

Internal Medicine: Transition to Discipline 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 by supervisor

Form collects information on

- Case type: new patient; focused follow-up

Collect at least 2 observations of achievement:

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

Relevant Milestones:

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-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion**
6. **COM 5.1 Maintain accurate and up-to-date problem lists and medication lists**
7. **COM 5.1 Document the essential elements of a clinical encounter using a structured approach**

Internal Medicine: Transition to Discipline 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)

Assessment Plan:

Direct or indirect observation by supervisor (staff or senior resident), with input from other health professionals

Form collects information on:

- Basis of assessment: direct observation; indirect observation
- Clinical Presentation: acute respiratory distress; hemodynamic instability; altered level of consciousness
- Clinical Setting: clinical; simulation
- Assessor's Role: staff; senior resident: fellow

Collect at least 3 observations of achievement:

- At least one direct observation
- At least one observation each of acute respiratory distress; hemodynamic instability; altered level of consciousness
- At least one clinical observation
- At least 2 different assessors; at least 1 faculty

Relevant Milestones:

1. **ME 1.4 Perform a focused history and physical exam**
2. **ME 1.4 Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance**
3. **ME 2.4 Develop and implement initial management plans for common acute unstable presentations in Internal Medicine**
4. **ME 3.4 Perform the skills of Advanced Cardiac Life Support (ACLS)**
5. **COM 3.1 Provide explanations and updates to the patient and family**
6. **COL 3.2 Provide specific information required for safe and effective handover to senior colleagues**

Internal Medicine: Transition to Discipline EPA #3

Performing the basic procedures of Internal Medicine

Key Features:

- This EPA includes explaining procedure-specific risks and benefits, obtaining informed consent, performing all procedures listed, and recognizing and managing common post-procedure complications.
- This EPA does not include clinical interpretations from procedures (e.g. arterial blood gas reports)

Assessment Plan:

Direct observation by supervisor (or delegate)

Form collects information on:

- Observer's role: supervisor; senior resident; nurse; respiratory therapist
- Procedure: venipuncture; peripheral intravenous placement; radial arterial blood gas sampling; nasogastric tube placement; preparation of sterile field with local anesthetic injection for invasive procedures
- Clinical Setting: clinical; simulation

Collect at least 10 observations of achievement:

- Two observations of each procedure

Relevant Milestones:

1. **ME 3.1 Describe the indications, contraindications, risks and alternatives for basic procedures**
2. **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure timeout or safety checklist as appropriate**
3. **ME 3.4 Set-up and position the patient for a procedure**
4. **ME 3.4 Perform pre-procedural tasks in a timely, skillful, and safe manner**
 - a. **Establish and maintain sterile field**
 - b. **Maintain universal precautions**
 - c. **Handle sharps safely**
 - d. **Hand-cleanse, gown and glove**
5. **ME 3.4 Perform basic procedures in a skillful, fluid, and safe manner with minimal assistance**
6. **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
7. **ME 3.4 Recognize and manage common complications of basic procedures**

Internal Medicine: Foundations EPA #1

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 attending 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 (staff and/or supervising resident)

Form collects information on:

- Basis of assessment: direct observation; indirect observation
- Clinical Setting: emergency department; ward
- Clinical Presentation: chest pain; shortness of breath; altered level of consciousness; fever; hemodynamic instability; other (*add text box*)

Collect at least 10 observations of achievement:

- At least 5 direct observation
- At least 3 must be in the emergency department
- At least 1 of each of the following: chest pain; shortness of breath; altered level of consciousness; fever; hemodynamic instability
- At least 3 from staff

Relevant Milestones:

1. **TD ME 1.4 Recognize urgent problems that may need the involvement of more experienced physicians and seek their assistance**
2. **ME 1.4 Perform complete and appropriate assessments of patients with common acute medical presentations**
3. **6 ME 2.2 Generate differential diagnoses along with appropriate diagnostic strategies**
4. **ME 2.4 Develop and implement initial management plans for common internal medicine presentations**

Internal Medicine: Foundations EPA #2

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 attending 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/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

Form collects information on:

- Clinical Presentation:
 - Cardio: arrhythmia; congestive heart failure; coronary artery disease/chest pain/acute coronary syndrome
 - Endocrine: diabetes mellitus
 - Geriatrics: falls
 - Haem: 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: chronic obstructive pulmonary disease/asthma; pneumonia; shortness of breath; hemoptysis
 - Other: toxidromes
- Diagnosis: *please write in comments*

Collect at least 8 observations of achievement

- At least 8 different clinical presentations
- At least 6 different assessors

Relevant Milestones (Part A)

- 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 2.4 Adapt the management plans to the clinical course**
- 4. ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
- 6. ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 7. ME 4.1 Monitor patients for complications, response to therapy, and evolution of the clinical course**
- 8. COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**

Part B: Communication with Patient/Family

Direct or indirect observation by supervisor

Form collects information on:

- Basis of assessment: direct observation; indirect observation (with input from patient/family)

Collect at least 2 observations of achievement

Relevant Milestones (Part B)

1. **ME 2.3 Work with patients and their families to understand relevant options for care**
2. **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
3. **COM 3.1 Provide information on the results of clinical assessments, diagnostic testing, and treatment plans**
4. **COM 3.1 Use strategies to verify and validate the understanding of the patient and family**
5. **COM 4.1 Explore the perspectives of the patient and others when developing care plans**
6. **COM 4.3 Answer questions from the patient and family about next steps**

Part C: Handover

Direct observation by supervisor

Collect at least 3 observations of achievement

- At least 2 by an attending staff

Relevant Milestones (Part C)

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 physician(s) or health care professional 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: Foundations EPA #3

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, or individual being consulted

. Form collects information on:

- Observer's role: supervisor; physician specialist being consulted; other health professional
- Clinical Setting: ambulatory care; inpatient; emergency department

Collect at least 4 observations of achievement:

- At least two from supervisor
- At least one from other physician specialist
- At least one from other health professional
- At least two in ambulatory care setting

Relevant Milestones:

1. **ME 1.6 Recognize limits in abilities and scope of practice, and consult specialists and/or other health care professionals when needed**
2. **ME 4.1 Develop and prioritize well defined questions to be addressed with a consultant or other health care professional**
3. **ME 2.4 Incorporate consultant recommendations into diagnostic and treatment plans**
4. **5 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved**
5. **ME 4.1 Ensure follow-up on the results of consultation requests and/or recommendations**
6. **COL 1.2 Apply knowledge of the roles and scopes of practice of other health care professionals for optimal patient care**

Internal Medicine: Foundations EPA #4

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

Form collects information on:

- Case complexity: complex hospital stay: yes, complex hospital stay: no

Collect at least 2 observations of achievement:

- At least one complex hospital stay

Relevant Milestones (Part A)

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 5.2 Reconcile current and prior medication lists to enhance patient safety**
5. **COM 5.1 Document the admission to adequately convey clinical course and the rationale for decisions**

Part B: Discharge plan communication

Patients/families provide observation

Collect at least 2 observations of achievement

Relevant Milestones (Part B)

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

Internal Medicine: Foundations EPA #5

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

Assessment Plan:

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

Form collects information on:

- Basis of assessment: direct observation; indirect observation
- Clinical Presentation: acute respiratory distress; hemodynamic instability; altered level of consciousness
- Clinical Setting: emergency department; step-down unit; critical care unit; ward; simulation

Collect at least 7 observations of achievement

- At least one from each clinical presentation: acute respiratory distress; hemodynamic instability altered level of consciousness
- No more than 3 in simulation setting
- At least one in each category by most responsible physician

Relevant Milestones:

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: Foundations EPA #6

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
- 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

Form collects information on:

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

Collect at least 3 observations of achievement

- One from each category
- Not more than one in simulation setting
- At least 1 involves a substitute decision-maker
- At least 2 staff as supervisor
- At least 2 different assessors

Relevant Milestones:

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 or care**
5. **ME 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations**
6. **COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care**
7. **3.1 Adhere to institutional policies and procedures relevant to advance directives and goals of care**

Internal Medicine: Foundations EPA #7

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 Competence Committee review of the resident's submitted personal learning plans. The PLPs may be submitted via the electronic platform, as written documents or via submission to the Mainport Portfolio.
- 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:

Competence Committee review of resident submissions

Collect at least 12 submitted personal learning plans.

Relevant Milestones:

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

Internal Medicine: Core EPA #1

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

Form collects information on:

- Type of observation: direct observation; indirect observation
- Clinical Setting: ambulatory care; inpatient
- Case type: initial assessment; diagnosis; management

Collect 18 observations of achievement

- At least 6 direct observations
- At least 6 observations in ambulatory care setting
- At least 4 of each case type
- At least 6 different assessors

Relevant Milestones:

1. **ME 2.1 Consider clinical urgency and comorbidities in determining priorities to be addressed**
2. **ME 2.2 Perform complete and appropriate assessment of complex clinical presentations, including consideration of competing treatment needs**
3. **ME 2.2 Select and interpret appropriate investigations based on a differential diagnosis**
4. **ME 2.2 Generate and prioritize the differential diagnoses**
5. **ME 2.2 Monitor the evolution of the clinical course and/or the patient's response to treatment**
6. **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**
7. **ME 4.1 Determine the necessity and timing of referral to another health care professional**
8. **COL 1.2 Work effectively with other health care professionals, including other physicians**

Internal Medicine: Core EPA #2

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

Form collects information on

- Diagnosis: 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
- Clinical Setting: ambulatory care; inpatient

Collect at least 12 observations of achievement

- At least 6 in ambulatory care setting
- Case mix must include a variety of diagnoses
- At least 6 different faculty

Relevant Milestones (Part A)

1. **ME 1.4 Perform clinical assessments that address all relevant issues**
2. **ME 2.2 Select and interpret investigations based on clinical priorities**
3. **ME 2.4 Identify and address interactions between different diseases and different treatments**
4. **ME 2.4 Develop patient centered management plans that address multimorbidity, frailty and/or complexity of patient presentations**
5. **ME 2.4 Adapt guideline based recommendations for care to the context of the patient's specific needs and priorities**
6. **COL 1.2 Work effectively with other health care professionals, including other physicians**
7. **L 2.1 Demonstrate resource stewardship in clinical care**
8. **HA 1.1 Facilitate timely patient access to services and resources**

Part B: Patient Education/Communication

Direct observation of patient education

Form collects information on:

- Observer's Role: faculty/staff; other health professional; patient and/or family
- Clinical Setting: ambulatory; inpatient

Collect at least 5 observations of achievement

- At least one from faculty
- At least one from other health professional
- At least 3 from different patients and/or families
- Role of observer: faculty; other health professional; patient and/or family

Relevant Milestones (Part B)

1. **COM 1.6 Adapt communication to the unique needs and preferences of the patient**
2. **ME 2.3 Establish goals of care in collaboration with the patient and family**
3. **COM 4.3 Use communication skills and strategies that help the patient make informed decisions**
4. **HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours**

Internal Medicine Core EPA #3

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; verbal communication with the referring physician(s).

Assessment Plan:

Part A: Patient Assessment and Decision-Making

Direct and/or indirect observation by supervisor

Form collects information on:

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

Collect at least 10 observations of achievement

- At least 4 in peri-operative
- At least one in obstetrical medicine
- At least 3 in ambulatory setting
- At least 3 different assessors

Relevant Milestones (Part A)

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

Part B: Written Communication

Review of written consultation note by supervisor

Collect at least 6 observations of achievement

Relevant Milestones (Part B)

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. **COL 1.3 Provide written documentation in a timely manner**

Part C: Oral Communication

Direct observation by supervisor or referring physician

Form collects information on:

- Clinical Setting: clinical; OSCE; other simulation

Collect 2 observations of achievement

Relevant Milestones (Part C)

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 Use effective oral communication strategies with physicians and other colleagues in the health care professions**
4. **P 1.1 Respect the boundaries of the consultative role within the care of the patient**

Internal Medicine: Core EPA #4

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 CCM, CTU fellows)

Form collects information on:

- Clinical Presentation: shock; systemic inflammatory response syndrome/sepsis; acute respiratory distress; unstable cardiac rhythms; acute coronary syndrome; seizures/altered level of consciousness; coagulation emergencies
- Type of treatment: resuscitation; initiating plan; ongoing management

Collect at least 14 observations of achievement

- At least one from each clinical presentation
- At least 3 from each type of treatment category
- At least one from faculty for each clinical presentation

Relevant Milestones (Part A)

1. **ME 1.5 Prioritize patients on the basis of clinical presentations**
2. **ME 2.2 Focus the assessment, performing in a time-effective manner without excluding key elements**
3. **ME 2.2 Synthesize patient information to determine differential diagnosis**
4. **ME 2.4 Develop and implement focused treatment strategies**
5. **ME 2.4 Manage hemodynamic support, non-invasive ventilation, and monitoring**
6. **L 4.2 Lead resuscitation teams delivering Acute Cardiac Life Support or care directed at other unstable medical conditions**
7. **ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources**
8. **ME 4.1 Determine the necessity and timing of referral to another health care professional**
9. **COL 3.1 Organize the handover of care to the most appropriate physician or health care professional**

Part B: Interprofessional Care

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

Use Form 3. Form collects information on:

- Observer role: nurse; other

Collect multisource feedback from at least 6 observers

- At least 2 nurses
- At least 2 other health professions

Relevant Milestones (Part B)

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. **P 4.1 Maintain capacity for professional clinical performance in stressful situations**

Internal Medicine: Core EPA #5

Performing the procedures of Internal Medicine

Key Features:

- This EPA includes all of the following: consent; preparation; performance; post-procedural care including documentation; and managing any immediate complications
- The observation of this EPA is divided into two part: direct observation of the procedures and review of the resident's procedure log

Assessment Plan:

Part A: Procedure

Direct observation by supervisor

Form collects information on:

- Clinical Setting: clinical; simulation
- Procedure: airway management & endotracheal intubation; arterial line catheter insertion; central line placement; thoracentesis; paracentesis; lumbar puncture; joint arthrocentesis;
- Type of treatment: femoral central line placement (with or without U/S), internal jugular central line placement (with or without U/S), subclavian central line placement (with or without U/S), knee arthrocentesis, arthrocentesis of other joint not applicable; femoral; internal jugular; subclavian; knee; other joint

Collect at least 21 observations of achievement

- At least one 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 one knee
- At least 3 airway management (bag and mask ventilation) and endotracheal intubations
- At least 2 arterial line catheter insertions

Relevant Milestones:

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**
 - a. **Establish and maintain a sterile field**
 - b. **Maintain universal precautions**
 - c. **Handle sharps safely**
 - d. **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**

Part B: Submission of Procedure Log

Log to track

- 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

Internal Medicine: Core EPA #6

Assessing capacity for medical decision-making

Key Features:

- This EPA builds on the abilities entrusted in the Foundations stage 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

Form collects information on

- Basis of assessment: direct observation; indirect observation
- Observer's role: faculty/staff; senior resident
- Case type: patient leaving hospital against medical advice; patient refusing recommended treatment; patient or substitute decision maker refusing recommended home supports or nursing home placement; other

Collect at least 3 observations of achievement

- At least one direct observation
- At least one faculty/staff observer
- At least 2 case types

Relevant Milestones:

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 2.1 Actively listen and respond to patient cues**
6. **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
7. **COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**
8. **P 3.1 Apply professional standards, and laws governing capacity and competence for medical decision making**

Internal Medicine: Core EPA #7

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

Form collects information on:

- Case Complexity: low; medium; high
- Basis of assessment: discussion with substitute decision maker; discussion with patient
- Scope of assessment: futility of care; breaking bad news; discharge related discussion; conflicting recommendations of consultants
- Observer's role: staff; senior resident; other health care professional

Collect at least 3 observations of achievement

Relevant Milestones:

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 Establish boundaries as needed in emotional situations**
4. **COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences**
5. **COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals**
6. **COM 4.1 Communicate with cultural awareness and sensitivity**
7. **COM 4.3 Use communication skills and strategies that help the patient make informed decisions**
8. **ME 4.1 Establish plans for ongoing care**

Internal Medicine: Core EPA #8

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

Form collects information on:

- Clinical Setting: clinical; simulation
- Case type: error; near miss; adverse event
- Basis of assessment: Disclosure observed; Disclosure not observed

Collect at least 2 observations of achievement

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

Relevant Milestones:

1. **ME 5.1 Identify the clinical circumstances contributing to an adverse event**
2. **ME 5.1 Intervene to mitigate further injury**
3. **ME 5.1 Identify changes in practice/clinical care to prevent similar events**
4. **COM 3.2 Communicate the reasons for unanticipated clinical outcomes to the patients and disclose patient safety incidents**
5. **ME 5.1 Report patient safety incidents to appropriate institutional representatives**

Internal Medicine: Core EPA #9

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 the discussions with patients and families about 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

Form collects information about:

- Diagnosis: cancer; organ failure; neurodegenerative diseases

Collect at least 3 observations of achievement

Relevant Milestones (Part A)

1. **ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves**
2. **ME 2.2 Identify symptoms influencing patient comfort at the end of life**
3. **ME 2.2 Synthesize patient information to determine symptom management priorities**
4. **ME 2.4 Develop and implement management plans**
5. **ME 4.1 Determine the necessity and timing of referral to another health care professional**
6. **COM 2.1 Actively listen to and respond to patient cues**
7. **HA 1.1 Facilitate timely patient access to services and resources**

Part B: Discussion about transition away from disease modifying treatment

Direct observation by supervisor

Form collects information on:

- Clinical Setting: ambulatory; inpatient; simulation
- Diagnosis: cancer; organ failure; neurodegenerative diseases

Collect at least 2 observations of achievement:

- Two different scenarios
- At least one from clinical setting

Relevant Milestones (Part B):

1. **COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
2. **COM 3.1 Provide information to patients and their families clearly and compassionately**
3. **COM 3.1 Provide information related to progression of illness and evolution of care**

4. **COM 3.1 Educate patients and caregivers about end of life care options including palliative care and medical assistance in dying**
5. **COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**
6. **COM 4.3 Answer questions from the patient and family about next steps**
7. **ME 2.3 Establish goals of care in collaboration with the patient and family**
8. **HA 1.1 Facilitate timely patient access to services and resources**

Internal Medicine: Core EPA #10

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

Form collects information on:

- Clinical Presentation: asthma/COPD; cancer screening in at risk populations; diabetes; falls/frailty; immunocompromised patient; medication reviews; vaccinations; vascular risk reduction; other

Collect at least 4 observations of achievement:

- Case mix must include a range of clinical presentations

Relevant Milestones:

1. **ME 2.2 Assess risk factors for disease progression as well as a patient's need for health promotion and/or health surveillance**
2. **ME 2.2 Identify a patient's relevant determinants of health**
3. **ME 2.4 Integrate primary and secondary prevention strategies as part of the overall management plan**
4. **COM 2.1 Actively listen and respond to patient cues**
5. **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
6. **HA 1.2 Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours**
7. **HA 1.2 Counsel and support patients regarding risk factor reduction, such as smoking cessation**

Internal Medicine: Core EPA #11

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 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 same block)

Assessment Plan:

Part A: Teaching

Direct observation by junior learners over a period of time (eg. 2 week rotation)

Form collects information on:

- Assessor's Role: student; junior resident

Collect 4 observations of achievement

- At least at least 2 different junior learners

Relevant Milestones (Part A)

1. **S 2.2 Ensure a safe learning environment for all members of the team**
2. **S 2.3 Balance supervision and graduated responsibility, ensuring the safety of patients and learners**
3. **S 2.4 Provide clinical teaching and/or other informal learning activities**
4. **S 2.5 Provide feedback to enhance learning and performance**
5. **P 1.1 Intervene when behaviours toward learners undermine a respectful environment**
6. **P 3.3 Participate in the assessment of junior learners**

Part B: Running the Team

Supervisor does assessment based on direct and indirect observation

Form collects information on

- Case complexity: low; medium; high

Collect at least 2 observations of achievement

- At least one case load of medium complexity
- Two different supervisors

Relevant Milestones (Part B)

1. **ME 1.5 Carry out professional duties in the face of multiple competing demands**
2. **COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
3. **S 2.2 Ensure a safe learning environment for all members of the team**
4. **S 2.3 Supervise learners to ensure they work within their limits, providing guidance and supervision when needed**
5. **L 4.1 Manage time and prioritize tasks**

6. L 4.1 Demonstrate efficiency and effectiveness in running the physician team

Internal Medicine: Transition to Practice EPA #1

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

Form collects information on

- Diagnosis: *please write in comments*
- Case type: acute; chronic; both acute and chronic

Collect at least 10 observations of achievement

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

Relevant Milestones (Part A)

- 1. S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 2. ME 2.4 Establish patient centered management plans**
- 3. COL 1.3 Use referral and consultation as opportunities to improve quality of care**
- 4. ME 4.1 Coordinate investigation, treatment and followup when multiple physicians and health care professionals are involved**
- 5. ME 4.1 Formulate and implement plans for discharge that include appropriate ongoing care, arrangements for relevant community support services and followup on investigations**
- 6. COL 3.2 Demonstrate safe handover of care during patient transition out of the hospital setting**

Part B: Interprofessional Care

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

Use Form 3. Form collects information on:

- Observer's Role: supervisor; nurse; other health care professional; junior resident; student

Collect multisource feedback from at least 10 observers

- At least 2 other health care professionals

Relevant Milestones (Part B): Interprofessional care

- 1. COL 1.2 Make effective use of the scope and expertise of other health care professionals**

2. **COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
3. **COL 2.1 Show respect toward collaborators**
4. **HA 1.1 Facilitate timely patient access to services and resources**
5. **P 1.1 Respond punctually to requests from patients or other health care professionals**
6. **P 1.1 Exhibit appropriate professional behaviours**

Internal Medicine: Transition to Practice EPA #2

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.

Form collects information on

- Clinical setting: general IM; focused; general subspecialty

Collect at least 10 observations of achievement

Relevant Milestones (Part A)

1. **ME 2.2 Select investigation strategies demonstrating awareness of availability and access in the outpatient setting**
2. **ME 2.4 Establish a patient centered management plan**
3. **ME 2.4 Formulate treatment plans that are suitable for implementation in the outpatient setting**
4. **S 3.4 Integrate best evidence and clinical expertise into decision-making**
5. **COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role**
6. **P 2.2 Adhere to institutional policies and procedures in delivering clinical care**

Part B: Collaboration and Efficiency

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

Use Form 3. Form collects information on:

- Role of observer: supervisor; nurse; other health care professional; clinic staff

Collect feedback from 5 observers

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

Relevant Milestones (Part B)

1. **COL 1.2 Make effective use of the scope and expertise of other health care professionals**
2. **COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
3. **L 4.1 Manage time effectively in the ambulatory clinic**

4. **ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests**
5. **L 4.1 Review and act on test results in a timely manner**
6. **P 1.1 Respond punctually to requests from patients or other health care professionals**
7. **P 1.1 Exhibit appropriate professional behaviors**

Part C: Patient survey

Patients provide feedback individually, which is then collated to one report

Use Form 3.

Collect feedback from 15 patients

Internal Medicine: Transition to Practice EPA #3

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 the 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 and/or review of clinical documentation) by supervisor

Form collects information on

- Clinical Setting: ambulatory; inpatient
- Case type: acute; chronic; both acute and chronic
- Scope of assessment: Type of undifferentiated issue - limited data; Type of undifferentiated issue - non-diagnostic data; Type of undifferentiated issue - conflicting data
- Basis of assessment: direct observation; case review; review of consult note/other documents

Collect at least 4 observations of achievement

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

Relevant Milestones:

1. **ME 2.2 Revise the differential diagnosis in response to new clinical information, or response to treatment**
2. **ME 2.4 Demonstrate flexibility in clinical reasoning, in the setting of clinical uncertainty**
3. **ME 2.4 Establish a patient centered management plan despite limited, non-diagnostic, or conflicting clinical data**
4. **ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management**
5. **COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner**
6. **COM 4.1 Use communication skills and strategies that help the patient make informed decisions**
7. **P 1.1 Identify limits in their own expertise**
8. **ME 4.1 Determine the necessity and timing of referral to another health care professional**

Internal Medicine: Transition to Practice EPA #4

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) by supervisor

Form collects information on

- Basis of assessment: direct observation; indirect observation (e.g. review of documents)
- Clinical reasoning - decision to transfer, patient care at current location

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- Clinical Setting: ward; emergency room; ICU/CCU

Collect 2 observations of achievement

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

Relevant Milestones:

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**

Internal Medicine: Transition to Practice EPA #5

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 Foundations

Assessment Plan:

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

Form collects information on

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

Collect at least 2 observations of achievement

- No more than one simulation

Relevant Milestones:

1. **ME 2.4 Determine the setting of care appropriate for the patient's health needs**
2. **L 2.1 Apply knowledge of 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 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**
5. **HA 1.1 Facilitate timely patient access to services and resources**
6. **COL 3.1 Organize the handover of care to the most appropriate physician**
7. **COL 3.2 Summarize the patient's issues including plans to deal with ongoing concerns**
8. **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 #6

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. tumour boards)

Assessment Plan:

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

Use Form 3. Form collects information on:

- Role of observer: supervisor; primary care provider; consulting physician; other health care professional

Collect feedback from 8 observers

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

Relevant Milestones:

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

Internal Medicine: Transition to Practice EPA #7

Identifying learning needs in clinical practice, and addressing them with a personal learning plan

Key Features:

- This EPA focuses on participating in learning activities that prepare the resident for their own continuing professional development
- This includes the identification of professional development needs (based on personal performance gaps and/or emerging needs of the communities they serve) and the development, execution and documentation of the plan to address those needs

Assessment Plan:

Review of documentation by supervisor

- Review a submission-ready documentation of a "Personal Learning Plan (PLP)" appropriate for entry into MAINPORT in which a resident identifies:
 - o a personal knowledge or performance gap, or
 - o an emerging need in the community that they serve

and then creates and implements a plan to update their knowledge/skills

- Review the resident's e-portfolio for evidence of literature searches, attendance at conferences, or other activity that addresses their learning needs over the TTP stage

Collect one observation of achievement

Relevant Milestones:

- 1. P 2.1 Demonstrate a commitment to maintaining and enhancing competence**
- 2. S 1.2 Identify opportunities for learning and improvement by reflecting on and assessing performance using various internal and external data sources**
- 3. S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps**
- 4. S 1.1 Identify learning needs to enhance competence across all CanMEDS roles**
- 5. S 1.1 Create and implement a learning plan**
- 6. L 4.2 Adjust educational experiences to gain competencies necessary for future practice**
- 7. P 3.1 Fulfil professional standards of practice by participating in programs that record continuing professional development (e.g. Royal College Maintenance of Certification Program)**

Internal Medicine: Transition to Practice EPA #8

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 Competence Committee

Resident submission must include all of 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

Relevant Milestones:

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. **ME 5.2 Adopt strategies that promote patient safety and address human and system factors**