



EPA	Domains of Care	Assessment Tool	Signed Off by (EPA supervision 4 or 5)	Signed Off (Date)
Family Medicine Clinic				
1. Assess, manage, and follow-up patients presenting with common complaints and undifferentiated symptoms.	COA COC COE MHBM MSK	Progress Reviews, including; - Field notes - ITERs eg. Adult EM, Peds EM, Rural FM	FM Primary Preceptor	
2. Recognize and appropriately refer for emergent conditions.	COA COC COE MNB MHBM MSK PALL	Progress Reviews, including; - Field notes - ITERs eg. COE, Rural FM, Urban FM	FM Primary Preceptor	
3. Complete an adult periodic health assessment, using evidence-based screening and risk reduction recommendations.	COA COE	Progress Reviews, including; - Field notes - ITERs eg. COE, Rural FM, Urban FM	FM Primary Preceptor	
4. Complete a well-child check-up, using evidence-based screening and risk reduction recommendations.	COC	Progress Reviews, including; - Field notes - ITERs eg. Elective, Rural FM, Urban FM	FM Primary Preceptor	
5. Manage and follow-up patients with common chronic conditions.	COA COE MHBM MSK	Progress Reviews, including; - Field notes - ITERs eg. COE, Rural FM, Urban FM	FM Primary Preceptor	
6. Care for pregnant patients throughout pregnancy.	MNB	Progress Reviews, including; - Field notes - ITERs eg. MNB, Rural FM, Urban FM	FM Primary Preceptor	
7. Manage postpartum mothers and their newborns in the first few weeks of life.	MNB	Progress Reviews, including; - Field notes - ITERs eg. MNB, Rural FM, Urban FM	FM Primary Preceptor	
8. Manage the elderly patient with multiple co-morbidities.	COE	Progress Reviews, including; - Field notes - ITERs eg. COE, Rural FM, Urban FM	FM Primary Preceptor	

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9. Identify diagnose and manage common mental health symptoms and disorders.	COE MHBM	Progress Reviews, including; - Field notes - ITERs eg. COE, Rural FM, Urban FM	FM Primary Preceptor	
10. Care for underserved populations.	VUPs	Progress Reviews, including; - Field notes - ITERs eg. Elective, Rural FM, Urban FM	FM Primary Preceptor	
11. Demonstrate general key features for procedural skills.	COA MSK PRO	Progress Reviews, including; - Procedural Skills can be assessed on any rotation. Feedback can be documented using the DOPS forms. - ITERs eg. Elective, Rural FM, Urban FM	FM Primary Preceptor	
Palliative Care				
12. Care for the palliative patient and their family.	PALL	Includes - Field notes including hospice field notes - Elective ITER - Palliative ITER - Rural FM ITER	Division Director	
Intra Partum Care				
13. Perform low-risk spontaneous, term, vertex vaginal delivery.	MNB	Includes - Intra-partum field notes - Elective ITER - Obstetrics ITER - Rural FM ITER	Division Director	
14. Recognize when an obstetric patient requires referral for higher level care.	MNB	Includes - Intra-partum field notes - Elective ITER - Obstetrics ITER - Rural FM ITER	Division Director	
Care of the Adult in Hospital				
15. Determine when an adult patient requires admission and inpatient hospital care.	COA COE PALL	Includes - Adult EM ITER - Care of the Elderly ITER - Elective ITER - Hospitalist ITER - IM ITER - Palliative ITER - Rural FM ITER - Urban ITER	Division Director	

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16. Assess and appropriately manage the adult patient in hospital	COA COE	Includes - Care of the Elderly ITER - CCU ITER - Elective ITER - Hospitalist ITER - ICU ITER - IM ITER - Rural FM ITER	Division Director	
17. Recognize and provide appropriate management of the unstable adult patient in the hospital setting.	COA COE	Includes - Adult EM ITER - Care of the Elderly ITER - CCU ITER - Elective ITER - Hospitalist ITER - ICU ITER - IM ITER - Rural FM ITER	Division Director	
18. Determine when an unstable patient requires referral for higher level care.	COA COE	Includes - Adult EM ITER - Care of the Elderly ITER - CCU ITER - Elective ITER - Hospitalist ITER - ICU ITER - IM ITER - Rural FM ITER	Division Director	
19. Plan and coordinate discharge of adult patients from hospital	COA COE	Includes - Adult EM ITER - Care of the Elderly ITER - CCU ITER - Elective ITER - Hospitalist ITER - ICU ITER - IM ITER - Rural FM ITER	Division Director	
Care of the Child in Hospital				
20. Determine when a child or adolescent requires admission and inpatient hospital care	COC	Includes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER - Urban ITER	Division Director	

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21. Assess and appropriately manage the child or adolescent patient in hospital.	COC	Includes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER	Division Director	
22. Recognize and provide appropriate management of the unstable pediatric patient in the hospital setting.	COC	Includes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER	Division Director	
23. Determine when an unstable child or adolescent patient requires transfer to a higher level of care.	COC	Includes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER	Division Director	
24. Plan and coordinate discharge of the child or adolescent from hospital.	COC	Includes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER	Division Director	
Emergency Medicine				
25. Recognize and provide appropriate management of common pediatric emergencies	COC	Includes - Field Notes - Elective ITER - Pediatrics ITER - Peds EM ITER - Rural FM ITER - Urban ITER	Division Director	
26. Recognize and provide appropriate management of common adult emergencies.	COA COE PALL	Includes - Field Notes - Adult EM ITER - Care of the Elderly ITER - CCU ITER - Elective ITER - Hospitalist ITER - ICU ITER - IM ITER - Palliative ITER - Rural ITER - Urban ITER	Division Director	

Glossary

Adult EM	Adult Emergency Medicine
AHC	After Hours Care
CCU	Critical Care Unit
COA	Care of the Adult
COC	Care of the Child
COE	Care of the Elderly
CFPC	College of Family Physicians of Canada
MHBM	Mental Health & Behavioural Medicine
DOPS	Direct Observation of Procedural Skills
EPA	Entrustable Professional Activity
ICU	Intensive Care Unit
IM	Internal Medicine
IPFN	Intra-Partum Field Note
ITER	In-Training Evaluation Report
MNB	Maternity Care & Care of Newborn
PALL	Palliative Care & End of Life Care
Peds EM	Pediatric Emergency Medicine
PRO	Procedures
Rural FM	Rural Family Medicine
UC	Urgent Care
VUPS	Vulnerable & Underserved Populations

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.