

STAGE

TRANSITION TO DISCIPLINE

EPA

EPA 3: Documenting clinical encounters

DETAILED DESCRIPTION

The resident will be able to demonstrate they can gather, synthesize and document relevant medical and surgical information in an initial management plan. Information must be organized appropriately within either an electronic or written record. Emphasis is placed upon resident professionalism with the use of new technologies. Residents are expected to demonstrate an understanding of patient privacy, with an appreciation of the risks imposed by new technologies (including, but not limited to, telehealth, internet, social media, e-mail, texting, digital storage / transmission devices) on potential breaches of patient confidentiality.

ENTRUSTMENT

The resident will be entrusted to:

1. Organize information into an electronic or written medical record.
2. Follow-up on and complete assigned responsibilities based on the developed management plan.

The resident will not be expected to develop a complete management plan for patients. The resident will be expected to follow-up on and complete only assigned responsibilities; they will not be responsible for completion of all tasks outlined in the management plan.

Assessment Tools	Focus of Assessment						
	ME	CM	CL	LD	HA	SC	PR
Direct Observation Procedural Skills							
Supervisor Template	X	X		X			X
Field Note							
Mini-CEX							
Multisource Feedback							
Patient Feedback							
Peer Assessment							
Resident Teaching Rubric							
Chart Review	X	X	X				X
Journal Club Rubric							
Observed History and Physical Rubric							
OSCE/Simulation							
Other:							
Oral Exam							
SAQ/MCQ Exam							
Shelf Quiz							
Other:							
Consult/Referral							
Online Module							
Procedure Log							
Other:							

ASSESSMENT STRATEGY AND SAMPLING

Two observations of achievement by 2 assessors must include: **1 inpatient** and **1 outpatient** are required.

1. Competency in development of an initial management plan will be assessed by: chart review
2. Competency in the organization of information into a medical record will be assessed by: chart review
3. Competency for follow-up and completion of assigned responsibilities will be assessed by: chart review

Relevant Milestones from RC (assess bold items)

1. D CM 2.3.1 Seek and synthesize relevant information from other sources, including the patient's family, hospital records and other health care professionals, with the patient's consent
2. **D CM 5.1.1 Organize information in appropriate sections within an electronic or written medical record**
3. D CM 5.1.2 Maintain accurate and up-to-date problem lists and medication lists
4. **D CM 5.1.3 Document an initial management plan for common patient presentations in surgical practice.**
5. **D CM 5.2.2 Demonstrate an understanding of the risk of breaching patient confidentiality as a result of new technologies such as telehealth, internet or digital storage and transmission devices**
6. D CL 3.2.3 Communicate with the receiving physicians or health care professionals during transitions in care
7. **D LD 1.4.1 Utilize the data available in health information systems to optimize patient care**
8. **D PR 1.1.3 Complete assigned responsibilities**
9. D PR 1.5.1 Describe the risks of technology enabled communication in surgical practice including but not limited to social media