



Purpose

To ensure that graduates of the Rural FM Residency program are competent to enter early professional, independent practice as a Family Physicians able to provide high quality care to patients in rural Alberta.

EPA	Assessment Tool	Signed off by
<i>Family Medicine Clinic</i>		
1. Assess, manage, and follow-up patients with common presenting complaints and undifferentiated symptoms.	Progress Reviews, including; - Field Notes - ITERs eg. EM, Peds EM, FM	Site Director
2. Recognize and appropriately refer for emergent conditions.	Progress Reviews, including; - Field Notes - ITERs eg. EM, Peds EM, FM	Site Director
3. Complete an adult periodic health assessment, using evidence-based screening and risk reduction recommendations.	Progress Reviews, including; - Field Notes - ITERs eg. FM, Elective, Gen Surg	Site Director
4. Complete a well-child check-up, using evidence-based screening and risk reduction recommendations.	Progress Reviews, including; - Field Notes - ITERs eg. FM, Peds	Site Director
5. Manage and follow-up patients with common chronic conditions.	Progress Reviews, including; - Field Notes - ITERs eg. FM, IM, Hospitalist	Site Director
6. Care for pregnant patients throughout pregnancy.	Progress Reviews, including; - Field Notes - ITERs eg. Obs, Elective, FM	Site Director
7. Manage postpartum mothers and their newborns in the first few weeks of life.	Progress Reviews, including; - Field Notes - ITERs eg. Obs, FM	Site Director
8. Manage the elderly patient with multiple co-morbidities.	Progress Reviews, including; - Field Notes - ITE's e.g FM, Elective	Site Director
9. Identify, diagnose and manage common mental health symptoms and disorders	Progress Reviews, including; - Field Notes - ITERs e.g. Psychiatry, FM, Peds	Site Director
10. Care for underserved populations.	Progress Reviews, including; - Field Notes - ITERs e.g. FM, Electives, Peds	Site Director
11. Demonstrate the general key features for procedural skills	Progress Reviews, including; - Procedural Skills can be assessed on any rotation. Feedback can be documented using the DOPS forms. - ITERs eg. FM, Elective, Orthopedics	Site Director

Palliative Care		
12. Care for the palliative patient and their family	Includes <ul style="list-style-type: none"> - Elective ITERs - FM ITERs - Palliative ITER 	Site Director
Intra Partum Care		
13. Perform a low-risk, spontaneous, term, vertex vaginal delivery	Includes <ul style="list-style-type: none"> - ALARM - Elective ITERs - FM ITERs - Intra Partum Field Notes - PALS - Obs ITERs 	Site Director
14. Recognize when an obstetric patient requires referral for higher level care	Includes <ul style="list-style-type: none"> - ALARM - Elective ITERs - FM ITERs - Intra Partum Field Notes - PALS - Obs ITERs 	Site Director
Care of the Adult in Hospital		
15. Determine when an adult patient requires admission and inpatient hospital care.	Includes <ul style="list-style-type: none"> - EM ITER - Elective ITER - FM ITERs - Gen Surg ITER - Hospitalist ITER - IM ITER - Orthopedics ITER - Palliative ITER - Psychiatry 	Site Director
16. Assess and appropriately manage the adult patient in hospital	Includes <ul style="list-style-type: none"> - Elective ITER - FM ITERs - Hospitalist ITER - IM ITER 	Site Director
17. Recognize and provide appropriate management of the unstable adult patient in the hospital setting	Includes <ul style="list-style-type: none"> - Adult EM ITER - Elective ITER - FM ITERs - Gen Surg ITER - Hospitalist ITER - IM ITER 	Site Director
18. Determine when an unstable adult patient requires transfer to a higher level of care	Includes <ul style="list-style-type: none"> - EM ITER - Elective ITER - FM ITERs - Gen Surg ITER - Hospitalist ITER - IM ITER 	Site Director

19. Plan and coordinate discharge of adult patients from hospital	Includes - EM ITER - Elective ITER - FM ITERs - Gen Surg ITER - Hospitalist ITER - IM ITER	Site Director
Care of the Child in Hospital		
20. Determine when a child or adolescent requires admission and inpatient hospital care	Includes - EM ITER - Peds ITER - Elective ITER - FM ITER - Orthopedics ITER - Peds EM ITER - Psychiatry ITER	Site Director
21. Assess and appropriately manage the child or adolescent patient in hospital.	Includes - Elective ITERs - FM ITERs - Peds EM ITER	Site Director
22. Recognize and provide appropriate management of the unstable pediatric patient in the hospital setting	Includes - EM ITER - Elective ITERs - FM ITERs - Peds EM ITER	Site Director
23. Determine when an unstable child or adolescent patient requires transfer to a higher level of care	Includes - EM ITER - Elective ITERs - FM ITERs - Peds EM ITER	Site Director
24. Plan and coordinate discharge of the child or adolescent patient from hospital	Includes - EM ITER - Elective ITERs - FM ITERs - Peds EM ITER	Site Director

Emergency Medicine		
25. Recognize and provide appropriate management of common pediatric emergencies	Includes <ul style="list-style-type: none"> - Elective ITER - EM ITER - Field Notes - FM ITERs - Orthopedics ITER - Pediatrics ITER - Peds EM ITER 	Site Director
26. Recognize and provide appropriate management of common adult emergencies.	Includes <ul style="list-style-type: none"> - Anesthesia ITER - EM ITER - Elective ITER - Field Notes - FM ITERs - Gen Surg ITER - Hospitalist ITER - IM ITER - Orthopedics ITER - Palliative ITER 	Site Director

Glossary

ALARM	Advances in Labour and Risk Management
CFPC	College of Family Physicians of Canada
DOPS	Direct Observation of Procedural Skills
EM	Emergency Medicine
EPA	Entrustable Professional Activity
Gen Surg	General Surgery
ICU	Intensive Care Unit
IM	Internal Medicine
IPFN	Intra-Partum Field Note
ITER	In-Training Evaluation Report
Obs	Obstetrics
PALS	Pediatric Advance Life Support
Peds	Pediatrics
Peds EM	Pediatric Emergency Medicine

Guidance on Entrustment Decisions (for Preceptor, Division Director and Program Director)

In deciding on maintaining a supervision level for a listed EPA or when considering reducing a level of supervision and especially when deciding if the required competency level for graduation has been achieved (EPA level 4 or 5), the following factors **must** also be considered in the decision-making process around this-

1. Personal Attributes

- Trustworthiness (of the Resident and those who have contributed to the Resident's assessment). *For the Resident- You can trust that what they said or recorded are accurate reflections of what they actually did. They are honest about their confusion or lack of knowledge. They do not modify their presentations simply to impress you.*
- Conscientiousness. *The Resident goes the extra mile for patients when necessary and takes responsibility for their actions. The Resident does not cut corners in ways that might compromise patient welfare. The Resident is effective at "self-directed assessment seeking".*
- Discernment (ability of the Resident to recognize when they need help and willingness to ask for it even in uncomfortable learning settings). *The Resident is aware of their limits and when they need help and will take appropriate steps to get assistance, demonstrating a degree of vulnerability in so doing. Patient welfare is their first concern and is more important than "looking good" in the eyes of a supervisor. The Resident is aware of their personal beliefs, attitudes and emotions that may impair their judgment.*

2. Basic Clinical Skills

- Interviewing, history taking, physical examination, clinical reasoning, record-keeping and case presentation skills. Safe assessment and management of several patients in the relevant EPA category ("several" = enough that I as a Preceptor can be confident that this Resident will safely handle the next patient in this category such that I can reduce my supervision by one level)

3. Content and Context

- The Resident must demonstrate ability across a range of presentations in each EPA category such that once the Preceptor has seen a Resident perform well in managing several patients with a range of conditions, it is reasonable to assume that they will do well with the next patient. This will be based on evidence of the Resident's applied knowledge and skills and how transferable this might be to different settings. Often this will reference the CFPC priority topics, their key features, the phases of the clinical encounter and the skill dimensions.
- Other context factors to consider when deciding on supervision levels include - the seriousness of any patient's condition, the complexity of multiple co-morbidities, challenging behavioral or social factors, the clinical environment in which the supervision occurs, and the experience of the Preceptor.
- This is the level of supervision the Preceptor believes will maximize this Resident's learning.