Primer for Intro Procedural Skills - EPA TTD3

Transition to Discipline - TTD EPA 3 (PGY1- Blocks 1-4): This EPA documents the resident’s ability to perform the basic procedures of internal medicine: venipuncture, peripheral intravenous placement, radial artery blood gas sampling, nasogastric tube placement, preparation of sterile field with local anesthetic injection for invasive procedures. It involves consent, reparation, performance and recognition of and management of complications.

Supervisor (staff and/or supervising fellow) does assessment based on direct observation.

EPA MILESTONES: TTD3 (Click to see similar completed form)

1. Obtains informed consent, explaining the indications, benefits and risks of procedure using a person-centered approach.
2. Prepares for procedures (incl gathering materials, following aseptic techniques, using safety checklist, positioning patient, handles sharps safely, maintains universal precautions).
3. Demonstrates knowledge of steps of procedure, potential risks, and means to avoid/overcome them.
4. Performs technical aspects of the procedure skillfully.
5. Attends to patient comfort during the procedure.
6. Recognizes, troubleshoots & manages complications & seeks help when needed.
7. Documents procedure in a manner that enhances care; documentation is organized & timely.
8. Works effectively and professionally with the health care team during the procedure.
9. When relevant, implements post-procedure care plan, orders appropriate tests & correctly interprets them.

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 5 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 general comments and recommendations for the resident’s future learning.
6. Discuss your feedback with the resident.

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

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

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