**Primer for EPA COD9B - Paring for patients at the END OF LIFE – DISCUSSION about TRANSITION away from disease modifying treatment**

This **Core of Discipline - COD EPA 9B (PGY2&3)** focuses on **Management of the end of life, up to and including referral to palliative care services. It includes the discussions with patients and families about progression of illness and evolution of the goals of care. Includes patients with cancer, organ failure, neurodegenerative disease. Completion of the form requires direct observation by trainee’s supervisor.**

**EPA MILESTONES: COD9B End of Life: Discussion about Transition**

1. Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
2. Provide information to patients and their families clearly and compassionately
3. Provide information related to progression of illness and evolution of care
4. Educate patients and caregivers about end of life care options including palliative care and medical assistance in dying
5. Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
6. Answer questions from the patient and family about next steps
7. Establish goals of care in collaboration with the patient and family
8. Facilitate timely patient access to services and resources

**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.

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**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: Click [here](#) to watch
EPAs 101: Click [here](#)

VISIT [www.deptmedicine.utoronto.ca/cbme](http://www.deptmedicine.utoronto.ca/cbme) for general information on resources and events.

Questions? CONTACT us at [im.cbd@utoronto.ca](mailto:im.cbd@utoronto.ca)