



FOUNDATIONS OF DISCIPLINE (FOD) EPA ASSESSMENT COMPLETION GUIDE

PROCESS AT A GLANCE

TOOLS: Please use the following tools in Medsquares: FOD-0, FOD-1, FOD-2, FOD-2B, FOD-2C, FOD3, FOD4, FOD-5, FOD-6, FOD-7, COD-5

PROCESS: The Royal College and your program require that you complete the assessment requirements for 11 EPAs during Foundation of Discipline which covers Blocks 5-13 of the PGY1 year. You will continue to complete COD-5 (Procedures of Internal Medicine) for the rest of your training

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 Medsquares dashboard to identify 2-3 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 1-2 clinical EPAs per week, plus procedural ones.

EPA assessment may be initiated by you or your supervisor.

Each time you start with a new supervisor, identify the EPAs to be completed that week & plan the best day to complete it



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 clinical EPAs weekly
Complete a Procedural EPA every opportunity you get.

ENTRUSTMENT SCALE:

Intervention	Direction	Support	Autonomy	Excellence
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The EPAs are assessed using the global entrustment scale. PGME defines entrustment as the Autonomy and Excellence 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, you are expected to receive a certain number of entrustments for each EPA.*

BREAKDOWN BY EPA

EPA FOD-0: Assessing and managing patients with straightforward chronic medical conditions

Number of EPA assessments: Complete a minimum of 4 FOD-0 EPA assessments during FOD, when assessing and managing patients with chronic illness in the ambulatory setting.

Clinical scenarios: A variety of common chronic medical conditions

Observation: Direct observation** by at least 2 different supervisors

Success: Completion with entrustment (Autonomous or Excellence) in 4 EPAs, then move on to COD-2 (Assessing and managing patients with complex chronic medical conditions).

EPA FOD-1: Assess, diagnose and provide initial management for patients with common acute medical presentations

Number of EPA assessments: Complete a minimum of 10 FOD-2 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Chest pain, SOB, altered LOC, fever, hemodynamic instability, other

Observation: Direct observation** in at least 5; at least 3 must be in the ED, at least 3 from faculty

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 10 acutely ill patient EPAs

EPA FOD-2A: Manage patients admitted to acute care with common medical problems and advancing their care plans

Number of EPA assessments: Complete a minimum of 8 FOD-2 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Cardio, Endocrine, Haem, GI; Geriatrics, ID, Nephro, Neuro, Respiratory, Other

Observation: Direct observation** or indirect observation;

Success: Completion of the requirements above and entrustment (Autonomous or Excellence) for 8 acutely ill patient EPAs

EPA FOD-2B: Communicating with patients

Number of EPA assessments: Complete a minimum of 2 FOD-2B EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Cardio, Endocrine, Haem, GI; Geriatrics, ID, Nephro, Neuro, Respiratory, Other

Observation: Type of observation: indirect with input from patient/family; direct observation of interaction

Success: Autonomous or Excellence for 2 patient EPAs

EPA FOD-2C: Performing handover for patients admitted to acute care settings

Number of EPA assessments: Complete a minimum of 3 FOD-2C EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Any acute scenario

Observation: At least 2 by attending staff

Success: Autonomous or Excellence for 3 patient EPAs

EPA FOD-3: Consulting specialists and other health professionals

Number of EPA assessments: Complete a minimum of 4 FOD-3 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Ambulatory care; inpatient; emergency department

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

At least two in ambulatory setting, at least one other health professional, at least one other physician specialist, at least two from supervisor

Success: Autonomous or Excellence for 4 patient EPAs

EPA FOD-4: Formulating, communicating, and implementing discharge plans

Number of EPA assessments: Complete a minimum of 4 FOD-4 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: Acute illness in hospital; at least one complex hospital stay

Observation: Discharge plan *documentation*: Indirect observation; Discharge plan *communication*: direct observation

Success: 2 of each (documentation and communication)

EPA FOD-5 Assessing and managing the unstable patient

Number of EPA assessments: Complete a minimum of 7 FOD-5 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: acute respiratory distress; hemodynamic instability; altered level of consciousness

Observation: direct, indirect; ED; step-down unit; critical care unit; ward; simulation

Success: Autonomous or Excellence for 7 patient EPAs; maximum 3 simulated; must cover all 3 case-types

EPA FOD-6 Discussing and establishing patients' goals of care

Number of EPA assessments: Complete a minimum of 3 FOD-6 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: stable acute condition; unstable acute condition; progressive medical condition; in-patient, ambulatory; at least one substitute decision maker

Observation: Direct** observations; at least 2 faculty; at least 2 different assessors

Success: Autonomous or Excellence for 3 patient EPAs

EPA FOD-7 Identifying and addressing personal learning needs

Number of EPA assessments: Complete a minimum of 12 FOD-7 EPA assessments during your 9 blocks of FOD.

Clinical Scenarios: wide variety of acute and chronic types of illnesses

Settings: Can be across ED; ambulatory; ward

Observation: Complete Personal Learning Need form or complete formal rounds based on a patient case

Success: Autonomous or Excellence for 12 patient EPAs

EPA COD-5: Performing the procedures of Internal Medicine

Number of EPA assessments: 35, over 3 years

Procedures: Paracentesis, Thoracentesis, Lumbar puncture, Knee Aspiration, (*Central Line Insertion, Arterial Line Insertion, Endotracheal intubation and Airway management -- Bag & mask ventilation, Code Blue*)*

Observation: Direct

Success: Do as available, ultimately will require 5 successful for each procedure (*those in italics are normally completed in PGY2 and PGY3)

COMPLETION: Completion of the minimum 18 EPA assessments listed above and the entrustment requirements. 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

**APPENDIX

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 etc.)