This EPA focuses on patients who are acutely ill.

Core of Discipline – COD1 (PGY2s and 3s) involves assessing, diagnosing, and managing patients with complex or atypical acute medical presentations, where high complexity is defined as: multiple conditions that co-exist and/or interact; a single condition with multi-systemic manifestation; an atypical presentation of a common condition; management challenges due to social determinants of health +/- cultural complexities. Supervisor (staff and/or supervising fellow) does assessment based on direct* and indirect observation.

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

**EPA MILESTONES: COD 1 Complex or Atypical Acute Presentations**

1. Consider clinical urgency & comorbidities in determining priorities to be addressed
2. Perform complete & appropriate assessment of complex clinical presentations, including consideration of competing treatment needs
3. Select & interpret appropriate investigations based on a differential diagnosis
4. Generate & prioritize the differential diagnoses
5. Monitor the evolution of the clinical course &/or the patient’s response to treatment
6. Generate management plans that address on-going diagnostic uncertainty, address treatment needs, evolve with the clinical course, & incorporate best practice and evidence-based guidelines
7. Determine the necessity & timing of referral to another health care professional
8. Work effectively with other health care professionals, including other physicians

**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 entrusted 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.

**GLOBAL ENTRUSTMENT SCALE**

- Proficient: I observed this performance as exemplary
- Competent: I didn’t need to act (no skills needed)
- Support: I provided minimal redirection to ensure safety
- Direction: I needed to provide major redirection
- Intervention: I had to complete some/all of the EPA task/activity

(Competent and Proficient levels are entrustable)