EPAs: A Framework to Guide Learning and Assessment Across the Continuum of Medical Education

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http://www.ucsfcme.com/MedEd21c/

#UCSFMedEd21
Objectives

- Understand key features of EPAs and strategies for assessment
- Identify advantages and disadvantages of two different competency assessment forms (tools)
- Interpret EPA-based assessment data and use it create a learning plan and make a competency decision
- Consider how you might implement an EPA-based assessment framework in your setting
Workshop Plan

- Brief introductions (West)
- Definitions, Terms, Framework (Henry)
- Competency-Based Assessment (Long)
  - Compare and Contrast Forms
- Practice interpreting real assessment data (West)
  - Develop learning plans
  - Make competency (entrustment) decisions
- Implementation and barriers (Henry)
- Take home points and questions
Competency-Based Medical Education: Definitions, Terms, Framework
Competency Frameworks

**ACGME (US)**
- Patient care
- Medical knowledge
- Practice based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

**The Scottish Doctor**
12 outcome domains by
- What doctor able to do
- How doctor approaches practice
- Doctor as professional

**Tomorrow’s Doctors (UK)**
The Doctor as:
1) Scholar and Scientist
2) Practitioner
3) Professional
Entrustable Professional Activities (EPAs)

- Concrete clinical activities that a physician (e.g. pediatrician) performs
  - Defines what it is to be a resident (or pediatrician)
- Requires synthesis of ACGME or LCME Milestone Competencies
- Competency standard based on level of supervision required
  - Goal is to do activity unsupervised
- Individualized to trainee and criterion-based (rather than normative-based)
EPA: Examples

For Undergraduate Medical Education

• Gather a history and perform a physical examination (EPA #1)

For Graduate Medical Education

• Manage patients with acute, common diagnoses in emergency, ambulatory, and inpatient settings (Pediatrics EPA #4)
## Competencies and EPAs

<table>
<thead>
<tr>
<th>EPA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td></td>
<td>X</td>
<td>XXX</td>
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<td>XX</td>
<td></td>
<td>XXX</td>
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</tbody>
</table>

*Inferred*
When is Competency Achieved?

*EPA Competency on a Continuum*

Modified from Ten Cate
EPA Assessment Building Activity

- Choose either an AAMC Core EPA …
  - Gather a history and physical examination …

- Or an American Board of Pediatrics EPA …
  - Manage acute common problems in a variety of settings

- Using the handout and worksheet, begin to build an assessment based on observable key activities of the EPA (5 min)
Assessment of Competency: Compare and Contrast Assessment Forms
## Example Competency Based Form

### Traditional Competency Based Form

**Clerkships Sample**

- **Subject:** [Evaluated Criteria]
- **Site:** [Site Information]
- **Period:** [Evaluation Period]
- **Dates of Activity:** [Activity Dates]
- **Activity:** [Activity Description]

The evaluation items below are organized by competencies. Please provide specific performance-based comments in each of the competency domains based on your experience with the student. If you select a rating that is lower than a 3, please provide an explanation for the rating in the constructive comments section so that the student can improve.

To view the MD competencies and milestones, please click [here].

To view the clerkship objectives, please click [here].

### Competency domain: Patient Care

**History Taking - Competency: Patient Care** (Question 1 - Mandatory)

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Not Applicable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below Expected Competency</strong></td>
<td>Constantly lacks focus</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Near Expected Competency</strong></td>
<td>History with “holes” in ability to conduct interview</td>
<td>1-2</td>
<td>3-4</td>
<td>5</td>
<td>5-6</td>
</tr>
<tr>
<td><strong>At Expected Competency</strong></td>
<td>History with consistent interview</td>
<td>5-6</td>
<td>7-8</td>
<td>9-10</td>
<td>11-12</td>
</tr>
<tr>
<td><strong>Above Expected Competency</strong></td>
<td>History with consistent interview</td>
<td>11-12</td>
<td>13-14</td>
<td>15-16</td>
<td>17-18</td>
</tr>
</tbody>
</table>

### Physical Exam/Mental Status Exam - Competency: Patient Care (Question 2 - Mandatory)

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Not Applicable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below Expected Competency</strong></td>
<td>Does not conduct complete exam, major deficiencies in technical quality of exam</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Near Expected Competency</strong></td>
<td>Conducts complete exam, some areas show technical weaknesses</td>
<td>1-2</td>
<td>3-4</td>
<td>5</td>
<td>5-6</td>
</tr>
<tr>
<td><strong>At Expected Competency</strong></td>
<td>Conducts complete exam, some areas show technical weaknesses</td>
<td>5-6</td>
<td>7-8</td>
<td>9-10</td>
<td>11-12</td>
</tr>
<tr>
<td><strong>Above Expected Competency</strong></td>
<td>Conducts complete exam, some areas show technical weaknesses</td>
<td>11-12</td>
<td>13-14</td>
<td>15-16</td>
<td>17-18</td>
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### Oral Presentation - Competency: Patient Care (Question 3 - Mandatory)

<table>
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<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Below Expected Competency</strong></td>
<td>Presentation very disorganized and incomplete</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Near Expected Competency</strong></td>
<td>Acceptable presentation of primary problems with reasonable characterization</td>
<td>1-2</td>
<td>3</td>
<td>3-4</td>
<td>4</td>
</tr>
<tr>
<td><strong>At Expected Competency</strong></td>
<td>Acceptable presentation of primary problems with reasonable characterization</td>
<td>3-4</td>
<td>5</td>
<td>5-6</td>
<td>6-7</td>
</tr>
<tr>
<td><strong>Above Expected Competency</strong></td>
<td>Acceptable presentation of primary problems with reasonable characterization</td>
<td>6-7</td>
<td>8</td>
<td>8-9</td>
<td>9-10</td>
</tr>
</tbody>
</table>

For more information, please refer to the UCSF Competency Based Form Guide.
## Competency-Based Form: Close Up

### Competency domain: Patient Care

#### History Taking - Competency: Patient Care  
(Question 1 - Mandatory)

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Description</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Not Applicable</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
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<tr>
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<tr>
<td>1</td>
<td>Below Expected Competency</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>2</td>
<td>Near Expected Competency</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Above Expected Competency</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Physical Exam/Mental Status Exam - Competency: Patient Care  
(Question 2 - Mandatory)

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Not Applicable</td>
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<td>0.5</td>
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<td>1.5</td>
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<tr>
<td>0</td>
<td>0.5</td>
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<td>1.5</td>
<td>2</td>
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</tr>
<tr>
<td>1</td>
<td>Below Expected Competency</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>2</td>
<td>Near Expected Competency</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Above Expected Competency</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</tbody>
</table>

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UCSF
Example EPA Form

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>
</tr>
</thead>
<tbody>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicated with families and patients to build rapport and trust, such that families rarely sought reassurance from senior supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed well synthesized and focused diagnostic/therapeutic plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Created focused and succinct written documentation that also complied with billing requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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):

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

Did you and the trainee complete this form together? Yes/No
EPA Form: Specific Behaviors

EPA 4: Managing patients with acute common medical problems

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- 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]
EPA Form: EPA-Framed Feedback

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
Pair Share To Consider

- Benefits/strengths of each form
- Problems with each form
- How each form could support/hinder coaching or working in a coaching system
- Trainee reaction to the information on the form
Interpreting EPA-Based Assessment Data: Time to Practice
Small Group Exercise:

*Individually*
- Review aggregate EPA-based assessment data
- Assign entrustment level
- Develop on learning plan with one goal/objective

*In Pairs or Triplets*
- Assign consensus entrustment level
Example EPA Form

EPA 4: Managing patients with acute common medical problems

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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 trainee would need to demonstrate for you to advance them to the next level (i.e. more independence or less supervision):

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

Did you and the trainee complete this form together? Yes/No
Interpreting EPA-Based Assessment Data: Large Group Discussion

- What were your reactions to this exercise?
- What did you think of this learner?
- Any advantages or disadvantages to this approach to assessment?
Education in Pediatrics Across the Continuum (EPAC)

- AAMC supported consortium of 4 schools
  - U Minnesota, U Colorado, U Utah, UCSF
- Test competency-based, time variable model of advancement from UME-GME-practice
- Pediatrics used a model
- EPA-based Competency Framework
### Proposed UME entrustment/supervision scale (EPAC, based on Chen, et al.)

<table>
<thead>
<tr>
<th>EPAS 1, 3, 4, 8, 10, 11, 12</th>
</tr>
</thead>
</table>

1. Not trusted to practice EPA
   a. Inadequate knowledge/skill; not allowed to observe (e.g. sterile field issues)
   b. Adequate knowledge; some skill; allowed to observe

2. Trusted to practice EPA only under proactive/full supervision
   a. As coactivity with supervisor
   b. With supervisor in room ready to step in as needed

### Proposed UME entrustment/coaching scale (EPAC)

<table>
<thead>
<tr>
<th>EPAS 2, 5, 6, 7, 9, 13</th>
</tr>
</thead>
</table>

1. Not trusted to practice EPA
   a. Inadequate knowledge/skill; not allowed to observe (sterile field issues)
   b. Adequate knowledge; some skill; allowed to observe

2. Trusted to practice EPA with coaching
   a. As coactivity with supervisor (e.g., supervisor taking the lead but sharing the practice)
   b. With coaching from supervisor (e.g. learner taking the lead and supervisor guiding as needed)

### EPAC WORKING THRESHOLD FOR GRADUATION

3. Trusted to practice EPA under reactive/on-demand supervision
   a. With supervisor immediately available, all findings double checked
   b. With supervisor immediately available, key findings double checked
   c. With supervisor distantly available, (e.g., by phone), findings reviewed

4. Trusted to practice EPA unsupervised

5. Trusted to supervise others in practice of EPA

4. Trusted to practice EPA without coaching or review
   a. All products double-checked
   b. Key products double-checked
   c. Overall practice of EPA reviewed

5. Trusted to coach others in practice of EPA

EPAC Example: Change in EPAs Over Time

Source: Alan Schwartz, PhD
When is Competency Achieved?

EPA Competency on a Continuum

<table>
<thead>
<tr>
<th>Competence</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evidenced-based entrustment decisions</td>
</tr>
<tr>
<td>Deliberate professional practice</td>
<td>EPA1</td>
</tr>
<tr>
<td></td>
<td>EPA2</td>
</tr>
<tr>
<td></td>
<td>EPA3</td>
</tr>
<tr>
<td></td>
<td>EPA4</td>
</tr>
<tr>
<td></td>
<td>EPA5</td>
</tr>
</tbody>
</table>

Modified from Ten Cate
UCSF Pediatric GME Assessment: Based on ABP EPAs

1. Provide consultation to other health care providers caring for children
2. Provide recommended pediatric health screening
3. Care for the well newborn
4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting.
5. Provide a medical home for well children of all ages. (Entrustment decisions for this EPA may require stratification by age group)
6. Provide a medical home for patients with complex, chronic, or special health care needs. (Entrustment decisions for this EPA may require stratification by age group)
7. Recognize, provide initial management and refer patients presenting with surgical problems
8. Facilitate the transition from pediatric to adult health care
9. Assess and manage patients with common behavior/mental health problems.
10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness (Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate).
11. Manage information from a variety of sources for both learning and application to patient care
12. Refer patients who require consultation
13. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)
14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems
15. Lead and work within interprofessional health care teams
16. Facilitate handovers to another healthcare provider either within or across settings
17. Demonstrate competence in performing the common procedures of the general pediatrician
EPA Assessment Strategy at UCSF
A Vision of Assessment for Learning

- Learning Activities (e.g. patient care, IDP-goals)
- Advisor Assisted Reflection
- Workplace Assessment
- Assessment-Based Feedback
- Clinical Competency Committee
- Entwrustment: Independent Practice
- Aggregate Data
- Additional Feedback (including ACGME Milestone Report)
EPA-Based Assessment: Implementation Issues

Large Group Discussion

- How would you structure use of EPA-based assessment in your setting?
- What challenges and barriers to implementation might you expect?
- How would you approach implementation?
Summary and Take Home Points

- EPAs – just another competency framework
  - Make sense to learners and teachers
  - Provides intuitive criterion competency standard
- Assessment data can support learning (feedback) and competency decisions
- Implementation is challenging but achievable
UCSF is driven by the idea that great breakthroughs are achieved when the best research, the best education and the best patient care converge.
Back-Up Slides
EPA Form: Specific Behaviors

Please indicate below how consistently this trainee did the following:

<table>
<thead>
<tr>
<th></th>
<th>Not yet</th>
<th>At times, but not consistently</th>
<th>Consistently</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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</tr>
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<td>3</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</table>

1. 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*

2. Communicated with families and patients to build rapport and trust, such that families rarely sought reassurance from senior supervisors*

3. Developed well synthesized and focused diagnostic/therapeutic plans*

4. Created focused and succinct written documentation that also complied with billing requirements*
Definition of Levels of Supervision
- 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]

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<th>Observation</th>
<th>Co-Activity</th>
<th>Full Supervision</th>
<th>Full Review</th>
<th>Partial Review</th>
<th>As Needed Review</th>
<th>Unsupervised</th>
<th>Supervised</th>
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<tr>
<td>5. Indicate which statement BEST describes the level of supervision this trainee requires while doing this activity (EPA) in your clinical setting:*</td>
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6. Briefly state at least one observation of the trainee's performance that supports the level of supervision you assigned:

7. 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):
8. Within 24 hours of completion, did you discuss the content of this assessment with the trainee?

<table>
<thead>
<tr>
<th>No</th>
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9. Did you and the trainee complete this form together?

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<th>No</th>
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Core Entrustable Professional Activities for Entering Residency

(Primary authors: Stephanie Call, Tracy Fulton)

EPA 1: Gather a history and perform a physical examination

(Primary authors: Maureen Garrity, Brenessa Lindeman)

EPA 2: Prioritize a differential diagnosis following a clinical encounter

(Primary authors: Steven Lieberman, Monica Lypson)

EPA 3: Recommend and interpret common diagnostic and screening tests

(Primary authors: Rebecca Minter, Jay Rosenfield)

EPA 4: Enter and discuss orders and prescriptions

(Primary authors: Carol Carraccio, Lynn Cleary)

EPA 5: Document a clinical encounter in the patient record

(Primary authors: Rebecca Minter, Jay Rosenfield)

EPA 6: Provide an oral presentation of a clinical encounter

(Primary authors: Stephanie Call, Tracy Fulton)

EPA 7: Form clinical questions and retrieve evidence to advance patient care

(Primary authors: Joe Thomas, Mark Wilson)

EPA 8: Give or receive a patient handover to transition care responsibility

(Primary authors: Carol Carraccio, Lynn Cleary)

EPA 9: Collaborate as a member of an interprofessional team

(Primary authors: Robert Englander, Timothy Flynn)

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

(Primary authors: Robert Englander, Timothy Flynn)

EPA 11: Obtain informed consent for tests and/or procedures

(Primary authors: Robert Englander, Timothy Flynn)

EPA 12: Perform general procedures of a physician

(Primary authors: Maureen Garrity, Brenessa Lindeman)

EPA 13: Identify system failures and contribute to a culture of safety and improvement

(Primary author: Robert Englander)
American Board of Pediatrics: EPAs for General Pediatrics

1. Provide consultation to other health care providers caring for children
2. Provide recommended pediatric health screening
3. Care for the well newborn
4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting.
5. Provide a medical home for well children of all ages. (Entrustment decisions for this EPA may require stratification by age group)
6. Provide a medical home for patients with complex, chronic, or special health care needs. (Entrustment decisions for this EPA may require stratification by age group)
7. Recognize, provide initial management and refer patients presenting with surgical problems
8. Facilitate the transition from pediatric to adult health care
9. Assess and manage patients with common behavior/mental health problems.
10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness (Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate).
11. Manage information from a variety of sources for both learning and application to patient care
12. Refer patients who require consultation
13. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)
14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems
15. Lead and work within interprofessional health care teams
16. Facilitate handovers to another healthcare provider either within or across settings
17. Demonstrate competence in performing the common procedures of the general pediatrician