



Primer for EPA COD7 - **DISCUSSING SERIOUS** and/or **COMPLEX ASPECTS OF CARE** with patients, families, and caregivers

This **Core of Discipline -COD EPA 7 (PGY2&3)** 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. Situations include futility of care, breaking bad news, discharge related discussion, and conflicting recommendations of consultants. Completion of this form requires direct observation** by at least 2 different assessors.

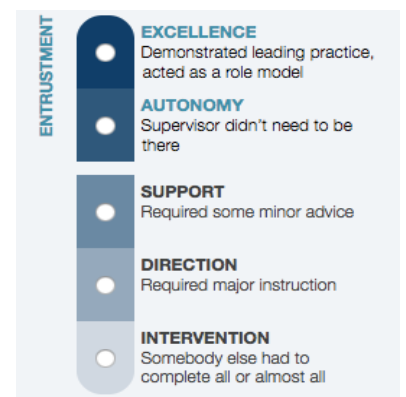
*Direct = unfiltered case review at the time of presentation, with validation of part of the history/physical by the supervisor followed by discussion of the management plan.

EPA MILESTONES: COD7 – Serious Discussions

1. Provide information on diagnosis and/or prognosis clearly and compassionately
2. Determine the necessity of involving other health care professionals, and incorporate their perspectives as appropriate
3. Establish boundaries as needed in emotional situations
4. Tailor approaches to decision-making to patient capacity, values, and preferences
5. Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals
6. Communicate with cultural awareness and sensitivity
7. Use communication skills and strategies that help the patient make informed decisions
8. Establish plans for ongoing care

HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. The assessment may be based on direct observation or case discussion.
2. You or the resident sign onto Elentra, and provide the assessment demographics. This can be done on the mobile phone or computer top.
3. From the list of milestones pertinent to the EPA, choose 2-3 milestones that are relevant to the activity, and indicate their performance level on each milestone you assessed, using the entrustment scale. You are not required to cover all milestones, but are welcome to.
4. Using the global entrustment scale, decide whether the resident can be entrusted overall to perform this activity with a similar case in the future. In general, residents are not expected to be entrustable early in a new stage of training, although this particular tool verifies skills that should have been learned in medical school.
5. Describe 2-3 strengths and 2-3 actions, or areas for improvement. Please provide detailed and actionable comments based on your observations of their performance.
6. Discuss your feedback with the resident.



GLOBAL ENTRUSTMENT SCALE
(Autonomous and Consultancy levels are entrustable)

What is CBD?

Competency By Design is the Royal College's model of Competence-Based Medical Education (CBME) which is an educational model that is...

- More oriented to **outcomes** rather than time in training (i.e. what trainee can DO)
- More **flexible** to learners' prior skills and current needs
- Training using a **coaching** approach with more regular feedback & entrustment decisions
- Enhanced **tracking** of learners' progress and performance

What is an EPA?

An Entrustable Professional Activity is a **unit of work** actually done during the clinician's day (e.g., admit a patient to hospital, carry out a procedure, lead a family meeting)

- There are **29 EPAs** for the PGY1-4 Internal Medicine training program
- Each EPA gets **assessed several times** for each resident
- Each EPA is made up of several **"milestones"**
- The EPAs increase in **complexity** through stages

Learn more about EPAs and CBD:

READ Factsheets:

CBD Terminology Click [here](#)
Improving feedback tips: Click [here](#)

WATCH an eModule on:

CBD in Internal Medicine: Click [here](#) to watch
EPAs 101: Click [here](#)

VISIT

www.deptmedicine.utoronto.ca/cbme
for general information on resources and events.

Questions? CONTACT us at im.cbd@utoronto.ca