

2022
VERSION 1.0

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

This document applies to those who begin training on or after July 1, 2022.

Dermatology: Transition to Discipline EPA #1

Performing patient assessments in the dermatology clinic

Key Features:

- This EPA focuses on the application of clinical skills acquired in medical school in the new setting of dermatology residency.
- This includes an appropriate dermatologic history and relevant physical examination, and determining the acuity of the presentation.
- It also includes summarizing the findings for oral presentation to a supervisor, demonstrating basic knowledge of skin anatomy and morphology.
- At this stage, this EPA does not include developing management plans for the patient's care.

Assessment Plan:

Direct observation or case review by supervisor

Use Form 1. Form collects information on:

- Type of observation: direct; case review

Collect 3 observations of achievement

- At least 1 direct observation

CanMEDS Milestones:

1 COM 1.2 Optimize the physical environment for patient comfort, dignity and privacy

- 2 ME 2.2 Elicit an accurate, relevant history**
- 3 ME 2.2 Perform a physical examination that informs the diagnosis**
- 4 COM 2.3** Identify other sources of information (e.g. family, medical record) that may assist in the patient's care
- 5 ME 2.1** Determine the acuity of the condition
- 6 ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor**
- 7 COM 5.1 Document the clinical encounter using a structured approach**
- 8 P 1.1** Behave in a professional manner

Dermatology: Foundations EPA #1

Assessing patients and categorizing conditions of the skin and specialized structures

Key Features:

- The focus of this EPA is assessing, describing, and categorizing common conditions, and proposing a differential and preferred diagnosis.
- The skin and specialized structures include the hair, nails, mucous membranes and sweat glands.

Assessment Plan:

Direct observation or case review with verification of pertinent findings by supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Skin of colour: no; yes
- Affected area (select all that apply): skin; hair; nail; mucosa
- Morphology: macule/patch; papule/plaque; vesicle/bulla; nodule; other

Collect 9 observations of achievement

- At least 1 of each affected area
- At least 1 of each morphology
- At least 3 different assessors

CanMEDS Milestones:

- 1 ME 2.2 Perform a physical examination relevant to the presentation**
- 2 ME 2.2 Use special examination techniques, as relevant**
- 3 ME 2.2 Describe the morphology of the lesion(s), using appropriate terminology**
- 4 ME 2.2 Classify the lesion(s) based on morphology**
- 5 ME 2.2 Develop a differential diagnosis**
- 6 ME 2.2 Propose a most likely diagnosis for common disorders**

Dermatology: Foundations EPA #2

Performing punch and shave biopsies

Key Features:

- This EPA includes obtaining and documenting informed consent, selecting the appropriate biopsy technique, selecting and preparing the biopsy site, and performing the procedure, specimen handling (i.e. correct container and fixative, requisitions) and wound closure and dressing, as applicable.

Assessment Plan:

Direct observation by supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Biopsy: punch; shave; other

Collect 6 observations of achievement

- At least 3 shave biopsies
- At least 3 punch biopsies
- At least 2 different assessors
- At least 1 dermatologist assessor

CanMEDS Milestones:

- 1 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for the biopsy**
- 2 ME 3.1 Select the appropriate biopsy site, technique, and sample medium**
- 3 ME 3.4 Demonstrate clean technique, establish and respect the sterile field, and maintain universal precautions**
- 4 ME 3.4 Perform the procedure in a skilful and safe manner**
- 5 ME 3.4** Complete the pathology requisition accurately and completely
- 6 COM 3.1** Communicate effectively with the patient during the procedure
- 7 ME 3.4 Establish and implement a plan for post-procedure care**

Dermatology: Foundations EPA #3

Recognizing the acuity of a patient's illness, initiating stabilization and management, and consulting as needed

Key Features:

- This EPA focuses on recognizing that a patient is or is likely to become critically ill, and responding appropriately.
- This includes prioritizing actions, implementing the primary priorities of resuscitation (airway, breathing, and circulation), and providing targeted treatment.
- An important aspect of this EPA is the timely and appropriate recognition of the need for assistance and/or definitive management.
- The observation of this EPA must include pediatric and adult patients.

Assessment Plan:

Direct observation or case review by supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Settings: emergency department; inpatient; outpatient

Collect 2 observations of achievement

- At least 1 adult patient
- At least 1 pediatric patient
- At least 1 in acute setting (emergency department or inpatient)

CanMEDS Milestones:

- 1 ME 2.1 Determine the acuity of the situation and the priorities for patient care**
- 2 P 1.1** Work within personal limits, asking for assistance as needed
- 3 ME 2.2 Provide assessment and initial stabilization of ABCs**
- 4 ME 2.2 Perform a history and physical examination relevant to the patient presentation, in a time-effective manner**
- 5 ME 2.2** Select and/or interpret investigations
- 6 ME 2.4** Develop and implement a plan for initial management
- 7 ME 4.1** Determine the appropriate disposition and/or setting for ongoing care
- 8 COL 1.3 Work effectively with other members of the health care team**

Dermatology: Foundations EPA #4

Assessing and providing initial management for patients with acute presentations of common illnesses

Key Features:

- This EPA includes performing a history and physical examination for a patient with a new presentation or an exacerbation of a pre-existing illness.
- It also includes developing a differential diagnosis and initial management plan and presenting the case to a supervisor.
- This includes both adult and pediatric patients, and a broad range of medical and surgical conditions.
- This EPA does not include assessing and managing patients who are critically ill or have complex multisystem problems.

Assessment Plan:

Direct observation or case review by supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Observation: direct; case review
- Demographic: adult; pediatric
- Type of condition: allergic/immunologic; cardiac; endocrine; GI; hematologic; neurologic; renal; respiratory; other

Collect 6 observations of achievement

- At least 2 pediatric patients
- At least 1 direct observation of an adult patient
- At least 1 direct observation of a pediatric patient
- At least 3 different types of conditions
- At least 3 observations by staff
- At least 3 different assessors

CanMEDS Milestones:

1 ME 2.2 Gather a relevant clinical history

2 COM 2.1 Use patient-centred interviewing skills, and inclusive and person-first language

3 COM 2.3 Seek and synthesize relevant information from other sources (e.g. family, medical record)

4 ME 2.2 Perform a physical examination relevant to the presentation

5 ME 2.2 Select and/or interpret investigations

6 ME 2.2 Develop a differential diagnosis

- 7 ME 2.4 Develop a management plan**
- 8 ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor**
- 9 COL 1.2 Work effectively as a member of the clinical team**

Dermatology: Foundations EPA #5

Assessing and managing patients with common chronic conditions

Key Features:

- This EPA focuses on clinical assessment and development of a basic management plan that may include implementing screening, surveillance, or monitoring strategies, assessing medication adherence and effects, recognizing the need for change of therapy, and determining the need for follow-up.
- This includes adult and pediatric patients in any care setting.

Assessment Plan:

Direct observation or case review by supervisor or Core or TTP resident

Use Form 1. Form collects information on:

- Observation: direct; case review
- Demographic: adult; pediatric
- Type of condition: allergic/immunologic; cardiac; endocrine; GI; hematologic; neurologic; renal; respiratory; other

Collect 6 observations of achievement

- At least 2 pediatric patients
- At least 1 direct observation of an adult patient
- At least 1 direct observation of a pediatric patient
- At least 3 different types of conditions
- At least 3 observations by staff
- At least 3 different assessors

CanMEDS Milestones:

- 1 ME 2.2 Gather a relevant clinical history**
- 2 ME 2.2 Perform a physical examination relevant to the presentation**
- 3 ME 2.2 Select and/or interpret investigations**
- 4 ME 2.2 Assess the patient for response to therapy, complications, and/or status of their chronic condition**
- 5 ME 2.4 Develop a management plan**
- 6 COL 1.3 Integrate the patient's and/or family's perspective into the care plan**
- 7 HA 1.2 Work with the patient and/or family to increase their understanding of their illness and health care needs**

Dermatology: Foundations EPA #6

Assessing patients with a rheumatologic disease

Key Features:

- This EPA focuses on the aspects of rheumatologic diseases most relevant to dermatology practice.
- This includes gathering a history and performing a relevant physical examination with a focus on recognizing cutaneous manifestations and assessing joint activity, reviewing and interpreting results of investigations and summarizing the findings for oral presentation to a supervisor.
- This EPA includes a review of systems as it relates to rheumatologic diseases, enquiring for extra-articular manifestations.
- It may also include participating in the development of a management plan.

Assessment Plan:

Direct observation or case review with verification of pertinent findings by dermatologist, rheumatologist, or Core or TTP rheumatology resident

Use Form 1. Form collects information on:

- MSK exam observed: no; yes
- Case mix: inflammatory arthritis; non-inflammatory arthritis; connective tissue disease; vasculitis; other

Collect at least 4 observations of achievement

- At least 1 observation of an MSK exam by a rheumatologist
- At least 1 patient with inflammatory arthritis observed by a rheumatologist
- At least 1 patient with non-inflammatory arthritis observed by a rheumatologist
- At least 1 patient with connective tissue disease
- At least 1 patient with vasculitis
- At least 2 different assessors
- No more than 1 observation by a subspecialty resident

CanMEDS Milestones:

- 1 ME 2.2 Gather a relevant clinical history**
- 2 COM 2.1** Use patient-centred interviewing skills, and inclusive and person-first language
- 3 ME 2.2** Elicit pertinent information from a review of systems
- 4 ME 2.2 Perform an MSK physical examination using appropriate technique for joint examinations**
- 5 ME 2.2** Perform a physical examination for relevant extra-articular manifestations of rheumatologic disease

- 6 ME 2.2** Perform the physical examination in a manner that minimizes discomfort or distress
- 7 ME 2.2 Select and/or interpret investigations**
- 8 ME 2.2 Develop a differential diagnosis**
- 9 ME 2.4 Develop a management plan**
- 10 ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor**

Dermatology: Foundations EPA #7

Assessing patients with an infectious disease

Key Features:

- This EPA focuses on the aspects of infectious diseases most relevant to Dermatology practice.
- This includes gathering a history and performing a relevant physical examination with a focus on recognizing cutaneous manifestations, reviewing results of investigations, and summarizing the findings for oral presentation to a supervisor.
- It also includes participating in the development of a management plan.
- This includes patients presenting with cutaneous manifestation of viral, bacterial, mycobacterial, fungal and deep fungal infections, and infestations.

Assessment Plan:

Direct observation or case review by infectious disease specialist or Core or TTP subspecialty resident

Use Form 1. Form collects information on:

- Setting: clinic; ward; ICU
- Skin findings: no; yes

Collect 4 observations of achievement

- At least 1 in inpatient setting (ward or ICU)
- At least 2 different assessors
- No more than 2 observations by Core or TTP resident

CanMEDS Milestones:

- 1 ME 2.2 Gather a relevant clinical history**
- 2 ME 2.2 Perform a physical examination relevant to the presentation**
- 3 P 1.1** Maintain universal precautions
- 4 COM 2.3** Seek and synthesize relevant information from other sources (e.g. family, medical record)
- 5 ME 2.2 Select and/or interpret investigations**
- 6 ME 2.2** Develop a differential diagnosis
- 7 ME 2.4 Develop a management plan**
- 8 ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to a supervisor**

Dermatology: Foundations EPA #8

Documenting clinical encounters

Key Features:

- This EPA focuses on the application of written communication skills in a variety of formats: consultation letters, progress notes, handover notes and discharge summaries.
- This includes a synthesis of the pertinent clinical findings, investigations and management plan, and documenting the findings in an organized and well summarized manner.
- The documents submitted for review must be the sole work of the resident.
- This EPA may be observed in any care setting and with any patient presentation.

Assessment Plan:

Document review by supervisor or Core, TTP or subspecialty resident

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Experience: dermatology; emergency medicine; infectious disease; internal medicine; pediatrics; rheumatology; other
- Type of documentation: consult report; progress note; clinic note; discharge letter; admission note; other (write in)

Collect 5 observations of achievement

- At least 2 pediatric
- At least 1 rheumatology encounter
- A variety of types of documentation

CanMEDS Milestones:

- 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 Convey clinical reasoning and the rationale for decisions**
- 5 COM 5.1 Provide a clear plan for ongoing management**
- 6 COM 5.1 Complete clinical documentation in a timely manner**

Dermatology: Foundations EPA #9

Communicating with patients and/or families about clinical findings and management plans

Key Features:

- This EPA focuses on the application of communication skills and medical expertise to convey medical assessments, diagnoses, and treatment plans.
- It does not include managing challenging conversations, such as end-of-life discussions or disclosure of adverse events.

Assessment Plan:

Direct observation by supervisor, Core, TTP or subspecialty resident, or other health professional

Use Form 1. Form collects information on:

- Patient demographic: pediatric; adult
- Setting: inpatient; outpatient
- Topic discussed (write in):

Collect 5 observations achievement

- At least 1 adult patient
- At least 1 pediatric patient
- A variety of settings
- A variety of topics
- A variety of observers

CanMEDS Milestones:

- 1 COM 1.1** Establish rapport with the patient and/or family
- 2 COM 1.6** Tailor the approach to communication to the needs of the patient and/or family
- 3 COM 1.1** Engage the patient in the discussion as appropriate for their developmental stage
- 4 COM 3.1** Provide accurate information about medical condition and management plan
- 5 COM 3.1** Use plain language and avoid medical jargon
- 6 COM 4.3** Solicit and answer questions from the patient and/or family
- 7 COM 3.1** Verify and validate the patient and/or family's understanding
- 8 COM 4.2** Use communication skills and strategies that help the patient and/or family make informed decisions

9 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware

Dermatology: Foundations EPA #10

Working effectively as a member of the interprofessional team

Key Features:

- This EPA focuses on the role of the physician as a member of the interprofessional clinical team.
- This includes contributing to the work of the team, understanding and respecting the roles of other team members, and demonstrating appropriate professional behaviours.
- The observation of this EPA is based on a period of time of at least one week.

Assessment Plan:

Direct and indirect observation by supervisor, with input from other members of the interprofessional team

Use Form 1. Form collects information on:

- Experience: dermatology; emergency medicine; infectious disease; internal medicine; pediatrics; rheumatology; other
- Includes input from (select all that apply): other supervisor(s); nurse(s); other physician(s); other health care professional(s); resident(s) or student(s); other

Collect feedback during at least 2 rotations

- At least 2 different clinical experiences
- At least 2 observations that include input from nurses and/or other health professionals

CanMEDS Milestones:

- 1 P 1.1** Demonstrate punctuality
- 2 P 1.1 Complete assigned responsibilities**
- 3 P 1.1 Behave in a professional manner**
- 4 COL 1.2 Demonstrate an understanding of the scope and expertise of other health care professionals**
- 5 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 6 P 1.1** Respond punctually to requests from patients or other health care professionals
- 7 COL 1.1 Respond appropriately to input from other health care professionals**
- 8 COL 1.1 Accept feedback in the spirit of cooperation and learning**

Dermatology: Core EPA #1

Recognizing and managing dermatologic emergencies in children and adults

Key Features:

- This EPA focuses on the recognition, timely assessment, and management of a variety of dermatologic emergencies with secondary systemic sequelae.
- It includes assessing the patient, selecting, ordering and interpreting investigations, and providing or arranging for appropriate management.
- An important aspect of this EPA is the timely and appropriate recognition of the need for assistance or consultation with other physicians, and provision of advice regarding the acuity, risk of clinical deterioration and appropriate setting of care (i.e. ICU, monitored bed, warmed room etc).

Assessment Plan:

Direct observation, or case review with verification of pertinent findings by supervisor, TTP resident or fellow

Use Form 1. Form collects information on:

- Demographic: adult; pediatrics
- Setting: clinic; emergency department; ward; ICU
- Diagnosis (write in):

Collect 5 observations of achievement

- At least 1 pediatric case
- At least 2 different assessors

CanMEDS Milestones:

- 1 ME 2.1 Determine the acuity of the situation and the priorities for patient care**
- 2 ME 1.5 Perform a clinical assessment that addresses all relevant issues**
- 3 ME 2.2 Select and/or interpret investigations**
- 4 ME 2.2 Integrate the clinical data to establish the diagnosis and severity of the condition**
- 5 ME 2.4 Determine the appropriate setting for ongoing care**
- 6 ME 2.4 Develop a management plan**
- 7 ME 4.1 Determine if there is a need for consultation with another specialist or service**
- 8 COL 1.2 Work effectively with members of the interprofessional team to implement a management plan**

Dermatology: Core EPA #2

Providing consultation for hospitalized patients with a dermatologic condition

Key Features:

- This EPA focuses on patients with a new presentation of a dermatologic condition.
- This includes clinical assessment, selection and/or interpretation of investigations (including interpreting pathology results), and development and implementation of a management plan.
- This EPA also includes working effectively with the referring service.

Assessment Plan:

Direct observation or case review with verification of pertinent findings by supervisor, TTP resident or fellow

Use Form 1. Form collects information on:

- Type of observation: direct; case review
- Demographic: adult; pediatric
- Skin of colour: no; yes
- Complex case: no; yes
- Category: infection/infestation; inflammatory/immunologic; neoplasm, proliferation or cyst; genetic/developmental; iatrogenic, including adverse drug reaction; occupational/provoked by external factors; metabolic/nutritional; sensory/psychological; hair, nail, mucous membrane and/or appendage; disorder in pregnancy/neonatal period

Collect 10 observations of achievement

- At least 2 direct observations
- At least 2 pediatric patients
- At least 1 patient with skin of colour
- At least 6 complex cases (adult or pediatric)
- At least 1 complex pediatric cases
- A variety of categories of condition
- At least 4 different assessors

CanMEDS Milestones:

- 1 ME 2.1 Determine the acuity of the situation and the priorities for patient care**
- 2 ME 1.5 Perform a clinical assessment that addresses all relevant issues**
- 3 ME 2.2 Formulate a differential and most likely diagnosis**
- 4 ME 2.2 Select, prioritize and/or interpret investigations**
- 5 ME 2.4 Develop a management plan**

- 6 ME 4.1** Develop a plan for follow-up on investigations and monitor response to treatment
- 7 COL 1.3 Communicate effectively with the consulting service**
- 8 COM 3.1** Provide information to the patient about the diagnosis and management plan

Dermatology: Core EPA #3

Providing consultation for patients in the outpatient setting

Key Features:

- This EPA focuses on patients with a new presentation of a dermatologic condition.
- This includes clinical assessment, selection and/or interpretation of investigations (including interpreting pathology results), and development and implementation of a management plan.
- This EPA may be observed in any dermatology clinic, including general, specialty and outreach clinics.

Assessment Plan:

Direct observation or case review with verification of pertinent findings by supervisor, TTP resident or fellow

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Skin of colour: no; yes
- Complex case: no; yes
- Category: infection/infestation; inflammatory/immunologic; neoplasm, proliferation or cyst; genetic/developmental; iatrogenic, including adverse drug reaction; occupational/provoked by external factors; metabolic/nutritional; sensory/psychological; hair, nail, mucous membrane and/or appendage; disorder in pregnancy/neonatal period
- Diagnosis (write in):

Collect 35 observations of achievement

- At least 10 pediatric patients
- At least 2 patients with skin of colour
- At least 10 complex cases (adult or pediatric)
- At least 1 case in each of the categories of condition

CanMEDS Milestones:

- 1 ME 2.2 Gather a history and perform a physical examination relevant to the presentation**
- 2 ME 2.2 Formulate a differential and most likely diagnosis**
- 3 ME 2.2 Select, prioritize and/or interpret investigations**
- 4 ME 2.4 Develop a management plan**
- 5 COM 3.1** Provide information to the patient about the diagnosis and management plan
- 6 HA 1.2** Provide education resources and facilitate services for the patient and/or family

7 COM 5.1 Write prescriptions clearly, with attention to atypical dosing and frequency

Dermatology: Core EPA #4

Providing ongoing management for patients with a chronic dermatologic condition

Key Features:

- This EPA focuses on providing ongoing comprehensive management that includes assessing clinical status and response to treatment, assessing medication adherence and effects, implementing monitoring strategies, managing disease-related symptoms, as well as addressing patient concerns and providing patient education.
- This includes identifying patients with a fluctuating clinical course, recognizing the need for change or escalation of therapy, and implementing a therapeutic plan.
- It also includes arranging follow-up or discharging the patient back to the care of the referring physician, when appropriate.
- This EPA must be observed across a range of conditions.

Assessment Plan:

Direct observation or case review with verification of pertinent findings by supervisor, TTP resident or fellow

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Skin of colour: no; yes
- Complex case: no; yes
- Category: infection/infestation; inflammatory/immunologic; neoplasm, proliferation or cyst; genetic/developmental; iatrogenic, including adverse drug reaction; occupational/provoked by external factors; metabolic/nutritional; sensory/psychological; hair, nail, mucous membrane and/or appendage; disorder in pregnancy/neonatal period

Collect 35 observations of achievement

- At least 6 pediatric patients
- At least 2 patients with skin of colour
- At least 10 complex cases
- At least 5 inflammatory/immunologic conditions
- At least 3 of each of the other categories of condition
- At least 5 different assessors

CanMEDS Milestones:

- 1 ME 2.2 Synthesize patient information to determine clinical status, response to treatment and/or toxicity**
- 2 ME 2.2 Interpret the results of investigations performed to monitor the condition and/or treatment**
- 3 ME 2.2 Assess adherence to treatment**
- 4 COL 1.3 Integrate the patient's and family's perspective and context into the care plan**

- 5 ME 2.4 Develop a plan for management, which may include modification of current therapy**
- 6 L 2.1** Consider costs and resource availability when selecting diagnostic or treatment options
- 7 ME 4.1 Determine the frequency and timing of future investigations and visits**
- 8 COL 3.1** Determine when care should be transferred back to a primary care provider
- 9 HA 1.3** Incorporate prevention, health promotion and health surveillance into the patient interaction
- 10 COM 4.2** Facilitate self care and chronic disease management

Dermatology: Core EPA #5

Initiating and monitoring systemic therapy

Key Features:

- This EPA focuses on selecting patients that may benefit from systemic therapy, and assessing the risk of therapy both at initiation and as part of ongoing treatment.
- This includes evaluation for relevant co-morbidities and toxicities, and the appropriate choice and prescription of treatment and associated supportive medications for patients with a range of conditions.
- It also includes discussing the treatment with the patient to obtain informed consent.
- This EPA includes all forms of systemic therapy, including but not limited to systemic corticosteroids, conventional immunomodulatory agents (e.g. methotrexate, hydroxychloroquine, mycophenolate, cyclosporin, sulfasalazine, dapsone), targeted therapies (e.g. biologics), retinoids, antibacterial/antifungals and antivirals, and other medications, as well as phototherapy.

Assessment Plan:

Direct observation and/or case review by supervisor or TTP resident

Use Form 1. Form collects information on:

- Treatment (select all that apply): systemic corticosteroid; conventional immunomodulatory agent; targeted therapy; retinoid; antibacterial; antiviral; antifungal; phototherapy; other
- Specific medication (write in):

Collect 15 observations of achievement

- At least 1 systemic corticosteroid
- At least 4 different conventional immunomodulatory agents
- At least 3 different targeted therapies
- At least 2 retinoids (1 must be isotretinoin)
- At least 1 antibacterial
- At least 1 antiviral
- At least 1 antifungal
- At least 2 phototherapy

CanMEDS Milestones:

- 1 ME 2.2 Assess the patient's health status, including the status of their dermatologic condition and any concurrent illnesses**
- 2 ME 1.3 Apply knowledge of systemic therapy, including pharmacology, potential adverse events and their prevention/management**
- 3 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 4 ME 2.4 Select an appropriate treatment and regimen**

- 5 ME 3.2 Provide information to the patient about the indications, contraindications, risks, and alternatives for a given treatment plan**
- 6 ME 3.2** Use shared decision-making in the consent process
- 7 ME 2.4** Implement any required adjustments in dosing or regimen based on the patient's health status or concurrent illnesses
- 8 ME 2.4** Select and prescribe supportive care to mitigate adverse effects
- 9 ME 2.4 Implement monitoring strategies**
- 10 HA 1.1** Facilitate patient's access to needed medications

Dermatology: Core EPA #6

Assessing and providing management for patients with chronic wounds

Key Features:

- This EPA focuses on assessment and determination of the nature of the wound, including relevant investigations such as medical imaging, wound biopsy and culture as relevant, as well as selection/application of appropriate dressings, compression and other aspects of wound care, and determination as to whether surgical intervention is needed.
- This includes: history and physical examination, identification of risk factors/risk stratification (i.e. nutrition, smoking, diabetes, ambulatory status, moisture, pressure relief), and discussion of management options and potential risks/complications.
- This EPA may be observed in the clinic or on the inpatient service.

Assessment Plan:

Direct observation or case review by supervisor or TTP resident

Use Form 1. Form collects information on:

- Type of wound: traumatic; inflammatory; neuropathic; decubitus; venous; arterial; mixed; other
- Management (select all that apply): dressing; compression; surgical

Collect 3 observations of achievement

- A variety of types of wounds
- At least 1 venous

CanMEDS Milestones:

- 1 ME 2.2 Gather a history and perform a physical examination relevant to the presentation**
- 2 ME 2.2 Identify patient factors that predispose to poor wound healing**
- 3 ME 2.2 Select and/or interpret investigations**
- 4 ME 2.4 Develop a management plan**
- 5 ME 2.4 Provide wound care, including appropriate dressings, antimicrobials and/or wound care systems as needed**
- 6 ME 4.1 Determine whether there is a need to refer for surgical intervention**
- 7 ME 4.1 Establish a plan for ongoing care and/or follow-up of results of investigations**
- 8 HA 1.1 Work with the patient to address lifestyle factors that impact their health**

Dermatology: Core EPA #7

Managing the care of patients with skin cancer

Key Features:

- This EPA focuses on interpreting a pathology report, including assessing the surgical margins, considering options for treatment, and establishing a management plan with the patient.
- An important part of this EPA is effective communication with the patient and family.
- This EPA includes all skin malignancies, primary and metastatic.

Assessment Plan:

Direct observation and/or case review by supervisor or TTP resident

Use Form 1. Form collects information on:

- Presentation: basal cell carcinoma; invasive melanoma; non-invasive melanoma; squamous cell carcinoma; other skin cancer
- Management (select all that apply): active non-intervention; topical; electrodesiccation and curettage; wide local excision; Mohs; sentinel lymph node biopsy; radiation; other

Collect 7 observations of achievement

- At least 2 basal cell carcinoma
- At least 2 melanoma
- At least 1 invasive melanoma
- At least 2 squamous cell carcinoma
- At least 1 other skin cancer
- At least 5 different management options
- At least 2 different assessors

CanMEDS Milestones:

- 1 ME 2.2 Interpret the results of investigations done for diagnosis and/or staging (pathology, imaging, tumour markers)**
- 2 ME 2.2 Identify features of the patient's condition or co-morbidities which modify the risk of disease progression and/or treatment**
- 3 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 4 ME 4.1 Determine the need and timing of referral to another physician or surgeon**
- 5 ME 2.4 Develop and implement a plan, which may include further investigation, surveillance, medical treatment and/or surgical intervention**
- 6 COM 3.1 Provide information on diagnosis and prognosis clearly and compassionately**

- 7 ME 3.1** Provide information about the proposed management plan, including the risks, benefits and potential alternative treatments
- 8 COM 4.2** Use communication skills and strategies that help the patient and/or family make informed decisions

Dermatology: Core EPA #8

Performing and interpreting dermoscopy

Key Features:

- This EPA focuses on the technical skills of performing dermoscopy as well as interpreting the examination.
- This includes a systematic approach to identifying and describing findings and making a diagnosis.

Assessment Plan:

Direct observation or case review with dermatologist or TTP resident

Use Form 1. Form collects information on:

- Patient demographic: pediatric; adult
- Skin of colour: no; yes
- Assessment of: pigmented lesion; keratinocyte carcinoma; nail; hair; other

Collect 15 observations of achievement

- At least 1 pediatric patient
- At least 1 patient with skin of colour
- At least 5 pigmented lesions
- At least 5 keratinocyte carcinomas
- At least 2 assessments of nail
- At least 2 assessments of hair
- At least 2 different assessors

CanMEDS Milestones:

- 1 ME 2.2 Utilize non-contact, contact, polarized, or non-polarized technique as appropriate**
- 2 ME 2.2 Perform a dermoscopic assessment and identify key features of the lesion**
- 3 ME 1.3** Apply knowledge of the dermoscopic features of skin disorders to classify the lesion
- 4 ME 2.2 Determine the diagnosis**
- 5 ME 2.2** Ensure instrument is cleaned between patients

Dermatology: Core EPA #9

Performing and interpreting patch testing

Key Features:

- This EPA focuses on all aspects of preparing for and interpreting patch testing, as well as providing counselling regarding the findings.
- This includes applying an understanding of the factors that can influence the accuracy, reliability, or safety of procedures in patch testing (e.g., dermatographism, causes of false positive and false negative test results).
- The application and removal of a patch test must be observed at least once.

Assessment Plan:

Direct observation by dermatologist, allergist/immunologist, or patch testing nurse

Use Form 1. Form collects information on:

- Skin of colour: no; yes
- Patch test application/removal: no; yes
- Occupational counselling: no; yes

Collect 3 observations of achievement

- 1 patch test application and removal
- At least 1 with occupational counselling

CanMEDS Milestones:

- 1 ME 2.2 Gather a history and perform a physical examination relevant to the presentation**
- 2 ME 2.2 Identify potential exposures**
- 3 ME 3.2 Describe the patch test procedure and explain the risks and benefits of, and the rationale for the procedure**
- 4 ME 3.4 Select the appropriate series for patch testing based on potential exposures**
- 5 ME 3.4 Assess the quality of the test and any impact on diagnostic interpretation**
- 6 ME 2.2 Identify findings of clinical significance**
- 7 COM 3.1 Provide information to the patient regarding the implications of the findings**

Dermatology: Core EPA #10

Performing the procedures of Dermatology

Key Features:

- This EPA includes demonstrating knowledge of the procedure, specific indications and contraindications, risks and benefits, and common complications, and obtaining informed consent, as well as performing the procedure and completing post-procedure documentation.
- This includes the following procedures: shave biopsy, scissor biopsy, incisional biopsy, elliptical excision, wide local excision, undermining, electrodesiccation and curettage, electrocautery, cryotherapy, and intralesional injection.
- This EPA includes procedures done in sites with specific anatomic concerns, such as anatomic lines (e.g. face) and areas with high vasculature/nervous supply (e.g. hands, feet).

Assessment Plan:

Direct observation by supervisor, TTP resident or fellow

Use Form 1. Form collects information on:

- Demographic: age <10; age 10–18; adult
- Skin of colour: no; yes
- Procedure (select all that apply): shave biopsy; punch biopsy; elliptical biopsy; wide local excision; intralesional injection: electrodesiccation and curettage; cryotherapy; other
- Special site: no; yes

Collect at least 20 observations of achievement

- At least 3 procedures in children <10
- At least 2 procedures in patients with skin of colour
- At least 3 shave biopsies in special sites
- At least 3 punch biopsies in special sites
- At least 3 elliptical biopsies or wide local excisions, including special sites
- At least 3 intralesional injections
- At least 3 electrodesiccation and curettage, which may include special sites
- At least 3 patients receiving cryotherapy, including special sites
- At least 3 different supervisors

CanMEDS Milestones:

- 1 ME 3.2 Obtain informed consent, explaining the risks, rationale, and alternatives to the proposed procedure**
- 2 ME 3.4 Assemble/gather the appropriate equipment and materials**
- 3 ME 3.4 Demonstrate clean technique, establish and respect the sterile field, and maintain universal precautions**

- 4 ME 3.4 Select and provide local and/or regional anaesthesia, as relevant**
- 5 ME 3.4 Perform the procedure in a skilful and safe manner**
- 6 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed**
- 7 COM 3.1 Communicate effectively with patient and/or assistant(s) during the procedure**
- 8 P 1.1 Work within personal limits, asking for assistance as needed**
- 9 ME 3.4 Establish and implement a plan for post-procedure care**
- 10 COM 5.1 Document the procedure and outcome**

Dermatology: Core EPA #11

Assessing patients for an aesthetic procedure

Key Features:

- This EPA includes clinical assessment, selection of appropriate procedural options, and a review of risks and complications in a discussion of informed consent.
- The procedures to be considered include: neurotoxin injection, soft tissue filler, chemical peel, and laser and energy-based device procedures.
- The observation of this EPA is divided into two parts: patient assessment; and, performing a procedure.

Assessment Plan:

Part A: Patient assessment

Direct observation and/or case review by dermatologist

Use Form 1. Form collects information on:

- Procedure discussed: neurotoxin; soft tissue filler; chemical peel; laser and energy-based device
- Skin of colour: no; yes
- Setting: clinical; simulation

Collect 2 observations of achievement

- 2 different procedures

Part B: Procedure

Direct observation by dermatologist or plastic surgeon

Use Form 1. Form collects information on:

- Procedure: neurotoxin; soft tissue filler; chemical peel; laser and energy-based device
- Skin of colour: no; yes
- Setting: clinical; simulation

Collect 2 observations of achievement

- 2 different procedures

CanMEDS Milestones:

Part A: Patient Assessment

1 ME 2.2 Gather a history and perform a physical examination relevant to the presentation

2 COM 1.1 Recognize and respect the patient's psychological and emotional needs

- 3 ME 2.2 Assess the psychological and social factors contributing to a request for an aesthetic/cosmetic procedure**
- 4 ME 2.3 Ascertain and manage patient expectations**
- 5 ME 3.1 Determine the appropriate procedure**
- 6 ME 3.2 Obtain informed consent, explaining the risks, rationale, and alternatives to the proposed procedure**
- 7 COM 3.1 Use plain language and avoid medical jargon**
- 8 COM 5.1 Document the discussion regarding informed consent in an accurate and complete manner**

Part B: Procedure

- 1 ME 3.4 Assemble/gather the appropriate equipment and materials**
- 2 ME 3.1 Select the appropriate dosing, volumes, or settings for the procedure and the patient**
- 3 ME 3.4 Demonstrate clean technique, establish and respect the sterile field, and maintain universal precautions**
- 4 ME 3.4 Perform the procedure in a skilful and safe manner**
- 5 ME 3.4 Monitor patient comfort and safety, and adjust the procedure as needed**
- 6 COM 3.1 Communicate effectively with patient and/or assistant(s) during the procedure**
- 7 ME 3.4 Establish and implement a plan for post-procedure care**
- 8 COM 5.1 Document the procedure and outcome**

Dermatology: Core EPA #12

Providing care for patients who have had a complication of a treatment or procedure

Key Features:

- This EPA includes recognizing, investigating, and managing complications resulting from diagnostic or therapeutic procedures or interventions.

Assessment Plan:

Direct observation and/or case review by supervisor or TTP resident

Use Form 1. Form collects information on:

- Complication: medical; surgical
- Demographic: adult; pediatric

Collect 5 observations of achievement

- At least 2 surgical complications
- At least 2 medical complications
- At least 2 different assessors

CanMEDS Milestones:

- 1 ME 1.5 Perform a clinical assessment that addresses all relevant issues**
- 2 ME 2.2** Identify factors contributing to a complication of a dermatologic procedure and/or intervention
- 3 ME 2.2** Select and/or interpret investigations
- 4 ME 2.4 Develop a management plan**
- 5 ME 4.1 Develop a plan to follow up on investigations and monitor response to treatment**
- 6 COM 3.2 Disclose an adverse event and/or outcome to the patient and/or family**

Dermatology: Core EPA #13

Counselling patients and families for the purposes of disease management, prevention and health promotion

Key Features:

- This EPA focuses on clearly conveying information, promoting healthy behaviours and engaging the patient and/or family in their care.
- This may include teaching the patient and/or family about their condition, its management, and/or preventive measures.
- This EPA may be observed in a simulation setting.

Assessment Plan:

Direct observation by supervisor, which may include input from other health care professionals or patient/family

Use Form 1. Form collects information on:

- Demographic: adult; pediatric
- Theme: disease/treatment education; disease prevention; health promotion
- Topic (write in):

Collect 3 observations of achievement

- At least 1 pediatric

CanMEDS Milestones:

- 1 ME 2.3 Address with the patient and/or family their ideas about the nature and cause of the condition, fears and concerns, and/or expectations of health care professionals**
- 2 HA 1.2 Work with the patient and/or family to increase their understanding of their illness and health care needs**
- 3 COM 3.1** Provide information and explanations that are clear and accurate
- 4 COM 3.1 Use plain language and avoid medical jargon**
- 5 COM 4.3** Solicit and answer questions from the patient and/or family
- 6 HA 1.2** Provide education resources and facilitate services for the patient and/or family
- 7 HA 1.3 Implement strategies for disease prevention, health promotion and health surveillance**
- 8 HA 1.1** Facilitate timely patient access to services and resources
- 9 P 1.1 Demonstrate respect for patient autonomy**

Dermatology: Core EPA #14

Leading discussions with patients, families and/or other health care professionals in emotionally charged situations

Key Features:

- This EPA focuses on the application of communication and conflict resolution skills to address difficult situations that involve patients, families, and/or members of the health care team in both the adult and pediatric setting.
- This EPA may be observed in any scenario that is emotionally charged. Examples include: breaking bad news; disclosing an adverse event; difference of opinion with another care provider; dealing with a patient complaint.

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Scenario: patient/family; other health care professional(s)
- Setting: clinical; simulation

Collect 3 observations of achievement

- At least 1 with patient/family
- At least 1 with other health care professional(s)
- No more than 1 in simulation

CanMEDS Milestones:

- 1 COM 1.1 Demonstrate empathy, respect and compassion**
- 2 ME 2.1 Ascertain participants' understanding of the situation and the reason for the encounter**
- 3 COM 3.1 Provide information and explanations that are clear and accurate**
- 4 COM 3.1** Verify understanding of information conveyed
- 5 COM 1.4** Identify, verify and validate non-verbal cues
- 6 COM 2.2** Manage the flow of the encounter
- 7 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
- 8 COM 1.5** Establish boundaries as needed in emotionally charged situations
- 9 COM 2.2** Summarize and close the encounter effectively
- 10 COM 5.1 Document the encounter to convey the discussion and its outcome**

Dermatology: Core EPA #15

Documenting consultation reports

Key Features:

- This EPA focuses on writing a good consultation note using any format: hand-written, dictated, electronic medical record.
- This includes a synthesis of the pertinent clinical findings, investigations and management plan, as well as clear articulation of the role of the dermatologist and the referring physician in further care. It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.
- The documents submitted for review must be the sole work of the resident.
- This EPA may be observed in any care setting and with any patient presentation.

Assessment Plan:

Review of clinical documentation by supervisor

Use Form 1

Collect 5 observations of achievement

- At least 2 different assessors

CanMEDS Milestones:

- 1 COM 5.1 Document all relevant findings and investigations**
- 2 COM 5.1** Convey clinical reasoning and the rationale for decisions
- 3 COM 5.1 Provide a clear plan for ongoing management**
- 4 COL 1.2 Identify the roles of the dermatologist and the referring physician in the ongoing management plan**
- 5 COL 3.2** Provide anticipatory guidance for results of outstanding investigations and/or next steps for management
- 6 S 1.3** Provide teaching points to improve quality of care
- 7 COM 5.1 Complete clinical documentation in a timely manner**

Dermatology: Core EPA #16

Providing dermatologic care using virtual health technology

Key Features:

- This EPA focuses on providing dermatologic care to patients with poor access to direct patient visits, using technology such as telederm, telehealth, and other emerging virtual health technologies.
- This includes patients with any diagnosis, seen for initial assessment or for follow-up.
- This includes evaluating the amount and quality of information that can be gathered via the virtual assessment and determining whether an in-person assessment is required.
- It also includes considerations of professionalism and patient privacy in the use of medical technology.

Assessment Plan:

Direct observation or case review by supervisor or TTP resident

Use Form 1. Form collects information on:

- Observation: direct; case review
- Demographic: adult; pediatric
- Visit: new; follow-up
- Presentation (write in):

Collect 3 observations of achievement

- At least 1 direct observation
- At least 2 new visits
- At least 2 different assessors

CanMEDS Milestones:

- 1 COM 5.3 Use virtual health technology in a manner that respects patient privacy and confidentiality**
- 2 ME 2.2 Gather a relevant clinical history**
- 3 COM 2.3** Seek and synthesize relevant information from other sources (e.g. family, medical record)
- 4 ME 2.2** Perform a physical examination adapted to the virtual health environment
- 5 ME 2.2 Review photographs or images of the skin condition**
- 6 ME 2.2** Select and/or interpret investigations
- 7 ME 2.2** Assess the quality of the clinical information gathered
- 8 ME 2.4 Determine if an in-person visit is required**

9 L 2.1 Apply knowledge of the health care resources available in other care settings

10 COM 3.1 Convey information to the patient related to any uncertainty in diagnosis and/or treatment

11 ME 2.4 Develop a management plan

12 COM 5.2 Communicate effectively with the patient in the virtual health environment

Dermatology: Core EPA #17

Interpreting skin histopathology for the purposes of diagnosis and management

Key Features:

- This EPA focuses on using the microscope to assess samples of the skin and specialized structures. It includes photomicrographs.
- This includes identification of salient features and common reaction patterns, and development of a differential and most likely diagnosis.
- This EPA may include, but does not require, preparation of a pathology report.

Assessment Plan:

Direct observation and/or case or photomicrograph review by dermatologist, pathologist, TTP pathology resident, or dermatopathology fellow

Use Form 1. Form collects information on:

- Diagnosis: inflammatory; infection; neoplastic; other

Collect 6 observations of achievement

- At least 2 inflammatory
- At least 2 infectious
- At least 2 neoplastic

CanMEDS Milestones:

- 1 ME 2.2** Assess the quality of the sample and any impact on the diagnostic interpretation
- 2 ME 1.3** Apply knowledge of dermatopathology and immunodermatopathology
- 3 ME 2.2 Identify salient features in the tissue sample**
- 4 ME 3.1** Recognize when a specimen might require ancillary studies
- 5 ME 2.2** Select ancillary investigations and techniques such as special stains and polarized light
- 6 ME 2.2 Correlate findings with clinical information and results of other investigations**
- 7 ME 2.2 Establish a diagnosis or differential diagnosis**

Dermatology: Core EPA #18

Delivering scholarly teaching to peers, junior trainees and/or other health professionals

Key Features:

- This EPA focuses on the skills of critical appraisal as well as presentation and teaching skills.
- This includes formal (didactic) teaching sessions, such as grand rounds, academic half-day presentations, journal club.
- It also includes informal teaching, such as clinical rounds (i.e. patient reviews), case presentations or in-clinic/bedside teaching.

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Teaching activity: formal; informal

Collect 5 observations of achievement

- At least 3 observations of formal teaching
- At least 2 observations of informal teaching

CanMEDS Milestones:

- 1 S 2.4** Identify the learning needs and desired learning outcomes of others
- 2 S 2.4 Develop learning objectives for a teaching activity**
- 3 S 3.3 Critically evaluate the literature**
- 4 S 3.4** Integrate best evidence and clinical expertise
- 5 S 2.2 Create a positive learning environment**
- 6 S 2.4 Present the information in an organized manner to facilitate understanding**
- 7 S 2.4** Use audiovisual aids effectively
- 8 S 2.4** Provide adequate time for questions and discussion
- 9 S 2.4** Facilitate learner engagement and participation

Dermatology: Core EPA #19

Conducting scholarly work relevant to Dermatology

Key Features:

- This EPA includes all aspects of performing scholarly work: identification of a question for investigation, literature review, data gathering, data analysis, reflective critique and dissemination.
- This may include scholarly research, quality improvement, or educational work relevant to Dermatology that is suitable for peer review publication or presentation at an academic meeting.
- Assessment is based on the submission of a completed scholarly project, and/or observation of the presentation of the scholarly work at a local, national or international meeting.

Assessment Plan:

Review of submitted manuscript and/or direct observation of presentation by research supervisor, program director and/or another faculty member (e.g. research director) within the dermatology division/department

Use Form 4

Collect 1 observation of achievement

CanMEDS Milestones:

- 1 S 4.4** Generate focused questions for scholarly investigation
- 2 S 3.3** Critically evaluate the literature
- 3 S 4.5** Summarize the findings of a literature review
- 4 S 4.4** Select appropriate methods of addressing a given scholarly question
- 5 S 4.2** Identify ethical principles in research
- 6 S 4.4** Collect data for a scholarly project
- 7 S 4.4** Perform data analysis
- 8 S 4.4** Interpret and integrate data in context of existing literature
- 9 S 4.5** Disseminate the findings of scholarly activity, in written or oral form

Dermatology: Transition to Practice EPA #1

Managing a dermatology consultation service

Key Features:

- This EPA includes all aspects of leading an inpatient consultation service, including responsibility for medical care decisions, incoming consultations, appropriate follow-up and handover, collaboration with other health care professionals and communication with the patient and family.
- This may include organizing the dermatology team: organizing the workload, delegating tasks, and supervising other residents/students.
- The observation of this EPA is based on a period of at least one week of consultation service during which the resident is providing day time as well as some evening/overnight coverage.

Assessment Plan:

Direct and/or indirect observation by supervisor

Use Form 1

Collect 3 observations of achievement covering 3 separate weeks

- 2 different assessors

CanMEDS Milestones:

- 1 ME 1.1 Demonstrate responsibility and accountability for patient care within the boundaries and expectations of the consultant role**
- 2 ME 1.6 Prioritize patients based on the urgency of the clinical issue**
- 3 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 4 ME 2.4 Establish management plans that consider all relevant aspects of the patient's care**
- 5 COL 3.2 Provide safe handover of care**
- 6 COL 1.3 Communicate effectively with the consulting service**
- 7 COL 2.2 Work effectively with other health care professionals when there are differences in opinion and/or recommendations**
- 8 L 4.1 Manage time and prioritize tasks**
- 9 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**
- 10 P 1.1 Behave in a professional manner**

Dermatology: Transition to Practice EPA #2

Managing patients with dermatologic conditions in the outpatient setting

Key Features:

- This EPA integrates the resident's medical decision-making abilities for individual cases with their abilities to function effectively in the outpatient setting; managing a clinic load of patients, making appropriate clinical decisions, staying on time and working effectively with other health professionals.
- This EPA may be observed in any outpatient clinic setting, with any patient mix.
- The observation of this EPA is based on at least a half-day or full day of clinic.

Assessment Plan:

Direct observation and/or case review with supervisor at end of a clinic day/half-day

Use Form 1. Form collects information:

- Setting: community; academic
- Specialized clinic: no; yes

Collect 5 observations of achievement

- At least 3 different assessors

CanMEDs Milestones:

- 1 ME 1.3 Apply a broad base and depth of knowledge to the clinical management of patient presentations in Dermatology**
- 2 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 3 ME 2.4 Establish management plans that consider all relevant aspects of the patient's care**
- 4 ME 4.1 Determine appropriate timing of future visits based on planned investigations, clinical status and/or anticipated clinical course**
- 5 COM 5.1 Document clinical encounters in an accurate, complete, and timely manner**
- 6 COL 1.2 Work effectively with outpatient clinic staff**
- 7 L 4.1 Manage time effectively to maintain clinic flow**

Dermatology: Transition to Practice EPA #3

Managing patients in a longitudinal clinic

Key Features:

- This EPA focuses on the longitudinal management of a group of patients in the role of the physician most responsible for patient care, i.e. in a continuity clinic.
- This includes responsibility for medical care decisions and follow-up on investigations, providing all relevant aspects of care at and between patient visits, appropriate accessibility in between clinic visits and arranging for coverage by another physician while away.
- It also includes completing medical documentation in a timely manner, and completing administrative responsibilities which may include billing, triaging, insurance forms, and phone calls.
- The observation of this EPA is not based on a single patient encounter or clinic, but rather on the resident performance over a period of time.
- Documentation of observations should begin in the Core stage, and must be achieved by the end of Transition to Practice.

Assessment Plan:

Direct observation, case review and/or chart audit by supervisor(s), which may include input from other faculty members, nurse, clerk +/- other health care professionals

Use Form 3

Collect at least 2 observations at 2-3 month intervals.

CanMEDS Milestones:

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 2 ME 1.6** Triage consultation requests based on clinical acuity
- 3 L 4.2** Manage bookings to optimize clinic scheduling
- 4 L 4.1 Manage time effectively to maintain clinic flow**
- 5 ME 2.4 Establish management plans that consider all relevant aspects of the patient's care**
- 6 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 7 L 4.1 Review and act on results of investigations in a timely manner**
- 8 COL 1.2 Work effectively with outpatient clinic staff**
- 9 P 1.1** Respond punctually to requests from patients or other health care professionals

10 P 1.1 Make arrangements for coverage by another physician when absent or unavailable

11 COM 5.1 Document clinical encounters in an accurate, complete, and timely manner

Dermatology: Transition to Practice EPA #4

Developing a plan for continuing professional development

Key Features:

- This EPA focuses on reviewing personal performance data (i.e. feedback and observations) to facilitate self-reflection, identify areas of personal strength as well as areas for improvement, and develop the skills that are required for continuing professional development.
- This includes developing plans to address areas for improvement and/or gaps in knowledge, and may include additional areas of interest and future career goals.
- The plan should be SMART (specific, measurable, achievable, relevant, and timely), and must include the appropriate choice of clinical experiences and/or appropriate academic resources (journals, textbooks, conferences).

Assessment Plan:

Review of resident's submitted learning plan by supervisor, mentor, academic advisor or equivalent

Use Form 4

Collect 1 observation of achievement

CanMEDS Milestones:

- 1 P 2.1** Demonstrate a commitment to maintaining and enhancing competence
- 2 S 1.2** Interpret data on personal performance to identify opportunities for learning and improvement
- 3 L 4.2** Examine personal interests and career goals
- 4 S 1.1** Define learning needs related to personal practice and/or career goals
- 5 S 1.1** Create a learning plan that is feasible, includes clear deliverables, timelines and a plan for monitoring ongoing achievement
- 6 S 1.1** Identify resources required to implement a personal learning plan
- 7 L 4.2** Adjust educational experiences to gain competencies necessary for future practice