Developing Entrustable Professional Activities for the ambulatory internist

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Date: October 1, 2016
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Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Introduction

- Current trends
  - Ambulatory care
  - Competency based education → EPAs

- Gaps
  - Standardized expectations reflecting “real life” practice
  - Core versus subspecialty GIM

- Aim
  - “Let’s talk about it”
Entrustable Professional Activities

The Competence Continuum

Traditional stages

Proposed CBD stages

Medical education phases

Transition out of professional practice

Continuing professional development
(maintenance of competence and advanced expertise)

Transition to practice

Core of discipline

Foundations of discipline

Transition to discipline
(orientation and assessment)

Junior resident

Senior resident

Practising physician

ROYAL COLLEGE EXAMINATION

CERTIFICATION

Learning in practice

Discipline-specific residency

MD
Methods

Review of Literature and RCPSC Objectives

- Initial draft of EPAs for the ambulatory internist

Expert Consultation

- Iterative process to finalize EPAs

Multi-Centre Survey

- Goal → identify and understand disagreements
Proposed EPAs: PGY 1-3

- **EPA 1**
  - Triage, diagnose and manage patients referred with common general medical conditions including urgent referrals from the emergency department.

- **EPA 2**
  - Manage the longitudinal care of patients with chronic multisystem disease.

- **EPA 3**
  - Minimize risk factors for disease progression and complications utilizing pharmacologic and non-pharmacologic preventative measures.

- **EPA 4**
  - Assess, counsel and manage patients with medically unexplained symptoms or asymptomatic patients with incidental laboratory and radiological findings.

- **EPA 5**
  - Co-manage patients with multiple internal medicine co-morbidities in the perioperative period including risk stratification and management.

- **EPA 6**
  - Diagnose, investigate and manage internal medicine conditions before, during and after pregnancy.
Proposed EPAs: PGY4-5

- EPA 7
  - Manage a typical ambulatory GIM practice including patient referrals, flow and follow-up.

- EPA 8
  - Coordinate the longitudinal care of medically complex patients with multiple co-morbidities over the evolution of their disease alongside family practitioners and other subspecialists.
Results

- 253 invited, 63 participated → 25%
Results

- EPA 6 – Diagnose, investigate and manage internal medicine conditions before, during and after pregnancy.
  - 22.2% disagreed
    - Across sites
    - Both inpatient and outpatient
Results

- EPAs well understood
  - More training required beyond PGY3
  - Should not be under GIM
  - Perceived barriers to implementation
More training

“...I don't think the pregnancy EPA belongs in core PGY-1-3, but should be in the PGY-4/5 category.”

“Some internists have a specialization in this area and would be best suited to care of the pregnant patient...”
Non GIM

(EPA 2) “Many chronic multisystem diseases are more easily followed... by family physicians or... specialists with expertise in the area (i.e. Diabetes) and the resources (to) provide the patient with the best care...”

“... A fine balance needs to be taken to ensure that internists remain specialists and not primary care providers.”
Perceived Benefits

“...it is a worthy aim but unless a large number of longitudinal clinics are provided (residents) will not be able to do this satisfactorily. A 4 or 8 week block is not sufficient.”
EPAs misunderstood

“Knowledge of community health services and process for referral and proper use…”

“...appropriate communication with referring doctor”

“...something about time management...and many more depending on how granular these are defined”
“These EPAs are overly general. It’s hard to see what they add over current goals and objectives of training. Also, given how vague they are it is hard to appreciate how they'd be accurately measured and evaluated.”
Conclusions

- Content related
  - Obstetrical medicine → implications for PGY3 RCE

- Concept related
  - How to define and translate EPAs?
EPA#1 - Triage, diagnose and manage patients referred with common general medical conditions including urgent referrals from the emergency department.

- This EPA includes the management of high and low acuity patients in the outpatient setting. It includes:
  - Taking of a full history and performing a physical examination of an ambulatory patient referred to general internal medicine
  - Evaluation of the patient referred to ambulatory general internal medicine for rapid assessment and diagnosis of a medical condition from the emergency department
  - Identification and prioritization of the internal medicine problem(s) that must be managed, based on acuity
  - Communication of all actions to the patient
  - Collaboration with allied health including physical therapy, occupational therapy, social worker, pharmacist, and community resources as required
  - Determining appropriate investigations and expediting any urgent tests required
  - Arranging appropriate follow up in the ambulatory setting and/or with other consulting and/or primary care physicians
  - Transferring the patient to another level of care (i.e. emergency department, internal medicine ward) where necessary
  - Producing clear, concise and timely written and verbal communication to consulting physicians and other health care providers involved in the patient’s care
Thank-you!

- Laura Marcotte
- Debra Pugh
- Irene Ma
- Andrew Smaggus
- Serena Gundy
- Lacey Pitre
- Participants!
Questions?

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Extra Slides
Results

16. EPA 6 Diagnose, investigate and manage internal medicine conditions before, during and after pregnancy.
17. EPA 6 Diagnose, investigate and manage internal medicine conditions before, during and after pregnancy.
Results

- Rate expertise in ambulatory care and medical education

![Pie chart showing percentages of experts in various categories: 31.7% Neither Low nor High, 47.6% High, 14.3% Very High, 4.8% Low, 1.6% Very Low.](image-url)
References


