Entrustable Professional Activities (EPAs) for clerks in Pediatrics.

These summaries describing the various EPAs can be used to formulate entrustability decisions and feedback comments on the clinic card. A student can be assessed on an entire EPA or one bullet only as long as associated written feedback linked to that EPA/bullet is given. Each student will receive numerous clinic cards on each EPA as they progress through clerkship.

EPA 1 - Gather a history (H) and perform a physical examination (P)

Pre-Entrustable

- H: errors of omission
- H: limited ability to systematically filter/prioritize/connect information
- H: limited integration of knowledge/pattern recognition results in slow/linear reasoning
- H/P: Decisions based on intuition, not evidence/understanding
- H/P: Patient-centered method inconsistent, may generalize
- P: skills – technique poor/ key findings missed

Entrustable

- H: Accurate focused/complete hx from patient/collateral when required
- H/P: Can activate prior foundational knowledge
- H/P: Uses analytical reasoning and/or prior clinical experiences as guide
- H/P: Consistently patient-centered /listens and talks
- H/P: Professional (even under conditions of stress or fatigue)
- P: Accurately identifies/documents/describes abnormal findings
- P: Knows limitations and when to ask for help

EPA 2 – Prioritize a differential diagnosis (DD) following a clinical encounter

Pre-Entrustable

- Largely rigid template approach associating symptoms and signs with diagnosis
- DD too broad/narrow or inaccurate
- Integration of new information/evidence with basic medical knowledge to update DD limited
- Overly reliant on supervisors/team for DD and Mx plan
- May create/carry out a Mx plan without verifying with supervisor
- Not able to recognize own limitations or seek help in Mx or communicating ambiguity and uncertainty

Entrustable

- Regularly gathers, updates and links current findings to prior clinical encounters to develop DD
- Is able to avoid most errors of clinical reasoning eg. premature closure.
- Management plan usually cohesive and tailored to prioritized DD
- Has understanding of own limitations, knowing when to ask for help/verification
- Comfortable with some ambiguity, able to respond to questions from team (including pt/family) professionally even when answer is uncertain
- Documentation demonstrates evidence of clinical reasoning
EPA 3 - Recommend and interpret common diagnostic and screening tests

Pre-Entrustable

- Recommends standard set of investigations but not prioritize to specific pt
- Rationale for recommendations not always explained
- Engagement of the health team in shared decision making limited
- Misinterprets minor abnormal test results
- Misses important/urgent abnormal results

Entrustable

- Recommends initial investigations targeted to working diagnosis
- Gives rationale if asked eg. pre test/post test probabilities for each investigation
- Engages healthcare team in shared decision making
- Methodically reviews and interprets each test result
- Correctly interprets cause and urgency of abnormal results
- Asks for help interpreting results when needed
- Notices and attempts to interpret unexpected results

EPA 4 – Enter and discuss orders and prescriptions (rx)

Pre-Entrustable

- Clinical knowledge not applied to orders and rx.
- Shotgun approach to orders – misses some/costs or pt context not considered
- Does not communicate with healthcare team before ordering/prescribing
- Defensive or overconfident – unable to explain rationale behind orders
- EHR skills limited
- Established protocols not always followed
- Rx errors common and repeated
- Knowledge of how to verify drug doses/names/interactions limited

Entrustable

- Synthesizes all information eg. pt demographics and preferences before placing orders/rx.
- Approach is stepwise yet flexible, informed by correctly interpreted results.
- Communicates with patient re results and consideration of next steps
- Risks/benefits/alternative approaches communicated
- Established protocols used yet recognizes when deviation is needed.
- Safety alerts recognized and used within EHR effectively
- Seeks help when appropriate

EPA 5 – Document a clinical encounter in the patient record

Pre-Entrustable

- Standard template not focused/tailored to audience or pt
- Documentation not completed in timely fashion
- Significant gaps/omissions in notes eg. date/signature
• Significant errors/inaccuracies in documentation eg. prohibited abbreviations/meds/lab values or illegible handwriting.
• Correct interpretation of results or use of clinical reasoning not reflected in the notes.
• Documented patient centered communication and plans lacking

Entrustable

• Focused documentation adapted to audience and purpose
• Documentation completed in timely fashion.
• Balanced comprehensive yet brief documentation that tells the patient story
• Legible notes with date and signature and acceptable abbreviations only
• All H/P findings and test results recorded accurately
• Documented clinical reasoning in solving problems including discussions with appropriate health care team members.
• Documented patient centered communication and plans

EPA 6 – Provide an oral presentation of an encounter

Pre-Entrustable

• Follows rigid template not tailored to audience/specific pt
• Not concise/organized around primary problem
• Unable to present uncertainty – becomes defensive or confabulates
• Fails to retrieve requested information
• Over/under confident – fails to incorporate teams recommendations in real time
• Does not conclude by summarizing agreed upon plan to all team members

Entrustable

• Skilled communicator, adjusts for receiver and context
• Involves healthcare team
• Difficult, stressful or uncertain issues not shied away from
• Assistance/additional information sought when appropriate
• Communicates bidirectionally, ensures shared understanding, avoids unnecessary medical jargon
• Accurate, concise, prioritized and organized
• Sensitive to privacy and confidentiality concerns

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

Pre-Entrustable

• Standardized, prioritized format inconsistently applied = errors of c/omission
• Does not always attempt to find setting that minimizes interruptions
• Focuses on their own tasks with minimal “situational awareness” eg. factors influencing receiver
• Does not ask clarifying questions, anticipate patient events/verbalize understanding

Entrustable

• Follows standard format eg. illness severity/action and contingency plans
• Adapts format to specific pt/team or context
• Prioritizes information for the recipient
• Attempts to find appropriate environment
• Takes into account workload of oncoming provider and team members
• Actively listens, asks clarifying questions and closes the loop with a summary

EPA 9 – Collaborate as a member of an interprofessional team

Pre-Entrustable

• Difficulty recognizing/prioritizing team goals over his/her own
• Identifies roles of other team members but only seeks direction from physicians
• Communication is unidirectional, in response to prompts/not adapted to context
• Difficulty reading/managing own or others emotions eg. anger or confusion
• May not always be professional, respectful especially if tired /stressed
• Passive team member
• Acts independently so not aware of/able to coordinate team based resources

Entrustable

• Actively integrates by valuing, listening to and seeking input from the team
• Adapts communication to the recipient
• Anticipates and responds to emotions in typical team situations
• Perceived by others as professional
• May rarely show lapses in professionalism in extremely emotional and stressful situations – has insight into this and uses it as a learning experience
• Generally works towards team goals, may be difficult if compete with personal ones
• Usually involves team (including pt and family) in goal setting and care plan
• Actively accesses and coordinates team based resources with pt

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

Pre-Entrustable

• Dismissal of other team members’ concerns/delay in asking for help due to minimal insight into personal limitations
• Difficulty gathering, filtering, prioritizing and communicating critical data
• Gaps in knowledge or application thereof make anticipating next steps difficult
• Fails to note variations in vital signs that may occur with age or disease states
• Inconsistently orders tests/interprets results delaying reassessment/further mx
• Difficulty initiating a code within a particular health care system
• Communicates unidirectionally as opposed to seeking health care team input.
• Documentation of urgent interventions my not be accurate

Entrustable

• Has insight into personal limitations and seeks help appropriately
• Uses information from credible sources to aid in decision making
• Gathers, filters, prioritizes information eg. vitals, focused H/P, recent tests, meds.
• Forms focused differential diagnosis
• Initiates interventions and drives early testing decisions to stabilize patient
• Anticipates next steps in care
• Communicates to and interacts effectively with team (including pt and family)
• Seeks guidance and feedback from the team to improve future patient care