Medicine UNIVERSITY OF TORONTO | Internal Medicine

Primer for EPA FOD 4A & 4B - Formulating, communicating, and implementing DISCHARGE PLANS for patients with common medical conditions in acute care settings

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
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This EPA focuses on *formulating, communicating, and implementing discharge plans* for patients with common medical conditions from acute care settings. The supervisor *indirectly observes the discharge plan and documentation,* and *directly observes the resident communicating the plan* to the patient and family.
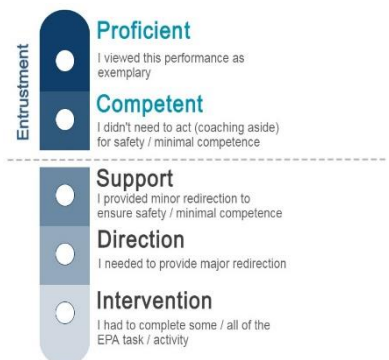
It is usually done in the *Foundations of Discipline (FOD) stage* (last 9 blocks of PGY1). It can be done in *Transitions to Discipline (TTD)* stage (first 4 blocks of PGY1).

EPA MILESTONES: FOD 4A&B Discharge Planning

1. Synthesize patient information to anticipate complications and challenges for patients transitioning away from the acute care setting
2. Integrate the patients' perspective and context into the collaborative care plan
3. Reconcile current and prior medication lists to enhance patient safety
4. Summarize the patient's issues, including plans to deal with ongoing issues
5. Generate discharge plans that address patient's therapeutic needs, disease and treatment monitoring needs, and relevant risk factor reduction
6. Provide information on the results of clinical assessments, diagnostic testing, and treatment plans
7. Use strategies to verify and validate the understanding of the patient and family
8. Explore the perspectives of the patient and others when developing care plans
9. Answer questions from the patient and family about next steps
10. Work with patients and their families to understand relevant options for care
11. Document the admission to adequately convey clinical course 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 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.

Proficient
I viewed this performance as exemplary

Competent
I didn't need to act (coaching aside) for safety / minimal competence

Support
I provided minor redirection to ensure safety / minimal competence

Direction
I needed to provide major redirection

Intervention
I had to complete some / all of the EPA task / activity

GLOBAL ENTRUSTMENT SCALE
(**Competent** and **Proficient** levels are entrustable)