



## Primer for Discharge Planning - EPA FOD 4

*This EPA focuses on **formulating, communicating, and implementing discharge plans** for patients with common medical conditions from acute care settings. The supervisor **indirectly observes the discharge plan and documentation, and directly observes the resident communicating the plan to the patient and family.***

*It is generally completed in the Blocks 5-13 of the PGY1 year.*

### What is CBD?

**Competency By Design is the Royal College's model of Competence-Based Medical Education (CBME) which is an educational model that is...**

- More oriented to **outcomes** rather than time in training (i.e. what trainee can DO)
- More **flexible** to learners' prior skills and current needs
- Training using a **coaching** approach with more regular feedback & entrustment decisions
- Enhanced **tracking** of learners' progress and performance

### What is an EPA?

An Entrustable Professional Activity is a **unit of work** actually done during the clinician's day (e.g., admit a patient to hospital, carry out a procedure, lead a family meeting)

- There are **29 EPAs** for the PGY1-4 Internal Medicine training program
- Each EPA gets **assessed several times** for each resident
- Each EPA is made up of several **"milestones"**
- The EPAs increase in **complexity** through stages

### Learn more about EPAs and CBD:

**READ** Factsheets:

CBD Terminology Click [here](#)

Improving feedback tips: Click [here](#)

**WATCH** an eModule on:

CBD in Internal Medicine and Medsquares troubleshooting: Click [here](#) to watch

EPAs 101: Click [here](#)

**PREVIEW** a sample completed TTD1 EPA.

Click [here](#) to preview.

**VISIT**

[www.deptmedicine.utoronto.ca/cbme](http://www.deptmedicine.utoronto.ca/cbme) for general information on resources and events.

**Questions? CONTACT** us at

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### EPA MILESTONES: Discharge Planning

1. Recognizes when patient is ready for discharge physically and psychosocially.
2. Incorporates patient's and family's perspective and goals into all aspects of the discharge plan
3. Anticipates complications and challenges for patients transitioning away from the acute care setting, including barriers related to their social circumstances
4. Generates a discharge plan that addresses a patient's medical needs including reduction of risk factors, treatment of disease and monitoring for disease and treatment complications
5. Reconciles current and prior medication lists to enhance patient safety
6. Provides discharge information and instructions to patient and caregivers avoiding medical jargon, answers questions and elicits patient understanding
7. Writes a relevant discharge summary that documents the diagnosis, the clinical course in hospital, the patient's care plan and goals, and issues for ongoing follow-up by the receiving healthcare providers, including a jargon-free summary directed at the patient and family

### HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. You observe the resident carry out the activity. We expect at least 10 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
2. You or the resident sign onto [medsquares](#), and provide the assessment demographics. This can be done on the mobile phone or computer top.
3. From the list of milestones pertinent to the EPA, choose 2-3 milestones that are relevant to the activity, and provide comments about the resident's performance. Please also indicate the performance *level* on each milestone you assessed, using the entrustment scale. *You are not required to cover all milestones, but are welcome to.*
4. Using the global entrustment scale, decide whether the resident can be entrusted overall to perform this activity with a similar case in the future. *In general, residents are not expected to be entrustable early in a new stage of training, although this particular tool verifies skills that should have been learned in medical school.*
5. Provide 2-3 specific, targeted comments on what they did well and suggestions for improving their performance.
6. Discuss your feedback with the resident.



**GLOBAL ENTRUSTMENT SCALE** (Autonomous and Consultancy levels are entrustable)