



## 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  
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## Primer for EPA FOD6 - Discussing and establishing patients' **GOALS OF CARE**

This EPA focusses on **discussing and establishing patients' goals of care**. The assessor should **directly observe** the discussion.

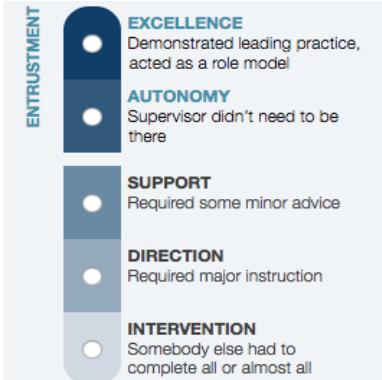
It is usually done in the **Foundations of Discipline (FOD)** stage (last 9 blocks of PGY1). It can be done in **Transitions to Discipline (TTD)** stage (first 4 blocks of PGY1).

### EPA MILESTONES: FOD6 Goals of Care

1. Identify patients who lack decision-making capacity and seek out their substitute decision maker.
2. Optimize the physical environment for patient comfort, privacy, engagement and safety.
3. Identify, verify and validate non-verbal cues.
4. Discuss and clarify previously established advanced directives and goals or care.
5. Discuss with the patient and family the degree of uncertainty inherent in all clinical situations.
6. Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care.
7. Adhere to institutional policies and procedures relevant to advance directives and goals of care.

### 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.



**GLOBAL ENTRUSTMENT SCALE**  
(Autonomous and Consultancy levels are entrustable)