



Primer for EPA COD2B Assessing and managing patients with complex chronic conditions: **PATIENT EDUCATION / COMMUNICATION**

This EPA Core of Discipline - COD2B (PGY2s and 3s) involves communicating with patients, including educating them about their complex chronic conditions. There is meant to be some component of direct observation and to be done across a variety of medical conditions.*

**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.*

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

im.cbd@utoronto.ca

EPA MILESTONES: COD2B Patient Education / Communication

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)