the understanding of the patient and family, including acknowledging their non-verbal cues
6. Engages in shared decision-making by integrating the perspectives of the patient and others when developing care plans
7. Answers questions from the patient and family about next steps.

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)