

ENTRUSTABLE PROFESSIONAL ACTIVITIES AND MILESTONES

Entrustable Professional Activities (EPAs) are measurable actions of a physician delivering patient care. EPAs demonstrate for learners, educators and the public how we as a profession deliver education on our *Roles* and *Key Competencies* as markers of competence in curriculum. One example is the act of communication with patients or health professionals on a management plan. This involves not only Medical Expert, but also Communicator, Collaborator, Scholar and Professional.

The MD Program vision is that, by graduation, every student will demonstrate (starting in Year 1 assessments), proficiency in each of the Association of Faculties of Medicine of Canada (AFMC) EPAs under indirect supervision that support entry to residency learning.

A task force of Canadian undergraduate medical education leaders created The 12 [AFMC Entrustable Professional Activities \(EPAs\)](#) for use in competency based learning. These were innovated from models in the USA and Europe. MD Program EPAs differ from PGME EPAs by aligning with the skills of a generalist Canadian clinician. Many schools are adopting EPAs as standards for assessment and progression.

The twelve AFMC EPAs for an MD Program are:

AFMC Entrustable Professional Activities (EPAs) for Undergraduate Medical Education

1. Obtain a history and perform a physical examination adapted to the patient's clinical situation
2. Formulate and justify a prioritized differential diagnosis
3. Formulate an initial plan of investigation based on the diagnostic hypotheses
4. Interpret and communicate results of common diagnostic and screening tests
5. Formulate, communicate and implement management plans
6. Present oral and written reports that document a clinical encounter
7. Provide and receive the handover in transitions of care
8. Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
9. Communicate in difficult situations.
10. Participate in health quality improvement initiatives
11. Perform general procedures of a physician
12. Educate patients on disease management, health promotion and preventive medicine

Specific parts of MD Program courses will assess the twelve (12) AFMC EPAs. While EPAs are described as work placed assessments, the MD Program sees these being achieved across a developmental continuum. As with any performance, related skill, in arts or athletics, there must be grounded learning and then a trajectory upwards of steady improvement with repetitive practice for any competency based skill.

We are using EPAs as one metric of progression in Year 1 for Patient Centred Clinical Methods (simulated patient interviewing and examination) and in the Longitudinal Family Medicine Experience. Other courses for EPA assessment are in project learning for Research and in the Quality Improvement Projects of Year 2 and in clinical experiences of Transition to Clerkship. All prepare students fully for the learning experience where EPA's will define progression – Clerkship and in Clinical Sciences Electives.

EPAs progress through developmental markers termed "*Milestones*". A *Milestone* is a descriptor that marks a level of performance for a given EPA. Graduates will, under indirect supervision, perform each EPAs at the entry to residency *Milestone* by graduation. Entrustment at each *Milestone* will be assessed in defined contexts of learning to demonstrate the *Key* and *Enabling Competencies* that shape that EPA.

Progression for students reaching their *Milestone* of an EPA resides with the MD Program Competence Committee. Each student may have a unique path for specific EPAs. The Competency Committee has the role of looking across program data for accomplishment of or remedial learning needed to support student competency of EPAs by *Milestones*.

As a school and program, we are excited to introduce EPAs, a key component of CBME in Canadian residency and fellowship programs. As in other AFMC UME partner schools, we will assess for competency with EPAs to support each student's progression. This will move career success away from time spent to performance of a key skill for your career as a physician.

MD PROGRAM EPA's and MILESTONES

The MD Program EPA Milestones are outlined below:

EPA	Milestone 1	Milestone 2	Milestone 3	Milestone 4- Graduation
1. Obtain a patient History and conduct context specific examination	<p>In simulated interview, obtain basic information from a co-operative adult patient, the standard format of the medical history.</p> <p>Demonstrate professional interview skills</p> <p>Perform the basic elements of a physical exam on a simulated adult patient in a sensitive manner</p>	<p>Demonstrate a basic working relationship with a simulated interview to gather, synthesize, and organize information from a patient into the standard format of a medical history.</p> <p>Demonstrate including information related to sensitive topics and information relevant to determinants of health in history.</p> <p>Demonstrate performing an integrated and focused patient physical examination relevant to basic chief complaint and history respecting patient sensitivity.</p>	<p>Demonstrates an approach to outlining in an actual patient, their history, key medical problem(s) and relevant determinants of health in all Clerkship rotations and context</p> <p>Demonstrates a complete patient exams appropriately tailored to the clinical context in each rotation of Clerkship across defined contexts</p>	<p>Demonstrates an approach to a complete history, in clinical contexts with data (medical presentation, risk factors, and social impact) from the patient and where relevant - family/caregiver/advocate in all clinical contexts</p> <p>Performs a complete physical exam using relevant exam techniques to assist with concurrent differential diagnosis and care plan formulation in accordance with the MCC Blueprints</p>
2. Formulate a Differential Diagnosis	<p>Discuss a simple differential diagnosis in simulated cases centred around clinical and foundational science factors</p>	<p>Demonstrate reasoning through clinical problems using a systematic approach that includes generation of problem lists and hypothesis with construction of a basic inclusive differential diagnosis</p>	<p>Demonstrates a functional structured differential diagnosis identifying key components in all Clerkship assigned clinical contexts using key patient information from history, physical and investigational facts related to clinical contexts of care.</p>	<p>Demonstrates generating of a complete differential diagnosis in complex clinical contexts for defined MCC disease entities in a succinct manner</p>

<p>3. Create a plan of investigation</p>	<p>Discuss a basic approach to assessing the presenting problem based on simulated patient vignettes relevant to course objectives, and justify use of common clinical investigations</p>	<p>Demonstrate in a simulated common course scenario, the ability to select and justify clinical investigations.</p> <p>Demonstrates awareness of factors such as cost, availability, acceptability for the patient, and risks in investigatory approach.</p>	<p>Demonstrates using an evidence based approach, a plan of care with appropriate clinical investigations considering their features and limitations (e.g., reliability, sensitivity, specificity), availability, acceptability for the patient, inherent risks and contribution to a management decision</p>	<p>Demonstrates in clinical and simulated learning, an evidence based socially responsible, patient-focused and sensitive investigation plan using best practice, clinical guidelines, costs and accessibility of resources and follow-up in a timely manner.</p> <p>Identifies levels of uncertainty at each step of the diagnostic process including the potential adverse effects of the test(s).</p>
<p>4. Interpret and communicate diagnostic and screening tests</p>	<p>Discuss in simulated learning, an approach to interpreting and discussing common diagnostic tests related to common simple clinical cases for patients</p>	<p>Demonstrate in simulated learning with a supervisor, understanding of basic investigations and plans for action.</p> <p>Demonstrate in simulation an introductory approach to discussion of investigations with the patient</p>	<p>Demonstrates in clinical learning, ability to interpret tests, using evidence, to supervisor and communicating in defined patient centred contexts to patients for common investigations.</p> <p>Communicates information by actively listening and appropriate verbal and non-verbal communication.</p>	<p>Demonstrates using evidence, interpreting and communicating in patient-centred, clinically complex contexts, the results derived from common investigations.</p>

<p>5. Formulate, communicate and implement management plans</p>	<p>Discuss in simulated cases based on patient vignettes, an introductory approach to creating basic therapeutic strategies for the management of common medical problems</p>	<p>Discuss using simulated cases an approach to creating. Communicating and following basic therapeutic plans for common medical problems</p>	<p>Demonstrate under supervision, using evidence inclusive of foundational sciences and social determinants, the creation and implementation of a simple patient and family centred management plan for care and prevention in each Clerkship rotation</p> <p>With a supervisor, discuss and communicate an approved management plans to patients and other healthcare team members.</p> <p>Accurately and completely document the approved management plans in written/electronic notes, orders, and prescriptions.</p>	<p>Demonstrate under supervision, using evidence the creation and implementation of a complete year 1 resident patient and family centred management plan for care and prevention in complex care scenarios.</p> <p>Communicate the plan to patients and other healthcare team members.</p> <p>Accurately document in clinical and simulated learning in a complex, patient care plan.</p>
<p>6. Present oral and written reports of a clinical encounter</p>	<p>Able to present to a clinical supervisor a simulated simple clinical encounter that is an accurate reflection of the encounter with few omissions</p>	<p>Able to document and present a clinical encounter using a systematic approach that is an accurate reflection of a simulated encounter across clinical disciplines</p>	<p>Demonstrates in defined controlled Clerkship clinical contexts the ability to deliver in oral and written reports, a concise, focused, prioritized and outcome driven summary of a patient encounter to the healthcare team members.</p> <p>Document finding in a clear, focused and accurate manner in the patient clinical record</p>	<p>Demonstrates in complex clinical contexts delivering in oral and written reports an outcome driven summary of a patient encounter to healthcare team members and patient/family under distant observation.</p>

<p>7. Provide and receive handover in transitions of care</p>	<p>Outlines the core concepts of handover</p>	<p>Demonstrates under supervised simulated contexts, a standardized handover</p> <p>Identify risks of inadequate handover communication</p>	<p>Delivers under direct supervision a structured handover in defined Clerkship clinical contexts, using close looped communication,</p> <p>Asks clarifying questions in handover</p> <p>Elicits feedback from supervisor on the most recent handover communication</p>	<p>Delivers under distant direct supervision, succinct verbal communication that conveys patient presentation, assessment, plan of care and necessary follow-up.</p> <p>Conducts a handover that minimizes threats to transitions of care.</p> <p>Communicates transition with the health care team and patient / family</p>
<p>8. Recognize a patient requiring urgent care, provide management & seek help</p>	<p>Outlines under simulated learning, the basic presentation and clinical contexts for patients requiring urgent and emergent care.</p>	<p>Discusses under supervised learning, an approach to recognizing, using clinical examination and investigation results, the presentation of and skill to seek help with managing care for a patient presenting with urgent and emergent health care needs.</p> <p>Discusses how to asks for help when uncertain or requiring assistance</p>	<p>Discusses under supervised care in defined clinical care contexts, the ability to recognize (using clinical assessment and investigations) and provide immediate care to and seek assistance in addressing a patient with an urgent and emergent health issue</p> <p>Demonstrates how to asks for help when requiring assistance</p> <p>Observes from a distance, in a clinical context, a code response</p> <p>Discusses how to accurately documents patient experience in an emergent scenario.</p>	<p>Demonstrates under supervised simulation learning, the application of history and clinical assessment evidence from patient/family/health care team for patients at risk of deterioration or presenting with an urgent and emergent health care problem and mobilizes appropriate resources urgently</p> <p>Rapidly assess and initiate management to stabilize the patient under simulated scenario</p> <p>Demonstrates how to accurately documents an emergent scenario</p>

<p>9. Communicate in difficult conversations</p>	<p>Discusses the principles of engaging in challenging conversations</p>	<p>Demonstrates sensitivity to patient preference (alone, with family, etc.) as applicable.</p> <p>Is attentive to the patient's concerns.</p> <p>Demonstrates active listening in patient discussion.</p>	<p>Observe disclosure of harm or news in a Clerkship context.</p> <p>Discusses in the clinical care after observing an actual event, the approach to delivering news that is difficult to patients and /or families</p> <p>Discuss working with (where relevant) other health care team members to manage a difficult situation.</p>	<p>Demonstrates under simulated learning, delivering difficult news while addressing safety, security and privacy of site using a patient / family centred approach</p> <p>Demonstrates documenting in clinical record communication with patients, family members/caregiver/advocates of disclosure of harm.</p>
<p>10. Participate in health quality improvement situations</p>	<p>Discusses key concepts of patient safety and Quality Improvement (QI)</p>	<p>Demonstrate the application of the core concepts of QI in a clinically based team project with a faculty mentor focused on improving outcome of an actual clinical care challenge.</p>	<p>Discuss from actual patient care delivered, an approach to improving patient care using QI once in each clinical care context of Clerkship</p> <p>Participate in identified clinical rotation based morbidity and mortality rounds (where relevant)</p>	
<p>11. Perform procedures as outlined by program</p>		<p>Describe the principles of a core procedure as identified by the Program</p>	<p>Demonstrates completion under direct supervision in a simulated or a patient care encounter, a procedure</p> <p>Introduces self to patient and family and performs procedure with sensitivity to context of care and cultural and patient sensitivity.</p> <p>Lists indications, contraindications and risks/ benefits for the procedure Discusses complications post-procedure and when to seek necessary help</p>	

<p>12. Educate patients and families on management, promotion and prevention</p>	<p>Discuss the principles of health promotion, care delivery and disease prevention</p> <p>Observe these tasks in a longitudinal primary care office environment</p>	<p>Demonstrate in simulated learning an approach to delivering the key principles of health promotion, care delivery and disease prevention across learning contexts</p> <p>Demonstrate patient education using language that is understood by the patient.</p> <p>Demonstrate under simulated learning an approach to inquiry on patient lifestyle and social determinant factors that impact outcomes in health</p>	<p>Demonstrate in clinical learning within defined contexts, working with patients and families to understand and follow a plan of care focusing on each of care, health promotion and disease prevention</p> <p>Demonstrate documentation in patient record, all relevant details including missing information in the chart/notes</p>	<p>Demonstrate communication with language the patient and family can understand and free of medical jargon an approach to implementing change in patient when they agree and disagree with the advice rendered.</p>
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