



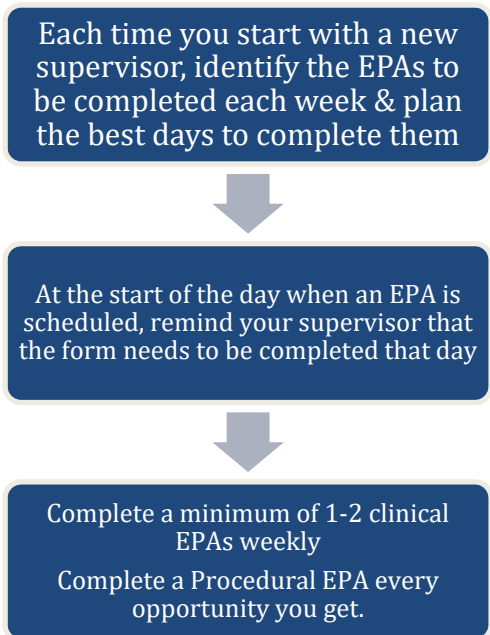
## CORE OF DISCIPLINE (COD) EPA ASSESSMENT COMPLETION GUIDE

### PROCESS AT A GLANCE

**TOOLS:** Please use the following Medsquares tools: COD-1, COD-2, COD-4, COD-5

**PROCESS:** The Internal Medicine Program requires that you complete the assessment requirements for 4 EPAs (COD-1, -2, -4, -5) during Core of Discipline which covers the PGY2 and PGY3 years. As well, COD-5 (Procedures of Internal Medicine) can start right from the beginning of residency.

The specific requirements for each EPA assessment are outlined below. We suggest that you review this document prior to each block, and at regular intervals. We also recommend that at the start of each block you review your Curriculum Plan to identify 2-3 possible EPAs that you might be able to complete each week, and plan the timing with your supervisor at the start of the week, with the understanding that EPA completion will be dependent on cases seen on any given day. There will be unique opportunities that come up during the day (e.g. an unstable patient or a procedure) that you or your supervisor might decide is better for the EPA completion on that day. The goal is to complete 1-2 clinical EPAs per week, plus procedural ones.



#### ENTRUSTMENT SCALE:

Intervention	Direction	Support	Autonomy	Excellence
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The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Autonomy and Excellence categories. *Residents are not expected to be entrustable each time an EPA is completed, this normally takes repeated effort to achieve. To be considered competent for a given stage of training, you are expected to receive a certain number of entrustments for each EPA.*

### BREAKDOWN BY EPA

**EPA COD-1:** Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations.

**Number of EPA assessments:** Complete a minimum of 18 COD-1 EPA assessments during each of your PGY2 and PGY3 years.

**Clinical scenarios:** A variety of common medical conditions

#### Observation:

- At least 6 direct observations\*\*
- At least 6 observations in ambulatory care setting
- At least 4 of each focus of care (initial assessment; diagnosis; management)
- At least 6 different assessors

**Success:** Completion of the requirements above (18 done in PGY2) and *entrustment in 18 by the end of PGY3*

## EPA COD-2: Assessing and managing patients with complex chronic conditions

**Number of EPA assessments:** Complete a minimum of 12 COD-2 EPA assessments during each of your PGY2 and PGY3 years

**Clinical scenarios:** A variety of common medical conditions (asthma, anemia, arthritis, cancer, chronic fatigue, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, connective tissue disease, coronary artery disease, cirrhosis, dementia, diabetes mellitus, hypertension, other)

**Observation:**

- At least 6 in ambulatory care setting
- Case mix must include a variety of conditions
- At least 6 different faculty

**Success:** Completion of the requirements above (12 done in PGY2) and *entrustment in 12 by the end of PGY3*

## EPA COD-4: Assessing, resuscitating, and managing unstable and critically ill patients.

**Number of EPA assessments:** Complete a minimum of 14 COD-4 EPA assessments during blocks of ICU, CCU and GIM with unstable patient contact

**Clinical Scenarios:** Shock; systemic inflammatory response syndrome/sepsis; acute respiratory distress; unstable cardiac rhythms; acute coronary syndrome; seizures/altered level of consciousness; coagulation emergencies

**Observation:** Direct observation\*\* by at least 2 different assessors, can be faculty, fellows or senior residents, but at least 50% should be completed by faculty

**Success:** Completion of the requirements above (14 done in PGY2) and *entrustment in 14 by the end of PGY3*

## EPA COD-5: Performing the procedures of Internal Medicine.

**Number of EPA assessments:** Complete a minimum of 35 COD-5 assessments over the 3 years of training

**Procedures:** Paracentesis, Thoracentesis, Lumbar puncture, Knee Aspiration, (*Central Line Insertion, Arterial Line Insertion, Endotracheal intubation and Airway management -- Bag & mask ventilation, Code Blue*)\*

**Observation:** Direct observation\*\* assessors can be faculty, fellows or more senior residents

**Success:** Do as available, ultimately will require 5 successful for each procedure (\*those in italics are normally completed in PGY2 and PGY3, and should be completed by the end of your ICU and CCU rotations)

**COMPLETION:** Completion of the minimum 44 Clinical EPA assessments listed above, plus Procedural ones. Your EPA assessments will be reviewed by the Competence Committee at regular meetings. The Competence Committee determines your progress looking at the overall picture. Future EPA assessment completion requirements will depend on the Competence Committee report and recommendations, and the overall Royal College requirements.

### \*\*APPENDIX

#### What constitutes a direct observation?

A direct observation is one where your assessor observed you during a step of patient management (e.g. while completing a history, completing a physical exam, talking to the patient about discharge instructions, or observing you do a procedure etc.)

#### What constitutes an indirect observation?

An indirect observation is one where your assessor infers information based on collateral information (e.g. from your charting, speaking directly to a patient, examining a patient after you have examined the patient, speaking to nursing staff about your interpersonal skills)