EPA 1: Gather a History and Perform a Physical Examination

Key Functions with Related Competencies

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

Behaviors Requiring Corrective Response

- Does not collect accurate historical data
- Relies exclusively on secondary sources or documentation of others
- Is disrespectful in interactions with patients
- Disregards patient privacy and autonomy
- Fails to recognize patient’s central problem
- Does not consider patient’s privacy and comfort during exams
- 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
  - Questions reflect a narrow differential diagnosis
- Performs basic exam maneuvers correctly
  - Targets the exam to areas necessary for the encounter
  - Identifies and describes normal findings
  - Explains exam maneuvers to patient

Expected Behaviors for an Enturable 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
- 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

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

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

#### Key Functions with Related Competencies

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

#### 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
- Does not integrate emerging information to update the differential diagnosis
- Displays discomfort with ambiguity
- 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

#### 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

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*Core Entrustable Professional Activities for Entering Residency* by 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

<table>
<thead>
<tr>
<th>Function</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend first-line cost-effective screening and diagnostic tests for routine health maintenance and common disorders</td>
<td>PC5 PC9 SBP3 PBLI9 KP1 KP4</td>
</tr>
<tr>
<td>Provide rationale for decision to order tests, taking into account pre- and posttest probability and patient preference</td>
<td>PC5 PC7 KP1 KP4 SBP3 PBLI9</td>
</tr>
<tr>
<td>Interpret results of basic studies and understand the implication and urgency of the results</td>
<td>PC4 PC5 PC7 KP1</td>
</tr>
</tbody>
</table>

### Behaviors Requiring Corrective Response

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to recommend a standard set of screening or diagnostic tests</td>
<td>Demonstrates frustration at cost-containment efforts</td>
</tr>
<tr>
<td>Cannot provide a rationale for ordering tests</td>
<td>Can only interpret results based on normal values from the lab</td>
</tr>
<tr>
<td>Does not discern urgent from nonurgent results</td>
<td>Does not know how to respond to urgent test results</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expected Behaviors for an Entrustable Learner</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommends key, reliable, cost-effective screening and diagnostic tests</td>
<td>Provides individual rationale based on patient’s preferences, demographics, and risk factors</td>
</tr>
<tr>
<td>Applies patient-specific guidelines</td>
<td>Incorporates sensitivity, specificity, and prevalence in recommending and interpreting tests</td>
</tr>
<tr>
<td>Recommends tests for common conditions</td>
<td>Explains how results will influence diagnosis and evaluation</td>
</tr>
<tr>
<td>Considers costs</td>
<td>Provides individual rationale based on patient’s preferences, demographics, and risk factors</td>
</tr>
<tr>
<td>Identifies guidelines for standard tests</td>
<td>Incorporates sensitivity, specificity, and prevalence in recommending and interpreting tests</td>
</tr>
<tr>
<td>Repeats diagnostic tests at intervals that are too frequent or too lengthy</td>
<td>Recognizes need for assistance to evaluate urgency of results and communicate these to patient</td>
</tr>
<tr>
<td>Recommends unnecessary tests or tests with low pretest probability</td>
<td>Recognizes need for assistance to evaluate urgency of results and communicate these to patient</td>
</tr>
<tr>
<td>Neglects impact of false positive or negative results</td>
<td>Distinguishes common, insignificant abnormalities from clinically important findings</td>
</tr>
<tr>
<td>Neglects patient’s preferences</td>
<td>Discerns urgent from nonurgent results and responds correctly</td>
</tr>
<tr>
<td>Aware of patient’s preferences</td>
<td>Seeks help for interpretation of tests beyond scope of knowledge</td>
</tr>
</tbody>
</table>

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

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## EPA 4: Enter and Discuss Orders and Prescriptions

### Key Functions with Related Competencies

<table>
<thead>
<tr>
<th>Key Functions</th>
<th>Behaviors Requiring Corrective Response</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compose orders efficiently and effectively verbally, on paper, and electronically</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)</td>
<td>Routinely recognizes when to tailor or deviate from the standard order set</td>
</tr>
<tr>
<td>Demonstrate an understanding of the patient’s condition that underpins the provided orders</td>
<td>Lacks basic knowledge needed to guide orders</td>
<td>Able to complete complex orders requiring changes in dose or frequency over time (e.g., a taper)</td>
</tr>
<tr>
<td>Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts</td>
<td>Discounts information obtained from resources designed to avoid drug–drug interactions</td>
<td>Undertakes a reasoned approach to placing orders (e.g., waits for contingent results before ordering more tests)</td>
</tr>
<tr>
<td>Discuss planned orders and prescriptions with team, patients, and families</td>
<td>Fails to adjust doses when advised to do so by others</td>
<td>Recognizes limitations and seeks helps</td>
</tr>
<tr>
<td></td>
<td>Ignores alerts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Places orders without communicating with others; uses unidirectional style (“Here is what we are doing…”)</td>
<td>Routinely practices safe habits when writing or entering prescriptions or orders</td>
</tr>
<tr>
<td></td>
<td>Does not consider cost of orders or patient’s preferences</td>
<td>Responds to EHR’s safety alerts and understands rationale for them</td>
</tr>
</tbody>
</table>

### 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
- Has difficulty filtering and synthesizing information to prioritize diagnostics and therapies
- Underuses information that could help avoid errors
- Places orders without communicating with others; uses unidirectional style
- 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
- Considers the costs of orders and the patient’s ability and willingness to proceed with the plan

### Underlying entrustability for all EPAs

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**Mejicano, G., Ryan, M., Vasilevska, E., 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 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
- Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient’s preferences

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
- Uses a template with limited ability to adjust or adapt based on audience, context, or purpose
- Does not provide documentation when required
- Provides key information but may include unnecessary details or redundancies
- Demonstrates ability to adjust or adapt to audience, context, or purpose
- 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
- Has difficulty meeting turnaround expectations, resulting in team members’ lack of access to documentation
- Provides a verifiable cogent narrative without unnecessary details or redundancies

Expected Behaviors for an Entrustable Learner

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

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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
  - Reacts defensively when queried
- Presents in a disorganized and incoherent fashion

Expected Behaviors for an Entrustable Learner

- Gathers evidence incompletely or exhaustively
  - Fails to verify 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
- Follows a template
  - Uses acronyms and medical jargon
  - Projects too much or too little confidence

- 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

- 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

- When prompted, can adjust presentation in length and complexity to match situation and receiver of information
  - Tailors length and complexity of presentation to situation and receiver of information
  - Conveys appropriate self-assurance to put patient and family at ease

- 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

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

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

- Does not reconsider approach to a problem, ask for help, or seek new information
  - Develops Behaviors
  - (Learner may be at different levels within a row.)
- Declines to use new information technologies
  - With prompting, translates information needs into clinical questions
  - Seeks assistance to translate information needs into well-formed clinical questions
- Refuses to consider gaps and limitations in the literature or apply published evidence to specific patient care

**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
- Judges evidence quality from clinical studies
- Applies published evidence to common medical conditions
- 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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### 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

**P3**

- 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 a 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

**P3**

- 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 elaborate
- Inconsistently uses repeat-back technique
- Is unaware of HIPAA policies

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

**Give or receive a patient handover**

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

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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

1. Identify team members’ roles and responsibilities and seek help from other members of the team to optimize health care delivery
   - IPC2 SBP2 ICS3
2. Include team members, listen attentively, and adjust communication content and style to align with team-member needs
   - ICS2/IPC3 IPC1 ICS7 P1
3. Establish and maintain a climate of mutual respect, dignity, integrity, and trust
4. Prioritize team needs over personal needs to optimize delivery of care
5. Help team members in need
   - P1 ICS7 IPC1 SBP2

### Behaviors Requiring Corrective Response

<table>
<thead>
<tr>
<th>Develops Behaviors</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not acknowledge other members of the interdisciplinary team as important</td>
<td></td>
</tr>
<tr>
<td>Displays little initiative to interact with team members</td>
<td></td>
</tr>
<tr>
<td>Dismisses input from professionals other than physicians</td>
<td></td>
</tr>
<tr>
<td>Communication is largely unidirectional, in response to prompts, or template driven</td>
<td></td>
</tr>
<tr>
<td>Has limited participation in team discussion</td>
<td></td>
</tr>
<tr>
<td>Is typically a more passive member of the team</td>
<td></td>
</tr>
<tr>
<td>Integrates into team function, prioritizing team goals</td>
<td></td>
</tr>
<tr>
<td>Supports other team members and communicates their value to the patient and family</td>
<td></td>
</tr>
</tbody>
</table>

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

- **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

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

- **PC2** PC4 PC5
- **PC6**

**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

**Developing Behaviors**

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

<table>
<thead>
<tr>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes variations of patient’s vital signs based on patient- and disease-specific factors</td>
</tr>
<tr>
<td>Gathers, filters, and prioritizes information related to a patient’s decompensation in an urgent or emergent setting</td>
</tr>
<tr>
<td>Responds to early clinical deterioration and seeks timely help</td>
</tr>
<tr>
<td>Prioritizes patients who need immediate care and initiates critical interventions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Behaviors Requiring Corrective Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>An EPA: A unit of observable, measurable professional practice requiring integration of competencies</strong></td>
<td><strong>Recognizes limited ability to gather, filter, prioritize, and connect pieces of information to form a patient-specific differential diagnosis in an urgent or emergent setting</strong></td>
</tr>
<tr>
<td><strong>Recognize urgent or emergent situation</strong></td>
<td><strong>Fails to recognize trends or variations of vital signs in a decompensating patient</strong></td>
</tr>
<tr>
<td><strong>Recognize severity of a patient’s illness and indications for escalating care and initiate interventions and management</strong></td>
<td><strong>Does not recognize change in patient’s clinical status or seek help when a patient requires urgent or emergent care</strong></td>
</tr>
<tr>
<td><strong>Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient’s decompensation</strong></td>
<td><strong>Accepts help</strong></td>
</tr>
<tr>
<td><strong>Initiate and participate in a code response and apply basic and advanced life support</strong></td>
<td><strong>Requires prompting to perform basic procedural or life support skills correctly</strong></td>
</tr>
<tr>
<td><strong>Upon recognition of a patient’s deterioration, communicate situation, clarify patient’s goals of care, and update family members</strong></td>
<td><strong>Demonstrates appropriate airway and basic life support (BLS) skills</strong></td>
</tr>
<tr>
<td><strong>Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient’s decompensation</strong></td>
<td><strong>Initiates basic management plans</strong></td>
</tr>
<tr>
<td><strong>Initiate and participate in a code response and apply basic and advanced life support</strong></td>
<td><strong>Seeks input or guidance from other members of the health care team</strong></td>
</tr>
<tr>
<td><strong>Upon recognition of a patient’s deterioration, communicate situation, clarify patient’s goals of care, and update family members</strong></td>
<td><strong>Communicates in a unidirectional manner with family and health care team</strong></td>
</tr>
<tr>
<td><strong>Recognize severity of a patient’s illness and indications for escalating care and initiate interventions and management</strong></td>
<td><strong>Tailors communication and message to the audience, purpose, and context in most situations</strong></td>
</tr>
<tr>
<td><strong>Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient’s decompensation</strong></td>
<td><strong>Actively listens and encourages idea sharing from the team (including patient and family)</strong></td>
</tr>
<tr>
<td><strong>Initiate and participate in a code response and apply basic and advanced life support</strong></td>
<td><strong>Confirms goals of care</strong></td>
</tr>
</tbody>
</table>

### 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.

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

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

  - Is compliant 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
  - Accepts help

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

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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

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

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

**Key Functions with Related Competencies**

**Behavioral Requirements for Corrective Response**

- Reports errors in a disrespectful or misleading manner
- Displays frustration at system improvement efforts
- Places self or others at risk of injury or adverse event
- Avoids discussing or reporting errors; attempts to cover up errors
- Demonstrates defensiveness or places blame

**Expected Behaviors for an Entrustable Learner**

- Identifies and reports actual and potential errors
- Displays a structured approach to describing key elements of patient safety concerns
- Identifies and reports patient safety concerns in a timely manner using existing system reporting structures (e.g., event reporting systems, chain of command policies)
- Speaks up to identify actual and potential errors, even against hierarchy
- Actively engages in efforts to identify systems issues and their solutions
- Requires prompts for common safety behaviors
- Demonstrates common safety behaviors
- Engages in daily safety habits with only rare lapses
- Requires prompts to reflect on own errors and their underlying factors
- Identifies and reflects on own contribution to errors but needs help developing an improvement plan
- Identifies and reflects on the element of personal responsibility for errors
- Recognizes causes of lapses, such as fatigue, and modifies behavior or seeks help

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