

Entrustable Professional Activities for General Internal Medicine

2019

VERSION 1.0

EDITORIAL REVISION – MARCH 2019

This document applies to those who begin training on or after July 1, 2019.

General Internal Medicine: Transition to Discipline EPA # 1

Assessing and proposing management for patients with common internal medicine presentations

Key Features:

- This EPA focuses on reassessment of the skills achieved in Internal Medicine training, as applied in the setting of the GIM training program
- This EPA includes observation of a full history and physical exam and discussion of the management plan, which may include investigations, the initial treatment plan and the decision regarding admission.
- This EPA may be observed in the full range of presentations typically seen in Internal Medicine, in any clinical care setting
- This EPA must be observed by a GIM attending

Assessment plan

Direct observation by GIM attending

Use Form 1

Collect one observation

Relevant Milestones:

ME 1.4 Recognize problems that may need the involvement of more experienced colleagues and seek their assistance

COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

ME 2.2 Elicit a history and perform a relevant physical exam

ME 2.2 Select and/or interpret investigations

ME 2.2 Develop a differential diagnosis relevant to the patient's presentation

ME 2.4 Develop and implement initial management plans for common problems in General Internal Medicine

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ME 1.4 Organize the clinical information for oral presentation and written documentation

ME 2.4 Prescribe medications appropriately, including medication reconciliation

ME 2.4 Determine appropriate patient disposition, which may include admission, referral or follow-up

COM 3.1 Provide clear, accurate information and explanations to the patient and/or family

P 1.1 Complete assigned responsibilities

General Internal Medicine Transition to Discipline EPA #2

Assessing, resuscitating, and providing initial management for patients with acute, unstable medical presentations

Key Features:

- This EPA focuses on reassessment of the skills achieved in Internal Medicine training, as applied in the setting of the GIM training program.
- This EPA may be observed in patients with any high acuity, unstable medical presentation, in any care setting or in simulation.

Assessment:

Part A:

Submit evidence of active ACLS certification

Part B:

Direct observation by attending staff

Collect information on

- Setting: clinical; simulation

Collect one observation

Relevant Milestones:

ME 1.4 Recognize problems that may need the involvement of more experienced colleagues and seek their assistance

ME 2.1 Recognize instability and medical acuity in a clinical presentation

ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements

ME 2.4 Develop and implement focused treatment strategies

ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources

ME 4.1 Determine the necessity and timing of referral to another physician

ME 4.1 Determine the need and timing of transfer to another level of care

COM 3.1 Provide clear, accurate information and explanations to the patient and/or family

COL 3.2 Provide safe and effective handover during transitions in care

General Internal Medicine: Foundations EPA #1

Applying the GIM approach to the assessment and initial management for patients with any general internal medicine presentation in the acute care setting

Key Features:

- This EPA focuses on the application of the comprehensive, holistic, GIM approach to patient assessment as well as the generation of the initial management plan.
- This EPA will be observed in the acute care setting, during an initial GIM consult/assessment of a patient with any general internal medicine presentation.

Assessment:

Indirect (case review and discussion) or direct observation by GIM attending

Use Form 1.

Collect at least 4 observations of achievement

- At least 2 assessors

Relevant Milestones:

ME 2.1 Establish priorities for the clinical encounter, incorporating the patient's perspectives, preferences and care needs

ME 1.4 Perform clinical assessments that address all relevant issues

COM 2.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information

COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family

ME 2.2 Identify social determinants of health that may impact on the patient's care

ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes

COL 1.3 Integrate the patient's perspective and context into the collaborative care plan

ME 2.4 Develop and implement management plans, incorporating consideration of the impact of multimorbidity and/or complexity as relevant

ME 1.6 Provide evidence-informed, patient-centred care of one or more conditions in the presence of one or more other conditions

ME 2.4 Anticipate common complications of disorders and their treatment, and incorporate these considerations in the management plan

L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans

L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

ME 4.1 Coordinate care around the patient's needs, including care provided by other physicians, health care professionals and services

General Internal Medicine: Foundations EPA #2

Applying the GIM approach to the ongoing management of patients with common acute general internal medicine presentations

Key Features:

- This EPA focuses on the application of the comprehensive, holistic, GIM approach to the ongoing management of the acute presentation as an integrated strategy that considers the patient's other medical conditions, anticipated complications and expected disposition, and is aligned with the patient's overall goals of care.
- This EPA will be observed in the acute care setting, in patients with presentations that are common and acute (either one system disease or common simple multisystem disease (e.g. pneumonia and mild AKI or cardiorenal syndrome)).
- This EPA may be observed at any time point during the patient's care.

Assessment:

Direct or indirect observation by GIM attending

Use Form 1. Form collects information on:

- Conditions: (*free text*)

Collect at least 4 observations of achievement:

- At least 3 different conditions

Relevant Milestones:

ME 1.3 Apply clinical and biomedical sciences to manage common patient presentations in General Internal Medicine

ME 1.4 Perform clinical assessments that address all relevant issues

ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves

ME 2.2 Ascertain the patient's clinical status and response to treatment

ME 2.4 Adapt management plans, as needed, in response to new findings or changing clinical circumstances

ME 2.2 Ascertain the setting of care appropriate for the patient's ongoing health needs

ME 2.3 Work with the patient and their family to understand relevant options for care

ME 4.1 Develop and implement plans for transition and ongoing care taking into

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consideration the patient's clinical state and preferences as well as available resources in health care setting or home

ME 4.1 Coordinate care around the patient's needs, including the care provided by other physicians, health care professionals and services

COM 3.1 Share information, and validate understanding of the patient and family, with regard to diagnosis, prognosis and/or management

HA 1.1 Facilitate timely patient access to services and resources

COL 3.2 Anticipate issues or questions in the patient's transition to a different health care setting, professional or stage in care

COL 3.2 Communicate with the receiving physician, summarizing patient issues at time of transfer and clarifying after transition as needed

General Internal Medicine: Foundations EPA #3

Assessing and providing initial management for patients with common presentations in an outpatient clinic

Key Features:

- This EPA focuses on the setting of the outpatient clinic, and the distinct clinical presentations, patient acuity, and access to medical information and resources that are specific to this setting.
- An important aspect of this EPA is the decision making regarding future plan of care, which may include ongoing follow-up, discharge back to referring physician, referral to another physician or admission.
- This EPA may be observed in any outpatient clinic (i.e. GIM, longitudinal, other).

Assessment:

Direct or indirect observation by supervisor

Form collects information on

- Type of clinic: GIM; other
- Complexity: low; medium; high

Collect 4 observations of achievement

- At least 3 GIM clinic
- At least 2 medium complexity
- At least 2 assessors

Relevant Milestones:

ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements

ME 2.2 Select and sequence investigations based on the priority of patient needs and the resources available in the outpatient setting

L 2.1 Use clinical judgment to minimize wasteful practices

ME 2.4 Develop and implement initial management plans for common problems in General Internal Medicine

ME 4.1 Plan follow-up on results of investigation and response to treatment

ME 4.1 Coordinate care around the patient's needs, including the care provided by other physicians, health care professionals and services

COL 1.2 Establish the scope of overlapping and shared care responsibilities with

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**the
referring physician**

COM 5.1 Document consultations to adequately convey clinical reasoning and the rationale for decisions

HA 1.2 Select patient education resources relevant to common General Internal Medicine conditions

S 1.2 Identify, record, prioritize and answer learning needs that arise in daily work

General Internal Medicine: Core EPA #1

Applying the GIM approach to the ongoing management of complex patients with acute general internal medicine presentations

Key Features:

- This EPA builds on the skills achieved in the Foundations stage to focus on complex patients with acute medical presentations; this may include patients with undifferentiated, complex single system or multiple active competing conditions.
- This EPA focuses on applying the comprehensive, holistic, GIM approach to the ongoing management of the condition as an integrated strategy that considers the patient's other medical conditions, anticipated complications and expected disposition, and is aligned with the patient's overall goals of care. This includes comprehensive transition planning.
- This EPA will be observed in the inpatient setting.
- The observation of this EPA must occur in cases in which the resident has been involved at times of important management decisions.

Assessment:

Direct or indirect observation by GIM attending

Use Form 1. Form collects information on:

- Complexity: social; undifferentiated condition; multi-system
- Stage of care: transition planning; ongoing management

Collect at least 6 observations of achievement

- A range of complexity
- At least 2 of each stage of care

Relevant Milestones:

ME 1.3 Apply clinical and biomedical sciences to manage complex patient presentations in General Internal Medicine

ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves

ME 2.2 Integrate new findings and changing clinical circumstances into the assessment of the patient's clinical status

ME 2.2 Evaluate the applicability of conflicting data and/or recommendations

ME 1.6 Provide evidence informed, patient centred care of one condition in the presence of one or more other conditions

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ME 1.6 Provide care for patients with undifferentiated presentations

ME 2.4. Develop and implement management plans that consider all of the patient's health problems and needs

ME 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

ME 4.1 Determine the need and timing of transfer to another level of care

ME 4.1 Establish plans for transition and ongoing care, taking into consideration all of the patient's health problems and needs as well as clinical state and preferences

COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

COL 3.2 Provide safe, efficient and patient-centred transitions between health care providers as well as between different health care professionals

General Internal Medicine: Core EPA #2

Applying the GIM approach to the management of patients with any general internal medicine presentation in the outpatient setting

Key Features:

- This EPA builds on the skills achieved in the Foundation stage to apply the GIM approach to the management of patients across the breadth of presentations in the outpatient clinic.
- This includes management of the patient using an integrated strategy that considers the patient's other medical conditions, anticipated complications, and expected disposition, and is aligned with the patient's overall goals of care.
- This EPA will be observed in a GIM clinic or in the resident's longitudinal clinic.

Assessment:

Indirect observation by the GIM attending physician (case review/discussion)

Use Form 1. Form collects information on:

- Presentation: undifferentiated; new diagnosis; chronic medical condition

Collect at least 10 observations of achievement

- At least 4 undifferentiated presentations
- At least 2 newly diagnosed conditions
- At least 4 chronic medical conditions
- At least 4 assessors

Relevant Milestones:

ME 2.1 Establish priorities for the clinical encounter, incorporating the patient's perspectives, preferences and care needs

ME 1.4 Perform clinical assessments that address all relevant issues

ME 2.2 Integrate and synthesize the clinical information

COM 3.1 Share information and explanations that are clear and accurate while checking for understanding

COM 4.3 Use communication strategies and skills that engage the patient and family in shared decision-making

COL 1.3 Integrate the patient's perspective and context into the collaborative care plan

ME 2.4 Develop and implement management plans for any GIM presentation,

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**incorporating
consideration of the impact of multimorbidity and/or complexity as relevant**

**ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response
to
treatment and/or monitoring for disease progression**

**ME 4.1 Coordinate treatment and follow-up across care settings and amongst
other
physicians, health care professionals and services**

General Internal Medicine: Core EPA #3

Assessing and managing perioperative patients

Key Features:

- This EPA focuses on the assessment and management of patients with the added physiologic stressor of surgery. It includes the care of complex patients and both pre- and post-operative medical care.
- This EPA may be observed in any care setting: outpatient, inpatient, emergency room.
- The observation of this EPA is divided into two parts: pre-operative assessment; and management of patients with postoperative medical issues. Example of postoperative medical issues include but are not limited to: arrhythmia, acute coronary syndrome, (ACS), myocardial injury after non-cardiac surgery (MINS), acute dyspnea/hypoxia, respiratory failure, delirium, thromboembolic disease, substance withdrawal, hyper and hypoglycemia, fever, hypertension, medication management, electrolyte disturbances, exacerbations of chronic medical conditions.

Assessment:

Part A: Pre-operative assessment

Indirect or direct observation by GIM attending

Use Form 1. Form collects information on:

- Case complexity: low: medium; high

Collect 5 observations of achievement

- All medium or high complexity

Part B: Post-operative management

Indirect or direct observation by GIM attending

Use form 1. Form collects information on:

- Case complexity: low: medium; high

Collect 5 observations of achievement

- At least 4 medium or high complexity

Relevant Milestones

Part A: Pre-operative

ME 2.2 Elicit perioperative history emphasizing information needed to provide risk stratification and reduction

ME 2.2 Perform a focused evidence-informed physical examination

ME 2.2 Select and/or interpret investigations

ME 2.2 Integrate and synthesize the clinical information to assess clinical status, peri-operative risk and opportunities for risk mitigation

ME 2.3 Work with the patient and family to understand the patient's health needs, values and preferences for their care

S 3.3 Identify relevant literature and evaluate its integrity, reliability and applicability

S 3.4 Integrate best evidence and clinical expertise into decision-making

ME 2.4 Anticipate perioperative issues and complications, and incorporate these considerations in the management plan

ME 2.4 Develop and implement a plan for medical perioperative care, including risk stratification and modification

ME 2.4 Develop and implement a plan for optimization of current clinical status and treatment

COM 4.3 Use communication strategies and skills that engage the patient and family in shared decision making

COM 5.1 Prepare consultation notes that document all relevant findings and provide clear recommendations

COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

Part B: Post-operative management

ME 1.4 Adapt the clinical assessment to the expectations and boundaries of the consultant role

ME 2.2 Select investigation strategies for patients in the perioperative period

ME 2.2 Integrate and synthesize the clinical information

ME 2.4 Develop and implement management plans for acute medical illnesses in the postoperative period, including pre-existing conditions and/or acute complications

ME 2.4 Develop and implement monitoring strategies for anticipated adverse events, illnesses and/or complications

ME 1.6 Provide evidence informed, patient-centred care of one or more conditions in the

presence of one or more conditions

ME 4.1 Coordinate treatment and follow-up for new medical diagnoses uncovered during risk stratification and/or postoperative course

COM 5.1 Prepare consultation notes that document all relevant findings and provide clear recommendations

COL 1.2 Establish a clear understanding with the referring physician regarding role and responsibility for ongoing care

COL 1.3 Provide support and advice for ongoing management when in the consultant role

COL 1.3 Communicate effectively with physicians and other health care professionals

General Internal Medicine: Core EPA#4

Assessing and managing pregnant patients with common or emergent obstetrical medical presentations

Key Features:

- This EPA may be observed in the outpatient, inpatient, or emergency room setting.
- The observation of this EPA is divided into two parts: patient assessment and management; and counselling of the pregnant patient regarding medical issues.

Assessment:

Part A: Assessment and management
Indirect observation by supervisor

Use form 1. Form collects information on

- Setting: inpatient; outpatient
- Timing: antepartum; postpartum
- Presentations: acute dyspnea; asthma; acute respiratory failure; chest pain; acute heart failure; dysrhythmias; edema; headache; Type 1 diabetes; Type 2 diabetes; gestational diabetes; pre-existing hypertension; gestational hypertension; thromboembolic disease; thrombocytopenia; other

Collect 6 observations of achievement

- At least 2 inpatient
- At least 3 each antepartum and postpartum
- At least 4 different diagnoses
- At least one diabetes
- At least one hypertension

Part B: Counselling
Direct observation by supervisor

Use form 1

Collect 2 observations of achievement

Relevant Milestones:

Part A: Assessment and management

ME 1.3 Apply knowledge of the impact of pregnancy on the stability and progression of common medical conditions

ME 1.4 Perform clinical assessments that address all relevant issues, adapting to the expectation and boundaries of the consultant role

ME 2.2 Select investigation strategies that are safe and efficacious for the pregnant patient

ME 2.2 Interpret clinical information and investigations in the context of the physiology of pregnancy

ME 2.4 Incorporate considerations of the safety and efficacy of medication use in pregnancy into the management plan

ME 2.4 Incorporate considerations of the safety and efficacy of therapeutic interventions in pregnancy into the management plan

ME 2.4 Develop and implement monitoring strategies for anticipated adverse events, illnesses and/or complications

ME 2.4 Develop a plan to deal with clinical uncertainty

ME 2.4 Develop and implement management plan for medical problems occurring during pregnancy

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

COM 4.3 Use communication skills and strategies that help the patient make informed decisions

COL 1.3 Provide support and advice for ongoing management when in the consultant role

COL 1.3 Engage in respectful shared decision making with other health care professionals

S 3.1 Generate focused questions to address practice uncertainty and knowledge gaps

S 3.3 Identify relevant literature and evaluate its integrity, reliability and applicability

Part B: Counselling

COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect and compassion

COM 1.4 Use appropriate non-verbal behaviours to enhance communication with patients

ME 2.2 Assess the patient's health literacy

COM 2.1 Gather information about the patient's beliefs and values regarding her pregnancy

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COM 3.1 Share information and explanations that are clear and accurate while checking for understanding

COM 4.3 Use communication skills and strategies that help the patient make informed decisions

HA 1.1 Work with the patient to address determinants of health that affect her and her pregnancy

General Internal Medicine: Core EPA #5

**Assessing and counselling women of reproductive age with common chronic
general internal medicine conditions**

Key Features:

- This EPA includes assessing the risk of pregnancy on the underlying GIM condition as well as the risks of the underlying GIM condition and/or its treatment on the pregnancy and the fetus. It also includes counselling for the risk of unplanned pregnancy as well as counselling those who may become pregnant.
- The observation of this EPA is divided into two parts: patient assessment; and counselling.

Assessment:

Part A: Patient assessment

Indirect observation by supervisor

Use form 1. Form collects information on

- Underlying condition: hypertension; diabetes; venous thromboembolism; other

Collect 1 observation of achievement

Part B: Counselling

Direct observation by supervisor

Use form 1. Form collects information on

- Issue: well woman; uncontrolled disease
- Setting: inpatient; outpatient

Collect 2 observations of achievement

- At least one outpatient

Relevant Milestones

Part A: Patient assessment

ME 2.1 Identify women for whom pregnancy may pose a health risk

ME 1.3 Apply knowledge of the effects of GIM conditions on fertility, pregnancy, and fetal outcomes

ME 1.4 Perform clinical assessments that address all relevant issues

ME 2.2 Integrate and synthesize the clinical information

ME 2.2 Provide an assessment of peripartum maternal and fetal risk

ME 2.4 Select and/or adjust medications with consideration of safety of use in women of childbearing age

ME 2.4 Optimize management of pre-existing conditions to reduce fetal and maternal risk

ME 4.1 Coordinate treatment and follow-up across care settings and amongst other physicians, health care professionals and services

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

COM 4.3 Use communication skills and strategies that help the patient make informed decisions

COL 1.3 Engage in respectful shared decision-making with other health care professionals

P 1.3 Recognize and respond to ethical issues encountered in the clinical setting

Part B: Counselling

COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect and compassion

COM 1.4 Use appropriate non-verbal behaviours to enhance communication with patients

ME 2.2 Assess the patient's health literacy

COM 2.1 Gather information about the patient's beliefs and values regarding her pregnancy

COM 3.1 Share information and explanations that are clear and accurate while checking for understanding

COM 4.3 Use communication skills and strategies that help the patient make informed decisions

HA 1.1 Work with the patient to address determinants of health that affect her and her pregnancy

General Internal Medicine: Core EPA #6

Providing preventive care and health promotion

Key Features:

- This EPA builds on the skills achieved in the Foundation stage to apply the GIM approach to prevention and health promotion. This includes risk reduction as an integrated strategy that considers the patient's other medical conditions and overall goals of care, that enables patient self-care and that employs collaboration and delegation to other health care professionals.
- This EPA may be observed in any setting.
- The observation of this EPA is divided into two parts: direct observation of a patient counselling encounter; integration of preventive health/health promotion into ongoing care over the period of a clinical day.

Assessment:

Part A: Patient encounter/counselling
Direct observation by supervisor

Use form 1.

Collect 2 observations

Part B: Integration into usual care
Indirect observation by supervisor, at end of clinical day

Use Form 3

Collect 2 observations of achievement

Relevant Milestones:

Part A: Patient encounter/counselling

P 1.1 Demonstrate respect for patient autonomy

ME 2.2 Assess an individual's access to health care, food, security and other social determinants of health

ME 2.2 Assess the patient's health literacy

ME 2.4 Integrate primary and secondary prevention strategies as part of the overall management plan

HA 1.1 Facilitate timely patient access to services and resources

HA 1.2 Work with the patient to increase their understanding of their illness and health care needs

HA 1.2 Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours

HA 1.2 Counsel and support patients regarding risk factor reduction

COM 4.3 Use communication skills and strategies that help the patient make informed decisions

COL 1.2 Make effective use of the scope and expertise of other health care professionals

ME 4.1 Establish plans for ongoing care

Part B: Integration into usual care

ME 2.4 Integrate primary and secondary prevention strategies as part of the overall management plan

HA 1.2 Counsel and support patients regarding risk factor reduction

ME 2.4 Prescribe strategies for risk reduction

HA 1.3 Implement strategies for disease prevention, health promotion and health surveillance

General Internal Medicine Core EPA #7

Providing care for patients with end stage disease

Key Features:

- This EPA focuses on patients whose goals of care are transitioning to an emphasis on quality of life rather than disease modification or cure. This includes the recognition that the patient's burden of illness has progressed, and that further intervention may be of limited or low benefit. It includes management of disabling symptoms, optimization of quality of life and provision of care appropriate to the patient's goals of care.
- This EPA may be observed in any setting, and in patients with any condition.

Assessment:

Direct and/or indirect observation by supervisor

Use Form 1.

Collect 3 observations of achievement

Relevant Milestones:

ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

ME 2.1 Identify patients whose condition has progressed to end stage

ME 2.1 Identify patients for whom the patient perceived burden of disease modifying therapy or investigations is greater than the clinical benefit.

ME 2.3 Recognize and respond to signs that it is time to transition care away from a disease modifying approach

COM 2.1 Gather information about the patient's beliefs, values, preferences, context, and expectations with regards to their care

ME 2.3 Address the impact of the medical condition on the patients' ability to pursue life goals and purposes

ME 2.3 Establish goals of care in collaboration with the patient and family

COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner

COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions

ME 3.1 Select investigations and therapies appropriate to the patient's goals of care

ME 2.4 Develop and implement management plans that optimize symptom management and support achievement of the patient's goals of care

General Internal Medicine: Core EPA #8

Stabilizing patients who are critically ill and providing or arranging definitive care

Key Features:

- This EPA builds on the competencies achieved in Internal Medicine to focus on the care provided to critically ill patients following initial resuscitation, including definitive care as well as decisions regarding the need for transfer to another health care setting or physician.
- The observation of this EPA is divided into three parts: patient care; handover at transition of care; crisis resource management.
- The patient management aspects of this EPA may be observed in any care setting
- The aspects of this EPA addressing handover and crisis resource management may be observed in a clinical or simulation setting.

Assessment:

Part A: Patient care

Indirect observation by supervisor (case review)

Use Form 1. Form collects information on

- Ventilation: none; invasive; non-invasive
- Vasopressor support: yes; no
- Transfer required: yes; no

Collect 8 observations of achievement

- At least two invasive ventilation
- At least two non-invasive ventilation
- At least two patients on vasopressor support
- No more than two that required transfer

Part B: Handover at transition of care

Direct observation by supervisor

Use form 1. Form collects information on:

- Setting: clinical; simulation

Collect 1 observation of achievement

Part C: Crisis resource management

Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review

Use Form 3. Form collects information on:

- Role of observer: supervisor; nurse; other health care professional; other resident; student

Collect feedback from at least 3 observers

- At least one supervisor
- At least one nurse or other health care professional

Relevant Milestones

Part A: Patient Care

ME 1.6 Adapt care as the complexity, uncertainty and ambiguity of the patient's clinical situation evolves

ME 2.1 Recognize instability and medical acuity in a clinical presentation

ME 2.1 Triage and stabilize patients who are critically ill

ME 2.2 Focus the assessment of a critically ill patient, performing it in a time-effective manner without excluding key elements

ME 2.2 Select and/or interpret investigations

ME 2.2 Integrate and synthesize the clinical information

ME 2.3 Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued

ME 2.4 Manage hemodynamic support and monitoring

ME 2.4 Manage non-invasive and/or invasive ventilation

ME 2.4 Develop and implement management plans for critically ill patients, including providing or arranging for definitive care

ME 2.4 Develop a plan to deal with clinical uncertainty

ME 3.1 Integrate planned procedures or therapies into global assessment and management plans

ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources

ME 2.4 Determine the setting of care appropriate for the patient's current health care needs

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

COM 3.1 Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner

COL 3.2 Organize the handover of care to the most appropriate physician or health

care setting

Part B: Handover at Transition of Care

ME 2.2 Integrate information from the clinical assessment to determine the patient's clinical status and health care needs

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

ME 2.4 Assess the need and timing of transfer to another level of care

ME 4.1 Determine the appropriate medical transport for safe patient transition to another health care setting

ME 2.4 Provide anticipatory guidance for management of changes in the patient's clinical status during medical transport

HA 1.1 Work with other health care professionals to address access to limited critical care, inpatient and/or diagnostic resources

COL 3.2 Summarize the patient's issue for the receiving care provider, including plans to deal with ongoing issues as well as anticipated changes in the clinical course

COL 3.2 Communicate with the receiving physician(s) or health care professional(s) clarifying issues after transfer as needed

Part C: Crisis resource management

L 4.2 Establish clear leadership in resuscitative efforts, assuming the leadership role as appropriate

COL 1.2 Make effective use of the scope and expertise of other health care professionals

COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner

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

P 4.1 Maintain capacity for professional clinical performance in stressful situations

General Internal Medicine: Core EPA #9

Documenting clinical encounters

Key Features:

- This EPA focuses on the application of written communication skills in a variety of formats: discharge summaries; consultations; progress notes.
- This includes a synthesis of the pertinent clinical findings, investigations and management plan as well as clear articulation of the role of the GIM physician 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 any patient presentation.

Assessment:

Review of clinical documentation by supervisor

Use form 1. Form collects information on

- Document: consultations; discharge summary; progress notes

Collect 5 observations of achievement

- At least one of each type of document
- At least 2 different assessors

Relevant Milestones:

COM 5.1 Organize information in appropriate sections

COM 5.1 Document all relevant findings and investigations

COM 5.1 Convey clinical reasoning and the rationale for decisions

COM 5.1 Provide a clear plan for ongoing management including clear roles for referant and GIM consultant

COL 1.2 Identify the roles of the referring physician and the GIM consultant in the ongoing management plan clearly

COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

S 3.4 Integrate best evidence and clinical expertise into decision-making

S 1.3 Provide teaching points to improve quality of care

COM 5.1 Complete clinical documentation in a timely manner

General Internal Medicine: Core EPA #10

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

Key Features:

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

Assessment:

Direct observation by supervisor

Use form 1. Form collects information on:

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

Collect 3 observations of achievement

- At least one with patient/family
- At least one with other health care professional(s)

Relevant Milestones:

COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately

COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication

COM 3.1 Share information and explanations that are clear and accurate while checking for understanding

COM 1.5 Establish boundaries as needed in emotional situations

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

COM 4.3 Answer questions regarding care delivery, treatment decisions and/or prognosis in a respectful manner

COL 2.2. Listen to understand and find common ground

COL 2.2 Manage differences and resolve conflicts

*ENTRUSTABLE PROFESSIONAL ACTIVITIES
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P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

General Internal Medicine: Core EPA #11

Providing interpretation of cardiac and respiratory diagnostic tests

Key Features:

- This EPA includes the following diagnostic interpretations: ECG; Holter monitor; ambulatory blood pressure monitor; pulmonary function test; cardiac exercise stress testing supervision and interpretation.
- The diagnostic tests may be performed for patients for whom the resident is also providing clinical care, as well as for patients for whom the resident is solely providing diagnostic interpretation.
- The achievement of this EPA is based on review of diagnostic test interpretations, direct observation of cardiac exercise stress testing supervision as well as submission of a procedure log.

Assessment:

Part A: Holter, ABPM and PFT interpretation

Review of resident's interpretation of a set of studies by supervisor

Use Form 1. Form collect information on:

- Number of studies reviewed: (*write in*)
- Type of study (*select all that apply*): ECG; Holter; ABPM; PFT

Collect on observation of achievement

- Must be a mix of studies

Part B: Procedure log

Competence committee reviews resident's procedure log

Log to track

- Procedure: ECG; Holter; ABPM; PFT; EST
- Finding: (*text box*)

Part C: Supervision and interpretation of exercise stress tests

Direct observation by supervisor

Use Form 1

Collect 10 observations of achievement

Relevant Milestones:

Part A: Interpretation

ME 1.3 Apply knowledge of anatomy, physiology and pathophysiology to interpret diagnostic cardiopulmonary investigations

ME 1.3 Demonstrate knowledge of principles, strengths and limitations of diagnostic cardiopulmonary investigations

ME 1.3 Demonstrate knowledge of the technical components of diagnostic cardiopulmonary testing including equipment and protocols

ME 3.4 Assess the quality and validity of the study, and any impact on the diagnostic interpretation

ME 3.4 Provide interpretation of Holter monitor testing

ME 3.4 Provide interpretation of ABPM testing

ME 3.4 Provide interpretation of pulmonary function testing

ME 3.4 Summarize findings of clinical relevance, and suggestions for further testing and/or management as appropriate

COM 5.1 Provide clear, concise and accurate reports of diagnostic testing in a timely fashion

COM 5.1 Communicate critical results urgently, as needed

Part C: Supervision and interpretation of cardiac exercise stress test

ME 2.2 Perform a focused clinical assessment without excluding key elements

ME 2.2 Assess a patient's suitability to proceed with cardiac exercise stress testing

ME 3.1 Select the stress test protocol relevant to the clinical question and patient condition

ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for a proposed procedure

ME 3.4 Supervise the stress test procedure

COM 5.1 Communicate critical results urgently, as needed

ME 4.1 Recognize and manage immediate complications of a procedure

General Internal Medicine: Core EPA #12

Leading a GIM inpatient team

Key Features:

- This EPA includes all aspects of leading an inpatient team, including responsibility for the medical care decisions, collaboration with other health care professionals, and communication with the patient and family.
- The observation of this EPA is divided into two parts: interactions with the interprofessional team; and patient and time management. The patient and time management aspects of this observation are based on a week of clinical activity.

Assessment:

Part A: Interactions with team

Multiple observers provide feedback individually, which is then collated to one report for Competence Committee review

Use Form 3. Form collects information on:

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

Collect feedback from at least 6 observers

- At least one supervisor
- At least one nurse or other health care professional

Part B: Patient/time management

Direct and/or indirect observation by supervisor of a week of clinical activity

Use Form 1. Collect information on

- Complexity of case mix: low; medium; high

Collect 2 observations of achievement

Relevant Milestones

Part A: Interaction with team

ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

COL 1.2 Make effective use of the scope and expertise of other health care professionals

COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner

COL 1.1 Respond appropriately to input from other health care professionals

COL 1.3 Communicate effectively with physicians and other health care professionals

COL 2.1 Show respect toward collaborators

HA 1.1 Facilitate timely patient access to services and resources

P 1.1 Respond punctually to requests from patients or other health care providers

COM 1.5 Manage disagreements and emotionally charged conversations with patients and/or families

P 1.1 Demonstrate professional behaviours, such as punctuality, integrity and compassion

L 4.2 Run the service efficiently, safely, and effectively

P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

Part B: Patient/time management

ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

ME 1.5 Carry out professional duties in the face of multiple, competing demands

L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service

ME 2.1 Prioritize cases on the basis of clinical acuity

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

L 4.1 Manage time and prioritize tasks

S 3.4 Integrate best evidence and clinical expertise into decision making

ME 2.4 Develop plans for patient care that anticipate clinical response and progress to other settings of care, including home

COL 1.3 Use referral and consultation as opportunities to improve quality of care

ME 4.1 Coordinate investigation, treatment and followup when multiple physicians and health care professionals are involved

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

L 2.1 Allocate health care resources for optimal patient care

ME 4.1 Develop and implement plans for discharge that include appropriate ongoing care, arrangements for relevant community support services and follow-up on investigations

ME 5.2 Use systems to track and follow-up on clinical data such as investigations and laboratory tests

L 2.2 Optimize practice patterns for cost-effectiveness and cost control

General Internal Medicine: Core EPA#13

Leading a GIM consultation service and/or team

Key Features:

- This EPA includes all aspects of leading a consultation service, including responsibility for the medical care decisions, collaboration with other health care professionals and communication with the patient and family.

Assessment:

Direct and/or indirect observation by supervisor of a clinical day

Use Form 1. Collect information on

- Complexity of consult list: low; medium; high

Collect 2 observations

- At least one day of high complexity

Relevant Milestones:

ME 2.1 Triage referrals on the basis of clinical acuity and need for GIM expertise

L 4.1 Manage time and prioritize tasks

COL 1.3 Contribute to quality patient care by sharing medical expertise

ME 1.1 Demonstrate responsibility and accountability for patient care within the boundaries and expectations of the consultant role

S 3.4 Integrate best evidence and clinical expertise into decision making

COL 1.3 Communicate effectively with the consulting service

COL 2.2 Work effectively with other health care professionals to develop plans for clinical care when there are differences in opinion and/or recommendations

ME 1.5 Carry out professional duties in the face of multiple, competing demands

L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service

L 4.2 Run the service efficiently, safely, and effectively

General Internal Medicine: Core EPA #14

Managing a longitudinal clinic

Key Features:

- This EPA includes all aspects of longitudinal care in the outpatient setting, including triage of referrals, time management, timely review of results, communication with the patient, family and referring physicians, and working effectively with other health care professionals and clinic staff.
- The observation of this EPA is divided into three parts: triage of new referrals; lab review/charting; interactions with administrative/clinic staff.
- The observation of referral triage may be done with newly received referrals to the GIM clinic, with a teaching file of referrals or with a simulated set of referrals.

Assessment:

Part A: Triage of new referrals to ambulatory clinic
Direct/indirect observation by supervisor

Use Form 1.

Collect one observation of achievement

Part B: Lab review, charting
Chart audit of at least 10 charts by supervisor

Use Form 1. Form collects information on
- Number of charts reviewed: (*open text*)

Collect one observation of achievement

Part C: Interactions with administrative/clinic staff
Indirect observation by supervisor with input from clinic staff, or multisource feedback from clinic/administrative staff

Use Form 3. Form collects information on:
- Role of observer: supervisor; nurse; clerk; other

Collect at least one observation of achievement

- o if supervisor including input from at least 3 individuals or
- o if multisource feedback - feedback from at least 3 individuals

Relevant Milestones

Part A: Triage of new referrals

ME 2.2 Assess the suitability of requests for GIM consultation

ME 2.1 Prioritize cases on the basis of clinical acuity

COL 1.3 Communicate with the referring physician, as needed, to clarify the referral request

COL 3.2 Recognize patient safety issues, such as indications for emergent intervention, and communicate with referring physician as appropriate

L 2.1 Allocate duration of clinic visits based on consideration of patient complexity and health care needs

L 4.2 Organize clinic schedules to make efficient use of overall resources

L 4.2 Optimize the timeliness of patient assessment and management by anticipating and sequencing needed investigations

Part B: Lab review, charting

COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role

ME 2.4 Formulate management plans that are suitable for implementation in the outpatient setting

ME 4.1 Select appropriate timing of next visit based on planned investigations, clinical status and/or anticipated clinical course

S 3.4 Integrate best evidence and clinical expertise into decision making

COL 1.3 Provide accurate, timely and relevant written information to the referring/primary care physician

COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management

COL 3.1 Determine when care should be transferred back to the referring physician

ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests

L 4.1 Review and act on test results in a timely manner

P 1.1 Respond punctually to requests from patients or other health care providers

P 3.1 Demonstrate an understanding of the requirements for clinical documentation in the outpatient setting

*ENTRUSTABLE PROFESSIONAL ACTIVITIES
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Part C: Interactions with administrative/clinic staff

ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician

COL 2.1 Treat staff members and other health professionals with respect

L 4.1 Manage time effectively in the outpatient clinic

ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests

L 4.1 Review and act on test results in a timely manner

P 1.1 Respond punctually to requests from patients or other health care providers

P 1.1 Demonstrate professional behaviors, such as punctuality, integrity and compassion

General Internal Medicine: Core EPA #15

Teaching, coaching and assessing learners in the clinical setting

Key Features:

- This EPA builds on the competencies achieved in Internal Medicine to include responsibility for learner progress and assessment.
- This EPA may be observed in any setting, and with any learner.
- The observation of this EPA is divided into three parts: supervisor observation of teaching and coaching; supervisor review of the documentation of assessments; feedback from learners.

Assessment:

Part A: Teaching and coaching
Direct observation by supervisor

Use Form 1. Form collects information on:
- Type of teaching: bedside; didactic

Collect 4 observations of achievement
- At least one of each type of teaching
- At least two different assessors

Part B: Documenting assessments
Review of completed assessments by supervisor

Use Form 1.

Collect 4 observations of achievement

Part C: Learner feedback
Multiple learners provide feedback individually, which is collated for review by the Competence Committee

Use Form 3. Form collects information on:
- Level of learner: medical student; junior resident

Collect feedback from at least 6 learners
- At least one medical student
- At least one junior resident

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Relevant Milestones:

Part A: Teaching and coaching

- S 2.4 Identify the learning needs and desired learning outcomes of others**
- S 2.4 Develop learning objectives for a teaching activity**
- S 2.4 Present information in an organized manner to facilitate understanding**
- S 2.4 Use audiovisual aids effectively, as appropriate**
- S 2.5 Provide coaching to guide improvement of performance**
- S 2.4 Provide adequate time for questions and/or discussion**

Part B: Documenting assessments

- P 1.1 Complete learner assessments in a timely fashion**
- S 2.5 Identify behaviors to continue as well as those for improvement**
- S 2.5 Provide specific suggestions for improvement of performance**
- S 2.5 Provide examples of learner performance to support the overall assessment**
- S 2.5 Provide narrative comments that support the overall assessment**

Part C: Learner feedback

- S 2.2 Create a positive learning environment**
- S 2.3 Provide opportunities for appropriate clinical responsibility**
- S 2.3 Be available and accessible to junior learners**
- S 2.4 Provide clinical teaching and/or other informal learning activities**
- S 2.5 Provide feedback to enhance learning and performance**
- P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment**
- COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
- S 2.1 Be a positive role model**

General Internal Medicine: Core EPA #16

Advancing the discipline and/or patient care through scholarly activity

Key Features:

- This EPA may include scholarly activities related to clinical or basic science research, patient safety, quality improvement or education.
- The resident's involvement in a scholarly activity must include at least 3 of the following: generation of question/hypothesis, literature review, project design, ethics application, data collection, data analysis/statistics, data synthesis, and manuscript preparation and/or presentation of work.

Assessment plan:

Review of resident's submission of a scholarly project by supervisor

Use Form 1.

Collect 1 observation of achievement

Relevant Milestones

L 4.1 Organize work to manage clinical, scholarly and other responsibilities

S 4.4 Identify, consult and collaborate with content experts and others in the conduct of scholarly work

S 4.4 Generate focused questions for scholarly investigation

S 3.3 Identify relevant literature and evaluate its integrity, reliability and applicability

S 4.5 Summarize the findings of a literature review

S 4.4 Select appropriate methods of addressing a given scholarly question

S 4.2 Identify ethical principles in research

S 4.4 Collect data for a scholarly work

S 4.4 Perform data analysis

S 4.4 Integrate existing literature and findings of data collection

S 4.4 Identify areas for further investigation

General Internal Medicine: Core EPA #17

Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

Key Features:

- This EPA focuses on 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

Use Form 1. Form collects information on

- Setting: inpatient; outpatient
- Condition: acute; chronic
- Type of observation: direct observation; case review; review of consult note/other documents

Collect 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:

ME 2.1 Prioritize which issues need to be addressed

ME 2.2 Integrate and synthesize the clinical information

ME 2.2 **Revise the differential diagnosis in response to new clinical information, or response to treatment**

ME 2.4 **Demonstrate flexibility in clinical reasoning in the setting of clinical uncertainty**

ME 2.4 **Establish a patient-centred management plan despite limited, non-diagnostic, or conflicting clinical data**

ME 2.4 Develop a plan to deal with clinical uncertainty

ME 3.1 **Determine the most appropriate procedures or therapies for the purpose of assessment and/or management**

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COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner

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

COM 4.3 Use communication strategies and skills that engage the patient and family in shared decision making

P 1.1 Identify limits in one's own expertise

ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional

COL 1.2 Consult as needed with other health care professionals, including other physicians

General Internal Medicine: Core EPA #18

Planning and completing personalized training experiences aligned with career plans and/or specific learning needs

Key Features:

- This EPA allows the resident to individualize training to meet the needs of his/her intended community and/or personal career goals.
- This EPA may be applied to more than one distinct training experience (e.g. transvenous pacemaker insertion AND point of care ultrasound).
- This EPA may be used for any structured training experience: clinical or academic. Examples include: achieving certification in Level 2 echocardiography; enhancing proficiency in obstetric medicine; developing a scholarly focus.
- The assessment of this EPA is based on the achievement of outcomes identified by the resident and approved by the program director/program committee. These outcomes must be SMART (specific, measurable, achievable, relevant, timely).

Assessment Plan:

Competence Committee/Program Director/Supervisor review of resident's plan and outcome

Use Form 4 (Narrative)

Relevant milestones

S 1.2 Identify a specific area for improvement related to the needs of their intended community and/or career goals

S 1.1 Create and implement a learning plan

S 1.1 Develop a structured approach to monitor progress of learning, including identifying timelines and accountabilities

S 1.1 Develop clear outcomes to assess progress of learning

L 4.2 Adjust educational experiences to gain competencies necessary for future independent practice

HA 2.3 Identify and respond to unmet health care needs within one's practice

General Internal Medicine: Core EPA #19

Performing the procedures of General Internal Medicine

Key Features:

- This EPA includes the following procedures: airway management & endotracheal intubation; non-invasive ventilation; invasive ventilation; arterial line catheter insertion; central line placement; thoracentesis; paracentesis; lumbar puncture; knee arthrocentesis.
- The achievement of this EPA is based on direct observation of this range of procedures, as well as submission of a procedure log.

Assessment

Part A: Procedure

Direct observation by supervisor

Use Form 1. Form collects information on:

- Setting: clinical; simulation
- Procedure: airway management & endotracheal intubation; non-invasive ventilation; invasive ventilation; arterial line catheter insertion; central line placement; thoracentesis; paracentesis; lumbar puncture; joint arthrocentesis
- Site: not applicable; femoral; internal jugular; subclavian; knee
- Use of ultrasound guidance: yes; no

Collect 21 observations of achievement

- At least one of each procedure in the clinical setting
- At least 5 central line placements using ultrasound guidance
 - o Must include different sites
- At least 3 thoracentesis using ultrasound guidance
- At least 3 paracentesis using ultrasound guidance
- At least 3 lumbar puncture
- At least 2 knee arthrocentesis
- At least 3 airway management (bag and mask ventilation) and endotracheal intubations
- At least 2 arterial line catheter insertions

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; knee arthrocentesis
- Site: not applicable; femoral; internal jugular; subclavian; knee
- Use of ultrasound guidance: yes; no

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Part A: Relevant Milestones:

ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure

ME 3.4 Perform pre-procedural tasks in a timely, skillful, and safe manner

- **Establish and maintain a sterile field**
- **Maintain universal precautions**
- **Handle sharps safely**
- **Hand-cleanse, gown and glove**

ME 3.4 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances

ME 3.4 Establish and implement a plan for post-procedure care

ME 3.4 Recognize and manage immediate complications of a procedure

COM 3.1 Communicate effectively with patient throughout the procedure

COM 5.1 Document the encounter to convey the procedure and outcome

General Internal Medicine: Transition to Practice EPA #1

Managing a GIM case load/practice

Key features

- This EPA focuses on the integration of the GIM competencies into practice including: inpatient care, on call coverage, longitudinal outpatient followup, teaching responsibilities and other occupational and personal demands.
- This EPA may be observed in any clinical setting.
- The observation of this EPA must be based on a least a week duration, which includes on call responsibilities.

Assessment Plan:

Indirect observation by supervisor

Use form 1.

Collect 3 observations of achievement.

- At least one that includes after hours coverage

Relevant Milestones:

L 4.1 Set priorities and manage time to fulfil diverse responsibilities

ME 1.5 Prioritize among patients on the basis of clinical presentation

S 3.4 Integrate best evidence and clinical expertise into decision-making

L 2.1 Allocate health care resources for optimal patient care

L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service

General Internal Medicine Transition to Practice EPA #2

Developing a personal learning plan for future practice and ongoing professional development

Assessment Plan:

Competence Committee does assessment based on submission of learning plan geared to plan for practice and progression of competence.

Use Form 1.

Collect 1 successful observation

Relevant Milestones:

P 2.1 Demonstrate a commitment to maintaining and enhancing competence

ME 1.4 Demonstrate an awareness of the context of practice, including what is required to practice safely and effectively

S 1.2 Identify opportunities for learning and improvement by reflecting on and assessing performance using various internal and external data sources

S 1.1 Identify learning needs to enhance competence across all CanMEDS roles

HA 2.3 Identify and respond to unmet health care needs within one's practice

S 3.1 Generate focused questions to address practice uncertainty and knowledge gaps

L 4.2 Reconcile expectations for practice with job opportunities and workforce needs

S 1.1 Create and implement a learning plan

L 4.2 Adjust educational experiences to gain competencies necessary for future independent practice

P 4.2 Develop a strategy to manage personal and professional demands for a sustainable independent practice

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)