



UAEU

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NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Adult Neurology

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Adult Neurology

EPA 1: Performing a history and physical examination for patients with common neurological and/or medical presentations

Key Features: The focus of this EPA is the application of the clinical skills acquired in medical school in the new setting of neurology residency.

- This includes eliciting the history and obtaining corroborating information from charts and/or caregivers, as well as performing a general physical examination and a neurological examination, including mental status, as relevant.
- This EPA does not require developing management plans for the patient's care.

Assessment Plan:

Direct and/or indirect (corroborating information, chart review) observation by attending physician, or entrusted resident or fellow.

Assessment form collects information on:

- Event observed (select all that apply): history; physical exam; neurological exam
- Case mix (select all that apply): medical; neurological; psychiatric

Basis for formal entrustment decision:

Collect 3 observations of achievement:

- At least 1 direct observation of history taking direct observations of collecting corroborating information, as applicable)
- At least 1 direct observation of physical or neurological exam
- At least 1 patient with a neurological presentation
- At least 2 observers
- At least 2 faculty observer

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 2.2 Elicit an accurate relevant history
- 2** COM 2.1 Conduct the interview in a patient-centered manner
- 3** COM 2.3 Identify other sources of information (e.g., family, medical record) that may assist in a given patient's care
- 4** ME 2.2 Perform a physical examination relevant to the presentation
- 5** P 1.1 Exhibit appropriate professional behaviors

Adult Neurology

EPA 2: Recognizing the acuity of illness, initiating stabilization of patients, and obtaining help

Key Features: This EPA focuses on recognizing that a patient is, or is likely to become, critically ill, and seeking assistance.

- This includes prioritizing actions, initiating stabilizing activities, calling for help (as required) and documenting the encounter appropriately.
- This EPA does not include diagnosing the cause of illness or providing ongoing management.
- This EPA includes patients with a variety of medical and neurological presentations.

Assessment Plan:

Direct observation or case review and review of documentation and/or discussion with interdisciplinary ward staff by faculty, attending physician, or entrusted resident.

Assessment form collects information on:

- Case mix: acute abdomen; confusion; chest pain; decreased level of consciousness; deterioration of neurological status (i.e., weakness, impending herniation); psychosis/mania; respiratory distress; seizure; shock; unstable vital signs; other presentation (write in)

Basis for formal entrustment decision:

Collect 2 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance
- 2** ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- 3** ME 2.4 Apply emergency care protocols for patient emergencies
- 4** ME 5.2 Use cognitive aids, such as pre-printed orders or care paths
- 5** COL 1.3 Communicate effectively with physicians and other health care professionals
- 6** L 2.1 Apply knowledge of local resources for optimal patient care
- 7** P 1.1 Exhibit appropriate professional behaviors
- 8** COL 3.1 Identify patients requiring handover to other physicians or health care professionals
- 9** COM 5.1 Prepare documentation that accurately conveys the encounter and outcome

Adult Neurology

EPA 3: Presenting findings of patient assessments

Key Features: This EPA focuses on synthesizing assessment findings to provide comprehensive, concise, accurate, and well-organized case summaries to a supervisor.

Assessment Plan:

Case review with supervising physician

Use assessment form.

Basis for formal entrustment decision:

Collect 2 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
- 2** ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to supervisor

Adult Neurology

EPA 4: Documenting patient encounters

Key Features: The focus of this EPA is documenting clinical assessments, including key history and physical examination findings, in an organized, accurate, and legible manner.

Assessment Plan:

Review of document/note by faculty or entrusted resident

Assessment form collects information on:

- Documentation: consult note; admission note; progress note; discharge summary

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 Inpatient consult or admission note
- At least 1 progress note
- At least 1 discharge summary
- At least 1 faculty observer

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** COM 5.1 Document all relevant findings
- 2** COM 5.1 Organize information in appropriate sections
- 3** COM 5.1 Prepare documentation that accurately conveys the encounter and outcome
- 4** COM 5.1 Complete clinical documentation in a timely manner

Adult Neurology

EPA 5: Transferring clinical information between health care providers at handover

Key Features: This EPA focuses on communicating acute and ongoing information between colleagues at transitional periods in care.

- It includes verbal handover when going off duty, at the end of a rotation, and/or at the end of call shifts.

Assessment Plan:

Direct observation and/or review of sign-out sheet or other communication tool by faculty, or entrusted resident

Use assessment form.

Basis for formal entrustment decision:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 5.2 Use structured communication tools and strategies to enhance patient safety
- 2** COL 3.2 Summarize and prioritize patient issues providing rationale for key decisions
- 3** COL 3.2 Communicate plans for ongoing management of patients, such as outstanding investigations and anticipated events / outcomes
- 4** COL 3.2 Communicate with the receiving physician(s) or health care professional(s) during transitions in care, clarifying issues as needed
- 5** COL 1.3 Integrate the patient's perspective and context into the care plan
- 6** P 1.1 Demonstrate punctuality
- 7** P 1.1 Complete assigned responsibilities

Adult Neurology

EPA 6: Assessing and initiating management for patients with neurological emergencies

Key Features: This EPA focuses on the recognition, timely assessment, and initial management of a variety of neurological emergencies.

- It includes administering relevant scales (e.g., GCS, NIHSS), and selecting, ordering, and interpreting appropriate neuroimaging and other investigations.
- An important aspect of this EPA is the timely and appropriate recognition of the need for assistance and/or definitive management.
- This EPA does not include performing procedures such as intubation, central line placement, or other invasive procedures. It also does not include making final decisions or arranging for definitive management.

Assessment Plan:

Direct observation and/or case review by faculty, fellows, or entrusted resident.

Assessment form collects information on:

- Case mix: acute stroke; status epilepticus; neuromuscular respiratory failure; suspected spinal cord compression; meningitis/encephalitis; impending herniation; reduced level of consciousness/coma; thunderclap headache; other (write in):

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 2 acute stroke
- At least 2 different presentations
- At least 3 faculty observers

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 2.1 Recognize instability and medical acuity in a clinical presentation
- 2** P 1.1 Work within personal limitations, asking for assistance as needed
- 3** ME 2.2 Perform a history and physical exam relevant to the patient presentation, in a time-effective manner
- 4** ME 2.2 Select and/or interpret appropriate investigations
- 5** ME 2.2 Administer relevant scales (e.g., GCS, NIHSS)
- 6** ME 2.4 Develop and implement a plan for initial management
- 7** COL 2.1 Show respect towards other members of the health care team

Adult Neurology

EPA 7: Assessing patients with common neurological presentations

Key Features: This EPA focuses on performing and documenting a history and physical exam and localizing a neurological problem.

- Examples of common presentations may include weakness, sensory changes, or abnormal movements.

Assessment Plan:

Direct observation by attending physician, entrusted neurology resident, or fellow.

Assessment form collects information on:

- Event observed: history; physical
- Case mix: abnormal movements; altered mental status; dizziness/balance problems; headache/pain; paroxysmal event; sensory disturbance; visual disturbance; weakness; other (write in):
- Patient age (write in):

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 history
- At least 2 physical
- At least 2 different presentations
- At least 2 attending staff

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 2.2 Elicit an accurate, relevant history
- 2** COM 2.1 Conduct the interview in a patient-centered manner
- 3** ME 2.2 Perform a physical examination relevant to the presentation
- 4** ME 2.2 Synthesize clinical information to localize the neurological problem

Adult Neurology

EPA 8: Diagnosing and managing patients with common neurological presentations

Key Features: This EPA focuses on localizing a neurological problem, providing a differential diagnosis, and developing a management plan.

- It may include using ancillary sources (e.g., collateral history, investigations, charts) to synthesize information.
- It includes ordering a first line of treatment and consulting other health professionals, as appropriate.

Assessment Plan:

Direct observation and/or case review by attending neurology physician, fellow, or entrusted neurology resident.

Assessment form collects information on:

- Case mix: abnormal movements; altered mental status; dizziness/balance problems; headache/pain; paroxysmal event; sensory disturbance; visual disturbance; weakness; other (write in):

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 3 observations by Faculty neurologist
- At least 4 different presentations

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** COM 2.3 Identify other sources of information (e.g. family, medical record) that may assist in the given patient's care
- 2** ME 2.2 Interpret the results of investigations in the context of the patient's presentation
- 3** ME 2.2 Synthesize clinical information to localize a neurological problem
- 4** ME 2.2 Develop a differential diagnosis
- 5** ME 2.4 Develop and implement a plan for initial management
- 6** ME 4.1 Determine the need and urgency of referral to other health care professionals
- 7** ME 2.4 Determine the appropriate disposition and/or setting for ongoing care
- 8** ME 1.6 Seek assistance in situations that are complex or new

Adult Neurology

EPA 9: Assessing and providing initial management for patients with non-neurological presentations

Key Features: This EPA focuses on the initial management of outpatients and inpatients presenting with a variety of common medical and/or psychiatric issues and complications.

- This includes providing initial assessment and treatment and seeking consultation for definitive management as needed.

Assessment Plan:

Direct observation and/or case review by attending physician, entrusted resident, or fellow.

Assessment form collects information on:

- Setting: inpatient; outpatient
- Case mix: cardiology; critical care; dermatology; endocrinology; gastrointestinal; genetics/metabolics; hematology; infectious disease; neonatology; neurosurgery; oncology; psychiatry; respirology; rheumatology; other (write in):

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 3 different domains
- At least 1 psychiatric presentation
- At least 2 attending staff with appropriate area of expertise

When is unsupervised practice expected to be achieved: PGY →2

Relevant Tasks:

- 1 ME 2.2 Perform a focused clinical assessment
- 2 ME 2.2 Select and/or interpret appropriate investigations
- 3 ME 2.2 Synthesize patient information to determine diagnosis
- 4 ME 2.4 Develop and implement a plan for initial management
- 5 ME 4.1 Ensure follow-up on results of investigation and response to treatment
- 6 COM 3.1 Provide timely, accurate information and explanations to the patient and/or family
- 7 COL 1.2 Consult as needed with other health care professionals, including other physicians
- 8 COL 2.1 Show respect towards other members of the health care team

Adult Neurology

EPA 10: Performing lumbar punctures

Key Features: This EPA focuses on the safe performance of lumbar puncture, including measurement of opening pressure when indicated.

- This EPA includes obtaining informed consent, documenting the procedure, as well as planning post-procedural care.
- This EPA must be achieved in simple and complex contexts. Examples of complex contexts include acute setting, body habitus, spinal deformity, lack of cooperation, and sedation.

Assessment Plan:

Direct observation and/or review of procedure note by attending physician or entrusted resident.

Assessment form collects information on:

- Case complexity: simple; complex

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 complex
- At least 1 Faculty observer

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
- 2 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials
- 3 ME 3.4 Set up and position the patient for a lumbar puncture
- 4 ME 3.4 Maintain universal precautions
- 5 ME 3.4 Prepare and cleanse the procedural site
- 6 ME 3.4 Perform lumbar puncture in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 7 ME 3.4 Establish and implement a plan for post-procedure care
- 8 ME 3.4 Recognize and manage complications
- 9 COM 5.1 Document the encounter to convey the procedure and outcome

Adult Neurology

EPA 11: Identifying and documenting goals of care

Key Features: This EPA focuses on the application of communication skills to identify and document the patient's goals of care, including resuscitation status, limits of care, and advanced directives.

- This EPA includes discussions with a patient and/or substitute decision maker.
- This EPA may be observed in the clinical setting or in simulation (e.g., OSCE).

Assessment Plan:

Direct observation by Faculty physician.

Assessment form collects information on:

- Setting: clinical; simulation
- Context: patient-directed; substitute decision maker

Basis for formal entrustment decision:

Collect 1 observation of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1 ME 2.3 Recognize and respond to signs that it is time to transition care away from a disease modifying approach
- 2 ME 3.2 Determine the capacity of the patient to give consent and where appropriate establish the appropriate substitute decision maker
- 3 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately
- 4 COM 3.1 Use appropriate language and avoid medical jargon
- 5 COM 3.1 Use strategies to verify and validate the patient's and/or family's understanding
- 6 COM 2.1 Gather information about the patient's beliefs, values, preferences, context and expectations with regards to their care
- 7 ME 2.3 Establish goals of care in collaboration with the patient and/or family
- 8 COM 1.5 Recognize when strong emotions (e.g. fear, anger, anxiety, sorrow) are impacting an interaction and respond appropriately
- 9 COM 5.1 Document the encounter to reflect the discussion and decision(s)

Adult Neurology

EPA 12: Assessing and managing patients with acute neurological illness

Key Features: This EPA focuses on diagnosis and comprehensive management of patients in any acute care setting, such as the emergency department, intensive care unit or inpatient ward.

- This includes performing the clinical assessment, localizing the lesion, developing, and prioritizing a differential diagnosis, ordering, and interpreting investigations, and treating the patient.

Assessment Plan:

Direct observation, case review and/or review of documents by attending neurology physician, neurology fellow or entrusted resident.

Assessment form collects information on:

- Case mix: acute stroke; seizures; acute neuromuscular weakness; myelitis; increased intracranial pressure; CNS infection; acute demyelination; encephalopathy/coma; other (write in):
- Patient age (write in):

Basis for formal entrustment decision:

Collect 6 observations of achievement:

- At least 1 acute stroke
- At least 1 seizure
- At least 1 acute neuromuscular weakness
- At least 2 other presentations
- At least 1 pediatric presentation
- At least 3 observations by attending physician

When is unsupervised practice expected to be achieved: PGY →3

Relevant Tasks:

- 1** ME 1.4 Perform clinical assessments that address all relevant issues
- 2** ME 2.2. Synthesize clinical information to localize the neurological problem
- 3** ME 2.2 Develop a differential diagnosis
- 4** ME 2.2 Select and/or interpret appropriate investigations
- 5** ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities and/or other features of case complexity
- 6** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 7** COL 1.3 Integrate the patient's perspective and context into the care plan
- 8** ME 2.4. Develop and implement a management plan that considers all of the patient's health problems and needs
- 9** ME 4.1 Determine the need and urgency of referral to other health care professionals
- 10** COM 4.3 Use communication skills and strategies that help the patient and/or family make

informed decisions

- 11** COL 1.3 Work effectively with other health care professionals to plan and provide care for individual patients

Adult Neurology

EPA 13: Providing ongoing care for patients with chronic neurological diseases

Key Features: This EPA focuses on the full breadth of care for patients with chronic neurologic conditions.

- This includes managing disease related symptoms, assessing response to treatment and clinical status, addressing goals of care, providing follow-up and end of life care, and accessing community resources.

Assessment Plan:

Direct observation and/or case review by staff neurologist

Assessment form collects information on:

- Patient age: adult; neonate; infant; child; adolescent
- Case mix (select all that apply): cognitive/ neurodegenerative; demyelinating / inflammatory; developmental; epilepsy; functional; headache; inborn errors of metabolism; movement disorder; neuromuscular; neuro-ophthalmology; neuro-oncology; vascular; traumatic brain injury; neuro-otology; neuro-infectious disease; neurologic complications of pregnancy/delivery; sleep; systemic disease; other (write in):
- Settings: outpatient; inpatient; ED; LTC
- Case complexity: simple; complex

Basis for formal entrustment decision:

Collect 6 observations of achievement.

- At least 6 different examples of the case mix
- At least 3 complex
- At least 5 observations from Faculty physicians
- At least 3 different assessors

When is unsupervised practice expected to be achieved: PGY → 3

Relevant Tasks:

- 1 ME 2.2 Gather clinical information to assess health status and symptoms
- 2 ME 2.2 Assess the patient's clinical course and anticipate future health needs
- 3 ME 2.4 Apply strategies for disease prevention and health promotion
- 4 ME 4.1 Prevent and/or manage complications of neurological disease
- 5 ME 2.4 Manage common medical co-morbidities in patients with chronic neurological disease
- 6 ME 2.4 Manage common issues (physical symptoms and psycho-social) in patients with chronic neurological disease
- 7 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in neurological disease
- 8 COL 1.3 Integrate the patient's perspective and context into the care plan
- 9 COL 1.3 Engage in respectful shared decision-making with other physicians and/or

health care professionals

- 10** HA 1.1 Work with patients to address the determinants of health that affect them and their access to needed health services or resources
- 11** HA 1.2 Work with the patient to increase their understanding of their illness and health care needs

Adult Neurology

EPA 14: Providing comprehensive management for patients with neurological emergencies

Key Features: This EPA builds on the skills of Foundations to add the skills of interpreting investigations, making decisions regarding intervention, and selecting appropriate interventions.

- It also includes communicating with families regarding diagnosis, prognosis, and plan, and obtaining informed consent, as appropriate.
- This may also include consultation with other services and prioritization/triage of patient management.
- Patient presentations relevant to this EPA include acute stroke, neuromuscular respiratory failure, status epilepticus, spinal cord compression, meningitis/encephalitis, herniation syndromes, and/or reduced level of consciousness/coma.

Assessment Plan:

Direct observation and/or case review by attending physician or entrusted resident.

Assessment form collects information on:

- Case mix: acute stroke; impending herniation; reduced level of consciousness/coma; neuromuscular respiratory distress; suspected meningitis/encephalitis; suspected spinal cord compression; suspected status epilepticus; thunderclap headache; other (write in):
- Case complexity: simple; complex

Basis for formal entrustment decision:

Complete 4 observations of achievement.

- At least 1 code stroke
- At least 1 complex stroke
- At least 1 refractory status epilepticus
- At least 2 different observers
- At least 3 Faculty observer

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
- 2 ME 2.2 Select and/or interpret appropriate investigations
- 3 ME 3.3 Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- 4 ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and needs
- 5 ME 3.2 Obtain informed consent
- 6 COL 1.2 Consult as needed with other health care professionals, including other

physicians

- 7** COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately
- 8** ME 4.1 Determine the appropriate disposition and/or setting for ongoing care

Adult Neurology

EPA 15: Performing specialized neurological examination techniques and procedures

Key Features: This EPA focuses on the performance of focused neurological examinations and specialized techniques.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by attending physician or entrusted resident.

Assessment form collects information on:

- Setting: inpatient; outpatient; simulation; ED; LTC
- Exam technique: movement disorder exam; neuro-muscular exam; neuro-ophthalmological exam; cognitive/developmental exam; functional exam; examination of the comatose patient; Epley maneuver; Dix-Hallpike test; HINTS; other (write in):
- Case complexity: simple; complex
- Patient age: adult; neonate; infant; child; adolescent

Basis for formal entrustment decision:

Collect 10 observations of achievement.

- At least 1 of each specified exam technique
- At least 1 cognitive testing

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 ME 3.2 Explain the risks and benefits of, and the rationale for a proposed examination, procedure or therapy
- 2 ME 2.2 Perform specialized examination techniques in a skillful manner
- 3 ME 3.4 Perform examination in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 4 ME 2.2 Recognize and correctly interpret the findings of special clinical maneuvers and procedures

Adult Neurology

EPA 16: Documenting clinical encounters

Key Features: This EPA focuses on the application of written communication skills in a variety of formats: discharge summaries; consultations; progress notes.

- This includes a synthesis of the pertinent clinical findings, investigations, and management plan, as well as clear articulation of the role of the neurologist and the referring physician in further care. It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.
- The documents submitted for review must be the sole work of the resident.
- This EPA may be observed in any care setting and any patient presentation.

Assessment Plan:

Review of clinical documentation by attending physician

Assessment form collects information on:

- Type of document: new assessment consultation note; follow-up consultation note; discharge summary; letter to referring physician.
- Setting: outpatient; inpatient; ED
- Case complexity: simple; complex

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 1 new letter to referring physician
- At least 1 complex
- At least 1 Discharge Summary
- At least 1 new assessment consultation note
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1 COM 5.1 Organize information in appropriate sections
- 2 COM 5.1 Document all relevant findings and investigations
- 3 COM 5.1 Convey clinical reasoning and the rationale for decisions
- 4 COM 5.1 Provide a clear plan for ongoing management
- 5 COL 1.2 Identify the roles of the referring physician and the neurology consultant in the ongoing management plan
- 6 COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management
- 7 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8 S 1.3 Provide teaching points to improve quality of care
- 9 COM 5.1 Complete clinical documentation in a timely manner
- 10 COL 2.1 Convey information thoughtfully and respectfully

Adult Neurology

EPA 17: Managing the team caring for patients admitted with neurological problems

Key Features: This EPA focuses on clinical management of inpatients. This could include either consulting or inpatient neurology services.

- This includes leadership and management of a team of junior residents and medical students, and collaboration with the interprofessional team.
- It also includes educating junior learners.
- This EPA does not include planning and implementing transitions of care (such as handover, discharge planning).
- The observation of this EPA is based on regular interaction over at least one week and includes feedback from team members.

Assessment Plan:

Direct and/or indirect observation by attending physician, with input from other members of the health professional team.

Assessment form collects information on:

- Site of observation (select all that apply): interprofessional team meeting; family meeting; teaching session; rounds session; other (write in):
- Includes input from (select all that apply): attending staff; nurse; clinical assistant; consulting physician; occupational therapist; physiotherapist; speech language pathologist; social worker; other trainee (e.g. fellow; junior resident; medical student); other team member

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 2 different attending staff
- Includes feedback from at least 3 other health professionals

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician
- 2 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 3 L 2.1 Allocate health care resources for optimal patient care
- 4 L 4.1 Set priorities and manage time to fulfil diverse responsibilities
- 5 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 6 COL 1.2 Work effectively with the interprofessional team

Adult Neurology

EPA 18: Planning and implementing transitions of care

Key Features: This EPA focuses on ensuring safe transition of patient care between different clinical settings (e.g., between inpatient settings, from inpatient to outpatient, from outpatient to inpatient etc.).

- It includes working with the patient and family to assess and address their needs, making medical decisions, applying knowledge of available resources, and facilitating access to those resources and services.
- It also includes summarizing the patient's medical issues, anticipating the evolution of the patient's clinical status, and providing direction and anticipatory guidance to other health care professionals.

Assessment Plan:

Direct observation and/or case or documentation (e.g. discharge summary) review by attending physician, entrusted resident, fellow.

Assessment form collects information on:

- Case complexity: simple; complex

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 complex case
- At least 2 different observers
- At least 1 staff observer

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1** ME 2.2 Assess psychosocial issues that may affect health and/or access to services
- 2** ME 2.2 Assess adherence to treatment and monitoring plans
- 3** ME 2.4 Anticipate, prevent and manage changes in health status at the time of transition
- 4** ME 4.1 Establish plans for ongoing care that include monitoring health status and managing adherence
- 5** COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences
- 6** COM 3.1 Provide information to patients and families clearly and compassionately
- 7** COM 4.3 Address questions from the patient and family about next steps
- 8** COL 1.2 Consult as needed with other health care professionals, including other physicians
- 9** COL 3.2 Convey relevant information to the most appropriate physician
- 10** HA 1.1 Facilitate timely patient access to services and resources

Adult Neurology

EPA 19: Leading discussions in complicated situations

Key Features: This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that may involve patients, families, and/or members of the health care team.

- This EPA may be observed in any scenario that is emotionally charged. These communications can include, but are not limited to, managing conflict, disclosing unexpected complications and/or medical errors, addressing non-adherence with treatment plan, breaking bad news, and establishing goals of care.

Assessment plan:

Direct observation by attending physician.

Assessment form collects information on:

- Case mix (select all that apply): acute neurological emergency; breaking bad news; goals of care; end of life; managing conflict; non-adherence; abuse; other (write in):

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 goals of care discussion
- At least 1 breaking bad news
- At least 1 conversation in the setting of acute neurological emergency

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1 COM 1.1 Develop trusting and supportive relationships with patients and families
- 2 COM 3.1 Convey information about medical course and/or management plan clearly and accurately
- 3 COM 3.1 Use appropriate language and avoid medical jargon
- 4 COM 3.1 Use strategies to verify and validate the patient's and/or family's understanding
- 5 COM 1.5 Recognize when strong emotions (e.g. fear, anger, anxiety, sorrow) are impacting an interaction and respond appropriately
- 6 ME 2.3 Establish goals of care in collaboration with the patient and/or family
- 7 COM 4.3 Use communication skills and strategies that help the patient and/or family make informed decisions
- 8 COM 4.3 Answer questions regarding care delivery, treatment decisions and/or prognosis
- 9 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware

Adult Neurology Transition to Practice

EPA 20: Leading a neurological inpatient or consultation service

Key Features: This EPA focuses on the independent management of an inpatient service in the role of the physician most responsible for patient's neurological care. Building on the competencies of the Core stage, this includes application of the knowledge, skills and attitudes expected of an independently practicing physician.

- This role involves 4 components: overall care of acute and chronic patients; working effectively with the interprofessional team; administrative responsibilities; and coaching, assessment, and feedback of junior learners.
- The observation of this EPA is divided into two parts: patient care; interprofessional interaction/supervision.
- The patient care aspects of this EPA are based on at least one week of observation.

Assessment Plan:

Part A: Patient care

Direct and indirect observation by supervisor

Assessment form collects information on:

- Case complexity: simple; complex
- Volume of case load: low; high

Part B: Interprofessional care/supervision

Feedback from multiple observers compiled by supervising neurologist.

Assessment form collects information on:

- Includes feedback from (select all that apply): nurse; clinical assistant; consulting physician; occupational therapist; physiotherapist; speech language pathologist; social worker; other trainee (e.g. fellow; junior resident; medical student); other health care professional

Basis for formal entrustment decision:

Part A: Patient care

Collect 2 observations of achievement

- At least 1 case load of high complexity
- 2 different supervisors

Part B: Interprofessional care/supervision

Collect feedback from at least 3 observers on one occasion during Transition to Practice

When is unsupervised practice expected to be achieved: PGY 5

Relevant Tasks:

Part A: Patient care

- 1** ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

- 2** ME 1.4 Perform relevant and time-effective clinical assessments
- 3** ME 1.5 Prioritize patients based on the urgency of clinical presentations
- 4** L 2.1 Allocate health care resources for optimal patient care
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** ME 2.4 Develop plans for patient care that anticipate clinical response and progress to other settings of care, including home
- 7** L 4.1 Set priorities and manage time to fulfil diverse responsibilities
- 8** L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 9** P 4.1 Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings
- 10** ME 4.1 Coordinate treatment and follow-up across care settings
- 11** HA 1.1 Facilitate timely patient access to services and resources

Part B: Interprofessional care/supervision

- 1** COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 2** COL 1.2 Assign tasks and responsibilities to other team members, commensurate with their skills and patient complexity
- 3** COL 1.3 Communicate effectively with physicians and other health care professionals
- 4** COL 1.1 Respond appropriately to input from other health care professionals
- 5** P 1.1 Respond punctually to requests from patients or other health care professionals
- 6** S 2.1 Use strategies for deliberate, positive role-modelling
- 7** S 2.2 Create a positive learning environment
- 8** S 2.5 Provide feedback to enhance learning and performance
- 9** P 1.1 Exhibit appropriate professional behaviors
- 10** P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment

Adult Neurology Transition to Practice

EPA 21: Managing an outpatient neurological practice

Key Features: This EPA focuses on the management of clinical and related administrative responsibilities for individual patients in the outpatient setting.

- This includes completing medical documentation in a timely manner; completing administrative responsibilities which may include billing, triaging, insurance forms, phone calls, and clinic scheduling in a timely manner; reviewing test results/acting on results appropriately and in timely manner; and working effectively with the staff and/or other learners in the clinic.
- This EPA may be observed in any clinic experience where supervisors have the opportunity for longitudinal observation of the resident.
- The observation of this EPA must be based on a period of at least 3 months.

Assessment Plan:

Direct and indirect observation by attending physician, with input from administrative staff, clinic nurses, and/or other health professionals.

Use assessment form.

Basis for formal entrustment decision:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 5

Relevant Tasks:

- 1** COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role
- 2** COL 1.3 Provide accurate, timely and relevant written information to the referring/primary care physician
- 3** L 4.1 Manage time effectively in the outpatient clinic
- 4** ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests
- 5** L 4.1 Review and act on test results in a timely manner
- 6** P 1.1 Respond punctually to requests from patients or other health care providers
- 7** L 4.2 Manage a practice effectively including activities such as billing and communicating with third-party providers
- 8** P 1.1 Exhibit appropriate professional behaviors

Adult Neurology Transition to Practice

EPA 22: Providing consultation for and managing patients at outlying centers

Key Features: This EPA focuses on being accessible to health care professionals (HCP) and patients in an outside center to provide advice about diagnosis, management and/or patient disposition.

- This includes gathering information to make a clinical assessment, assessing resources and options available in that setting, providing guidance for management, and making decisions regarding triaging patients to outpatient clinics, inpatient wards, or the ICU.
- It also includes recognizing conditions that can be managed remotely versus those that require in-person assessment.

Assessment Plan:

Direct observation by supervising neurologist with, if possible, input from the referring health care professional

Assessment form collects information on:

- Setting: outpatient clinic, inpatient ward, ICU

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 2 different observers

When is unsupervised practice expected to be achieved: PGY 5

Relevant Tasks:

- 1** COM 2.3 Request and synthesize patient information gathered by another health professional
- 2** ME 2.2 Interpret clinical information gathered by another health professional, along with the results of investigations, for the purposes of diagnosis and management
- 3** ME 2.4 Determine the setting of care appropriate for the patient's health needs
- 4** L 2.1 Apply knowledge of the health care resources available in other care settings
- 5** COL 3.1 Determine when a patient should be transferred to ensure optimal patient care
- 6** ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer
- 7** COL 3.2 Recognize and act on patient safety issues in the transfer of care
- 8** COL 1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions
- 9** COM 5.1 Document advice provided to off-site health care providers

