# EPA 1: Gather a History and Perform a Physical Examination

### Key Functions with Related Competencies

<table>
<thead>
<tr>
<th>Function</th>
<th>Competency Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a complete and accurate history in an organized fashion</td>
<td>PC2</td>
</tr>
<tr>
<td>Demonstrate patient-centered interview skills</td>
<td>ICS1 ICS7 P1 P3 P5</td>
</tr>
<tr>
<td>Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care</td>
<td>KP1</td>
</tr>
<tr>
<td>Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit</td>
<td>PC2</td>
</tr>
</tbody>
</table>

### Behaviors Requiring Corrective Response

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Corrective Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathers excessive or incomplete data</td>
<td>Does not collect accurate historical data</td>
</tr>
<tr>
<td>Does not deviate from a template</td>
<td>Relies exclusively on secondary sources or documentation of others</td>
</tr>
<tr>
<td>Disregards patient privacy and autonomy</td>
<td>Is disrespectful in interactions with patients</td>
</tr>
<tr>
<td>Does not prioritize or filter information</td>
<td>Does not prioritize or filter information</td>
</tr>
<tr>
<td>Questions are not guided by the evidence and data collected</td>
<td>Questions are not guided by the evidence and data collected</td>
</tr>
<tr>
<td>Does not prioritize or filter information</td>
<td>Questions are not guided by the evidence and data collected</td>
</tr>
<tr>
<td>Questions reflect a narrow differential diagnosis</td>
<td>Questions reflect a narrow differential diagnosis</td>
</tr>
<tr>
<td>Performs basic exam maneuvers correctly</td>
<td>Performs basic exam maneuvers correctly</td>
</tr>
<tr>
<td>Does not consider patient’s privacy and comfort during exams</td>
<td>Does not consider patient’s privacy and comfort during exams</td>
</tr>
<tr>
<td>Incorrectly performs basic physical exam maneuvers</td>
<td>Incorrectly performs basic physical exam maneuvers</td>
</tr>
<tr>
<td>Performs basic exam maneuvers correctly</td>
<td>Performs basic exam maneuvers correctly</td>
</tr>
<tr>
<td>Does not perform exam in an organized fashion</td>
<td>Does not perform exam in an organized fashion</td>
</tr>
<tr>
<td>Relies on head-to-toe examination</td>
<td>Relies on head-to-toe examination</td>
</tr>
<tr>
<td>Misses key findings</td>
<td>Misses key findings</td>
</tr>
</tbody>
</table>

### Developing Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Corrective Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses a logical progression of questioning</td>
<td>Uses a logical progression of questioning</td>
</tr>
<tr>
<td>Questions are prioritized and not excessive</td>
<td>Questions are prioritized and not excessive</td>
</tr>
<tr>
<td>Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon</td>
<td>Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon</td>
</tr>
<tr>
<td>Anticipates and interprets patient’s emotions</td>
<td>Anticipates and interprets patient’s emotions</td>
</tr>
<tr>
<td>Incorporates responses appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation</td>
<td>Incorporates responses appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation</td>
</tr>
<tr>
<td>Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning</td>
<td>Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning</td>
</tr>
<tr>
<td>Incorporates secondary data into medical reasoning</td>
<td>Incorporates secondary data into medical reasoning</td>
</tr>
</tbody>
</table>

### Expected Behaviors for an Entrustable Learner

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Corrective Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtains a complete and accurate history in an organized fashion</td>
<td>Obtains a complete and accurate history in an organized fashion</td>
</tr>
<tr>
<td>Seeks secondary sources of information when appropriate (e.g. family, primary care physician, living facility, pharmacy)</td>
<td>Seeks secondary sources of information when appropriate (e.g. family, primary care physician, living facility, pharmacy)</td>
</tr>
<tr>
<td>Adapts to different care settings and encounters</td>
<td>Adapts to different care settings and encounters</td>
</tr>
</tbody>
</table>

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**Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment.**

This schematic depicts development of proficiency in the Core EPAs. It is **not** intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

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**Barron, B, Orlander, P, Schwartz, ML, Obeso V, Brown D, Phillipi C, eds.; for Core EPAs for Entering Residency Pilot Program Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.**
EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter

**Key Functions with Related Competencies**

- **Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis**
  - PC2 KP3 KP4 KP2
- **Prioritize and continue to integrate information as it emerges to update differential diagnosis, while managing ambiguity**
  - PC4 KP3 KP4 PPD8 PBL1
- **Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans**
  - KP3 KP4 ICS2

**Behaviors Requiring Corrective Response**

- Cannot gather or synthesize data to inform an acceptable diagnosis
- Lacks basic medical knowledge to reason effectively
- Disregards emerging diagnostic information
- Becomes defensive and/or belligerent when questioned on differential diagnosis
- Ignores team’s recommendations
- Develops and acts on a management plan before receiving team’s endorsement
- Cannot explain or document clinical reasoning

**Developing Behaviors**

- Approaches assessment from a rigid template
- Struggles to filter, prioritize, and make connections between sources of information
- Proposes a differential diagnosis that is too narrow, is too broad, or contains inaccuracies
- Demonstrates difficulty retrieving knowledge for effective reasoning
- Ignores team’s recommendations
- Develops and acts on a management plan before receiving team’s endorsement
- Cannot explain or document clinical reasoning

- Gathers pertinent data based on initial diagnostic hypotheses
- Proposes a reasonable differential diagnosis but may neglect important diagnostic information
- Is beginning to organize knowledge by illness scripts (patterns) to generate and support a diagnosis
- Considers emerging information but does not completely integrate to update the differential diagnosis
- Acknowledges ambiguity and is open to questions and challenges
- Recommends a broad range of untailored diagnostic evaluations
- Depends on team for all management plans
- Does not completely explain and document reasoning

- Recommends diagnostic evaluations tailored to the evolving differential diagnosis after having consulted with team
- Explains and documents clinical reasoning
- Seeks and integrates emerging information to update the differential diagnosis
- Encourages questions and challenges from patients and team
- Seeks diagnostic and management plans reflecting team’s input
- Seeks assistance from team members
- Provides complete and succinct documentation explaining clinical reasoning

**Expected Behaviors for an Entrustable Learner**

- Gathers pertinent information from many sources in a hypothesis-driven fashion
- Filters, prioritizes, and makes connections between sources of information
- Proposes a relevant differential diagnosis that is neither too broad nor too narrow
- Organizes knowledge into illness scripts (patterns) that generate and support a diagnosis

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Green, M, Tewksbury, L, Wagner, D, Obeso V, Brown D, Phillipi C, eds.; for Core EPAs for Entering Residency Pilot Program. Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.
### EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests

#### Key Functions with Related Competencies

**Recommend first-line cost-effective screening and diagnostic tests for routine health maintenance and common disorders**
- PC5 PC9 SBP3 PBLI9 KP1 KP4

**Provide rationale for decision to order tests, taking into account pre- and posttest probability and patient preference**
- PC5 PC7 KP1 KP4 SBP3 PBLI9

**Interpret results of basic studies and understand the implication and urgency of the results**
- PC4 PC5 PC7 KP1

#### Behaviors Requiring Corrective Response

- **Unable to recommend a standard set of screening or diagnostic tests**
- **Demonstrates frustration at cost-containment efforts**
- **Cannot provide a rationale for ordering tests**
- **Can only interpret results based on normal values from the lab**
- **Does not discern urgent from nonurgent results**

#### Developing Behaviors

(Learner may be at different levels within a row.)

- **Recommends tests for common conditions**
- **Does not consider harm, costs, guidelines, or patient resources**
- **Does not consider patient-specific screening unless instructed**
- **Recommends unnecessary tests or tests with low pretest probability**
- **Neglects patient's preferences**
- **Can only interpret results based on normal values from the lab**
- **Does not discern urgent from nonurgent results**
- **Misinterprets insignificant or explainable abnormalities**
- **Does not know how to respond to urgent test results**
- **Requires supervisor to discuss results with patient**

- **Considers costs**
- **Identifies guidelines for standard tests**
- **Repeats diagnostic tests at intervals that are too frequent or too lengthy**
- **Understands pre- and posttest probability**
- **Neglects impact of false positive or negative results**
- **Aware of patient's preferences**
- **Recognizes need for assistance to evaluate urgency of results and communicate these to patient**

#### Expected Behaviors for an Entrustable Learner

- **Recommends key, reliable, cost-effective screening and diagnostic tests**
- **Applies patient-specific guidelines**
- **Provides individual rationale based on patient's preferences, demographics, and risk factors**
- **Incorporates sensitivity, specificity, and prevalence in recommending and interpreting tests**
- **Explains how results will influence diagnosis and evaluation**
- **Distinguishes common, insignificant abnormalities from clinically important findings**
- **Discerns urgent from nonurgent results and responds correctly**
- **Seeks help for interpretation of tests beyond scope of knowledge**

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**Biskobing, D., Chang, L., Thompson-Busch, A., Obeso V., Brown D., Phillippi C., eds.; for Core EPAs for Entering Residency Pilot Program. Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.**
EPA 4: Enter and Discuss Orders and Prescriptions

Key Functions with Related Competencies

**Compose orders efficiently and effectively verbally, on paper, and electronically**
- PC6 PBL1

**Demonstrate an understanding of the patient’s condition that underpins the provided orders**
- PC5 PC2

**Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts**
- PBL7

**Discuss planned orders and prescriptions with team, patients, and families**
- ICS1 SBP3

![Diagram showing Developing Behaviors and Expected Behaviors for an Entrustable Learner](Diagram)

**Developing Behaviors**

(Learner may be at different levels within a row.)

- Does not recognize when to tailor or deviate from the standard order set
- Orders tests excessively (uses shotgun approach)
- May be overconfident, does not seek review of orders

- Recognizes when to tailor or deviate from the standard order set
- Completes simple orders
- Demonstrates working knowledge of how orders are processed in the workplace
- Asks questions, accepts feedback

**Expected Behaviors for an Entrustable Learner**

- Routinely recognizes when to tailor or deviate from the standard order set
- Able to complete complex orders requiring changes in dose or frequency over time (e.g., a taper)
- Undertakes a reasoned approach to placing orders (e.g., waits for contingent results before ordering more tests)
- Recognizes limitations and seeks help

- Articulates rationale behind orders
- May not take into account subtle signs or exam findings guiding orders

- Routinely practices safe habits when writing or entering prescriptions or orders
- Responds to EHR's safety alerts and understands rationale for them
- Uses electronic resources to fill in gaps in knowledge to inform safe order writing (e.g., drug–drug interactions, treatment guidelines)

- Enters orders that reflect bidirectional communication with patients, families, and team
- Considers the costs of orders and the patient’s ability and willingness to proceed with the plan

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## EPA 5: Document a Clinical Encounter in the Patient Record

### Key Functions with Related Competencies

- **Follow documentation requirements to meet regulations and professional expectations**
  - P4 ICS1

- **Prioritize and synthesize information into a cogent narrative for a variety of clinical encounters (e.g., admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary)**
  - ICS5 P4 SBP1

- **Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient’s preferences**
  - PC4 PC6 ICS1 ICS2

### Behaviors Requiring Corrective Response

- Provides incoherent documentation
- Copies and pastes information without verification or attribution
- Provides illegible documentation
- Includes inappropriate judgmental language
- Documents potentially damaging information without attribution

### Developing Behaviors

<table>
<thead>
<tr>
<th>Develops Behaviors (Learner may be at different levels within a row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misses key information</td>
</tr>
<tr>
<td>Uses a template with limited ability to adjust or adapt based on audience, context, or purpose</td>
</tr>
<tr>
<td>Produces documentation that has errors or does not fulfill institutional requirements (e.g., date, time, signature, avoidance of prohibited abbreviations)</td>
</tr>
<tr>
<td>Has difficulty meeting turnaround expectations, resulting in team members’ lack of access to documentation</td>
</tr>
<tr>
<td>Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient’s preferences</td>
</tr>
<tr>
<td>Interprets laboratories by relying on norms rather than context</td>
</tr>
<tr>
<td>Does not include a rationale for ordering studies or treatment plans</td>
</tr>
<tr>
<td>Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience</td>
</tr>
</tbody>
</table>

### Expected Behaviors for an Entrustable Learner

- Provides key information but may include unnecessary details or redundancies
- Demonstrates ability to adjust or adapt to audience, context, or purpose
- Recognizes and corrects errors related to required elements of documentation
- Meets needed turnaround time for standard documentation
- May not document the pursuit of primary or secondary sources important to the encounter
- Documents a problem list, differential diagnosis, plan, and clinical reasoning
- Engages in help-seeking behavior resulting in improved ability to develop and document management plans
- Solicits patient’s preferences and records them in a note

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Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.
EPA 6: Provide an Oral Presentation of a Clinical Encounter

Key Functions with Related Competencies

- Present personally gathered and verified information, acknowledging areas of uncertainty
  - PC2 PBL1 PPD4 P1
- Provide an accurate, concise, well-organized oral presentation
  - ICS2 PC6
- Adjust the oral presentation to meet the needs of the receiver
  - ICS1 ICS2 PBL1 PPD7
- Demonstrate respect for patient’s privacy and autonomy
  - P3 P1 PPD4

Behaviors Requiring Corrective Response

- Fabricates information when unable to respond to questions
  - Presents in a disorganized and incoherent fashion
- Reacts defensively when queried
- Presents information in a manner that frightens family
- Disregards patient’s privacy and autonomy

Expected Behaviors for an Entrustable Learner

- Presents personally verified and accurate information, even when sensitive
- Acknowledges gaps in knowledge, reflects on areas of uncertainty, and seeks additional information to clarify or refine presentation
- Filters, synthesizes, and prioritizes information into a concise and well-organized presentation
- Integrates pertinent positives and negatives to support hypothesis
- Provides sound arguments to support the plan

Developing Behaviors (Learner may be at different levels within a row.)

- Gathers evidence incompletely or exhaustively
- Fails to verify information
- Does not obtain sensitive information
- Delivers a presentation that is not concise or that wanders
- Presents a story that is imprecise because of omitted or extraneous information
- Follows a template
- Uses acronyms and medical jargon
- Projects too much or too little confidence
- Lacks situational awareness when presenting sensitive patient information
- Does not engage patients and families in discussions of care
- Incorporates patient’s preferences and privacy needs
- Respects patients’ privacy and confidentiality by demonstrating situational awareness when discussing patients
- Engages in shared decision making by actively soliciting patient’s preferences

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EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care

Key Functions with Related Competencies

**Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK)**

- KP3 PBL16 PBL11 PBL3

**Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE)**

- PBL16 PBL17

**Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE)**

- PBL16 KP3 KP4

**Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE)**

- ICS1 ICS2 PBL11 PBL18 PBL19 PC7

Behaviors Requiring Corrective Response

- With prompting, translates information needs into clinical questions
- Seeks assistance to translate information needs into well-formed clinical questions
- Uses vague or inappropriate search strategies, leading to an unmanageable volume of information
- Employs different search engines and refines search strategies to improve efficiency of evidence retrieval
- Accepts findings from clinical studies without critical appraisal
- Judges evidence quality from clinical studies
- Communicates with rigid recitation of findings, using medical jargon or displaying personal biases
- Applies findings based on audience needs
- Shows limited ability to connect outcomes to the process by which questions were identified and answered and findings were applied
- Connects outcomes to process by which questions were identified and answered

→ Developing Behaviors →
(Learner may be at different levels within a row.)

Expected Behaviors for an Entrustable Learner

- Identifies limitations and gaps in personal knowledge
- Develops knowledge guided by well-formed clinical questions
- Identifies and uses available databases, search engines, and refined search strategies to acquire relevant information
- Uses levels of evidence to appraise literature and determines applicability of evidence
- Seeks guidance in understanding subtleties of evidence
- Applies nuanced findings by communicating the level and consistency of evidence with appropriate citation
- Reflects on ambiguity, outcomes, and the process by which questions were identified and answered and findings were applied

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Cocks, P., Cutrer, WB., Esposito, K., Lupi, C., Obeso V., Brown D., Phillipi C., ed.; for Core EPAs for Entering Residency Pilot Program
Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.
EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

**Key Functions with Related Competencies**

- Document and update an electronic handover tool and apply this to deliver a structured verbal handover
  - PBL17 ICS2 ICS3 P3
  - *Transmitter*
- Conduct handover using communication strategies known to minimize threats to transition of care
  - ICS2 ICS3
  - *Transmitter*
- Provide succinct verbal communication conveying illness severity, situational awareness, action planning, and contingency planning
  - ICS2 PC8
  - *Transmitter*
- Give or elicit feedback about handover communication and ensure closed-loop communication
  - PBL15 ICS2 ICS3
  - *Transmitter and Receiver*
- Demonstrate respect for patient’s privacy and confidentiality
  - P3
  - *Transmitter and Receiver*

**Behaviors Requiring Corrective Response**

- Inconsistently uses standardized format or uses alternative tool
- Provides information that is incomplete and/or includes multiple errors in patient information
- Is frequently distracted
- Carries out handover with inappropriate timing and context
- Communication lacks all key components of standardized handover
- Withholds or is defensive with feedback
- Displays lack of insight on the role of feedback
- Does not summarize (or repeat) key points for effective closed-loop communication
- Is unaware of HIPAA policies
- Breaches patient confidentiality and privacy

**Developing Behaviors**

- Uses electronic handover tool
- Inconsistently updates tool
- Requires clarification and additional relevant information from others to prioritize information
- Provides patient information that is disorganized, too detailed, and/or too brief
- Requires assistance to minimize interruptions and distractions
- Demonstrates minimal situational awareness
- Inconsistently communicates key components of the standardized tool
- Does not provide action plan and contingency plan
- Delivers incomplete feedback; accepts feedback when given
- Summary statements are too short
- Inconsistently uses repeat-back technique
- Inconsistently communicates key components of the standardized tool
- Does not provide action plan and contingency plan

**Expected Behaviors for an Entrustable Learner**

- Consistently updates electronic handover tool with clear, relevant, and succinct documentation
- Adapts and applies all elements of a standardized template
- Presents a verbal handover that is prioritized, relevant, and succinct
- Avoids interruptions and distractions
- Manages time effectively
- Demonstrates situational awareness
- Highlights illness severity accurately
- Provides complete action plans and appropriate contingency plans
- Provides and solicits feedback regularly, listens actively, and engages in reflection
- Identifies areas of improvement
- Asks mutually clarifying questions, provides succinct summaries, and uses repeat-back techniques
- Consistently considers patient privacy and confidentiality
- Highlights and respects patient’s preferences

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Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.
EPA 9: Collaborate as a Member of an Interprofessional Team

Key Functions with Related Competencies

- Identify team members’ roles and responsibilities and seek help from other members of the team to optimize health care delivery
  - IPC2 SBP2 ICS3

- Include team members, listen attentively, and adjust communication content and style to align with team-member needs
  - ICS2/IPC3 IPC1 ICS7 P1

- Establish and maintain a climate of mutual respect, dignity, integrity, and trust

- Prioritize team needs over personal needs to optimize delivery of care

- Help team members in need
  - P1 ICS7 IPC1 SBP2

Behaviors Requiring Corrective Response

- Does not acknowledge other members of the interdisciplinary team as important
  - Dismisses input from professionals other than physicians
  - Has disrespectful interactions or does not tell the truth
  - Is unable to modify behavior

- Displays little initiative to interact with team members
  - Has limited participation in team discussion

- Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice

→ Developing Behaviors →
(Learner may be at different levels within a row.)

- Identifies roles of other team members but does not know how or when to use them
  - Acts independently of input from team members, patients, and families

- Communication is largely unidirectional, in response to prompts, or template driven
  - Has limited participation in team discussion

- Listens actively and elicits ideas and opinions from other team members

- Effectively partners as an integrated member of the team

- Articulates the unique contributions and roles of other health care professionals

- Actively engages with the patient and other team members to coordinate care and provide for seamless care transition

- Supports other team members and communicates their value to the patient and family

- Anticipates, reads, and reacts to emotions to gain and maintain therapeutic alliances with others

- Prioritizes team’s needs over personal needs

Expected Behaviors for an Entrustable Learner

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

Collaborate as a member of an interprofessional team

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### EPA 10: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management

#### Key Functions with Related Competencies

- Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient’s decompensation
- Recognize severity of a patient’s illness and indications for escalating care and initiate interventions and management
- Initiate and participate in a code response and apply basic and advanced life support
- Recognize and implement care and treatment plans for patients who are decompensating

#### Behaviors Requiring Corrective Response

- Demands limited ability to gather, filter, prioritize, and connect pieces of information to form a patient-specific differential diagnosis in an urgent or emergent setting
- Misses abnormalities in patient’s clinical status or does not anticipate next steps
- May be distracted by multiple problems or have difficulty prioritizing
- Accepts help without prompting
- Requires prompting to perform basic procedural or life support skills correctly

#### Developing Behaviors

- Communicates in a unidirectional manner with family and health care team
- Provides superficial or incomplete information to health care team members
- Does not consider patient’s wishes if they differ from those of the provider

#### Expected Behaviors for an Entrustable Learner

- Recognizes variations of patient’s vital signs based on patient- and disease-specific factors
- Responds to early clinical deterioration and seeks timely help
- Prioritizes patients who need immediate care and initiates critical interventions
- Initiates and applies effective airway management, BLS, and advanced cardiovascular life support (ACLS) skills
- Monitors response to initial interventions and adjusts plan accordingly
- Adheres to institutional procedures and protocols for escalation of patient care
- Uses the health care team members according to their roles and responsibilities to increase task efficiency in an emergent patient condition

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EPA 11: Obtain Informed Consent for Tests and/or Procedures

**Key Functions with Related Competencies**
- Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives, and potential complications of the intervention
  - PC6 KP3 KP4 KP5 P6
- Communicate with the patient and family to ensure that they understand the intervention
  - PC7 ICS1 ICS7 PC5
- Display an appropriate balance of confidence and skill to put the patient and family at ease, seeking help when needed
  - PPD1 PPD7 PPD8

**Behaviors Requiring Corrective Response**
- Lacks basic knowledge of the intervention
- Provides inaccurate or misleading information
- Hands the patient a form and requests a signature
- Uses language that frightens patient and family
- Disregards emotional cues
- Regards interpreters as unhelpful or inefficient
- Displays overconfidence and takes actions that can have a negative effect on outcomes
- Accepts help

**Developing Behaviors** (Learner may be at different levels within a row.)
- Is complacent with informed consent due to limited understanding of importance of informed consent
- Allows personal biases with intervention to influence consent process
- Obtains informed consent only on the directive of others
- Uses medical jargon
- Uses unidirectional communication; does not elicit patient's preferences
- Has difficulty in attending to emotional cues
- Does not consider the use of an interpreter when needed
- Displays a lack of confidence that increases patient stress or discomfort, or overconfidence that erodes trust
- Asks questions

**Expected Behaviors for an Entrustable Learner**
- Understands and explains the key elements of informed consent
- Provides complete and accurate information
- Recognizes when informed consent is needed and describes it as a matter of good practice rather than as an externally imposed sanction
- Avoids medical jargon
- Uses bidirectional communication to build rapport
- Practices shared decision making, eliciting patient and family preferences
- Responds to emotional cues in real time
- Enlists interpreters collaboratively
- Demonstrates confidence commensurate with knowledge and skill so that patient and family are at ease
- Seeks timely help

From day 1, residents may be in a position to obtain informed consent for interactions, tests, or procedures they order and perform, including immunizations, medications, central lines, contrast and radiation exposures, and blood transfusions.
EPA 12: Perform General Procedures of a Physician

Key Functions with Related Competencies

- Demonstrate technical skills required for the procedure
- Understand and explain the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure
- Communicate with the patient and family to ensure they understand pre- and post-procedural activities
- Demonstrate confidence that puts patients and families at ease

Behaviors Requiring Corrective Response

- Lacks required technical skills
- Fails to follow sterile technique when indicated
- Displays lack of awareness of knowledge gaps
- Uses inaccurate language or presents information distorted by personal biases
- Disregards patient’s and family’s wishes
- Fails to obtain appropriate consent before performing a procedure
- Displays overconfidence and takes actions that could endanger patients or providers
- Displays a lack of confidence that increases patient’s stress or discomfort, or overconfidence that erodes patient’s trust if the learner struggles to perform the procedure
- Accepts help when offered

Developing Behaviors

- Technical skills are variably applied
- Completes the procedure unreliably
- Uses universal precautions and aseptic technique inconsistently
- Does not understand key issues in performing procedures, such as indications, contraindications, risks, benefits, and alternatives
- Demonstrates limited knowledge of procedural complications or how to minimize them
- Uses jargon or other ineffective communication techniques
- Does not read emotional response from the patient
- Does not engage patient in shared decision making
- Displays a lack of confidence that increases patient’s stress or discomfort, or overconfidence that erodes patient’s trust if the learner struggles to perform the procedure
- Asks for help with complications

Expected Behaviors for an Entrustable Learner

- Demonstrates necessary preparation for performance of procedures
- Correctly performs procedure on multiple occasions over time
- Uses universal precautions and aseptic technique consistently
- Demonstrates and applies working knowledge of essential anatomy, physiology, indications, contraindications, risks, benefits, and alternatives for each procedure
- Knows and takes steps to mitigate complications of procedures
- Demonstrates patient-centered skills while performing procedures (avoids jargon, participates in shared decision making, considers patient’s emotional response)
- Having accounted for the patient’s and family’s wishes, obtains appropriate informed consent
- Seeks timely help
- Has confidence commensurate with level of knowledge and skill that puts patients and families at ease

This schematic depicts development of proficiency in the Core EPAs. It is not intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.
EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Behaviors Requiring Corrective Response</th>
<th>Developing Behaviors (Learner may be at different levels within a row.)</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and report actual and potential (&quot;near miss&quot;) errors in care using system reporting structure (e.g., event reporting systems, chain of command policies)</td>
<td>Reports errors in a disrespectful or misleading manner</td>
<td>Superficial understanding prevents recognition of real or potential errors</td>
<td>Identifies and reports actual and potential errors</td>
</tr>
<tr>
<td>KP1 ICS2 P4 PPDS</td>
<td>Displays frustration at system improvement efforts</td>
<td>Demonstrates structured approach to describing key elements of patient safety concerns</td>
<td>Speaks up to identify actual and potential errors, even against hierarchy</td>
</tr>
<tr>
<td>PBL4 PBL110</td>
<td>Places self or others at risk of injury or adverse event</td>
<td>Passively observes system improvement activities in the context of rotations or learning experiences</td>
<td>Actively engages in efforts to identify systems issues and their solutions</td>
</tr>
<tr>
<td>Engage in daily safety habits (e.g., accurate and complete documentation, including allergies and adverse reactions, medicine reconciliation, patient education, universal precautions, hand washing, isolation protocols, falls and other risk assessments, standard prophylaxis, time-outs)</td>
<td>Avoids discussing or reporting errors; attempts to cover up errors</td>
<td>Requires prompts for common safety behaviors</td>
<td>Engages in daily safety habits with only rare lapses</td>
</tr>
<tr>
<td>SBP4</td>
<td>Demonstrates defensiveness or places blame</td>
<td>Requires prompts to reflect on own errors and their underlying factors</td>
<td>Identifies and reflects on own contribution to errors but needs help developing an improvement plan</td>
</tr>
<tr>
<td>Admit one’s own errors, reflect on one’s contribution, and develop an individual improvement plan</td>
<td>May not recognize own fatigue or may be afraid to tell supervisor when fatigued</td>
<td>Identifies and reflects on the element of personal responsibility for errors</td>
<td></td>
</tr>
<tr>
<td>P4 SBP5</td>
<td>Recognizes causes of lapses, such as fatigue, and modifies behavior or seeks help</td>
<td>Identifies and reflects on the element of personal responsibility for errors</td>
<td></td>
</tr>
</tbody>
</table>

An EPA: A unit of observable, measurable professional practice requiring integration of competencies.

Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment.

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