

GENERAL INTERNAL MEDICINE CBME GUIDE

Fast facts on CBME and EPAs 2021-2022

Version 1.1

Updated by Ashley Power April 2021

General Internal Medicine 2021-2022

From MUN Internal Medicine

What is CBME?

Competency Based Medical Education (CBME) is an off-shoot of Outcomes based education, where the focus is reoriented to specific outcomes, in this case a set of competencies instead of a time-based approach. There are several interpretations and manifestations of CBME around the world. In Canada, CBME has manifested within two frameworks: Triple-C and Competence By Design. Triple-C is the College of Family Physicians Canada (CFPC) CBME curriculum. CBD is the Royal College of Physicians and Surgeons of Canada (Royal College) CBME framework.

The Royal College's CBD curriculum and assessment tools revolve around the concept of Entrustable Professional Activities (EPAs).

Both frameworks of CBME allow for the integration of knowledge, skills and attitudes as a method of collecting evidence to determine if a resident in training is ready for independent practice.

What are EPAs?

In our professional roles, we regularly use multiple abilities simultaneously as we carry out our daily tasks.



Entrustable Professional Activities are those authentic tasks of a discipline. They are observable and are made up of those multiple abilities described above.



In CBD, these abilities are then described in terms of milestones, not too dissimilar from the developmental milestones of infants and toddlers. A milestone is the individual skill required to perform the abilities described in the EPA.



In turn, each milestone is made up of the competencies that we have come to know through the CanMEDS roles.

All information on the resident's performance, including entrustment decisions by the competence committee and exposure to required training experiences is collected electronically in a portfolio.

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Coaching to Competence

Frequent and timely conversations between a learner and observer are important for entrustment assessment.

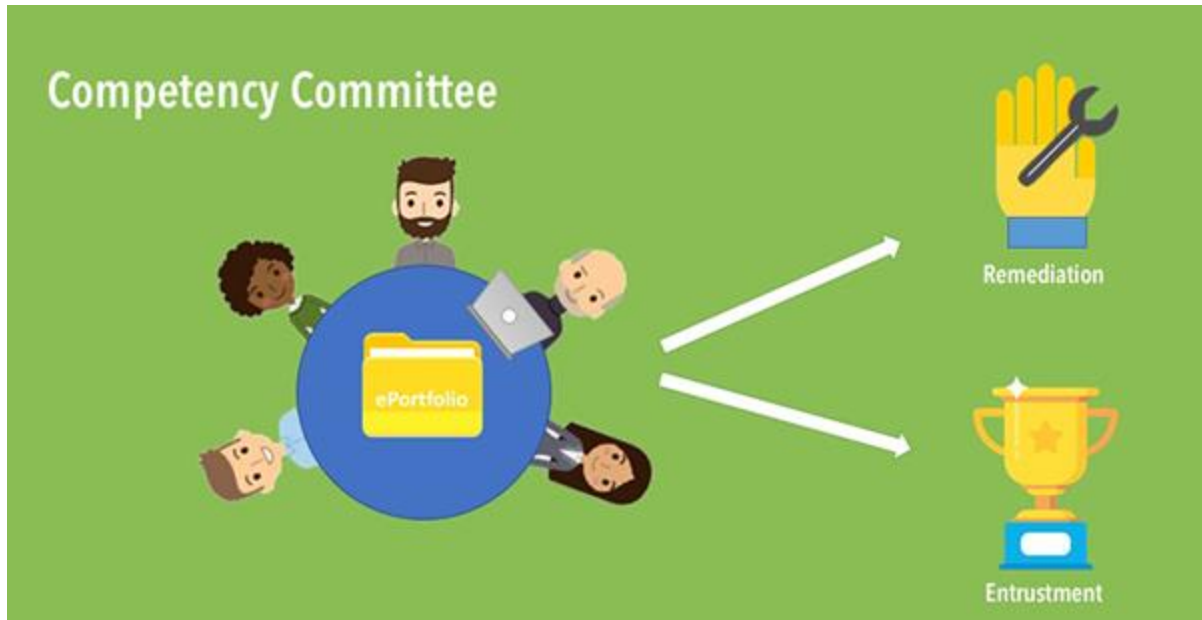
Coaching in the moment requires clinicians to establish a rapport and set expectations with the resident prior to observing their daily work. Following the observation of an activity, the clinician should provide the resident with coaching feedback and document the encounter. Coaching provides specific suggestions for the resident to improve performance.

Coaching over time allows assessment of a resident's progression to competence. These regular face to face discussions with a coaching mentor will allow the resident to plan learning opportunities to address any recognized performance patterns.

Assessing to Competence

Frequent observation is a key component in resident learning and assessment. Clinical teachers will observe trainee performance of entrustment activities and provide feedback to guide learning improvement. Data from multiple assessments and observers will be aggregated over time to provide a clearer picture of a trainee's performance and progress. This information is collected using an entrustment scale and will allow the competence committee to make informed decisions about resident promotion and remediation.

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Program Committees

Competency Subcommittee (formerly Progress and Promotion)

Voting Members

Dr. Iram Anees (GIM RPC member)
Dr. Jatin Morkar (Program Director)
Dr. Sahar Iqbal (Discipline of Medicine Faculty)
GIM Resident

Non-voting Member

Education Specialist - Assessment

Careers Subcommittee (formerly Admissions and Careers)

Membership

Dr. Iram Anees (Chair)
Dr. Sahar Iqbal (Discipline of Medicine Faculty)
Dr. Jatin Morkar (Discipline of Medicine Faculty)
GIM Resident

Curriculum Subcommittee (new committee based on former Program Evaluation Subcommittee)

Membership

Chair
Discipline of Medicine Faculty (1)
RPC Member (1)
GIM Resident (1)

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MUN GIM CBD Stages and Corresponding EPAs

EPA #	REQUIRED OBSERVATIONS	DESCRIPTION
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TRANSITION TO DISCIPLINE

EPA #1	1	ASSESS AND MANAGE IM PRESENTATIONS
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Assessing and proposing management for patients with common internal medicine presentations

*Suggested rotations: [GIM ER Consults](#)

EPA #2	1	ASSESS AND INITIAL MGMT UNSTABLE PATIENT
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Assessing, resuscitating and providing initial management for patients with acute, unstable medical presentations

*Suggested rotations: [GIM ER Consults](#)

FOUNDATIONS OF DISCIPLINE

EPA #1	4	GIM APPROACH ACUTE CARE
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Applying the GIM approach to the assessment and initial management for patients with any general internal medicine presentation in the acute care setting

*Suggested rotations: [GIM Consults/Wards](#), [GIM Clinics](#), [Community GIM](#), [ICU](#)

- 2 assessors
- 2 high case complexity

EPA #2	4	GIM APPROACH ONGOING CARE
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Applying the GIM approach to the ongoing management of patients with common acute general internal medicine presentations

*Suggested rotations: [GIM Consults/Wards](#), [GIM Clinics](#), [Community GIM](#)

- 3 different conditions

EPA #3	4	OUTPATIENT
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Assessing and providing initial management for patients with common presentations in an outpatient clinic

*Suggested rotations: [GIM Clinics](#), [Community GIM](#), [Longitudinal clinic](#), [Selective](#)

- 3 GIM clinic
- 2 medium complexity
- 2 assessors

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CORE OF DISCIPLINE

EPA #1	6	GIM APPROACH COMPLEX
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Applying the GIM approach to the ongoing management of complex patients with acute general internal medicine presentations

*Suggested rotations: [GIM Consults/Wards](#), [Community GIM](#), [Longitudinal clinic](#), [Selective](#)

- Range of complexity
 - 2 from each stage of care
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EPA #2	10	GIM APPROACH OUTPATIENT
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Applying the GIM approach to the management of patients with any general internal medicine presentation in the outpatient setting

*Suggested rotations: [GIM Clinics](#), [Community GIM](#), [Longitudinal clinic](#), [Selective](#)

- 4 chronic medical condition
 - 2 newly diagnosed conditions
 - 4 undifferentiated presentations
 - 4 assessors
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3: PERIOPERATIVE

Assessing and managing perioperative patients

*Suggested rotations: [GIM Consults/Wards](#), [Community GIM](#), [Longitudinal clinic](#), [Selective](#)

EPA #3A	5	PART A: PRE-OPERATIVE ASSESSMENT
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- 2 urgent
- All medium-high complexity

EPA #3B	5	PART B: POST-OPERATIVE MANAGEMENT
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- 2 unstable
 - 4 medium-high complexity
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4: PREGNANT

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

*Suggested rotations: [Obstetrical medicine](#), [GIM Consults](#), [Community GIM](#), [Selective](#)

EPA #4A	6	PART A: ASSESSMENT AND MANAGEMENT
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- 2 inpatient
- 3 antepartum
- 3 postpartum
- 4 different diagnoses
- 1 DM
- 1 HTN

EPA #4B	2	PART B: COUNSELLING
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5: COUNSELLING REPRODUCTIVE AGE

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

*Suggested rotations: [Obstetrical medicine](#), GIM Consults, Community GIM, Longitudinal clinic, Selective

EPA #5A	1	PART A: PATIENT ASSESSMENT
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EPA #5B	2	PART B: COUNSELLING
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- At least 1 outpatient
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6: PREVENTIVE CARE

Providing preventive care and health promotion

*Suggested rotations: GIM Consults/Wards, Community GIM, Longitudinal clinic, Selective

EPA #6A	2	PART A: PATIENT ENCOUNTER/COUNSELLING
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- At least one behavioural change

EPA #6B	2	PART B: INTEGRATION INTO USUAL CARE (at the end of a clinical day)
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EPA #7	3	END STAGE DISEASE
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Providing care for patients with ends stage disease

*Suggested rotations: GIM Consults/Wards, ICU, Community GIM, Longitudinal clinic, Selective

- 1 transition to end of life care
 - 1 transition to symptom management only
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8: CRITICALLY ILL DEFINITIVE CARE

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

*Suggested rotations: [ICU](#), Community GIM, GIM Consults/Wards

EPA #8A	8	PART A: PATIENT CARE
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- 2 invasive ventilation
- 2 noninvasive ventilation
- 2 vasopressor support
- No more than 2 that required transfer

EPA #8B	1	PART B: HANDOVER AT TRANSITION OF CARE
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EPA #8C	1	PART C: CRISIS RESOURCE MANAGEMENT
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EPA #9	5	CLINICAL DOCUMENTATION
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Documenting clinical encounters

*Suggested rotations: all

- 1 of each type of document (discharge summaries, consultations, progress notes)
 - 2 different assessors
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EPA #10	3	EMOTIONAL DISCUSSIONS
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Leading discussions with patients, their families, and/or other healthcare professionals in emotionally charged situations

*Suggested rotations: ICU, GIM Consults/Wards, Community GIM, Obstetrical Medicine, Selective

- 1 with patient/family
 - 1 with other healthcare professional(s)
-

11: INTERPRETING TESTS

Providing interpretation of cardiac and respiratory diagnostic tests

*Suggested rotations: Simulation/Diagnostics, Community GIM, Longitudinal clinic

EPA #11A	1	PART A: HOLTER, ABPM AND PFT INTERPRETATION
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- Must be a mix of studies

EPA #11B	10	PART C: SUPERVISION AND INTERPRETATION OF EXERCISE STRESS TESTS
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12: INPATIENT TEAM

Leading a GIM inpatient team

*Suggested rotations: GIM Wards, Community GIM

EPA #12A	1	PART A: INTERACTIONS WITH TEAM
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- 1 feedback from at least 6 observers (collated to one report)
- 1 supervisor
- 1 nurse or other healthcare professional

EPA #12B	2	PART B: PATIENT/TIME MANAGEMENT
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12: CONSULT TEAM

Leading a GIM consultation service and/or team

*Suggested rotations: GIM Consults, Community GIM

EPA #13	2	CONSULT TEAM
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- 1 of high complexity

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14: LONGITUDINAL CLINIC

Managing a longitudinal clinic

*Suggested rotations: [Longitudinal clinic](#)

EPA #14A	1	PART A: TRIAGE OF NEW REFERRALS TO AMBULATORY CLINIC
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EPA #14B	1	PART B: LAB REVIEW, CHARTING
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EPA #14C	1	PART C: INTERACTIONS WITH ADMINISTRATIVE/CLINIC STAFF
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- If supervisor, include input from at least 3 individuals or if multisource feedback then at least 3 individuals
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15: CLINICAL TEACHING

Teaching, coaching and assessing learners in the clinical setting

*Suggested rotations: [GIM Consults/Wards](#), [Community GIM](#), [Selective](#)

EPA #15A	4	PART A: TEACHING AND COACHING
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- 1 of each type of teaching (?types)
- 2 different assessors

EPA #15B	4	PART B: DOCUMENTING ASSESSMENTS
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EPA #15C	1	PART B: LEARNER FEEDBACK
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- Multiple learners provide feedback individually, collated for review by competence committee
 - At least 1 medical student
 - At least 1 junior resident
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EPA #16	1	SCHOLARLY ACTIVITY
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Advancing the discipline and/or patient care through scholarly activity

*Suggested rotations: [Selective](#), throughout program

- Review of submission of a scholarly project by supervisor
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EPA #17	4	UNCERTAINTY
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Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

*Suggested rotations: [GIM Consults/Wards](#), [Community GIM](#), [ICU](#), [Selective](#)

- 1 review of consult note/written communication to other MD
 - 1 direct observation of communication with patient
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EPA #18	1	ELECTIVES
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Planning and completing personalized training experiences aligned with career plans and/or specific learning needs

*Suggested rotations: Selective

- Competence committee/program director/supervisor review of resident's plan and outcome
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EPA #19	0/21	PROCEDURES
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*Suggested rotations: ICU, Community GIM, Selective, GIM Consults/Wards, Simulation/Diagnostics

- 1 of each procedure in the clinical setting
- 5 Central Lines (different sites)
- 3 Thoracentesis
- 3 Paracentesis
- 3 LP
- 2 Knee Arthrocentesis
- 3 Airway management (bag and mask and ET intubations)
- 2 Arterial line insertion

TRANSITION TO PRACTICE

EPA #1	3	RUNNING THE SHOW
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Managing GIM case load / practice

*Suggested rotations: GIM Consults/Wards concurrent with Longitudinal clinic

- 1 that includes after hours coverage

EPA #2	1	CPD PLANS
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Developing a personal learning plan for future practice and ongoing professional development

*Suggested rotations: GIM Consults/Wards concurrent with Longitudinal clinic

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MUN GIM Fellow EPA Tracking Form

While all activities must be logged in the MUNCAT app or online, this form is intended for personal use to track individual stage of training and EPA progress. Under each EPA are blank cells where you may enter a staff name, date or other detail etc. to help identify the activity that you have logged. The required amount of observations are numbered accordingly and additional cells have been included to ensure all specific EPA requirements (i.e. number of preceptors, different complexities etc.) can also be tracked.

Note: This is not an official record of completion or 'entrustability'. In the event of any discrepancy between this and the MUNCAT dashboard, the dashboard progress will be reviewed for promotion purposes by the Competency Committee.

Name:

STAGE OF TRAINING				COMPLETED ✓
TRANSITION TO DISCIPLINE				
EPA #1 ASSESS AND MANAGE IM PRESENTATIONS				
1.				
EPA #2 ASSESS AND INITIAL MGMT UNSTABLE PATIENT				
1.				
FOUNDATIONS OF DISCIPLINE				
EPA #1 GIM APPROACH ACUTE CARE				
1.	2.	3.	4.	
EPA #2 GIM APPROACH ONGOING CARE				
1.	2.	3.	4.	
EPA #3 OUTPATIENT				
1.	2.	3.	4.	
CORE OF DISCIPLINE				
EPA #1 GIM APPROACH COMPLEX				
1.	2.	3.	4.	
5.	6.			
EPA #2 GIM APPROACH OUTPATIENT				
1.	2.	3.	4.	
5.	6.	7.	8.	
9.	10.			
EPA #3A PART A: PRE-OPERATIVE ASSESSMENT				
1.	2.	3.	4.	
5.				
EPA #3B PART B: POST-OPERATIVE MANAGEMENT				
1.	2.	3.	4.	

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5.				
EPA #4A PART A: ASSESSMENT AND MANAGEMENT				
1.	2.	3.	4.	
5.	6.			
EPA #4B PART B: COUNSELLING				
1.	2.			
EPA #5A PART A: PATIENT ASSESSMENT				
1.				
EPA #5B PART B: COUNSELLING				
1.	2.			
EPA #6B PART B: INTEGRATION INTO USUAL CARE				
1.	2.			
EPA #7 END STAGE DISEASE				
1.	2.	3.		
EPA #8A PART A: PATIENT CARE				
1.	2.	3.	4.	
5.	6.	7.	8.	
EPA #8B PART B: HANDOVER AT TRANSITION OF CARE				
1.				
EPA #8C PART C: CRISIS RESOURCE MANAGEMENT				
1.				
EPA #9 CLINICAL DOCUMENTATION				
1.	2.	3.	4.	
5.				
EPA #10 EMOTIONAL DISCUSSIONS				
1.	2.	3.		
EPA #11A PART A: HOLTER, ABPM AND PFT INTERPRETATION				
1.				
EPA #11B PART C: SUPERVISION AND INTERPRETATION OF ESTs				
1.	2.	3.	4.	
5.	6.	7.	8.	
9.	10.			
EPA #12A PART A: INTERACTIONS WITH TEAM				
1.				
EPA #12B PART B: PATIENT/TIME MANAGEMENT				
1.	2.			
EPA #13 CONSULT TEAM				
1.	2.			
EPA #14A PART A: TRIAGE OF NEW REFERRALS TO AMBULATORY CLINIC				
1.				
EPA #14B PART B: LAB REVIEW, CHARTING				
1.				
EPA #14C PART C: INTERACTIONS WITH ADMINISTRATIVE/CLINIC STAFF				
1.				
EPA #15A PART A: TEACHING AND COACHING				

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1.	2.	3.	4.	
EPA #15B PART B: DOCUMENTING ASSESSMENTS				
1.	2.	3.	4.	
EPA #15C PART B: LEARNER FEEDBACK				
1.				
EPA #16 SCHOLARLY ACTIVITY				
1.				
EPA #17 UNCERTAINTY				
1.	2.	3.	4.	
EPA #18 ELECTIVES				
1.				
EPA #19 PROCEDURES				
1.	2.	3.	4.	
5.				
1.	2.	3.		
1.	2.	3.		
1.	2.	3.		
1.	2.			
1.	2.	3.		
1.	2.			
TRANSITION TO PRACTICE				
EPA #1 RUNNING THE SHOW				
1.				
EPA #2 CPD PLANS				
1.				