Entrustable Professional Activities (EPAs) for Anesthesia

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 2: Formulate and justify a prioritized differential diagnosis.

Pre-entrustable

- Relies on limited aspects of his/her assessment to generate the differential diagnosis, failing to integrate elements across the history, physical examination, and investigative studies
- Identifies one or two sensible diagnostic possibilities for clinical presentations, but misses important, common diagnoses
- Has trouble identifying the most likely etiology when a differential diagnosis is generated
- Selects differential diagnoses which typically lack adequate justification and prioritization
- Does not routinely consider determinants of health in generating or prioritizing the differential diagnosis

Entrustable

- Lists diagnostic possibilities by integrating elements from the history, physical examination, and investigative studies
- Identifies the major diagnostic possibilities for common clinical presentations
- Justifies and prioritizes a most likely diagnosis based on information from his/her clinical assessment
- Incorporates major determinants of health for the patient when generating and prioritizing the differential
- Balances the tendency to be too all encompassing yet avoids errors of premature closure

EPA 6: Present oral and written reports that document a clinical encounter.

Pre-entrustable

- Presents a summary which is unfocused, inaccurate, disorganized and lacking important information
- Does not demonstrate shared understanding among patient, the health care team members and consultants
- Documents findings in an unclear, unfocused or inaccurate manner

Entrustable

- Presents a concise and relevant summary of a patient encounter to members of the healthcare team
- Presents a concise and relevant summary to the patient, and where appropriate, the patient’s family (caregiver/advocate)
- Specifies the patient context in the report
- Demonstrates a shared understanding among the patient, the health care team members and consultants through oral and written reports
- Documents findings in a clear, focused and accurate manner
EPA 7: Provide and receive the handover in transitions of care.

Pre-entrustable

When providing handover, the learner:
- Delivers variable information from patient to patient, not following a consistent structured handover template for verbal communication
- Omits key components, such as severity of illness in the handover information
- Does not completely update electronic handover tools
- Transmits erroneous information about patients
- Does not appropriately emphasize key points
- Does not use closed-loop communication to verify that the receiver of information has understood
- Does not question the timing of a handover in conditions where it would not be appropriate

When receiving handover, the learner:
- Receives information passively without asking clarifying questions
- Does not use closed-loop communication to verify important information
- Does not accept responsibility for the transfer of care

Entrustable

When providing handover, the learner:
- Conducts handover communication that minimizes known threats to transitions of care (e.g., by ensuring to engage the listener, avoiding distractions)
- Documents and updates an electronic handover tool
- Follows a structured handover template for verbal communication
- Provides succinct verbal communication that conveys, at a minimum, illness severity, patient demographics and wishes regarding care, a concise medical history, current problems and issues, pertinent and/or pending laboratory, radiological and other diagnostic information, situation awareness, action planning, anticipatory guidance and upcoming possibilities and contingency planning
- Demonstrates respect for the patient’s privacy and confidentiality
- Questions the timing of handover and discusses appropriate actions with team

When receiving handover, the learner:
- Provides feedback to the transmitter to ensure informational needs are met
- Asks clarifying questions
- Repeats the information just communicated to ensure closed-loop communication
- Communicates with the health care team and patient (family/caregiver/advocate) that the transition of responsibility has occurred
- Elicits feedback about the most recent handover communication when assuming primary responsibility for the patient
- Accepts responsibility for required care until responsibility is transferred to another team member
- Demonstrates respect for the patient’s wishes regarding their care, privacy and confidentiality

EPA 10: Participate in health quality improvement initiatives.

Pre-entrustable
- Is passive during morbidity and mortality rounds
- Is careless in daily safety habits
- Does not demonstrate alertness for situations threatening patient safety
- Does not admit errors of commission or omission until the errors are recognized by others
Entrustable
- Participates in morbidity and mortality rounds
- Enters information in an error-based system
- Engages in daily safety habits (e.g., universal precautions, hand washing, time-outs)
- Recognizes one’s own errors to the supervisor/team, reflects on one’s contribution, and develops his/her own learning plan or quality improvement plan
- Identifies a risky situation for the safety of a patient
- Participates in a quality improvement exercise/project

EPA 11: Perform general procedures of a physician.

Pre-entrustable
- Lacks the skills to perform the procedure
- Cannot list the indications and contraindications, the risks or benefits
- Does not anticipate or recognize the complications post-procedure and/or does not seek the necessary help
- Explains the procedure in a way that the patient/family cannot understand, using jargon and minimizing risks
- Does not answer the patient/family’s questions adequately
- Documents the procedure in an incomplete manner with missing information in the chart/notes

Entrustable
- Demonstrates the necessary skills to perform the procedure and has a good understanding of the indications/contraindications, the risks and benefits of the procedure
- Anticipates and recognizes the complications associated with the procedure and seeks help appropriately
- Explains the procedure to the patient/family/caregiver/advocate in language that is familiar to them and such that they understand the risks associated with the procedure
- Answers all questions of patient/family clearly
- Documents the procedure with all the relevant details

EPA 13: Collaborate as a member of an interprofessional team.

Pre-entrustable
- Focuses on his/her own performance, making it difficult for him/her to recognize and prioritize team goals over his/her own
- Identifies roles of other team members but only fully understands and appreciates the contributions of other physicians
- Seeks guidance from physicians only, adhering only to their recommendations and directives
- Communicates largely in a unidirectional way, in response to a prompt, with limited ability to modify content based on audience, venue, receiver preference or type of message
- Has difficulty reading, anticipating or managing his/her own or others’ emotions, especially responses such as anger, confusion or misunderstanding
- May demonstrate lapses in professionalism such as disrespectful interactions, especially in times of stress and fatigue
- Functions as a passive member of the team and acts independently of input from the health care team
- Is unaware of resources available to and needed by patients within a given community or health care system
- Has a limited ability to help coordinate and improve their care as a member of the interprofessional team
Entrustable

- Actively strives to integrate into the team
- Recognizes the value and contributions of all team members
- Seeks input and help from all team members as needed
- Adapts communication strategies to the recipient in content, style and venue, contributing to good interactions with team members
- Listens actively and elicits ideas and feedback from all team members
- Anticipates and responds to emotions in typical situations
- Rarely shows lapses in professional conduct except in unanticipated situations that evoke strong emotions, and has insight to use experience to learn to anticipate and manage future triggers
- Works towards achieving team goals, although this may be more difficult when personal goals compete with team goals
- Usually involves patients, families and other members of the interprofessional team in goal setting and care plan development
- Shares his/her knowledge of community resources with patients, families and other members of the interprofessional team
- Is actively involved in care coordination