



# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

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





# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter

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

### EPA 2

**Prioritize a differential diagnosis**

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.

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

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

Does not integrate emerging information to update the differential diagnosis

Displays discomfort with ambiguity

Recommends a broad range of untailored diagnostic evaluations

Depends on team for all management plans

Does not completely explain and document 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 diagnostic evaluations tailored to the evolving differential diagnosis after having consulted with team

Explains and documents 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

Seeks and integrates emerging information to update the differential diagnosis

Encourages questions and challenges from patients and team

Proposes diagnostic and management plans reflecting team's input

Seeks assistance from team members

Provides complete and succinct documentation explaining clinical reasoning

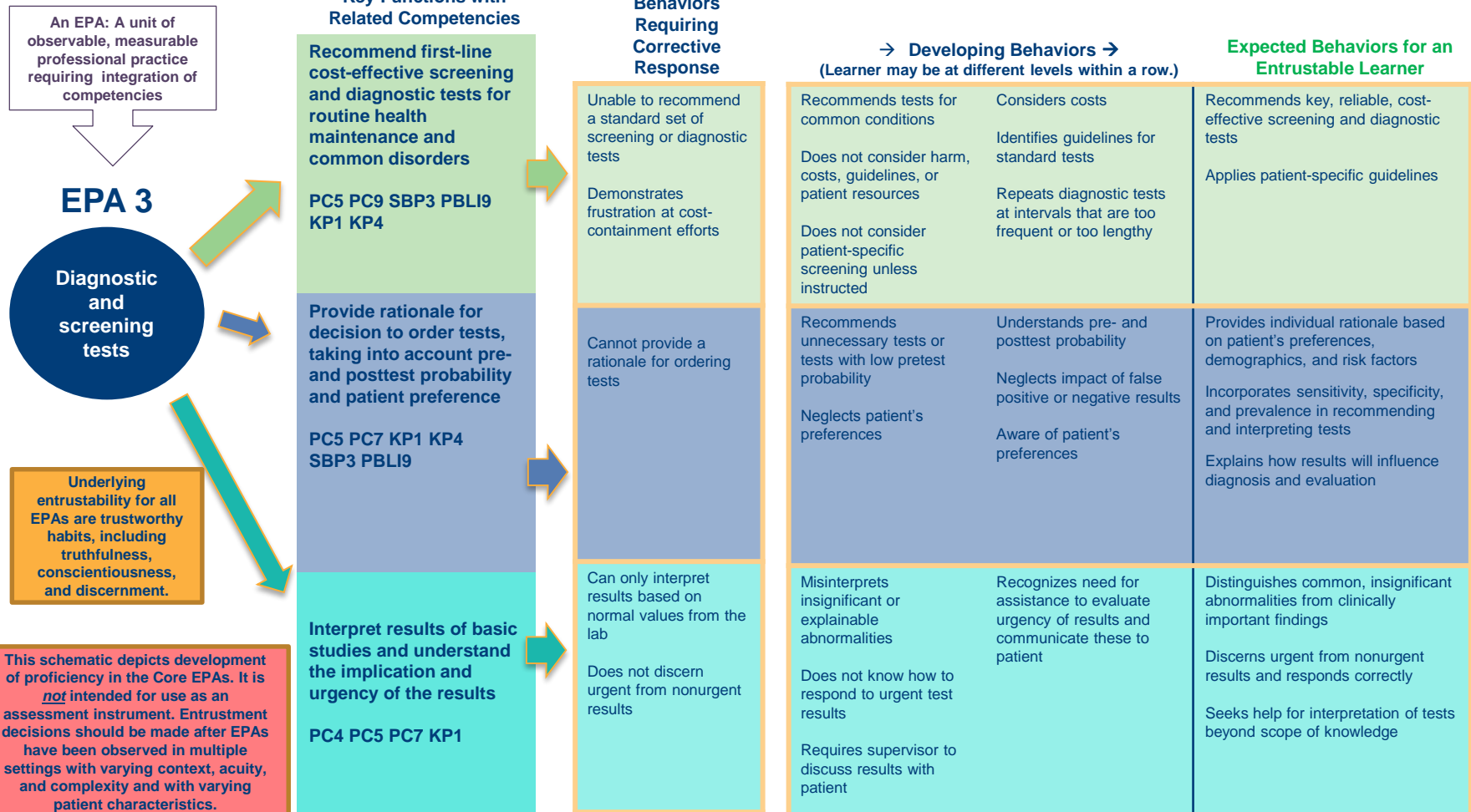


# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests





# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 4: Enter and Discuss Orders and Prescriptions

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

### EPA 4

Enter and discuss orders and prescriptions

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.

Key Functions with Related Competencies	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
<b>Compose orders efficiently and effectively verbally, on paper, and electronically</b> <b>PC6 PBL11</b>	Unable to compose or enter electronic orders or write prescriptions (or does so for the wrong patient or using an incorrect order set)  Does not follow established protocols for placing orders	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	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 helps
<b>Demonstrate an understanding of the patient's condition that underpins the provided orders</b> <b>PC5 PC2</b>	Lacks basic knowledge needed to guide orders  Demonstrates defensiveness when questioned	Has difficulty filtering and synthesizing information to prioritize diagnostics and therapies  Unable to articulate the rationale behind orders	Articulates rationale behind orders  May not take into account subtle signs or exam findings guiding orders	Recognizes patterns, takes into account the patient's condition when ordering diagnostics and/or therapeutics  Explains how test results influence clinical decision making
<b>Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts</b> <b>PBL17</b>	Discounts information obtained from resources designed to avoid drug–drug interactions  Fails to adjust doses when advised to do so by others  Ignores alerts	Underuses information that could help avoid errors  Relies excessively on technology to highlight drug–drug interactions and/or risks (e.g., smartphone or EHR suggests an interaction, but learner cannot explain relevance)	May inconsistently apply safe prescription-writing habits such as double-check of patient's weight, age, renal function, comorbidities, dose and/or interval, and pharmacogenetics when applicable	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)
<b>Discuss planned orders and prescriptions with team, patients, and families</b> <b>ICS1 SBP3</b>	Places orders and/or prescriptions that directly conflict with patient's and family's health or cultural beliefs	Places orders without communicating with others; uses unidirectional style ("Here is what we are doing...")  Does not consider cost of orders or patient's preferences	Modifies plan based on patient's preferences  May describe cost-containment efforts as externally mandated and interfering with the doctor–patient relationship	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



# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

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

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

### EPA 5

Document a clinical encounter

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.

#### Key Functions with Related Competencies

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)

P4 ICS1

Follow documentation requirements to meet regulations and professional expectations

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

Does not provide documentation when required

Provides illegible documentation

Includes inappropriate judgmental language

Documents potentially damaging information without attribution

#### → Developing Behaviors →

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

Misses key information

Provides key information but may include unnecessary details or redundancies

Produces documentation that has errors or does not fulfill institutional requirements (e.g., date, time, signature, avoidance of prohibited abbreviations)

Recognizes and corrects errors related to required elements of documentation

Has difficulty meeting turnaround expectations, resulting in team members' lack of access to documentation

Meets needed turnaround time for standard documentation

May not document the pursuit of primary or secondary sources important to the encounter

Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient's preferences

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Interprets laboratories by relying on norms rather than context

Is inconsistent in interpreting basic tests accurately

Provides a verifiable cogent narrative without unnecessary details or redundancies

Adjusts and adapts documentation based on audience, context, or purpose (e.g., admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary)

Provides accurate, legible, timely documentation that includes institutionally required elements

Documents in the patient's record role in team-care activities

Documents use of primary and secondary sources necessary to fill in gaps

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

#### Expected Behaviors for an Entrustable Learner

Provides a verifiable cogent narrative without unnecessary details or redundancies

Adjusts and adapts documentation based on audience, context, or purpose (e.g., admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary)

Provides accurate, legible, timely documentation that includes institutionally required elements

Documents in the patient's record role in team-care activities

Documents use of primary and secondary sources necessary to fill in gaps

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning

Documents a problem list, differential diagnosis, plan, and clinical reasoning





# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 6: Provide an Oral Presentation of a Clinical Encounter

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

### EPA 6

Provide an oral presentation of a clinical encounter

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.

#### 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

Reacts defensively when queried

Presents in a disorganized and incoherent fashion

Presents information in a manner that frightens family

Disregards patient's privacy and autonomy

#### → 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

Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional information

Delivers a presentation that is not concise or that wanders  
Presents a story that is imprecise because of omitted or extraneous information

Delivers a presentation organized around the chief concern  
When asked, can identify pertinent positives and negatives that support hypothesis  
Supports management plans with limited information

Follows a template  
Uses acronyms and medical jargon  
Projects too much or too little confidence

When prompted, can adjust presentation in length and complexity to match situation and receiver of information

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

#### 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

Tailors length and complexity of presentation to situation and receiver of information  
Conveys appropriate self-assurance to put patient and family at ease

Respects patients' privacy and confidentiality by demonstrating situational awareness when discussing patients  
Engages in shared decision making by actively soliciting patient's preferences



# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

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

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

### EPA 7

Clinical questions to advance patient care

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.

### Key Functions with Related Competencies

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

KP3 PBLI6 PBLI1 PBLI3

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

PBLI6 PBLI7

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

PBLI6 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 PBLI1 PBLI8 PBLI9 PC7

### Behaviors Requiring Corrective Response

Does not reconsider approach to a problem, ask for help, or seek new information

Declines to use new information technologies

Refuses to consider gaps and limitations in the literature or apply published evidence to specific patient care

Does not discuss findings with team

Does not determine or discuss outcomes and/or process, even with prompting

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

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

With assistance, applies evidence to common medical conditions

Applies published evidence to common medical conditions

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

Acknowledges ambiguity of findings and manages personal bias  
Connects outcomes to process by which questions were identified and answered

### 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



# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## 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

### EPA 8

Give or receive a patient handover

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.

### Key Functions with Related Competencies

Document and update an electronic handover tool and apply this to deliver a structured verbal handover

PBLI7 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

PBLI5 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 → (Learner may be at different levels within a row.)

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

Does not encourage other team members to express their ideas or opinions

Inconsistently uses summary statements and/or asks clarifying questions

Is aware of HIPAA policies

Consistently updates electronic handover tool with mostly relevant information, applying a standardized template

Adjusts patient information for context and audience

May omit relevant information or present irrelevant information

Requires assistance with time management

Focuses on own handover tasks with some awareness of other's needs

Identifies illness severity

Provides incomplete action list and contingency planning

Creates a contingency plan that lacks clarity

Accepts feedback and adjusts

Summary statements are too elaborate

Inconsistently uses repeat-back technique

Is cognizant of and attempts to minimize breaches in privacy and confidentiality

### 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

\* Functions are designated as "transmitter" or "transmitter and receiver."





# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 9: Collaborate as a Member of an Interprofessional Team

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

### EPA 9

Collaborate as a member of an interprofessional team

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.

### 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  
Displays little initiative to interact with team members

Dismisses input from professionals other than physicians

Has disrespectful interactions or does not tell the truth

Is unable to modify behavior

Puts others in position of reminding, enforcing, and resolving interprofessional conflicts

### → 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

Is typically a more passive member of the team  
Prioritizes own goals over those of the team

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

Listens actively and elicits ideas and opinions from other team members

Integrates into team function, prioritizing team goals

Demonstrates respectful interactions and tells the truth

Remains professional and anticipates and manages emotional triggers

### Expected Behaviors for an Entrustable Learner

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

Communicates bidirectionally; keeps team members informed and up to date  
Tailors communication strategy to the situation

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



# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

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

- Chest pain
- Mental status change
- Shortness of breath and hypoxemia
- Fever
- Hypotension or hypertension
- Tachycardia or arrhythmia
- Oliguria, anuria, or urinary retention
- Electrolyte abnormalities
- Hypoglycemia or hyperglycemia

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

### EPA 10

Recognize urgent or emergent situation

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.

### 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

PC2 PC4 PC5

Recognize severity of a patient's illness and indications for escalating care and initiate interventions and management

PC4 PC3 PC2 PC5 PC6 PPD1

Initiate and participate in a code response and apply basic and advanced life support

PC1 PPD1 SBP2 IPC4

Upon recognition of a patient's deterioration, communicate situation, clarify patient's goals of care, and update family members

ICS2 ICS6 PPD1

### Behaviors Requiring Corrective Response

Fails to recognize trends or variations of vital signs in a decompensating patient

Does not recognize change in patient's clinical status or seek help when a patient requires urgent or emergent care

Responds to a decompensated patient in a manner that detracts from or harms team's ability to intervene

Dismisses concerns of team members (nurses, family members, etc.) about patient deterioration

Disregards patient's goals of care or code status

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

Demonstrates 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  
Requires prompting to perform basic procedural or life support skills correctly

Does not engage with other team members

Communicates in a unidirectional manner with family and health care team

Provides superfluous or incomplete information to health care team members

Does not consider patient's wishes if they differ from those of the provider

Recognizes outliers or unexpected results or data and seeks out an explanation

Recognizes concerning clinical symptoms or unexpected results or data  
Asks for help

Demonstrates appropriate airway and basic life support (BLS) skills

Initiates basic management plans

Seeks input or guidance from other members of the health care team

Tailors communication and message to the audience, purpose, and context in most situations

Actively listens and encourages idea sharing from the team (including patient and family)

Confirms goals of care

### Expected Behaviors for an Entrustable Learner

Recognizes variations of patient's vital signs based on patient- and disease-specific factors

Gathers, filters, and prioritizes information related to a patient's decompensation in an urgent or emergent setting

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

Communicates bidirectionally with the health care team and family about goals of care and treatment plan while keeping them up to date

Actively listens to and elicits feedback from team members (e.g., patient, nurses, family members) regarding concerns about patient deterioration to determine next steps

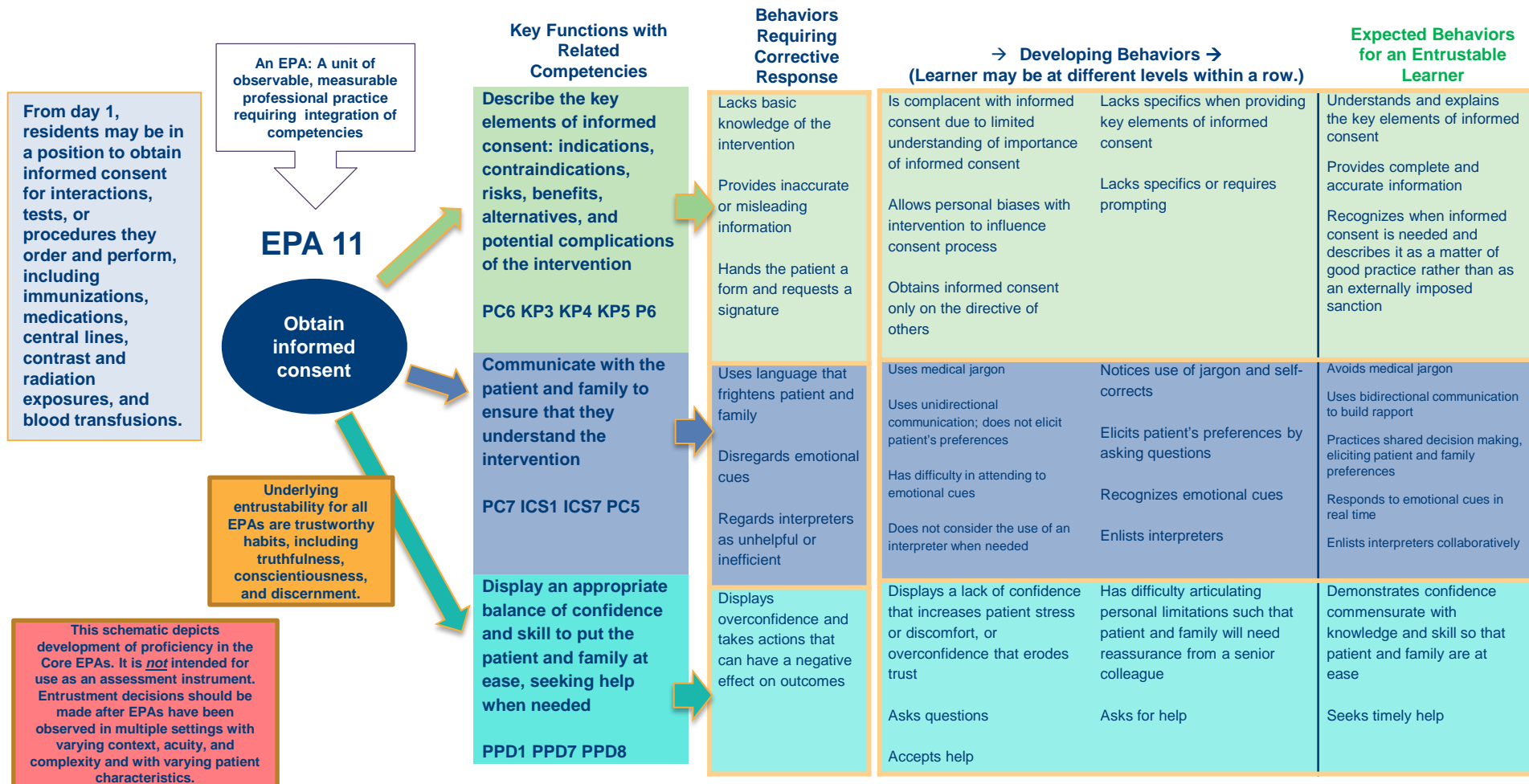


# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

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



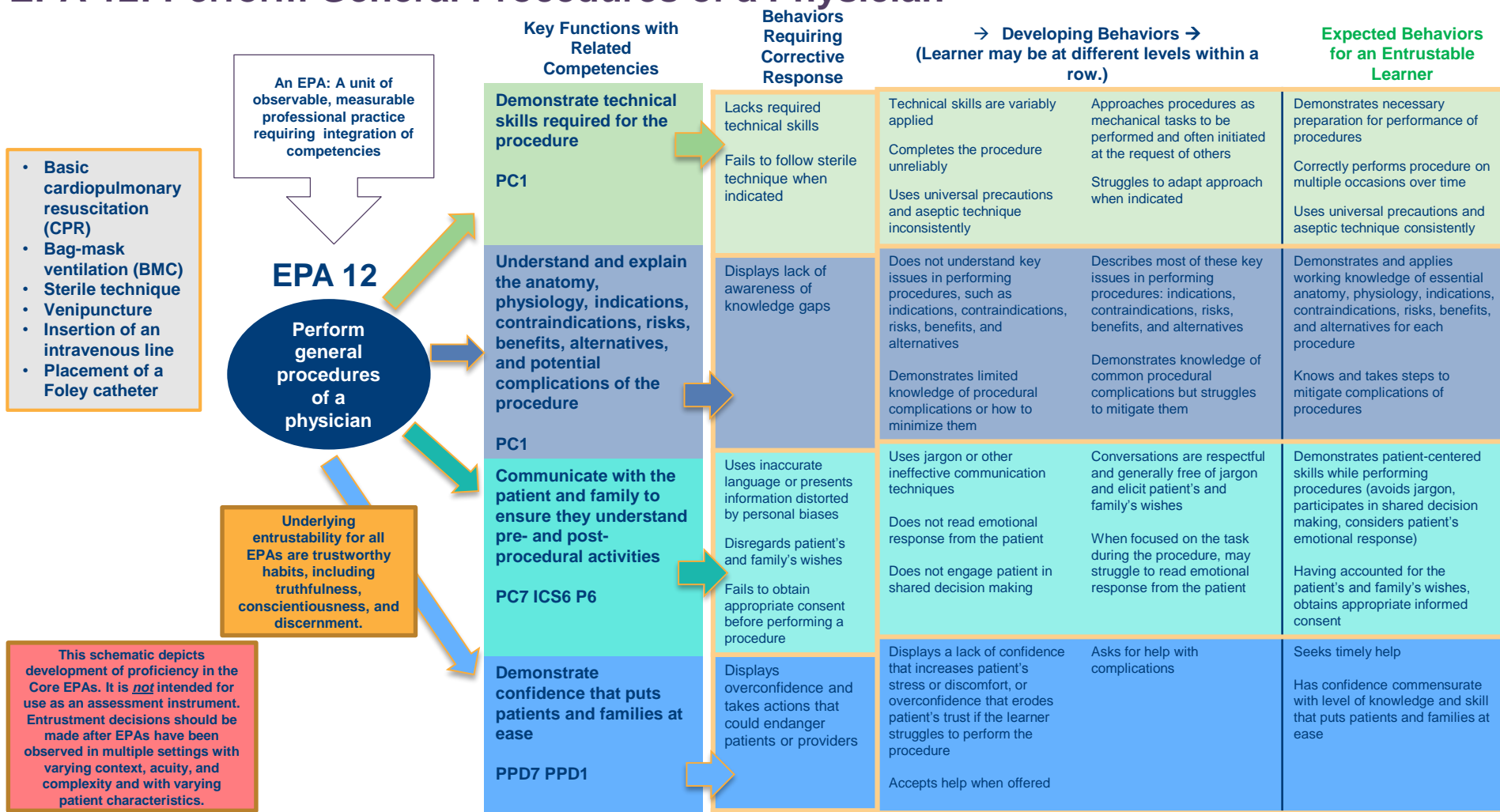


# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 12: Perform General Procedures of a Physician





# Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

## EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement

