



**DIVISION OF PHYSICAL MEDICINE AND REHABILITATION**  
 Department of Medicine  
 University of Toronto

## FOUNDATIONS OF DISCIPLINE (FOD) EPA ASSESSMENT COMPLETION GUIDE

### PROCESS AT A GLANCE

**TOOLS:** Please use the following tools in Elentra: FOD-1, FOD-2, FOD-3

**PROCESS:** The Physical Medicine & Rehabilitation (PM&R) Program requires that you complete the assessment requirements for 3 EPAs during Foundations of Discipline, which begins in PGY1 and ends in PGY2.

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 Rotation Card to identify 1-2 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 EPAs per week.

#### ENTRUSTMENT SCALE:

Intervention	Direction	Support	Competent	Proficient
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The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Competent and Proficient 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 FOD-1:** Assessing and managing patients with non-emergent commonly encountered medical and surgical issues

#### Key Features:

- This EPA includes taking a focused history, recognizing red flags, doing a focused examination, developing a differential diagnosis, selecting and interpreting appropriate investigations, and initiating and communicating a treatment plan.
- This EPA does not include providing advanced treatment of medical and/or surgical conditions.

Each time you start with a new supervisor, identify the EPAs to be completed each week & plan the best days to complete them



At the start of the day when an EPA is scheduled, remind your supervisor that the form needs to be completed that day



Complete a minimum of 1-2 EPAs weekly

- This EPA may be observed in the simulation setting.

**Contextual Variables:**

- At least 2 direct observations
- At least 4 different medical issues
- A variety of settings
- No more than 1 in simulation setting
- At least 4 different observers
- At least 4 observations from university appointed faculty

**Success:** Completion of the requirements above and 10 entrustments (Competent or Proficient) by the end of FOD. Entrustments in FOD-1 are required in the following rotations: GIM (2), Geriatric Rehabilitation (1), Rheumatology (1), Neurology (2), Orthopedics-Inpatient (1).

**Relevant Milestones:**

- COM 2.2 Conduct a focused and efficient patient-centred interview, managing the flow of the encounter while being attentive to the patient's cues and responses
- ME 2.2 Elicit a history and perform a physical exam that informs the diagnosis
- ME 2.2 Develop a differential diagnosis relevant to the patient's presentation
- ME 2.4 Develop and implement an initial management plan
- L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans
- ME 4.1 Ensure follow-up on results of investigation and response to treatment
- COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

**EPA FOD-2:** Identifying, assessing, and providing initial management of patients with emergent and urgent medical issues, and recognizing when to ask for assistance

**Key Features:**

- This EPA includes recognizing unstable or acutely ill patients in various clinical settings, requesting help where appropriate, and initiating management until help arrives.
- This EPA also includes communicating with patients, families and/or other health care professionals.
- This EPA may include collaborating and advocating for appropriate patient care (e.g. transfer to acute care or ICU).
- This EPA may be observed in the simulation setting.

**Contextual Variables:**

- At least 1 direct observation
- At least 4 different medical issues
- At least 2 different settings

- No more than 2 in simulation setting
- At least 4 different observers
- At least 4 observations from university appointed faculty

**Success:** Completion of the requirements above and 10 entrustments (Competent or Proficient) by the end of FOD. Entrustments in FOD-2 are required in the following rotations: GIM (2), Neurology (1), Orthopedics-Inpatient (1).

**Relevant Milestones:**

- ME 2.1 Prioritize issues to address in the patient’s assessment and management
- ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- ME 2.2 Develop a differential diagnosis relevant to the patient’s presentation
- ME 2.4 Develop and implement an initial management plan
- COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis and management plan
- COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- COL 3.1 Identify patients requiring handover to other physicians or health care professionals

### EPA FOD-3: Performing procedures

**Key Features:**

- This EPA includes establishing patient candidacy for the procedure (i.e. identifying the indications and contraindications), obtaining informed consent, preparing the patient and gathering required materials/medications, selecting the site for the procedure, following sterile or clean technique, providing post-procedure counseling to the patient, and documenting the procedure.
- This EPA may be observed in the clinical or simulation setting

**Contextual Variables:**

- No more than 3 in simulation setting
- At least 3 different procedures
- At least 3 different observers
- At least 3 direct observations

**Success:** Completion of the requirements above and 6 entrustments (Competent or Proficient) by the end of FOD. Entrustments in FOD-3 are required in the following rotations: GIM (1), Rheumatology (1), Orthopedics-Inpatient (1).

**Relevant Milestones:**

- ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure
- ME 3.4 Gather and/or manage the availability of appropriate instruments and materials

- ME 3.4 Position the patient appropriately
- ME 3.4 Perform common procedures in a skillful, fluid, and safe manner with minimal assistance
- ME 3.4 Establish and implement a plan for post-procedure care
- ME 3.4 Recognize and manage immediate complications of a procedure
- COM 4.3 Answer questions from the patient and family about next steps
- COM 5.1 Document the clinical encounter to convey a procedure and its outcome

COMPLETION: Completion of 26 total FOD EPA entrustments as outlined above. 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**

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### **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)

### **CanMEDS Role Abbreviations**

ME: Medical Expert

COM: Communicator

COL: Collaborator

L: Leader

HA: Health Advocate

S: Scholar

P: Professional