This Core of Discipline - COD EPA 6 (PGY2&3) focuses on the determination of capacity, and applying the laws and guidelines that direct the care of patients who lack decision-making capacity. e.g., patient leaving hospital against medical advice, patient refusing recommended treatment. It should be based on direct** or indirect observation by at least one faculty observer.

**Direct = unfiltered case review at the time of presentation, with validation of part of the history/physical by the supervisor followed by discussion of the management plan.

EPA MILESTONES: COD6 Assessing Capacity

1. Determine the patient’s understanding of their condition, risks associated with treatment options and alternatives to proposed treatments
2. Assess the patient’s capacity to make decisions about his/her medical care
3. Determine the necessity and appropriate timing of consultation with mental health and/or other professionals
4. Tailor approaches to decision-making to patient capacity, values, and preferences
5. Actively listen and respond to patient cues
6. Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner
7. Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
8. Apply professional standards, and laws governing capacity and competence for medical decision making

HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. The assessment may be based on direct observation or case discussion.
2. You or the resident sign onto Elentra, 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 indicate their 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. Describe 2-3 strengths and 2-3 actions, or areas for improvement. Please provide detailed and actionable comments based on your observations of their performance.
6. Discuss your feedback with the resident.