

Teaching that Counts

7

TIPS FOR FILLING OUT EPA ASSESSMENTS

01



NEGOTIATE which EPA will be observed in advance. This avoids struggling at the end of a shift to find an EPA that matches what you observed. Also, it allows the resident to emphasize their learning goals for the day.

02



STRIVE to complete the EPA during the first two hours of the shift. This ensures that during the last hour of your shift, when you're tired and trying to wrap up, you are not consumed with an additional educational task.

03



FOCUS on the resident's performance during the observation, not what you think they can do on a good day or what you have seen them do in the past.

04



ADAPT to unexpected events during the shift. For example, you decide to evaluate the management of a paediatric emergency, but then a difficult intubation is encountered. The assessment plan should be flexible enough to take advantage of this.

05



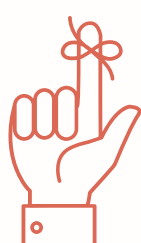
COMMUNICATE feedback on the observation of the resident that is specific and actionable. Instead of saying "you need more experience leading a resuscitation", say "work on using closed-loop communication during a resuscitation".

06



UNPACK the EPA into component milestones if the resident is struggling. You do NOT need to assess each milestone, but identifying the milestone(s) causing the resident trouble might assist them in mastering the EPA.

07



REMEMBER - if you assessed the resident as less than fully independent, it doesn't mean they failed. The Clinical Competency Committee will make summative decisions about a resident's ability to advance in training. Your goal is to provide observation data to the CCC and provide feedback to the resident.

REFERENCES:

1) Karen Raymer and Alena Skrinkas "CBD for CBD: 8 Key 'Competencies' for Faculty in Evaluating Residents in McMaster Anesthesia Residency" July 2017.

2) Royal College of Physicians and Surgeons of Canada "EPAs and Milestones". <http://www.royalcollege.ca/rcsite/cbd/implementation/cbd-milestones-epas-e>

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