



TRANSITION TO DISCIPLINE (TTD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Elentra: **TTD-1, TTD-2, FOD-2B, FOD-2C, FOD3, FOD4, FOD-6, FOD-7, COD-5.**

PROCESS: The Royal College and your program require that you complete the assessment requirements for the TTD EPAs (TTD-1 and TTD-2) during Transition to Discipline, which covers Blocks 1-2 of the PGY1 year.

You *must* complete COD-5 (Procedures of Internal Medicine) whenever possible.

You *may* start any of FOD-2B, FOD-2C, FOD3, FOD4, FOD-6, FOD7.

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 week you review your Elentra dashboard to identify 1-2 possible EPAs that you might be able to complete that 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 clinical EPA per week, plus procedural ones.

In addition, as described above, you must complete a Personal Learning EPA. EPA assessment may be initiated by you or your supervisor.

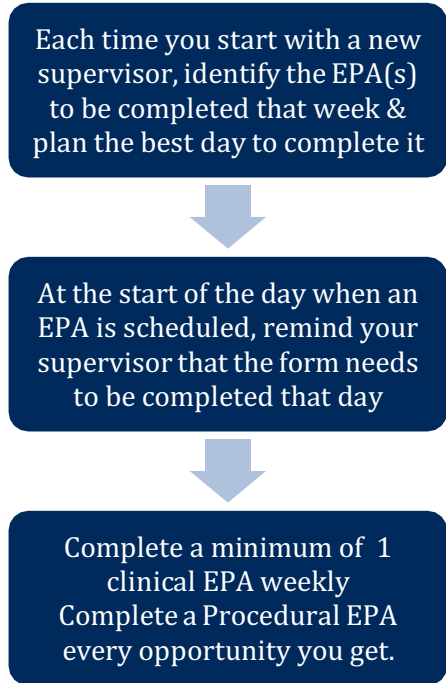
The majority (i.e. > 50%) of each of the CBME workplace based assessments, such as EPAs, must be completed by University Appointed Faculty, except where the Residency Program Committee determines otherwise. For TTD1, 75% or more must be completed by faculty.

See the individual EPA Primers on the DOM website for more details about each EPA.

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

TTD-1: Performing Hx & Px, documenting & presenting findings, across clinical settings for initial & subsequent care

Number of EPA assessments: Complete a minimum of 4 entrustable (Competent or Proficient) TTD-1 EPA assessments during your 4 blocks of TTD.

Types of Case / Procedure: A minimum of 4 different common medical conditions.

Observation: Observation by a minimum of 3 different assessors; 50% direct observation of the minimum entrustments target.

Type of Presentation: 2 of the New patient, and 2 of the Focused follow up patients.

TTD-2: Identifying & assessing unstable patients, providing initial management, & obtaining help

Number of EPA assessments: Complete a minimum of 3 entrustable (Competent or Proficient) TTD-2 EPA assessments during your 4 blocks of TTD.

Type of Case / Procedure: A minimum of 3 different conditions: acute respiratory distress; hemodynamic instability; altered level of consciousness

Observation: Observation by a minimum of 2 different assessors (can be faculty, fellows, or senior resident). 1 can be simulation (ex. from your PGY1 Entry Assessment OSCE), 2 must be direct observation.

COD-5: Performing the procedures of Internal Medicine

Number of EPA assessments: Complete a minimum of 23, over 3 years, can be started in TTD

Procedures: Paracentesis, Thoracentesis, Lumbar Puncture, Knee Aspiration, *Central Line Insertion**, *Arterial Line Insertion**, *Endotracheal Intubation and/or Airway management Bag & Mask Ventilation**, *Code Blue**

Observation: Each procedure must be completed **at least once successfully live under direct observation** as COD-5A. An additional one can be done under direct observation, but simulated. After that, if you are comfortable doing it on your own, you can complete the third one independently, but you will still need a supervisor to sign off the COD-5A EPA. Once you have completed 3 entrustable (Competent or Proficient) EPAs (5 for central lines), you can then start doing self-assessments** (task completed independently and logged independently as COD-5B).

To meet the program's minimum requirements, you need a minimum of **3** successful procedures completed for each category of procedure (except B for central lines). You should do procedures whenever you are able to.

You should continue logging all procedures, even after 5 have been completed, as documentation for future reference letters for positions after residency. As a senior, you should also self-assess and log all code blues (supervisor can complete unstable patient EPA, COD-4, if code was observed or debriefed).

* Normally completed in PGY2 and PGY3

** Self-Assessments should be logged as COD-5B in Elentra with "Procedure Log PostMD" as the assessor



OPTIONAL FOR TTD

FOD-2B: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Communicating with patients**

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) FOD-2B EPA assessments by the end of FOD.

Rotation Services: Cardiology, Endocrinology, Haematology, Gastroenterology, Geriatric Medicine, Infectious Diseases, Nephrology, Neurology, Respiriology, or Other

Observation: Indirect observation with input from patient/family; or direct observation of interaction. A minimum of 50% of the entrustment target must be Direct Observation.

FOD-2C: Manage patients admitted to acute care with common medical problems and advancing their care plans: **Handover**

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) FOD-2C EPA assessments by the end of FOD.

Clinical Scenarios: Any acute scenario

Observation: Must be 100% direct observation.

FOD-3: Consulting specialists and other health professionals, synthesizing recommendations and integrating these into the care plan

Number of EPA assessments: Complete a minimum of 4 entrustable (Competent or Proficient) FOD-3 EPA assessments by the end of FOD.

Setting: Ambulatory care; inpatient; emergency department

Observation: Role of observer: supervisor; physician specialist being consulted; other health professional.

- At least 1 non-physician health professional (completed by supervisor in consultation with the health professional)
- At least 1 physician specialist being consulted

FOD-4A: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: **Discharge plan documentation**

Number of EPA assessments: Complete a minimum of 2 entrustable (Competent or Proficient) FOD-4A EPA assessments by the end of FOD (PGY1).

Clinical Scenarios: Acute illness in hospital

Observation: Indirect observation