



UAEU

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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Internal Medicine

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Internal Medicine

EPA 1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Key Features: This EPA focuses on clinical assessment, verifying the skills achieved in medical school. It includes performing the history and physical exams on new patients as well as follow-up assessments, in any care setting. It includes completing clinical documentation, which may be an admission history, as well as orders.

- It does not include diagnosing and managing patient presentations nor formulation of changes in treatment plans.

Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Type of patient visit: new patient; focused follow-up

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 new patient visit
- At least 1 focused follow-up visit

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1 ME 2.2 Elicit an accurate, relevant history
- 2 ME 2.2 Perform a physical exam that informs the diagnosis
- 3 ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or oral summary to a supervisor
- 4 ME 2.4 Identify and/or monitor key clinical features in the implementation of a management plan
- 5 COM 1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 6 COM 2.1 Conduct a patient-centered interview
- 7 COM 5.1 Maintain accurate and up-to-date problem lists and medication lists
- 8 COM 5.1 Document the essential elements of a clinical encounter using a structured approach
- 9 COM 5.1 Document relevant patient care orders

Internal Medicine

EPA 2: Identifying and assessing unstable patients, providing initial management, and obtaining help

Key Features: This EPA includes recognizing critical illness, implementing initial emergent care, and obtaining assistance.

- This EPA does not include leading a resuscitation team beyond initial care (i.e., not entrusted with diagnosing etiologies or on-going critical care management).
- Examples of presentations include acute respiratory distress, hemodynamic instability, and altered level of consciousness.

Assessment Plan:

Direct or indirect observation by supervisor or entrusted resident

Assessment form collects information on:

- Case mix: acute respiratory distress; hemodynamic instability; altered level of consciousness; other [write in]
- Setting: clinical; simulation
- Observer role: staff; senior resident; fellow

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 direct observation
- A variety of presentations
- At least 1 observation in the clinical setting
- At least 2 different assessors; at least 1 faculty

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1** ME 1.1 Demonstrate compassion for patients
- 2** ME 1.4 Perform a focused history and physical exam
- 3** ME 1.4 Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance
- 4** ME 1.5 On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
- 5** ME 2.1 Address primary priorities of resuscitation (Airway, Breathing, Circulation)
- 6** ME 2.4 Develop and implement initial management plans for common acute unstable presentations in Internal Medicine
- 7** ME 3.4 Perform the skills of Advanced Cardiac Life Support (ACLS)
- 8** COM 3.1 Provide explanations and updates to the patient and family

- 9** COL 3.2 Provide specific information required for safe and effective handover to senior colleagues
- 10** P 1.1 Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met

Internal Medicine

EPA 3: Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings

Key Features: This EPA includes assessing and treating common acute medical presentations under remote, indirect supervision, including managing new patients overnight.

- At this level, trainees would be expected to solicit assistance from more senior residents, junior attendings, fellows, or attendings for complex presentations.

Assessment Plan:

Direct or indirect observation by supervisor or entrusted resident

Assessment form collects information on:

- Setting: emergency department; ward
- Case mix: chest pain; shortness of breath; altered level of consciousness; fever; hemodynamic instability; other [write in]

Basis for formal entrustment decision:

Collect 10 observations of achievement.

- At least 5 direct observations
- At least 3 must be in the emergency department
- A variety of the case mix
- At least 3 observations from staff

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1** ME 1.1 Demonstrate compassion for patients
- 2** ME 1.3 Apply clinical and biomedical sciences to manage common patient presentations in Internal Medicine
- 3** ME 1.4 Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance
- 4** ME 1.4 Perform complete and appropriate assessments of patients with common acute medical presentations
- 5** ME 2.1 Iteratively establish priorities as the patient's situation evolves
- 6** ME 2.2 Generate differential diagnoses along with appropriate diagnostic strategies
- 7** ME 2.2 Complete patient admission as appropriate
- 8** ME 2.4 Develop and implement initial management plans for common internal medicine presentations
- 9** ME 3.1 Describe to patients common procedures or therapies for common conditions

in Internal Medicine

- 10** ME 3.2 Obtain informed consent for commonly performed procedures and therapies
- 11** ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
- 12** ME 3.4 Seek assistance, as needed, when unanticipated findings or changing clinical circumstances are encountered
- 13** COM 3.1 Communicate the diagnosis, prognosis and plan of care in a clear, compassionate, respectful and accurate manner
- 14** COM 4.3 Answer questions from the patient and family about next steps
- 15** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 16** COL 1.1 Receive and appropriately respond to input from other health care professionals
- 17** COL 3.1 Identify patients requiring handover to other physicians or health care professionals

Internal Medicine

EPA 4: Managing patients admitted to acute care settings with common medical problems and advancing their care plans

Key Features: This EPA includes treating common acute medical presentations under remote, indirect supervision. At this level, trainees would be expected to solicit assistance from more senior residents, junior attendings, fellows, or attendings for complex presentations.

- The observation of this EPA is divided into three parts: patient assessment and management; communication with the patient and/or family throughout the clinical course; handover of patient care.
- The observation of handover should emphasize the interactive nature of handover for a group of patients (i.e., a handover event).

Assessment Plan:

Part A: Patient Assessment and Management

Direct or indirect observation by supervisor

Assessment form collects information on:

- Case mix: Cardio (arrhythmia, CHF, coronary artery disease/chest pain/acute coronary syndrome); Endocrine (diabetes mellitus); Geriatrics (falls); Haema (venous thromboembolic disease, anemia); GI (nausea/vomiting, abdominal pain, gastrointestinal bleeding, cirrhosis/jaundice); Infectious (fever, sepsis); Nephro (acute kidney injury); Neuro (delirium/altered level of consciousness, cerebrovascular accident); Respiratory (COPD/asthma, pneumonia, shortness of breath, hemoptysis); other (toxidromes)
- Diagnosis (*write in*):

Part B: Communication with Patient/Family

Direct or indirect observation by supervisor with input from patient and/or family

Use assessment form

Part C: Handover

Direct observation by supervisor

Use assessment form.

Basis for formal entrustment decision:

Part A: Patient Assessment and Management

Collect 8 observations of achievement.

- At least 8 different categories
- At least 6 different assessors

Part B: Communication with Patient/Family

Collect 2 observations of achievement.

Part C: Handover

Collect 3 observations of achievement.

- At least 2 by an attending staff

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks

Part A: Patient Assessment and Management

- 1** ME 1.1 Demonstrate compassion for patients
- 2** ME 1.3 Apply clinical and biomedical sciences to manage common patient presentations in Internal Medicine
- 3** ME 1.4 Perform appropriate clinical assessments throughout the course of a patient illness
- 4** ME 1.5 On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
- 5** ME 2.1 Iteratively establish priorities as the patient's situation evolves
- 6** ME 2.4 Develop and implement initial management plans for common problems in Internal Medicine
- 7** ME 2.4 Adapt the management plans to the clinical course
- 8** ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
- 9** ME 4.1 Ensure follow-up on results of investigation and response to treatment
- 10** ME 4.1 Monitor patients for complications, response to therapy, and evolution of the clinical course
- 11** COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement, and safety
- 12** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions

Part B: Communication with Patient/Family

- 1** ME 2.3 Work with patients and their families to understand relevant options for care
- 2** COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
- 3** COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 4** COM 3.1 Provide information on the results of clinical assessments, diagnostic testing,

and treatment plans

- 5** COM 3.1 Use strategies to verify and validate the understanding of the patient and family
- 6** COM 4.1 Explore the perspectives of the patient and others when developing care plans
- 7** COM 4.3 Answer questions from the patient and family about next steps

Part C: Handover

- 1** COL 3.1 Identify patients requiring handover to other physicians or health care professionals
- 2** COL 3.2 Summarize the patient's issues, including plans to deal with ongoing issues
- 3** COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues as needed
- 4** COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

Internal Medicine

EPA 5: Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

Key Features: This EPA focuses on appropriate utilization, communication, and collaboration with other health care professionals. It includes recognizing the need for consultation, developing a well-defined question for the consultant, and incorporating recommendations into the care plan. It may include coordinating the involvement of multiple consultants and other health care professionals but does not include balancing differing recommendations or identifying specialty consultation needs for complex presentations.

Assessment Plan:

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Role of observer: supervisor; physician specialist being consulted; other health professional.
- Setting: ambulatory care; inpatient; emergency department

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 2 from supervisor
- At least 1 from other physician specialist
- At least 1 from other health professional

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1** ME 1.5 On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
- 2** ME 1.6 Recognize limits in abilities and scope of practice, and consult specialists and/or other health care professionals when needed
- 3** ME 4.1 Develop and prioritize well defined questions to be addressed with a consultant or other health care professional
- 4** ME 2.4 Incorporate consultant recommendations into diagnostic and treatment plans
- 5** ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
- 6** ME 4.1 Ensure follow-up on the results of consultation requests and/or recommendations
- 7** COM 5.1 Document information about patients and their medical conditions in a

manner that enhances intra- and interprofessional care

- 8** COL 1.2 Apply knowledge of the roles and scopes of practice of other health care professionals for optimal patient care
- 9** COL 1.3 Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care

Internal Medicine

EPA 6: Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings

Key Features: This EPA focuses on providing a safe and informed discharge for patients with common internal medicine conditions.

- This includes developing and executing a discharge plan as well as communicating the plan to patients, caregivers, and other health care providers.
- The observation of this EPA is divided into two parts: discharge plan documentation, and discharge plan communication.

Assessment Plan:

Part A: Discharge plan documentation

Indirect observation (review of case, discharge checklist/discharge summary) by supervisor
Assessment form collects information on:

- Case complexity: low; high

Part B: Discharge plan communication

Direct observation by supervisor, with input from the patient and/or family
Use assessment Form.

Basis for formal entrustment decision:

Part A: Discharge plan documentation

Collect 2 observations of achievement.

- At least 1 high complexity hospital stay

Part B: Discharge plan communication

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks

Part A: Discharge Plan and Documentation

- 1** ME 2.2 Synthesize patient information to anticipate complications and challenges for patients transitioning away from the acute care setting
- 2** COL 1.3 Integrate the patients' perspective and context into the collaborative care plan
- 3** ME 2.4 Generate discharge plans that address patient's therapeutic needs, disease and treatment monitoring needs, and relevant risk factor reduction
- 4** ME 4.1 Ensure follow-up on results of investigation and response to treatment
- 5** ME 5.2 Reconcile current and prior medication lists to enhance patient safety

- 6** COM 5.1 Document the admission to adequately convey clinical course and the rationale for decisions
- 7** COL 3.2 Communicate with the patient's primary health care professional about the patient's care
- 8** COL 3.2 Summarize the patient's issues, including plans to deal with ongoing issues

Part B: Discharge Plan and Communication

- 1** ME 1.1 Demonstrate compassion for patients
- 2** COM 3.1 Provide information to patients and caregivers regarding the discharge plan
- 3** COM 4.3 Avoid the use of medical jargon and technical terminology
- 4** COM 3.1 Use strategies to verify and validate the understanding of the patient and family
- 5** COM 4.3 Answer questions from the patient and family about next steps
- 6** HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection

Internal Medicine

EPA 7: Assessing unstable patients, providing targeted treatment and consulting as needed

Key Features: This EPA focuses on the primary priorities of resuscitation of patients with unstable medical conditions – airway, breathing, circulation – and the general survey that provides a preliminary diagnosis and management.

- At this stage of training, this EPA does not include definitive management but rather timely consultation and handover of care, as appropriate, to other physicians.
- Examples of presentations include acute respiratory distress, hemodynamic instability, and altered level of consciousness.

Assessment Plan:

Direct and/or indirect observation by supervisor (MRP, other consulting staff, entrusted resident)

Assessment form collects information on:

- Presentation: acute respiratory distress; hemodynamic instability; altered level of consciousness; other [write in]
- Setting: emergency department; step-down unit; critical care unit; ward; simulation

Basis for formal entrustment decision:

Collect 7 observations of achievement.

- A variety of presentations
- No more than 3 in simulation setting
- At least 3 observations by most responsible physician

When is unsupervised practice expected to be achieved: PGY 1

Relevant Tasks:

- 1** ME 2.1 Recognize medical instability in patients with acute medical conditions
- 2** ME 2.1 Address primary priorities of resuscitation (Airway, Breathing, Circulation)
- 3** ME 2.2 Perform a focused clinical assessment of a patient with an unstable medical condition
- 4** ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation
- 5** ME 2.4 Develop and implement preliminary treatment strategies for patients with unstable medical conditions
- 6** ME 4.1 Identify the necessity and urgency of referral for advanced care
- 7** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 8** COL 3.2 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues as needed

Internal Medicine

EPA 8: Discussing and establishing patients' goals of care

Key Features: This EPA focuses on the documentation of a patient's previous advanced directives and/or goals of care, and not those discussions that are directed at changes in goals of care (that is EPA no 15).

- This EPA includes discussing goals of care with a substitute decision-maker.
- This EPA may be observed in the clinical setting or in simulation (e.g., OSCE).

Assessment Plan:

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Case mix: stable acute condition; unstable acute condition; progressive chronic condition
- Setting: ambulatory; inpatient; simulation
- Substitute decision maker: yes; no
- Observer role: staff; senior resident

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- 1 from each category
- Not more than 1 in simulation setting
- At least 1 involves a substitute decision-maker
- At least 2 observations by staff
- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1** COM 1.6 Identify patients who lack decision-making capacity and seek out their substitute decision maker
- 2** COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement and safety
- 3** COM 1.4 Identify, verify and validate non-verbal cues
- 4** ME 2.3 Discuss and clarify previously established advanced directives and goals of care
- 5** ME 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations
- 6** ME 2.3 Work with patients and their families to understand relevant options for care
- 7** COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care

- 8** P 3.1 Adhere to institutional policies and procedures relevant to advance directives and goals of care
- 9** P 3.1 Apply the laws governing substitute decision making

Internal Medicine

EPA 9: Identifying personal learning needs while caring for patients, and addressing those needs

Key Features: This EPA focuses on engaging in self-assessment and personal professional development as part of clinical activities.

- The achievement of this EPA is based on Clinical Competence Committee review of the resident's submitted personal learning plans.
- The PLPs must include a variety of clinical scenarios and include examples in which the resident identifies issues for further development/learning as well as examples in which a knowledge gap is rectified.

Assessment Plan:

Review of resident submission by supervisor, coach, or academic advisor
Use assessment Form.

Basis for formal entrustment decision:

Collect 6 submitted personal learning plans.

When is achievement expected: PGY 1

Relevant Tasks:

- 1** P 2.1 Demonstrate a commitment to improving one's own performance
- 2** S 1.2 Seek and respond to feedback on performance in the clinical setting
- 3** S 1.2 Identify learning needs that arise in daily work
- 4** S 1.1 Create a plan to address identified learning needs
- 5** S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
- 6** S 3.2 Select appropriate sources of evidence for a given practice-related question
- 7** S 3.3 Interpret the evidence, including a critique of the relevance to practice
- 8** S 3.4 Integrate the evidence into a solution for the identified learning need

Internal Medicine

EPA 10: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations

Key Features: This EPA focuses on diagnosis and includes providing medical care to patients presenting with acute medical problems from initial presentation through and including appropriate follow-up.

- This EPA focuses on patients with high complexity, defined as those with multiple conditions that co-exist and/or interact; a single condition with multisystemic manifestation; an atypical presentation of a common condition; management challenges due to social determinants of health and/or cultural complexities.
- At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty care.
- This EPA may be observed in the inpatient, outpatient, or emergency room setting.

Assessment Plan:

Direct or indirect observation by supervisor

Assessment form collects information on:

- Setting: ambulatory care; inpatient

Basis for formal entrustment decision:

Collect 18 observations of achievement.

- At least 4 direct observations
- A mix of ambulatory and inpatient settings
- At least 6 different assessors

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1** ME 1.5 Maintain a duty of care and patient safety while balancing multiple responsibilities
- 2** ME 2.1 Consider clinical urgency and comorbidities in determining priorities to be addressed
- 3** ME 2.2 Perform complete and appropriate assessment of complex clinical presentations, including consideration of competing treatment needs
- 4** ME 2.2 Select and interpret appropriate investigations based on a differential diagnosis
- 5** ME 2.2 Integrate and summarize information obtained through the clinical assessment and investigations
- 6** ME 2.2 Generate and prioritize the differential diagnoses

- 7** ME 2.2 Monitor the evolution of the clinical course and/or the patient's response to treatment
- 8** ME 2.4 Generate management plans that address on-going diagnostic uncertainty, address treatment needs, evolve with the clinical course, and incorporate best practice and evidence-based guidelines
- 9** ME 3.1 Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centered, and considers the risks and benefits of all approaches
- 10** ME 4.1 Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
- 11** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 12** COM 3.1 Provide information to patients and their families clearly and compassionately
- 13** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 14** COL 1.2 Work effectively with other health care professionals, including other physicians
- 15** L 2.1 Demonstrate resource stewardship in clinical care
- 16** S 3.1 Generate focused clinical questions relevant to patient diagnoses or management to guide literature searches
- 17** S 3.2 Utilize point of care evidence-based resources
- 18** S 3.4 Critically appraise relevant medical literature to make evidence informed medical decisions

Internal Medicine

EPA 11: Assessing and managing patients with complex chronic conditions

Key Features: This EPA focuses on the care of patients with chronic disease, in any care setting, across the breadth of chronic conditions. This EPA includes clinical assessment, evidence informed decision making and judicious use of health care resources.

- This EPA includes patients whose condition is complex, and therefore requires a patient centered approach considering the patient's treatment goals, interactions between different diseases and treatments, consideration of multimorbidity and frailty and, often, coordination with other physicians and health care professionals.
- The observation of this EPA is divided into two parts: assessment, diagnosis, and management; and a patient centered approach to communication, counselling, and education.

Assessment Plan:

Part A: Assessment, Diagnosis, and Management

Indirect observation by supervisor

Assessment form collects information on:

- Condition: asthma; anemia; arthritis; cancer; chronic fatigue; chronic kidney disease; chronic obstructive pulmonary disease; congestive heart failure; connective tissue disease; coronary artery disease; cirrhosis; dementia; diabetes mellitus; hypertension; other [write in]
- Setting: ambulatory care; inpatient

Part B: Patient Education/Communication

Direct observation of patient education by supervisor, with input from other health professionals and/or the patient and/or family

Assessment form collects information on:

- Input from (select all that apply): other health professional; patient; family

Basis for formal entrustment decision:

Part A: Assessment, Diagnosis, and Management

Collect 12 observations of achievement.

- Case mix must include a variety of conditions
- At least 6 in ambulatory care setting
- At least 4 different assessors

Part B: Patient Education/Communication

Collect at least 5 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks

Part A: Assessment, diagnosis and management

- 1** ME 1.4 Perform clinical assessments that address all relevant issues
- 2** ME 2.1 Consider clinical urgency and comorbidities in determining priorities to be addressed
- 3** ME 2.2 Select and interpret investigations based on clinical priorities
- 4** ME 2.2 Integrate and summarize information obtained through the clinical assessment and investigations
- 5** ME 2.4 Identify and address interactions between different diseases and different treatments
- 6** ME 2.4 Develop patient-centered management plans that address multimorbidity, frailty and/or complexity of patient presentations
- 7** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8** ME 2.4 Adapt guideline-based recommendations for care to the context of the patient's specific needs and priorities
- 9** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 10** ME 4.1 Establish plans for ongoing care
- 11** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 12** COM 5.1 Adapt record keeping to the specific guidelines of their discipline and the clinical context
- 13** COL 1.2 Work effectively with other health care professionals, including other physicians
- 14** L 2.1 Demonstrate resource stewardship in clinical care
- 15** HA 1.1 Facilitate timely patient access to services and resources

Part B: Patient Education/Communication

- 1** COM 1.6 Adapt communication to the unique needs and preferences of the patient
- 2** HA 1.1 Recognize potential barriers to comprehension and learning such as illness, literacy and language skills
- 3** ME 2.3 Establish goals of care in collaboration with the patient and family
- 4** COM 3.1 Provide information to patients and their families clearly and compassionately
- 5** COM 3.1 Provide explanations that are clear and accurate while checking for understanding
- 6** COM 4.3 Use communication skills and strategies that help the patient make informed decisions

- 7** HA 1.2 Select patient education resources
- 8** HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviors

Internal Medicine

EPA 12: Providing internal medicine consultation to other clinical services

Key Features: This EPA focuses on providing focused, timely, and collaborative medical consultations to other clinical services under remote attending supervision.

- This EPA includes applying these skills across peri-operative care, obstetrical medicine care, and medical consultation to other clinical services (e.g., surgical services, psychiatry, obstetrics and gynecology, family medicine/hospitalists).
- The observation of this EPA is divided into three parts: patient assessment and decision making; written documentation of the consultation; oral communication with the referring physician(s).

Assessment Plan:

Part A: Patient Assessment and Decision-Making

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Case mix: perioperative; obstetrical medicine; other clinical service
- Setting: ambulatory; inpatient

Part B: Written consultation note

Review of written consultation note by supervisor

Use assessment form.

Part C: Oral Communication with referring physician

Direct observation by supervisor or referring physician

Assessment form collects information on:

- Setting: clinical; OSCE; other simulation

Basis for formal entrustment decision:

Part A: Patient Assessment and Decision-Making

Collect 10 observations of achievement.

- At least 2 in peri-operative
- A mix of ambulatory and inpatient settings
- At least 3 different assessors

Part B: Written consultation note

Collect 6 observations of achievement.

Part C: Oral Communication with referring physician

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks

Part A: Patient Assessment

- 1** ME 1.4 Perform clinical assessments that address all relevant issues
- 2** ME 2.1 Identify relevant clinical issues in a consultation request
- 3** ME 2.2 Perform focused clinical assessments without missing key elements
- 4** ME 2.4 Develop recommendations for management that address the consult question and consider the patient's status and other health problems
- 5** COL 1.2 Establish a clear agreement with the referring physician about roles and responsibilities regarding ongoing care
- 6** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 7** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8** P 1.1 Respect the boundaries of the consultative role within the care of the patient

Part B: Written consultation note

- 1** ME 2.2 Synthesize and interpret information from the clinical assessment
- 2** COM 5.1 Organize information in appropriate sections
- 3** COM 5.1 Document all relevant findings and investigations
- 4** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 5** COM 5.1 Provide a clear plan for ongoing management
- 6** COM 5.1 Adapt the written consultation to the clinical context
- 7** COL 1.3 Provide written documentation in a timely manner
- 8** COL 1.3 Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care

Part C: Oral Communication with referring physician

- 1** ME 2.1 Identify the need and timeliness for communication with referring physicians
- 2** ME 2.2 Synthesize and interpret information from the clinical assessment
- 3** COL 1.3 Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care
- 4** COL 1.3 Use effective oral communication strategies with physicians and other colleagues in the health care professions
- 5** P 1.1 Respect the boundaries of the consultative role within the care of the patient

Internal Medicine

EPA 13: Assessing, resuscitating, and managing unstable and critically ill patients

Key Features: This EPA focuses on leading and participating in the resuscitation of unstable patients.

- This includes the assessment and management of critically ill patients in the acute care setting, including level two intensive care units, with remote attending physician supervision.
- This EPA does not include managing invasive ventilation, continuous renal replacement therapy, or patients requiring a level one intensive care unit for other reasons (e.g., trauma, multi-organ dysfunction syndrome, or invasive monitoring such as right heart catheters and intracranial pressure monitors).
- The observation of this EPA is divided into two parts: patient care; interprofessional work. The observers for Part B must be individuals who have had multiple interactions with the resident throughout a training experience.

Assessment Plan:

Part A: Patient Care

Direct and/or indirect observation by supervisor faculty (CCM staff, CCU staff, CTU staff), or entrusted fellows.

Assessment form collects information on:

- Case mix: shock; systemic inflammatory response syndrome/sepsis; acute respiratory distress; unstable cardiac rhythms; acute coronary syndrome; seizures/altered level of consciousness.

Part B: Interprofessional Care

Direct and/or indirect observation by supervisor, with input from members of the interprofessional team

Assessment form collects information on:

- Input from (select all that apply): nurse; other physician; pharmacist; respiratory therapist; social worker; other [write in]
- Number of people providing input [write in]:

Basis for formal entrustment decision:

Part A: Patient Care

Collect 14 observations of achievement.

- A variety of presentations
- At least 4 different assessors

Part B: Interprofessional Care

Collect at least 1 observation of achievement.

- At least 6 people providing input
- A variety of team members

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks

Part A: Patient Care

- 1** ME 1.5 Prioritize patients on the basis of clinical presentations
- 2** ME 1.6 Seek assistance in situations that are complex or new
- 3** ME 2.2 Focus the assessment, performing in a time-effective manner without excluding key elements
- 4** ME 2.2 Select and interpret investigations based on clinical priorities
- 5** ME 2.2 Synthesize patient information to determine differential diagnosis
- 6** ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 7** ME 2.3 Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued
- 8** ME 2.4 Develop and implement focused treatment strategies
- 9** ME 2.4 Manage hemodynamic support, non-invasive ventilation, and monitoring
- 10** L 4.2 Lead resuscitation teams delivering Acute Cardiac Life Support or care directed at other unstable medical conditions
- 11** ME 2.4 Develop a plan to deal with clinical uncertainty
- 12** ME 3.1 Integrate planned procedures of therapies into global assessment and management plans
- 13** ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- 14** ME 3.4 Competently perform resuscitation protocols
- 15** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 16** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 17** COM 1.5 Establish boundaries as needed in emotional situations
- 18** COM 3.1 Provide information to patients and their families clearly and compassionately
- 19** COL 3.2 Organize the handover of care to the most appropriate physician or health care professional

Part B: Interprofessional Care

- 1** COL 1.2 Work effectively as a member of a resuscitation team

- 2** L 4.2 Establish clear leadership in resuscitative efforts, assuming the leadership role as appropriate
- 3** COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 4** COL 1.3 Apply closed loop communication in urgent or crisis situations to work effectively with physicians and other colleagues in the health care professions
- 5** COL 3.2 Organize the handover of care to the most appropriate physician or health care professional
- 6** P 4.1 Maintain capacity for professional clinical performance in stressful situations

Internal Medicine

EPA 14: Performing the procedures of Internal Medicine

Key Features: This EPA includes all the following: consent; preparation; performance; post-procedural care including documentation; and managing any immediate complications.

Assessment Plan:

Direct observation by supervisor

Assessment form collects information on:

- Setting: clinical; simulation
- Procedure: airway management & endotracheal intubation; arterial line catheter insertion; central line placement; thoracentesis; paracentesis; lumbar puncture; joint arthrocentesis
- Site: not applicable; femoral; internal jugular; subclavian; knee; other joint
- Use of ultrasound guidance: yes; no

Basis for formal entrustment decision:

Collect 21 observations of achievement.

- At least 1 of each procedure in the clinical setting
- At least 5 central line placements using ultrasound guidance (must include different sites)
- At least 3 thoracentesis
- At least 3 paracentesis
- At least 3 lumbar puncture
- At least 2 arthrocentesis (at least 1 knee)
- At least 3 airway management (bag and mask ventilation) and endotracheal intubations
- At least 2 arterial line catheter insertions

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1** ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure
- 2** ME 3.4 Perform pre-procedural tasks in a timely, skillful, and safe manner
 - Establish and maintain a sterile field
 - Maintain universal precautions
 - Handle sharps safely
 - Hand-cleanse, gown and glove
- 3** ME 3.4 Perform procedures in a skillful and safe manner, adapting to unanticipated

findings or changing clinical circumstances

- 4** ME 3.4 Document procedures accurately
- 5** ME 3.4 Establish and implement a plan for post-procedure care
- 6** ME 3.4 Recognize and manage complications
- 7** COM 5.1 Document the encounter to convey the procedure and outcome

Internal Medicine

EPA 15: Assessing capacity for medical decision-making

Key Features: This EPA builds on the abilities entrusted in EPA 8 in the task related to establishing goals of care.

- This EPA focuses on the determination of capacity, and the laws and guidelines that direct the care of patients who lack decision-making capacity.

Assessment Plan:

Direct or indirect observation by supervisor

Assessment form collects information on:

- Observer type: faculty/staff; senior resident
- Case mix: patient leaving hospital against medical advice; patient refusing recommended treatment; patient or substitute decision maker refusing recommended home supports or nursing home placement; other [write in]

Basis for formal entrustment decision:

Collect 3 observations of achievement.

- At least 1 direct observation
- At least 1 faculty/staff observer
- At least 2 categories

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 2.3 Determine the patient's understanding of their condition, risks associated with treatment options and alternatives to proposed treatments
- 2** ME 2.2 Assess the patient's capacity to make decisions about his/her medical care
- 3** ME 4.1 Determine the necessity and appropriate timing of consultation with mental health and/or other professionals
- 4** COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences
- 5** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 6** COM 1.3 Recognize when one's own values, biases, or perspectives may have an impact on the quality of care, and modify the approach to the patient accordingly
- 7** COM 2.1 Actively listen and respond to patient cues
- 8** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 9** COM 4.1 Facilitate discussions with the patient and family in a way that is respectful,

non-judgmental, and culturally safe

- 10** P 3.1 Adhere to institutional policies and procedures relevant to advance directives and goals of care
- 11** P 3.1 Apply professional standards, and laws governing capacity and competence for medical decision making

Internal Medicine

EPA 16: Discussing serious and/or complex aspects of care with patients, families, and caregivers

Key Features: This EPA focuses on communication, including conveying complex and/or emotionally distressing information, guiding discussions involving multiple members of the health care team and recognizing and mitigating conflict.

Assessment Plan:

Direct observation by supervisor or other health professional

Assessment form collects information on:

- Case complexity: low; medium; high
- Substitute decision maker: yes; no
- Case mix: futility of care; breaking bad news; discharge related discussion; conflicting recommendations of consultants
- Observer: staff; senior resident; other health care professional [write in]

Basis for formal entrustment decision:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks:

- 1** COM 3.1 Provide information on diagnosis and/or prognosis clearly and compassionately
- 2** COL 1.2 Determine the necessity of involving other health care professionals, and incorporate their perspectives as appropriate
- 3** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 4** COM 1.5 Establish boundaries as needed in emotional situations
- 5** COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences
- 6** COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
- 7** COM 4.1 Communicate with cultural awareness and sensitivity
- 8** COM 4.3 Use communication skills and strategies that help the patient make informed decisions
- 9** ME 4.1 Establish plans for ongoing care

Internal Medicine

EPA 17: Caring for patients who have experienced a patient safety incident (adverse event)

Key Features: This EPA focuses on all aspects of the care of a patient who has experienced a patient safety incident. This includes specific medical care, disclosure of the event to the patient/family, as well as documentation and reporting of the incident.

- This EPA does not include issues related to quality improvement at the level of the health care system.

Assessment Plan:

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Setting: clinical; simulation
- Event: error; near miss; adverse event
- Disclosure observed: yes; no

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 clinical
- At least 1 observation of disclosure
- At least 1 by a faculty member

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 1.4 Perform clinical assessments that address the breadth of issues in each case
- 2** ME 5.1 Identify the clinical circumstances contributing to an adverse event
- 3** ME 5.1 Intervene to mitigate further injury
- 4** ME 5.1 Identify changes in practice/clinical care to prevent similar events
- 5** COM 3.2 Communicate the reasons for unanticipated clinical outcomes to the patients and disclose patient safety incidents
- 6** COM 3.2 Apologize appropriately for a harmful patient safety incident
- 7** ME 5.1 Report patient safety incidents to appropriate institutional representatives
- 8** P 4.1 Apply strategies to mitigate the personal impact of patient safety incidents

Internal Medicine

EPA 18: Caring for patients at the end of life

Key Features: This EPA focuses on symptom management at the end of life, up to and including referral to palliative care services. It includes discussions with patients and families about the progression of illness and evolution of the goals of care.

- The observation of this EPA is divided into two parts: symptom management in end-of-life care and the communication with patients/families regarding the transition away from disease modifying treatment.

Assessment Plan:

Part A: Symptom Management in End-of-Life Care

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Case mix: cancer; organ failure; neurodegenerative diseases

Part B: Discussion about transition away from disease modifying treatment

Direct observation by supervisor

Assessment form collects information on:

- Setting: ambulatory; inpatient; simulation
- Case mix: cancer; organ failure; neurodegenerative diseases

Basis for formal entrustment decision:

Part A: Symptom Management in End-of-Life Care

Collect 3 observations of achievement.

Part B: Discussion about transition away from disease modifying treatment

Collect 2 observations of achievement.

- 2 different scenarios
- At least 1 from clinical setting

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks

Part A: Symptom management in end-of-life care

- 1 ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 2 ME 1.6 Seek assistance in situations that are complex or new
- 3 ME 2.2 Identify symptoms influencing patient comfort at the end of life
- 4 ME 2.2 Synthesize patient information to determine symptom management priorities

- 5** ME 2.4 Develop and implement management plans
- 6** ME 4.1 Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence
- 7** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 8** COM 2.1 Actively listen and respond to patient cues
- 9** COL 1.2 Consult as needed with other health care professionals, including other physicians
- 10** HA 1.1 Facilitate timely patient access to services and resources
- 11** P 4.1 Maintain capacity for professional clinical performance in stressful situations

Part B: Discussion about transition away from disease modifying treatment

- 1** COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication with patients
- 2** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 3** COM 1.5 Establish boundaries as needed in emotional situations
- 4** COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
- 5** COM 3.1 Provide information to patients and their families clearly and compassionately
- 6** COM 3.1 Provide information related to progression of illness and evolution of care
- 7** COM 3.1 Educate patients and caregivers about end of life care options including palliative care and medical assistance in dying
- 8** COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 9** COM 4.3 Answer questions from the patient and family about next steps
- 10** ME 2.3 Share concerns, in a constructive and respectful manner, with patients and their families about their goals of care when they are not felt to be achievable
- 11** ME 2.3 Establish goals of care in collaboration with the patient and family
- 12** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 13** HA 1.1 Facilitate timely patient access to services and resources

Internal Medicine

EPA 19: Implementing health promotion strategies in patients with or at risk for disease

Key Features: This EPA focuses on the identification of opportunities for health promotion and preventive management, in a range of health care settings and across the breadth of acute and chronic conditions.

- The observation of this EPA may be performed by physician supervisors as well as nurses or other health professionals involved in patient education.
- This EPA may be observed in any health care setting.

Assessment Plan:

Direct observation or case discussion/chart review

Assessment form collects information on:

- Case mix: asthma/COPD; cancer screening in at risk populations; diabetes; falls/frailty; immunocompromised patient; medication reviews; vaccinations; vascular risk reduction; other [write in]

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- Case mix must include a range of conditions.

When is unsupervised practice expected to be achieved: PGY 2

Relevant Tasks:

- 1** ME 1.1 Demonstrate compassion for patients
- 2** ME 1.4 Perform clinical assessments that address the breadth of issues in each case
- 3** ME 2.2 Assess risk factors for disease progression as well as a patient's need for health promotion and/or health surveillance
- 4** ME 2.2 Identify a patient's relevant determinants of health
- 5** ME 2.4 Integrate primary and secondary prevention strategies as part of the overall management plan
- 6** COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication with patients
- 7** COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 8** COM 2.1 Actively listen and respond to patient cues
- 9** COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
- 10** HA 1.1 Facilitate timely patient access to services and resources

- 11** HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors
- 12** HA 1.2 Counsel and support patients regarding risk factor reduction, such as smoking cessation
- 13** HA 1.3 Work with the patient and/or family to identify opportunities for disease prevention, health promotion and health protection
- 14** HA 1.3 Evaluate with the patient the potential benefits and harms of health screening

Internal Medicine

EPA 20: Supervising junior learners in the clinical setting

Key Features: This EPA focuses on the informal teaching that occurs in the clinical (bedside) setting, and includes ensuring safe patient care, teaching, and providing feedback.

- This EPA includes delegation of tasks to other residents and students and may include administrative duties relevant to organization of the medical team.
- The observation of this EPA is divided into two parts: teaching; and running the team.
- For Part A, the observation must be based on at least a week of contact with the junior learners.
- For Part B the observations must be by two different supervisors and must be based on at least two different training experiences (i.e., not all on the same block).

Assessment Plan:

Part A: Teaching

Direct or indirect observation by supervisor, with input from junior learners (student or junior resident)

Use assessment form.

Part B: Running the Team

Direct and indirect observation by supervisor

Assessment form collects information on:

- Case complexity on average: low; medium; high

Basis for formal entrustment decision:

Part A: Teaching

Collect 2 observations of achievement.

Part B: Running the Team

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 3

Relevant Tasks

Part A: Teaching

- 1 S 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners

- 2** S 2.2 Ensure a safe learning environment for all members of the team
- 3** S 2.3 Supervise learners to ensure they work within their limits, seeking guidance and supervision when needed
- 4** S 2.3 Balance supervision and graduated responsibility, ensuring the safety of patients and learners
- 5** S 2.4 Plan and deliver a learning activity
- 6** S 2.4 Provide clinical teaching and/or other informal learning activities
- 7** S 2.5 Provide feedback to enhance learning and performance
- 8** S 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
- 9** P 1.1 Intervene when behaviors toward learners undermine a respectful environment
- 10** P 3.3 Participate in the assessment of junior learners

Part B: Running the Team

- 1** ME 1.5 Carry out professional duties in the face of multiple competing demands
- 2** P 1.1 Seek guidance for teaching and team management when needed
- 3** S 2.1 Use strategies for deliberate, positive role-modelling
- 4** COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 5** COL 2.1 Show respect toward collaborators
- 6** COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 7** S 2.2 Ensure a safe learning environment for all members of the team
- 8** S 2.3 Supervise learners to ensure they work within their limits, providing guidance and supervision when needed
- 9** S 2.3 Balance supervision and graduated responsibility, ensuring the safety of patients and learners
- 10** L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 11** L 4.1 Manage time and prioritize tasks
- 12** L 4.1 Demonstrate efficiency and effectiveness in running the physician team

Internal Medicine Transition to Practice

EPA 21: Managing an inpatient medical service

Key Features: This EPA refers to a Junior Attending Role on an inpatient service.

- This EPA focuses on the efficient management of an inpatient service in the role of the physician most responsible for patient care.
- The observation of this EPA is divided into two parts: overall patient care and working effectively with the interprofessional team.
- The patient care aspects should provide a mix of acute and chronic medical conditions and a variety of medical diagnoses.

Assessment Plan:

Part A: Overall Patient Care

Chart review by supervisor

Assessment form collects information on:

- Diagnosis (write in):
- Case mix: acute; chronic; both acute and chronic

Part B: Interprofessional Care

Multiple observers provide feedback individually, which is then collated to one report

Assessment form collects information on:

- Role of observer: supervisor; nurse; other health care professional; junior resident; student

Basis for formal entrustment decision:

Part A: Overall Patient Care

Collect 10 observations of achievement.

- A variety of medical diagnoses
- A mix of acute and chronic conditions
- At least 4 different assessors

Part B: Interprofessional Care

Collect multisource feedback from at least 10 observers

- At least 2 other health care professionals

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks

Part A: Overall Patient Care

- 1 ME 1.5 Carry out professional duties in the face of multiple, competing demands

- 2** ME 1.4 Perform relevant and time-effective clinical assessments
- 3** ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 4** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 5** ME 2.4 Establish patient centered management plans
- 6** COL 1.3 Use referral and consultation as opportunities to improve quality of care
- 7** ME 4.1 Coordinate investigation, treatment and follow up when multiple physicians and health care professionals are involved
- 8** COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner
- 9** L 2.1 Allocate health care resources for optimal patient care
- 10** L 4.1 Manage time and prioritize tasks
- 11** ME 4.1 Formulate and implement plans for discharge that include appropriate ongoing care, arrangements for relevant community support services and follow up on investigations
- 12** COL 3.2 Demonstrate safe handover of care during patient transition out of the hospital setting
- 13** ME 5.2 Use systems to track and follow-up on clinical data such as investigations and laboratory tests

Part B: Interprofessional care

- 1** COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 2** COL 1.1 Respond appropriately to input from other health care professionals
- 3** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 4** COL 2.1 Show respect toward collaborators
- 5** HA 1.1 Facilitate timely patient access to services and resources
- 6** P 1.1 Respond punctually to requests from patients or other health care professionals
- 7** COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
- 8** P 1.1 Exhibit appropriate professional behaviors

Internal Medicine Transition to Practice

EPA 22: Managing longitudinal aspects of care in a medical clinic

Key Features: This EPA focuses on the efficient management of a longitudinal outpatient clinic in the role of the physician most responsible for patient care.

- This EPA may be observed in a variety of clinics: general Internal Medicine clinics with a variety of patient presentations; focused clinics with patients with a narrow spectrum of presentations (e.g., COPD clinic); general subspecialty clinics with a variety of patient presentations.
- The observation of this EPA is divided into two parts: overall patient care and working effectively and efficiently with the interprofessional team in an outpatient setting.

Assessment Plan:

Part A: Overall Patient Care

Chart review (e.g., review of consult letter) by supervisor.

Assessment form collects information on:

- Setting: general IM clinic; focused clinic; general subspecialty clinic

Part B: Collaboration and Efficiency

Multiple observers provide feedback individually, which is then collated to one report.

Assessment form collects information on:

- Observer role: supervisor; nurse; other health care professional; clinic staff

Basis for formal entrustment decision:

Part A: Overall Patient Care

Collect 10 observations of achievement.

Part B: Collaboration and Efficiency

Collect feedback from 5 observers

- At least 2 supervisors
- At least 1 member of clinic staff

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks

Part A: Overall Patient Care

- 1** ME 1.4 Perform relevant and time-effective clinical assessments
- 2** ME 2.2 Select investigation strategies demonstrating awareness of availability and access in the outpatient setting
- 3** ME 2.4 Establish a patient-centered management plan

- 4** ME 2.4 Formulate treatment plans that are suitable for implementation in the outpatient setting
- 5** COL 1.3 Use referral and consultation as opportunities to improve quality of care and patient safety
- 6** ME 4.1 Coordinate investigation, treatment and follow up when multiple physicians and health care professionals are involved
- 7** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8** COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
- 9** COL 1.3 Provide accurate, timely and relevant written information to the referring/primary care physician
- 10** COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role
- 11** L 2.1 Allocate health care resources for optimal patient care
- 12** P 2.2 Adhere to institutional policies and procedures in delivering clinical care

Part B: Collaboration and Efficiency

- 1** COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 2** COL 1.1 Respond appropriately to input from other health care professionals
- 3** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 4** COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner
- 5** L 4.1 Manage time effectively in the ambulatory clinic
- 6** ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests
- 7** L 4.1 Review and act on test results in a timely manner
- 8** P 1.1 Respond punctually to requests from patients or other health care professionals
- 9** P 1.1 Exhibit appropriate professional behaviors

Internal Medicine Transition to Practice

EPA 23: Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

Key Features: This EPA focuses on the treatment of patients for whom there is uncertainty in diagnosis despite appropriate clinical assessment, and/or uncertainty in determining optimal therapy.

- This EPA includes clinical assessment and management as well as effective communication of uncertainty to the patient/family and primary care or referring physician.

Assessment Plan:

Direct or indirect observation, case discussion, case review, review of clinical documentation by supervisor

Assessment form collects information on:

- Setting: ambulatory; inpatient
- Case mix: acute; chronic; both acute and chronic
- Type of undifferentiated issue: limited data; non-diagnostic data; conflicting data

Basis for formal entrustment decision:

Collect 4 observations of achievement.

- At least 1 review of consult note/written communication to other MD
- At least 1 direct observation of communication with patient

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1** ME 2.1 Prioritize which issues need to be addressed
- 2** ME 2.2 Synthesize patient information
- 3** ME 2.2 Revise the differential diagnosis in response to new clinical information, or response to treatment
- 4** ME 2.4 Demonstrate flexibility in clinical reasoning, in the setting of clinical uncertainty
- 5** ME 2.4 Establish a patient-centered management plan despite limited, non- diagnostic, or conflicting clinical data
- 6** ME 2.4 Develop a plan to deal with clinical uncertainty
- 7** ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 8** COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner
- 9** COM 4.1 Facilitate discussions with the patient and family in a way that is respectful,

non-judgmental, and culturally safe

- 10** COM 4.3 Use communication skills and strategies that help the patient make informed decisions
- 11** P 1.1 Identify limits in their own expertise
- 12** ME 4.1 Determine the necessity and timing of referral to another health care professional
- 13** COL 1.2 Consult as needed with other health care professionals, including other physicians

Internal Medicine Transition to Practice

EPA 24: Providing consultation to off-site health care providers

Key Features: This EPA focuses on the interactions with health care providers from another institution/setting who are requesting a consultation for the purposes of ongoing care of a patient currently at their location.

- This EPA includes gathering information from the consulting physician to make a clinical assessment, assessing the resources required by the patient and the resources available at the consulting location and advising regarding ongoing care which may include suitability and timing of transfer as well as stabilization for and modality of transportation.

Suggested Assessment Plan:

Direct or indirect observation, review of case summary, review of documents by supervisor
Assessment form collects information on:

- Decision to transfer: yes; no
- Setting: ward; emergency room; ICU/CCU

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- At least 1 transfer to ward
- At least 1 transfer to ICU/CCU

When is unsupervised practice expected to be achieved: PGY 4

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

Internal Medicine Transition to Practice

EPA 25: Initiating and facilitating transfers of care through the health care system

Key Features: This EPA focuses on the decision to transfer patients with a complex, evolving hospital course from the care of the IM specialist to another acute care institution.

- This EPA includes the medical decision-making about appropriate level of care and builds on the discharge facilitation skills achieved in previous EPAs.

Assessment Plan:

Direct observation, case discussion or review of clinical documentation by supervisor

Assessment form collects information on:

- Case complexity: medium; high
- Type of transfer: to acute care setting with high resource intensity; to acute care setting with low resource intensity
- Setting: clinical; simulation

Basis for formal entrustment decision:

Collect 2 observations of achievement.

- No more than 1 simulation

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1** ME 2.4 Determine the setting of care appropriate for the patient's health needs
- 2** L 2.1 Apply knowledge of the health care resources available in other care settings
- 3** ME 4.1 Assess the need, timing, risk and benefits of transferring a patient's care to another health professional and/or care setting
- 4** ME 2.4 Anticipate, prevent and manage changes in health status at the time of transition
- 5** ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer
- 6** COL 1.2 Consult as needed with other health care professionals, including other physicians
- 7** HA 1.1 Facilitate timely patient access to services and resources
- 8** COL 3.1 Organize the handover of care to the most appropriate physician
- 9** COL 3.2 Summarize the patient's issues, including plans to deal with ongoing issues
- 10** COL 3.2 Recognize and act on patient safety issues in the transfer of care
- 11** P 1.1 Keep the patient and family informed of changes in health status, treatment plan and/or setting of care

Internal Medicine Transition to Practice

EPA 26: Working with other physicians and healthcare providers to develop collaborative patient care plans

Key Features: This EPA focuses on shared decision making with other health care professionals, including those situations where there are differences in recommendations provided by different providers.

- This EPA may be observed during inpatient or outpatient clinical service (e.g., multidisciplinary ambulatory clinics) and/or at team conferences (e.g., tumor boards).

Assessment Plan:

Multiple observers provide feedback individually, which is then collated into one report.

Assessment form collects information on:

- Observer role: supervisor; primary care provider; consulting physician; other health care professional

Basis for formal entrustment decision:

Collect feedback from 8 observers.

- At least 2 supervisors
- At least 3 consulting physicians
- At least 2 other health care professionals

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks:

- 1** ME 2.4 Integrate recommendations from other health care professionals into management plans
- 2** ME 4.1 Coordinate treatment and follow-up across care settings
- 3** COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 4** COL 1.1 Respond appropriately to input from other health care professionals
- 5** COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions
- 6** COL 2.2 Negotiate to achieve consensus when there are differences in recommendations provided by other health care professionals
- 7** HA 1.1 Facilitate timely patient access to services and resources
- 8** P 1.1 Respond punctually to requests from patients or other health care professionals
- 9** P 1.1 Exhibit appropriate professional behaviors

Internal Medicine Transition to Practice

EPA 27: Identifying and analyzing system-level safety, quality, or resource stewardship concerns in healthcare delivery

Key Features: This task focuses on quality improvement at the level of the system of health care delivery and/or a group of patients. Examples may include: a project, a course of advanced study; longitudinal participation in a patient safety committee.

- It includes the review and analysis of a set of events, or data, to identify potential areas for improvement in health care delivery (which may be related to safety, quality, or resource stewardship).
- It focuses on an analysis of the reasons for the gap in desired outcomes and may include suggestions for processes to improve health care delivery.
- The observation of this EPA requires that the resident complete the analysis, but it is not necessary for the resident to implement or participate in the implementation of any changes.

Assessment Plan:

Review of resident submission by Clinical Competence Committee

Resident submission must include all the following:

- For Project: Summary of data identifying the concern(s) in safety, quality, or resource stewardship; Analysis of the human and system factors related to that concern.
- For advanced course: syllabus and evidence of participation
- For committee: Summary of participation including examples of the concern(s) in safety, quality or resource stewardship and analysis of the human and system factors related to that concern.

Use assessment Form.

When is achievement expected: PGY 4

Relevant Tasks:

- 1** L 1.1 Participate in a patient safety or quality improvement initiative
- 2** L 1.3 Analyze harmful patient safety incidents and near misses
- 3** L 1.3 Employ a systems-based approach to develop solutions for quality improvement and patient safety issues
- 4** ME 5.1 Identify human and systems factors contributing to patient safety incidents
- 5** S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 6** ME 5.2 Adopt strategies that promote patient safety and address human and system factors

- 7** P 3.1 Respond to, cope with, and constructively learn from a complaint
- 8** P 4.3 Support colleagues in mitigating the impact of patient safety incidents on personal wellbeing, and responding to these incidents as opportunities for practice improvement

Internal Medicine Transition to Practice

EPA 28: Providing comprehensive medical care to adult patients

Key features: This EPA focuses on directing day to day patient medical care with a high level of responsibility; it does not include managing complex issues that are specific to subspecialty practice.

- This includes developing comprehensive plans of care individualized to the patient's circumstances and needs, coordinating delivery of clinical care, managing transitions in care, and documenting clinical encounters.
- This EPA may be observed with patients presenting to the emergency room or admitted to hospital.
- The observation of this EPA is divided into two parts: care of an individual patient; and longitudinal management of the service.
- The observation of the management of the service is based on the resident performance over a period of at least a week and achievement requires a consistent pattern of performance.

Assessment plan:

Part A: Individual patient care

Direct observation and/or case review by supervisor

Use assessment form.

Part B: Longitudinal management of service

Direct observation and chart review by supervisor, with input from other members of the interprofessional team

Use assessment form.

Basis for formal entrustment decision:

Part A: Individual patient care

Collect 5 observations of achievement.

- At least 2 different assessors

Part B: Longitudinal management of service

Collect 3 observations of achievement.

- At least 2 different assessors

When is unsupervised practice expected to be achieved: PGY 4

Relevant Tasks

Part A: Individual patient care

- 1** ME 1.4 Perform a clinical assessment that addresses all relevant issues
- 2** ME 2.2 Select and interpret investigations in the context of the patient's presentation
- 3** ME 2.2 Integrate the patient's other medical problems and current health status into the clinical assessment
- 4** ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities and/or other features of case complexity
- 5** S 3.4 Integrate best evidence and clinical expertise into decision-making
- 6** COL 1.3 Integrate the patient's perspective and context into the care plan
- 7** ME 2.4 Develop and implement a management plan that considers all of the patient's health problems and needs
- 8** COM 3.1 Share information and explanations that are clear and accurate while checking for understanding
- 9** COM 4.3 Use communication strategies and skills that help the patient make informed decisions
- 10** ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and/or monitoring for disease progression
- 11** P 1.1 Identify limits in their own expertise

Part B: Longitudinal management of service

- 1** ME 1.1 Demonstrate responsibility and accountability for decisions regarding general medical patient care, acting in the role of most responsible physician
- 2** ME 4.1 Coordinate investigation, treatment, and follow-up when multiple physicians and health care professionals are involved
- 3** COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner
- 4** COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families
- 5** ME 4.1 Formulate and implement plans for discharge that include appropriate ongoing care, arrangements for relevant community support services and follow-up on investigations
- 6** HA 1.1 Facilitate timely access to services and resources
- 7** COL 3.2 Demonstrate safe handover of care during patient transition out of the hospital setting
- 8** COL 1.2 Make effective use of the scope and expertise of other health care professionals
- 9** P 1.1 Respond punctually to requests from patients or other health care professionals
- 10** P 1.1 Demonstrate appropriate professional behaviors

