



Primer for Manage Complex Unstable Patients - EPA COD4

Core of Discipline -COD EPA 4 (PGY2&3): This EPA focuses on clinical assessment and management of the unstable patient. The residents are expected to **assess, resuscitate and manage** unstable critically ill patients.

Supervisor (staff and/or supervising fellow) does assessment based on **direct* and indirect observation**.

**Direct = unfiltered case review at the time of presentation, with validation of part of the history/physical by the supervisor followed by discussion of the management plan.*

EPA MILESTONES: COD4 ([Click to see similar completed form](#))

1. Prioritizes patients on the basis of presentation.
2. Focuses the assessment, in time-efficient manner, includes key elements
3. Applies reasoned preliminary approach (monitoring & tests) to diagnosis & generates focused differentials.
4. Recognizes the limits of one's experience & expertise & obtains help if required.
5. Develops focused management strategies for critically ill patients requiring hemodynamic support, non-invasive ventilating and monitoring.
6. Seeks timely consultations with subspecialist or critical care specialist as required.
7. Documents in an organized manner that enhances care.
8. Triage procedures or treatment, taking into account clinical urgency, potential for deterioration, resources.
9. Hands over care appropriately to other physicians, providing relevant information in a timely manner.

HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. You observe the resident carry out the activity. We expect at least 5 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
2. You or the resident sign onto [medsquares](#), 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 provide comments about the resident's performance. Please also indicate the 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. Provide general comments and recommendations for the resident's future learning.
6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE (Autonomous and Consultancy levels are entrustable)

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 and
Medsquares troubleshooting: Click [here](#)
to watch
EPAs 101: Click [here](#)

PREVIEW a sample completed TTD1 EPA.
Click [here](#) to preview.

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

Questions? CONTACT us at
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