EPA 1: Gather a History and Perform a Physical Examination

Key Functions with Related Competencies

1. Obtain a complete and accurate history in an organized fashion
   - PC2
   - Demonstrate patient-centered interview skills
     - ICS1 ICS7 P1 P3 P5
2. Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care
   - KP1
3. Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit
   - PC2

Behaviors Requiring Corrective Response

1. Does not collect accurate historical data
2. Relies exclusively on secondary sources or documentation of others
3. Is disrespectful in interactions with patients
4. Disregards patient privacy and autonomy
5. Fails to recognize patient’s central problem
6. Does not consider patient’s privacy and comfort during exams
7. Incorrectly performs basic physical exam maneuvers

→ Developing Behaviors →

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

Gathers excessive or incomplete data
- Uses a logical progression of questioning
- Questions are prioritized and not excessive
- Communicates unidirectionally
- Does not respond to patient verbal and nonverbal cues
- May generalize based on age, gender, culture, race, religion, disabilities, and/or sexual orientation
- Does not consistently consider patient privacy and autonomy
- Questions are not guided by the evidence and data collected
- Does not prioritize or filter information
- Questions reflect a narrow differential diagnosis
- Performs basic exam maneuvers correctly
- Does not perform exam in an organized fashion
- Relies on head-to-toe examination
- Misses key findings
- Targets the exam to areas necessary for the encounter
- Identifies and describes normal findings
- Explains exam maneuvers to patient
- Performs an accurate exam in a logical and fluid sequence
- Uses the exam to explore and prioritize the working differential diagnosis
- Can identify and describe normal and abnormal findings

Expected Behaviors for an Entrustable Learner

- Obtains a complete and accurate history in an organized fashion
- Seeks secondary sources of information when appropriate (e.g. family, primary care physician, living facility, pharmacy)
- Adapts to different care settings and encounters
- Adapts communication skills to the individual patient’s needs and characteristics
- Responds effectively to patient’s verbal and nonverbal cues and emotions
- Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning
- Incorporates secondary data into medical reasoning

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.
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**

### Expected Behaviors for an Entrustable Learner

- **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**
- **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**
**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**
- **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**
- **Misinterprets insignificant or explainable abnormalities**
- **Does not know how to respond to urgent test results**
- **Requires supervisor to discuss results with 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**
- **Recognizes need for assistance to evaluate urgency of results and communicate these to patient**
- **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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**An EPA: A unit of observable, measurable professional practice requiring integration of competencies**

**Expected Behaviors for an Entrustable Learner**

**Diagnostic and screening tests**

**Core Entrustable Professional Activities for Entering Residency**

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### EPA 4: Enter and Discuss Orders and Prescriptions

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Behaviors Requiring Corrective Response</th>
<th>Developing Behaviors</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compose orders efficiently and effectively verbally, on paper, and electronically PC6 PBLI1</td>
<td>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</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Demonstrate an understanding of the patient’s condition that underpins the provided orders PC5 PC2</td>
<td>Lacks basic knowledge needed to guide orders Demonstrates defensiveness when questioned</td>
<td>Has difficulty filtering and synthesizing information to prioritize diagnostics and therapiesUnable to articulate the rationale behind orders</td>
<td>Recognizes patterns, takes into account the patient’s condition when ordering diagnostics and/or therapeutics Explains how test results influence clinical decision making</td>
</tr>
<tr>
<td>Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts PBLI7</td>
<td>Discounts information obtained from resources designed to avoid drug–drug interactions Fails to adjust doses when advised to do so by others Ignores alerts</td>
<td>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)</td>
<td>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)</td>
</tr>
<tr>
<td>Discuss planned orders and prescriptions with team, patients, and families ICS1 SBP3</td>
<td>Places orders and/or prescriptions that directly conflict with patient’s and family’s health or cultural beliefs</td>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>

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EPA 5: Document a Clinical Encounter in the Patient Record

**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)

- 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**

- Misses key information

- Uses a template with limited ability to adjust or adapt based on audience, context, or purpose

- Does not provide 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)

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

- 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

- 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

- Provides a problem list, differential diagnosis, plan, and clinical reasoning

- Interprets laboratories by relying on norms rather than context

- Does not include a rationale for ordering studies or treatment plans

- Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience

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

- Is inconsistent in interpreting basic tests accurately

- 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

- Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers

- Interprets laboratory values accurately

- Identifies key problems, documenting engagement of those who can help resolve them

- Communicates bidirectionally to develop and record management plans aligned with patient’s preferences

**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

- 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

- Provides a problem list, differential diagnosis, plan, and clinical reasoning

- Is inconsistent in interpreting basic tests accurately

- Engages in help-seeking behavior resulting in improved ability to develop and document management plans

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- Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers

- Interprets laboratory values accurately

- Identifies key problems, documenting engagement of those who can help resolve them

- Communicates bidirectionally to develop and record management plans aligned with patient’s preferences
EPA 6: Provide an Oral Presentation of a Clinical Encounter

**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

**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

**Developing Behaviors**
- 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

**Expected Behaviors for an Entrustable Learner**
- Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional 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
- 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

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**Catallozzi, M, Dunne, D, Noble JM, 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 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 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

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

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Developing Behaviors</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK)</td>
<td>Does not reconsider approach to a problem, ask for help, or seek new information</td>
<td>With prompting, translates information needs into clinical questions</td>
</tr>
<tr>
<td></td>
<td>Declines to use new information technologies</td>
<td>Seeks assistance to translate information needs into well-formed clinical questions</td>
</tr>
<tr>
<td>Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE)</td>
<td>Refuses to consider gaps and limitations in the literature or apply published evidence to specific patient care</td>
<td>Uses vague or inappropriate search strategies, leading to an unmanageable volume of information</td>
</tr>
<tr>
<td></td>
<td>Accepts findings from clinical studies without critical appraisal</td>
<td>Employs different search engines and refines search strategies to improve efficiency of evidence retrieval</td>
</tr>
<tr>
<td>Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE)</td>
<td>Does not discuss findings with team</td>
<td>Identifies limitations and gaps in personal knowledge</td>
</tr>
<tr>
<td></td>
<td>Does not determine or discuss outcomes and/or process, even with prompting</td>
<td>Develops knowledge guided by well-formed clinical questions</td>
</tr>
<tr>
<td>Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE)</td>
<td>Communicates with rigid recitation of findings, using medical jargon or displaying personal biases</td>
<td>Uses levels of evidence to appraise literature and determines applicability of evidence</td>
</tr>
<tr>
<td></td>
<td>Shows limited ability to connect outcomes to the process by which questions were identified and answered and findings were applied</td>
<td>Seeks guidance in understanding subtleties of evidence</td>
</tr>
</tbody>
</table>

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EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

### Key Functions with Related Competencies

**Document and update an electronic handover tool and apply this to deliver a structured verbal handover**
- PBL7 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**
- PBL5 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
- 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
- Inconsistently uses summary statements and/or asks clarifying questions
- Is aware of HIPAA policies
- 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

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*Functions are designated as “transmitter” or “transmitter and receiver.”

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### 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**
- **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**
- **Communicates bidirectionally; keeps team members informed and up to date**
- **Integrates into team function, prioritizing team goals**
- **Supports other team members and communicates their value to the patient and family**

#### 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**
- **Remains professional and anticipates and manages emotional triggers**
- **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**
### 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
- Upon recognition of a patient’s deterioration, communicate situation, clarify patient’s goals of care, and update family members
- Dismisses concerns of team members (nurses, family members, etc.) about patient deterioration

#### Behaviors Requiring Corrective Response

- 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
- Fails to recognize trends or variations of vital signs in a decompensating patient
- 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
- Responds to a decompensated patient in a manner that detracts from or harms team’s ability to intervene

#### 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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Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.

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

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Behaviors Requiring Corrective Response</th>
<th>Developing Behaviors</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives, and potential complications of the intervention</td>
<td>Lacks basic knowledge of the intervention</td>
<td>Is complacent with informed consent due to limited understanding of importance of informed consent</td>
<td>Understands and explains the key elements of informed consent</td>
</tr>
<tr>
<td>PC6 KP3 KP4 KP5 P6</td>
<td>Provides inaccurate or misleading information</td>
<td>Allows personal biases with intervention to influence consent process</td>
<td>Provides complete and accurate information</td>
</tr>
<tr>
<td>Communicate with the patient and family to ensure that they understand the intervention</td>
<td>Hands the patient a form and requests a signature</td>
<td>Obtains informed consent only on the directive of others</td>
<td>Recognizes when informed consent is needed and describes it as a matter of good practice rather than as an externally imposed sanction</td>
</tr>
<tr>
<td>PC7 ICS1 ICS7 PC5</td>
<td>Uses language that frightens patient and family</td>
<td>Uses medical jargon</td>
<td>Avoids medical jargon</td>
</tr>
<tr>
<td></td>
<td>Disregards emotional cues</td>
<td>Uses unidirectional communication; does not elicit patient’s preferences</td>
<td>Uses bidirectional communication to build rapport</td>
</tr>
<tr>
<td></td>
<td>Regards interpreters as unhelpful or inefficient</td>
<td>Has difficulty in attending to emotional cues</td>
<td>Practices shared decision making, eliciting patient and family preferences</td>
</tr>
<tr>
<td></td>
<td>Displays a lack of confidence that increases patient stress or discomfort, or overconfidence that erodes trust</td>
<td>Does not consider the use of an interpreter when needed</td>
<td>Responds to emotional cues in real time</td>
</tr>
<tr>
<td></td>
<td>Displays overconfidence and takes actions that can have a negative effect on outcomes</td>
<td>Displays overconfidence and takes actions that can have a negative effect on outcomes</td>
<td>Enlists interpreters collaboratively</td>
</tr>
<tr>
<td>PPD1 PPD7 PPD8</td>
<td>Asks questions</td>
<td>Has difficulty articulating personal limitations such that patient and family will need reassurance from a senior colleague</td>
<td>Demonstrates confidence commensurate with knowledge and skill so that patient and family are at ease</td>
</tr>
<tr>
<td></td>
<td>Accepts help</td>
<td>Asks for help</td>
<td>Seeks timely help</td>
</tr>
</tbody>
</table>

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.

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EPA 12: Perform General Procedures of a Physician

**Key Functions with Related Competencies**

**Demonstrate technical skills required for the procedure**
- PC1

**Understand and explain the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure**
- PC1

**Communicate with the patient and family to ensure they understand pre- and post-procedural activities**
- PC7 ICS6 P6

**Demonstrate confidence that puts patients and families at ease**
- PPD7 PPD1

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

- 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

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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.

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 PPD5</td>
<td>Displays frustration at system improvement efforts</td>
<td>Demonstrates structured approach to describing key elements of patient safety concerns</td>
<td>Passively observes system improvement activities in the context of rotations or learning experiences</td>
</tr>
<tr>
<td>Participate in system improvement activities in the context of rotations or learning experiences (e.g., rapid-cycle change using plan–do–study–act cycles, root cause analyses, morbidity and mortality conference, failure modes and effects analyses, improvement projects)</td>
<td>Places self or others at risk of injury or adverse event</td>
<td>Passively participates in system improvement activities when prompted but may require others to point out system failures</td>
<td>Actively engages in efforts to identify systems issues and their solutions</td>
</tr>
<tr>
<td>PBL14 PBL110</td>
<td>Avoids discussing or reporting errors; attempts to cover up errors</td>
<td>Requires prompts for common safety behaviors</td>
<td>Requires prompts to reflect on own errors and their underlying factors</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>Demonstrates defensiveness or places blame</td>
<td>Demonstrates common safety behaviors</td>
<td>Identifies and reflects on own contribution to errors but needs help developing an improvement plan</td>
</tr>
<tr>
<td>SBP4</td>
<td></td>
<td>Requires prompts to reflect on personal responsibility for errors</td>
<td>Identifies and reflects on the element of personal responsibility for errors</td>
</tr>
<tr>
<td>Admit one’s own errors, reflect on one’s contribution, and develop an individual improvement plan</td>
<td></td>
<td>Recognizes causes of lapses, such as fatigue, and modifies behavior or seeks help</td>
<td></td>
</tr>
<tr>
<td>P4 SBP5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

System failures and culture of safety

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

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Adapted from the Association of American Medical Colleges (AAMC). Core entrustable professional activities for entering residency. 2014.