

# SHAKING THE CBD BEES

Support from your Medical Education Team in the transition to CBD



CBD is here to stay, and our Medical Education Team is committed to doing everything we can to make this transition as pleasant as possible. We have developed this newsletter to provide helpful tips and tricks that address specific challenges identified by our staff and residents. If you have any tips you would like to share in future editions, please contact us!

## EPA GALORE

Residents are expected to complete MANY EPAs; please attempt to gather information about their performance in order to fill EPAs out while you are with them.



## BITE-SIZED EPA BREAK

Tired of emailing back and forth to complete EPAs?!?

### Try a Bite-Sized EPA break!!!

Take 5 minutes prior to the end of shift to provide direct feedback and fill an EPA out with your resident to avoid having to email back and forth about the encounter! Your resident will REALLY appreciate it!

## WHAT DOES DIRECT OBSERVATION ACTUALLY MEAN?

Often EPAs require direct observation for the resident to meet the context variable requirements.

You may not directly observe a full resident encounter; you can still fill out a direct EPA based on patient outcome and feedback from nursing, patients and family.

If you were involved in the patient's care and saw direct outcomes of the resident's actions, you can fill out a direct EPA even if you weren't specifically there when the resident did their assessment.

## WHAT DO LEVELS ON THE ENTRUSTMENT SCALE MEAN?

Level	Descriptor
1	<b>"I had to do"</b> i.e., requires complete hands on guidance, did not do, or was not given the opportunity to do
2	<b>"I had to talk them through"</b> i.e., able to perform tasks but requires constant direction
3	<b>"I had to prompt them from time to time"</b> i.e., demonstrates some independence, but requires intermittent direction
4	<b>"I needed to be in the room just in case"</b> i.e., independence but unaware of risks and still requires supervision for safe practice
5	<b>"I did not need to be there"</b> i.e., complete independence, understands risks and performs safely, practice ready

### Example:

A resident has stabilized a ward patient with anaphylaxis. By the time you arrive, the patient is breathing easier, the RN is telling you the management was excellent, and the patient looks appropriate to you. You decide to send the patient to the PICU for further observation.

What EPA rating would you give this resident?

Answer: 5 - "I did not need to be there"

This is considered a **direct** observation.

### Want more info?

[Entrustability Scales: WBA Rating Anchors to Trust - What is Entrustability Scale? \(royalcollege.ca\)](#)

## EXAMPLE OF AN EPA:

**Pediatrics: Core EPA #2**  
**Resuscitating and stabilizing critically ill patients**

### Key Features:

- This EPA focuses on the resuscitation and stabilization of critically ill pediatric patients of all ages.
- This EPA includes identifying priorities for management and the need for intensivist and/or other specialist support.
- It includes participating in a debrief session after the acute event.
- This EPA does not include ongoing inpatient management of acutely ill pediatric patients.
- This EPA may be observed in the simulation setting.

### Collect 5 observations of achievement:

- At least 1 neonate
- At least 1 infant/preschool
- At least 1 school aged
- At least 1 adolescent
- No more than 1 in simulation setting
- At least 1 of each presentation

**Assessment Plan:**  
Direct observation by supervisor

## CONTACT & FURTHER INFORMATION

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[Visit the CBD Website](#)