**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 28 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 EPAs 101: Click here

VISIT www.deptmedicine.utoronto.ca/cbme for general information on resources and events.

Questions? CONTACT us at im.cbd@utoronto.ca

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**Primer for EPA FOD 2A - Managing patients admitted to ACUTE care settings with common medical problems and advancing their care plans:**

**PATIENT ASSESSMENT & MANAGEMENT**

This EPA focuses on the ability to manage patients admitted to acute care settings with common medical problems and advancing their care plans. Supervisor (staff and/or supervising resident or fellow) does assessment based on direct* and indirect observation. It can be completed on any rotation where residents are managing acutely ill patients.

*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.

It should be done in the Foundations of Discipline (FOD) stage (last 9 blocks of PGY1)

**EPA MILESTONES: FOD 2A Manage Acute Follow Up**

1. Demonstrate compassion for patients
2. Apply clinical and biomedical sciences to manage common patient presentations in Internal Medicine
3. Perform appropriate clinical assessments throughout the course of a patient illness
4. Adapt the management plans to the clinical course
5. Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
6. Ensure follow-up on results of investigation and response to treatment
7. Monitor patients for complications, response to therapy, and evolution of the clinical course
8. Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

**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.