EPA 1: Gather a history and perform a physical examination

1. **Description of the activity**

   Day 1 residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.

### Functions

#### History

- Obtain a complete and accurate history in an organized fashion.
- Demonstrate patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
- Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
- Observe focused, pertinent histories in urgent, emergent, and consultative settings.
- Consider cultural and other factors that may influence the patient’s description of symptoms.
- Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
- Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care.
- Demonstrate cultural awareness and humility (for example, by recognizing that one’s own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.

#### Physical Exam

- Perform a complete and accurate physical exam in logical and fluid sequence.
- Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
- Identify, describe, and document abnormal physical exam findings.
- Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).
Curricular Components for General Pediatrics EPA 4

<table>
<thead>
<tr>
<th>1. EPA Title</th>
<th>Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting</th>
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</table>
| 2. Description of the activity | The ability to manage pediatric patients who present with common acute illnesses is a key activity of a pediatrician. The scope of practice includes well children and children with chronic underlying disease who present with an acute illness. The specific functions which define this EPA include:  
  - Assessing the severity of illness and using judgment as to whether or not immediate or emergency actions, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems  
  - Gathering essential information through history, physical examination and initial laboratory evaluation  
  - Engaging in sound clinical reasoning that drives the development of an appropriate differential diagnosis to allow the indicated diagnostic tests to be performed  
  - Knowing or acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient’s care in developing a diagnostic work-up and plans for management and follow-up  
  - Placing the patient at the center of all management decisions to provide patient and family centered care by engaging in bidirectional communication with patients and families  
  - Communicating and documenting the therapeutic plan and clinical reasoning in a manner that is transparent to all members of the health care team |
| 3. Judicious mapping to domains of competence |  
  - X Patient Care  
  - X Medical Knowledge  
  - X Practice-based Learning and Improvement  
  - X Interpersonal & Communication Skills  
  - ___ Professionalism  
  - ___ Systems-based Practice  
  - ___ Personal & Professional Development |
| 4. Competencies within each domain critical to entrustment decisions | PC 1: Gathering information  
PC 5: Performing complete physical exams  
PC 6: Using optimal clinical judgment  
PC 7: Developing management plans  
MK 2: Practicing EBM  
ICS 1: Communicating with patients/families  
ICS 6: Maintaining medical records |
| 5. Curricular Components that support the functions of the EPA (knowledge, skills and |
Observer: Please complete the following based on your observations or impressions of the student while supervising them in completing a patient history and physical exam.

Please indicate how consistently the student did the following:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
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<tbody>
<tr>
<td>Obtain a complete and accurate history in an organized fashion.</td>
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<tr>
<td>Demonstrate patient-centered interview skills</td>
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<tr>
<td>Perform a complete and accurate physical exam in logical and fluid sequence.</td>
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<tr>
<td>Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety</td>
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Entrustment Level

Observer: Please indicate which statement BEST describes the level of supervision this student requires while completing a patient history and physical activity (EPA) in your clinical setting:

- [ ] Observation [observe supervisor performing activity]
- [ ] Co-activity [trainee and supervisor perform activity together, side-by-side]
- [ ] Full supervision [trainee performs activity with supervisor ready to immediately step in as needed]
- [ ] Full review [supervisor nearby, double-checks all findings or decisions]
- [ ] Partial review [supervisor nearby, double-checks only key findings or decisions]
- [ ] As needed review [supervisor distant, double-checks key findings or decisions at trainee’s request]
- [ ] Unsupervised [trainee can perform activity without supervision]
- [ ] Supervise [trainee can supervise others in performing this activity]

Briefly state at least one observation of the student’s performance that supports the level of supervision you assigned.

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Briefly state at least one thing (e.g. clinical or other experiences, specific skills that need further practice/development, demonstration of skills in other patients, etc.) that the student would need to demonstrate for you to advance them to the next level (i.e. more independence or less supervision):
“Entrustable Professional Activities: a Framework to Guide Learning and Assessment across the Continuum of Medical Education” Workshop

Part I: Definitions, Terms, and Framework

INDIVIDUAL WORK: 5 minutes

1. Choose either of the EPA handouts (both of which contain “Description of the Activity”) to review
   a. UME: EPA 1 – Gather a history and perform a physical exam
   b. GME: EPA 4- Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting

2. Identify 3-5 observable functions associated with the EPA that a supervisor could comment on and provide a rationale for why these were chosen

<table>
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<tr>
<th>Activity/Function</th>
<th>Rationale for Choice</th>
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PAIR SHARE: 5 minutes

1. Find a partner who chose the same EPA and compare your forms.
   a. Where the functions you chose the same or different? Why?
EPA 4: Managing patients with acute common medical problems

This assessment should be based on your observations or impressions of this trainee while supervising them in managing patients with acute, common medical problems in your clinical setting.

Please indicate below how consistently this trainee did the following:

<table>
<thead>
<tr>
<th>Behavior or Skill</th>
<th>Not Yet</th>
<th>At times, but not consistently</th>
<th>Consistently</th>
<th>Unable to Assess</th>
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<tr>
<td>Used illness scripts [i.e. representations of patient history, symptoms, and signs associated with a particular disease, syndrome, or condition] to compare and contrast different diagnostic considerations in patients</td>
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<td>Communicated with families and patients to build rapport and trust, such that families rarely sought reassurance from senior supervisors</td>
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<td>Developed well synthesized and focused diagnostic/therapeutic plans</td>
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<td>Created focused and succinct written documentation that also complied with billing requirements</td>
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Indicate which statement BEST describes the level of supervision this trainee requires while doing this activity (EPA) in your clinical setting:

Pick one:

- **Observation** [observe supervisor performing activity]
- **Co-activity** [trainee and supervisor perform activity together, side-by-side]
- **Full supervision** [trainee performs activity with supervisor ready to immediately step in as needed]
- **Full review** [supervisor nearby, double-checks all findings or decisions]
- **Partial review** [supervisor nearby, double-checks only key findings or decisions]
- **As needed review** [supervisor distant, double-checks key findings or decisions at trainee’s request]
- **Unsupervised** [trainee can perform activity without supervision]
- **Supervise** [trainee can supervise others in performing this activity]

Briefly state at least one observation of the trainee’s performance that supports the level of supervision you assigned: [free text response]

Briefly state at least one thing (e.g. clinical or other experiences, specific skills that need further practice/development, demonstration of skills in other patients, etc.) that the trainee would need to demonstrate for you to advance them to the next level (i.e. more independence or less supervision): [free text response]

Within 24 hours of completion, did you discuss the content of this assessment with the trainee? Yes/No Radio button

Did you and the trainee complete this form together? Yes/No Radio button

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