



Primer for EPA FOD 2B - Managing patients admitted to acute care settings with common medical problems and advancing their care plans **Part B: Communication with Patient/Family**

This EPA focusses on the ability to **communicate with patients and families**. The assessor can be the supervisor, a physician specialist being consulted or another health professional. This can be done indirectly with input from patient and/or family or with the direct observation of interaction.

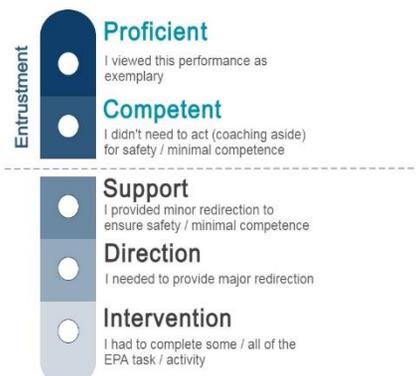
It is usually done in the **Foundations of Discipline (FOD)** stage (last 9 blocks of PGY1). It can be done **in Transitions to Discipline (TTD)** stage (first 4 blocks of PGY1).

**EPA MILESTONES: FOD 2B Communicating**

1. Work with patients and their families to understand relevant options for care
2. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
3. Provide information on the results of clinical assessments, diagnostic testing, and treatment plans
4. Use strategies to verify and validate the understanding of the patient and family
5. Explore the perspectives of the patient and others when developing care plans
6. Answer questions from the patient and family about next steps

**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**  
(**Competent** and **Proficient** 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 **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](#)

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for general information on resources and events.

**Questions? CONTACT** us at

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