

EPA Guidelines

How to Complete an Entrustable Professional Activity (EPA) Assessment

1. Resident and/or consultant identify a clinical encounter that is suitable for observation of one of the EPAs **before** a clinical contact takes place.

In some settings, such as the emergency department, this would be done in the moment, before seeing a new patient. In other clinical settings it could be planned at an earlier time, such as the day before or at the start of the clinical day.

2. The resident or supervisor communicates to the other that they would like to do an EPA assessment for the selected clinical encounter.
3. The EPA assessment can be triggered in three ways:
 - a. The resident logs into Elentra and sends an EPA request to the supervisor (see the Elentra guide and CBD Ground Rules for more information), or
 - b. The supervisor logs into Elentra and selects the resident and the EPA, filling out any parts of the EPA that can be completed prior to the EPA observation and saving the partially completed form.
 - c. The resident completes the demographic information on their own electronic device and then provides it to the faculty member for completion of the narrative sections and overall scoring

(Note: this can also be done after the clinical assessment takes place but it is often helpful to have the EPA and milestones available for reference before the clinical encounter)

4. The resident performs the clinical task, usually with the supervisor present (unless it is one of the few EPAs where indirect observation is possible, which are typically in the later stages of training)
5. The supervisor gives the resident feedback about the performance of the clinical task, ideally referencing the EPA form while filling it out with the same feedback.
6. The supervisor signs off on the EPA form.

Psychiatry EPA “Ground Rules”

- Ideally, an EPA should be completed at every possible opportunity.
 - o Recognizing that observation is not always possible when opportunities exist, observations should be done on a regular basis, even if the resident is not confident

that they are yet entrustable, so that they can get direct feedback on their performance.

- The completion of an EPA is a **shared expectation of residents and consultants**.
 - Residents are expected to send an EPA form to their supervisor at the time an opportunity to complete a particular EPA is identified, **or**
 - If an observed clinical consult is planned, the EPA form should be sent before the clinic encounter starts, so it is ready at the time of assessment.
 - An EPA request cannot be sent if it was not discussed with the consultant at the time of direct observation. It should be sent by the resident to the supervisor by the end of the day that the clinical encounter took place.
 - It is the resident's responsibility to ensure that they complete enough EPA assessments to fulfill the RCPSC requirements (attaining entrustability for a sufficient number of EPAs as well as fulfilling the required contextual variables). If a resident has difficulty meeting EPA requirements or finding appropriate EPA opportunities, they should first discuss this with their rotation supervisor(s). If the problem persists after discussing it with rotation supervisors, the resident should reach out to the Program Director, Associate PD or CBD Lead for further assistance in finding appropriate opportunities.
- An EPA should be completed by the consultant at the time of assessment and must be completed within 30 days of the time it was sent or else it expires.
 - While timely completion of EPA assessment forms on Elentra is expected of consultants, residents should follow up with the consultant on any EPA assessments that have not been completed within 5 days of the observed clinical task. If there are repeated challenges in getting EPA forms completed, please bring this to the attention of the CBD Lead, the program director or the associate PD.
- TTP residents may complete some EPAs for more junior residents, this is outlined on the EPA form in Elentra. However, TTP residents should only be completing EPAs from the Transition to Discipline or Foundations of Discipline Stages (Core of Discipline EPAs should only be completed by fellows or supervising physicians).
- Residents are encouraged to complete as much of the patient demographic and clinical information as possible on the EPA form before sending it to the supervisor. This clinical information is required to satisfy contextual variable requirements, so it is very important that it be added accurately. Residents cannot complete rating scores or narrative feedback, which is completed by the supervisor.
- In some cases, the consultant may ask the resident to complete a separate self-assessment. In these circumstances the consultant must still complete the milestone ratings and narrative feedback.

- A rating of 4 or 5 on the entrustability scale is considered entrustable for psychiatry EPAs

EPA Benchmarks

Residents are encouraged to complete EPAs regularly to develop mastery of their skill sets and to get ongoing coaching from clinical supervisors. The RCPSC has established the number of entrustable findings required for each individual EPA, as well as the contextual variables that residents must attain. The Competence Committee requires markers or established norms that the resident's progression can be compared to for monitoring their progress through the training requirements. EPA benchmarks have been established to allow this. Residents' attainment of EPA requirements is expected to be within these benchmarks. If a resident's progress is behind the benchmarks this may represent difficulty meeting the program's requirements.

It is also important that residents prioritize getting the EPAs and contextual variables that will be difficult to attain outside of particular residency rotations. For example, C2 involves performing psychiatric assessments, providing differential diagnoses and developing management plans for children and youth. Residents should have completed all requirements for this EPA (entrustable findings and contextual variables) by the end of their PGY3 child and adolescent rotations. Residents will not routinely see child and adolescent patients in their PGY4 rotations, so any incomplete C2 EPA requirements may be difficult to attain once the C&A rotation has ended. Likewise, there are contextual variables for C8 that are specific to child and adolescents and should be done during the PGY3 C&A rotations. There are comparable requirements for C3 and C8 EPAs involving geriatric populations that should be completed before the end of the PGY3 geriatrics rotation.

50% Benchmark: Resident is expected to have attained half of the required entrustable findings by this point in their residency training. Multiple contextual variables should also have been attained.

75% Benchmark: Resident is expected to have attained 75% of the required entrustable findings by this point in their residency training. Multiple contextual variables should also have been attained.

100% Benchmark: Resident is expected to have attained all the required entrustable findings **and** all the contextual variables by this point in their residency training.

EPA	50% Benchmark	75% Benchmark	100% benchmark
Transition to Discipline			
D1	N/A	N/A	PGY1 CC Review #1
D2	N/A	N/A	PGY1 CC Review #1
Foundations of Discipline			
F1	PGY1 CC Review #3	N/A*	PGY1 CC Review #4
F2	PGY2 CC Review #2	PGY 2 CC Review #3	PGY2 CC Review #4
F3	PGY2 CC Review #2	PGY 2 CC Review #3	PGY2 CC Review #4
F4	PGY2 CC Review #2	PGY 2 CC Review #3	PGY2 CC Review #4
F5	PGY2 CC Review #3	N/A	PGY2 CC Review #4
Core of Discipline			
C1	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C2	PGY3 CC review following the completion of 3 blocks of PGY3 Child & Adolescent	PGY3 CC Review following the completion of all PGY3 Child & Adolescent rotations	PGY4 CC review #4
C3	PGY3 CC review following the completion of 3 blocks of PGY3 Geriatrics rotations	PGY3 CC Review following the completion of all PGY3 Geriatrics rotations	PGY4 CC review #4
C4**	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C5	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C6	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C7	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C8**	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C9	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
C10	PGY4 CC Review #2	PGY4 CC Review #3	PGY4 CC review #4
* There isn't a defined benchmark for this as it will be dependent on when residents complete their off-service rotations			
** "Child" contextual variable should be attained by the end of PGY3 C&A rotations.			
** "Older adults" contextual variable should be attained by the end of PGY3 geriatrics rotations			
Transition to Practice			
P1 (Parts A & B)	N/A		PGY5 CC Review #3
P2	PGY5 CC Review #2		PGY5 CC Review #3
P3 (Parts A, B & C)*	PGY5 CC Review #2		PGY5 CC Review #3
*2 observations of achievement are expected for P3 within the Western Psychiatry Residency Program			

EPA Requirements FAQs:

1. What types of requirements are there for EPAs?

Answer: There are two different requirements for EPA numbers that are set by the Royal College (RCPSC). These numbers are used as guidelines, however, within the CBD 2.0 curriculum, residency programs can adjust their individual program's requirements. The requirements are:

- a. Number of entrustable EPAs. These are decided upon by the RCPSC and can be found in the following document: RCPSC [Psychiatry EPAs 2020](#)
 - b. Contextual variables: These are decided upon by the RCPSC and can be found in the following document: RCPSC [Psychiatry EPAs 2020](#)
2. What happens if a resident is missing RCPSC EPA requirements at the time of a Competence Committee review?

Answer: If residents are missing EPA requirements, the Competence Committee can decide, on a case-by-case basis, taking the full context of the resident's training and assessment record into account, whether the missing EPAs represent an unfulfilled training requirement that must be met. Alternatively, upon comprehensive review of the resident's file, the CC may determine that the resident has demonstrated sufficient competence in the task through other means (i.e. information obtained from ITARs, narrative feedback from EPAs that did not reach an overall score of 4/5, etc).

The RCPSC has set EPA requirements within the RCPSC Psychiatry EPAs 2020 document. These requirements have been used to set most of our program's internal targets. However, our program has also put extensive thought and discussion into optimizing the assessment framework to best suit our program's unique circumstances. This has led to some deviation from RCPSC EPA numbers, as can be seen with the C6A (psychotherapy) contextual variables.

Significant numbers of unmet training requirements, including in terms of EPA completion, will result in CC review findings of Not Progressing as Expected, Failure to Progress or a resident not progressing into the next CBD stage at the usual timepoint.