

# **Core Entrustable Professional Activities**

*for the Graduating Naturopathic Medical Student*



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## EPA Preamble

Naturopathic medicine is grounded in a holistic approach to healthcare, emphasizing the principles of prevention, whole-person, cause-based treatment approaches, natural therapies, and the body's innate ability to heal. As the field continues to grow and evolve, the education and training of naturopathic physicians must ensure that graduates are competent in integrating both traditional healing practices and modern medical science within the framework of larger healthcare systems. *The Core Entrustable Professional Activities for the Graduating Naturopathic Medical Student* serve as a critical framework in this educational process, defining the core competencies that learners must demonstrate to be entrusted with the independent practice of naturopathic medicine.

This document delineates the Entrustable Professional Activities (EPAs) essential to naturopathic medical education, which encompass a broad spectrum of clinical, diagnostic, and therapeutic activities. These activities are designed to reflect the unique philosophy and practice of naturopathic medicine, including the emphasis on individualized patient care, the use of natural and non-invasive therapies, and the integration of lifestyle and nutritional counseling.

The EPAs described were crafted to ensure that learners are effectively trained to meet the diverse needs of their patients in an evolving healthcare workforce, while adhering to the principles of naturopathic medicine. By focusing on key clinical activities, the EPAs serve as both a roadmap for educators and a guide for learners in their journey to becoming competent, compassionate, safe, and effective naturopathic physicians.

The EPAs will be continuously reviewed and updated to keep pace with advancements in naturopathic practice and the broader healthcare environment. Our commitment is to foster a generation of naturopathic physicians who are not only clinically proficient but also deeply attuned to the values and principles that define naturopathic medicine. Through rigorous training and assessment, we aim to prepare graduates to excel in diverse healthcare settings, contributing to the health and well-being of the communities they serve.

### **What is an Entrustable Professional Activity (EPA)?**

An Entrustable Professional Activity (EPA) is a unit of professional practice, (e.g., performing a complaint-oriented physical examination), that can be fully entrusted to a learner once they demonstrate the necessary competence (Chen, 2015). EPAs integrate multiple competency domains, such as communication skills, professionalism or naturopathic knowledge, in their described performance parameters (Chen, 2015; Rekman. 2016). EPAs move away from focusing on the qualities of a person (i.e., their competency in a particular area) and focus instead on the qualities of the work to be completed (i.e., the activities a physician performs in practice) (ten

Cate & Taylor, 2021; ten Cate & Schumacher, 2022). EPAs represent a pragmatic list of activities or a core set of tasks that define professional practice (Chen, 2015).

The concept behind EPAs is to operationalize competency-based medical education and facilitate the guidance and evaluation of learners in clinical workplaces (Chen, 2015; Caraccio et al., 2021). EPAs are intended to be the link between competencies, such as those described in the Association of Accredited Naturopathic Medical Colleges (AANMC) Core Competencies of the Graduating Naturopathic Student, and clinical practice. EPAs anchor outcomes in physician tasks, addressing concerns about integrating competency domains and contextual factors more effectively than earlier competency-based medical education (CBME) frameworks (Chen, 2015). For example, as an assessment framework, EPAs can be used to determine the level of supervision a learner requires to perform specific tasks (Caraccio et al., 2021; Keeley et al., 2022; Soukoulis et al., 2021). The level of supervision required is then used to determine the learner's readiness to perform tasks autonomously in novel situations (Keeley et al., 2022).

To qualify as an EPA, an activity must be executable within a given time, observable, measurable, confined to qualified personnel, and suitable for an entrustment decision (ten Cate et al., 2015; ten Cate & Taylor, 2021). This means that an EPA cannot be a broad construct, like "Professionalism," or a personal quality, like "Minimizing unfamiliar terms during patient encounters". The activity must be a clearly defined task or responsibility that has a definitive beginning and end, can be observed by a supervisor, and is a recognized part of professional work in the relevant field (ten Cate et al., 2015).

The goal of training is to prepare the learner to perform the EPA at the level of 'entrustment,' meaning the learner can perform the activity unsupervised. To determine the learner's level of competence, EPA assessments utilize a supervision scale, which outlines the different levels of supervision a learner might require, ranging from observation to unsupervised practice (ten Cate, 2013; ten Cate et al, 2018). By outlining the different levels of supervision, EPAs provide a framework for making decisions about a learner's readiness to perform tasks with increasing autonomy (Keeley et al., 2022).

## The Purpose of EPAs in Medical Education

Entrustable Professional Activities (EPAs) are recognized as a valuable tool in medical education with their ability to meaningfully transition theoretical knowledge to real-world clinical practice and application. EPAs continue to be utilized in various healthcare medical education settings, emphasizing the importance of achieving clinical-ready graduates with the necessary skills to provide safe and effective patient care. Unlike traditional methods that primarily focus on

assessments of knowledge or skills in isolation, EPAs emphasize the integration of these components into meaningful, context-specific actions that directly reflect the professional roles and responsibilities of healthcare practitioners.

EPAs shift the focus from time-based training (i.e., how long a learner has been in a certain setting) to competency-based evaluation. This ensures that learners are assessed on their ability to perform specific tasks at a level that is expected of an entry-level professional, rather than their ability to complete a certain number of hours or rotations. By identifying key activities that define a healthcare profession, EPAs provide a structured path for learners and educators. Each EPA is associated with observable milestones of development, which allow educators to track a learner's progress over time and ensure they are ready for independent practice upon graduation.

EPAs can be specifically tailored to reflect the unique aspects of Naturopathic Medicine. This includes a focus on holistic patient care, integrative treatment approaches, and the ethical, cultural, and social dimensions of health. By defining the specific tasks and skills expected of a naturopathic physician, EPAs help ensure that graduates are not only proficient in traditional medical knowledge but also in the distinctive competencies required to practice primary care medicine effectively and responsibly.

## How were the EPAs created

The creation of EPAs and the accompanying behavior statements was a collaborative effort involving members of the Council of Chief Academic and Clinical Officers (CCACO) and faculty from Bastyr University, the Canadian College of Naturopathic Medicine, National University of Health Sciences, National University of Natural Medicine, and Sonoran University of Health Sciences.

The project began with CCACO conducting an extensive review of literature on EPAs, including an examination of EPA frameworks from other medical professions. Drawing from this research, CCACO developed a set of sixteen EPAs deemed most suitable for naturopathic medical education, alongside defined levels of entrustable behaviors. CCACO members then aligned each EPA with AANMC's Core Competencies, ensuring comprehensive coverage of the seven areas of competence expected of Naturopathic Medical Graduates. This alignment laid the foundation for establishing clinical training standards.

With the EPAs mapped to AANMC's Core Competencies, specific behavior statements were needed to assess a learner's levels of independence for each activity. These behaviors

encompass observable actions, progressing from those expected of entry-level clinical learners to emerging clinical learners, culminating in the capability to perform each task without corrective guidance.

From April to June 2024, fifteen faculty members from Bastyr University, Canadian College of Naturopathic Medicine, National University of Health Sciences, National University of Natural Medicine, and Sonoran University of Health Sciences convened biweekly with CCACO lead members to refine behavior statements and entrustable behavior levels for each EPA. In Fall 2024, CCACO finalized the EPAs, marking a significant step in defining standards for Naturopathic Medical education.

## Applying the EPA Framework to Naturopathic Medical Education

While the references focus on MD-granting medical schools and do not explicitly mention naturopathic medical education, the principles and concepts discussed in these resources were extrapolated and applied to naturopathic medical education. The project resulted in the following:

- **Defining the Scope of Naturopathic Practice:** The first step involved identifying the core entrustable professional activities that define the scope of naturopathic practice. This required collaboration among naturopathic educators, clinicians, and regulatory bodies to establish a clear understanding of the essential tasks and responsibilities that naturopathic physicians are expected to perform independently.
- **Developing Naturopathic-Specific EPAs:** Once the scope of practice was defined, naturopathic-specific EPAs were developed, reflecting the unique principles and modalities of naturopathic medicine.
- **Aligning with Competency Frameworks:** EPAs were carefully mapped to the AANMC Core Competencies of the Graduating Naturopathic Student, ensuring alignment with the broader goals and standards of naturopathic education.
- **Developed Performance Milestones:** A range of performance milestones were described for each EPA. Performance milestones describe learners at key stages of clinical performance, from behaviors requiring remediation or immediate correction to behaviors of developing entrustability and finally to behaviors denoting entrustment.

The application of the EPA framework to naturopathic medical education offers several potential benefits:

- **Enhanced Standardization and Transparency:** EPAs could help standardize training and assessment across naturopathic medical schools, ensuring greater transparency and accountability regarding the competencies expected of graduates.
- **Improved Clinical Preparedness:** By focusing on the performance of essential professional activities, EPA-based training could enhance the clinical preparedness of naturopathic graduates, better equipping them for independent practice.
- **Strengthened Interprofessional Collaboration:** Clearly defined EPAs could facilitate interprofessional collaboration by providing a common language and understanding of the roles and responsibilities of naturopathic physicians within the broader healthcare system.

However, implementing EPAs in naturopathic medical education could also present challenges:

- **Defining the Unique Scope of Practice:** Reaching a consensus on the core EPAs that define naturopathic practice is complex, given the diversity of modalities and philosophical approaches within the profession.
- **Developing Valid and Reliable Assessments:** Creating robust assessment tools to measure learners' performance on naturopathic EPAs requires careful consideration of the multifaceted nature of naturopathic practice.

Overall, the EPA framework offers a promising approach to enhancing the quality and relevance of naturopathic medical education. By grounding assessment in the real-world activities of naturopathic practice, EPAs could help ensure that graduates are well-prepared to meet the evolving needs of patients and the healthcare system. The EPAs articulate a well-defined scope of clinical performance measures that can provide support for legislative advancement of naturopathic medicine (e.g. regulation, scope of practice).

## Interpretation of EPA Statements by Clinical Supervisors

Clinical supervisors are central to the successful implementation of an EPA framework, as they are responsible for observing learners in the workplace, providing feedback, and making judgments about a learner's readiness for increased responsibility. For EPA statements to be useful for both supervisors and learners, supervisors must understand how to interpret them within the context of both the EPA framework and their role as educators.



## EPA Descriptions as a Guide to Clinical Supervision

To ensure that supervisors understand the activities learners are expected to perform and the level of competence required for each, the EPA description must be clear and understandable. EPA descriptions function as mini-curricula and should outline the specific knowledge, skills, and attitudes (KSAs) a learner must demonstrate to be entrusted with the activity without supervision (Peters et al., 2017; ten Cate & Taylor, 2021).

When reviewing an EPA description, clinical supervisors should pay particular attention to the following sections:

1. **Title:** The title should clearly and concisely identify the task or responsibility.
2. **Description:** This section provides a brief outline of the EPA, defining what is expected from the activity.
3. **Main Competency Domains Encompassed in the EPA:** This section identifies the EPA activity and domains of competence from the AANMC Core Competencies of the Graduating Naturopathic Student.
4. **Entrustable Behavior Levels:** This section details the developmental stages of knowledge, skills, attitudes (KSAs) a learner might demonstrate as they progress towards being entrusted with performing the EPA unsupervised. Learner behaviors are described at four levels: behaviors requiring immediate correction or remediation, pre-entrustable behaviors, developing entrustable behaviors, and entrustable behaviors. Each level of described KSAs represents a constructed progression, but learners may exhibit behaviors that cross over more than one level. A student is entrustable to perform the EPA independently when they exhibit all the behaviors described at the “entrustable” level on a consistent basis. A fifth level of entrustment, post-entrustable behaviors, describes a level at which a learner might be entrusted to teach and/or supervise other learners. This level may or may not be permitted in all EPAs or in all naturopathic programs.
5. **Suggested Approaches to Assessment of the EPA:** This section lists the different assessment approaches that may be used to collect data about the learner's performance and support entrustment decisions. The EPA document does not provide specific assessment tools.
6. **Entrustment Decisions:** This section defines three main considerations about entrustment decisions: the stage of training at which entrustment of the EPA is expected, the level of permitted independence an entrusted learner would be provided,

and the basis of entrustment decisions. Each entrustment consideration is further defined as follows:

- Stage of Training:
    - i. Entry-level Clinical Learner
    - ii. Intermediate-level Clinical Learner
    - iii. Senior-level Clinical Learner
  - Level of Permitted Independence
    - i. Not permitted to practice EPA
    - ii. Permission to practice the EPA under direct, proactive supervision
    - iii. Permission to practice the EPA under indirect, reactive/on-demand supervision
    - iv. Permission to practice EPA unsupervised
    - v. Permission to supervise others in the practice of the EPA
  - Basis of Entrustment Decisions
    - i. Watching - Brief and focused observation; Longitudinal observation
    - ii. Talking - Brief conversations
    - iii. Reviewing results - Product evaluation
7. Time Period to Expiration if Not Practiced: Ability and entrustment may decline when an EPA is not practiced for a period. This is a consideration that has not been specified in the EPA document because it may vary from program to program. Individual programs should determine the expiration period of entrustment in specific EPAs.

(Peters et al., 2017; ten Cate & Taylor, 2021)

## Translating Observed Performance to Supervision Levels

Once a supervisor understands the components of an EPA and the expectations for performance, they must be able to translate their observations of a learner's performance into a decision about the level of supervision the learner requires. EPA frameworks generally utilize a

five-level supervision scale, which outlines the different levels of supervision a learner might require. The five levels of supervision can be summarized as follows:

1. Observation: The learner observes the supervisor performing the EPA but does not participate.
2. Direct Supervision: The supervisor is physically present and provides active guidance and instruction as the learner performs the EPA.
3. Indirect Supervision: The supervisor is immediately available but not physically present as the learner performs the EPA.
4. Unsupervised: The learner performs the EPA independently without the supervisor present or immediately available.
5. Supervision of Others: The learner is entrusted with supervising others in the performance of the EPA.

(ten Cate, 2013; ten Cate et al., 2015; Peters et al., 2017; Keeley et al., 2022)

The level of supervision required is determined by the learner's demonstrated competence in the required KSAs, their ability to recognize their own limitations, and their ability to respond appropriately to challenges (Peters et al., 2017). To make well-informed entrustment decisions, supervisors must move beyond evaluating a learner's competence in a particular area (i.e., can they perform the task?) and consider whether the learner is trustworthy (Rekman, 2016). Trustworthiness encompasses qualities such as truthfulness, discernment, conscientiousness, and a willingness to ask for help when needed (Peters et al., 2017, Moeller et al., 2017). For instance, a supervisor might observe a learner performing a task proficiently, but if the learner demonstrates a lack of awareness of potential risks or an unwillingness to acknowledge their limitations, the supervisor may choose to maintain a higher level of supervision (Ryan et al., 2022).

## USING EPAS TO GUIDE FEEDBACK

EPA statements can also be used to guide feedback. Instead of providing general comments about the learner's performance, supervisors should focus their feedback on the specific KSAs required for the EPA. By framing feedback in the context of entrustment, supervisors can help learners understand the behaviors and attitudes they need to develop to be entrusted with greater responsibility (Peters et al., 2017).

### Challenges to Interpretation

While EPA statements offer a valuable framework for clinical supervision, it is important to recognize potential challenges to interpretation.

- **Ambiguity in Terminology:** The terminology used in EPA statements may sometimes be ambiguous. For example, what constitutes "indirect supervision" or "distant supervision" may vary across contexts. To ensure a shared understanding, clinical supervisors should engage in regular discussions and professional development activities that clarify the meaning of key terms and provide opportunities to practice applying the supervision scale (Shorey et al., 2019; Keeley et al., 2022; Ryan et al., 2022).
- **Subjectivity of Entrustment Decisions:** Entrustment decisions are inherently subjective (Rekman, 2016; Moeller et al., 2017). Supervisors may be influenced by factors such as their own experiences, personality, and the specific context of the observation. To mitigate bias, it is important to use multiple sources of data to inform entrustment decisions, including direct observations, case-based discussions, and feedback from other members of the healthcare team (Peters et al., 2017; ten Cate & Taylor, 2021).
- **Misconceptions about EPAs:** There are some common misconceptions about EPAs that can hinder their effective implementation (ten Cate et al., 2015). For example, some supervisors may mistake EPAs for competencies or misinterpret them as checklists of tasks. To address these misconceptions, it is crucial to provide ongoing faculty development that reinforces the distinction between EPAs and competencies and emphasizes the importance of using EPAs as a framework for entrustment decision-making, not simply as a list of tasks to be completed (ten Cate & Schumacher, 2022).

By understanding the principles of EPAs, the importance of trustworthiness, and the nuances of the supervision scale, clinical supervisors can use EPA statements to guide their interactions with learners, provide meaningful feedback, and make well-informed decisions about entrustment.

## IMPLEMENTING EPAS: KEY PRACTICES FOR CLINICAL ASSESSMENT PROGRAMS

The implementation of EPAs in medical education requires a thoughtful and flexible approach that integrates assessment and curriculum design while maintaining program autonomy. While EPAs offer a standardized framework for identifying key competencies and professional tasks,

each educational program retains the flexibility to design their curriculum and assessment methods in ways that best align with their unique mission and values.

In Naturopathic Medical education, the process of implementing EPAs generally involves several critical steps:

1. **Identifying Key Activities:** First, educational programs identify the core activities that represent their clinical curriculum and program outcomes. These activities should encompass the range of clinical, communication, diagnostic, and therapeutic tasks that learners must be able to perform by the time they graduate. Individual programs should align these key clinical activities with the AANMC EPAs that are directly relevant to their program outcomes.
2. **Developing EPA Competency Milestones:** Milestones are observable behaviors that indicate levels of developing competence. Institutions can then develop specific milestones that reflect stages of learner development within their program. These milestones serve as benchmarks for educators to assess learners' progress and readiness for independent practice.
3. **Assessment Tools and Methods:** While EPAs provide the overall framework, the methods used to assess learners' competence within these activities may vary by program. Assessment tools such as direct observation, structured feedback, reflective journals, and clinical skills examinations are commonly employed to measure a learner's ability to perform each EPA. The frequency and type of assessments are tailored to ensure that learners are gradually entrusted with more responsibility as they demonstrate competence. Educators use these assessments to make entrustment decisions, determining when a learner is ready to undertake a particular activity with less supervision.
4. **Entrustment Decisions:** A cornerstone of EPA implementation is defining the basis of decisions to entrust learners with increasing levels of responsibility. Entrustment decisions, allowing learners to perform certain tasks with greater independence, should be based on defined performance expectations within each EPA.
5. **Feedback and Reflection:** A strength of EPA-based assessment is the capacity to provide ongoing formative feedback to learners. Regular feedback provides constructive guidance to learners, helping them understand their strengths and areas for improvement. Learners are encouraged to reflect on their learning experiences and demonstrate how they plan to address any gaps in their performance.
6. **Program-Specific Adaptations:** Each naturopathic medical program can adapt its use of EPAs to fit its own curriculum, patient population, and educational philosophy.

The implementation of EPAs in Naturopathic Medical education is a dynamic process that allows for flexible and individualized educational experiences. While the overarching framework of EPAs provides structure, programs maintain autonomy in their design and assessment processes. By focusing on observable, context-specific tasks, EPAs help ensure that learners are not only knowledgeable but also fully prepared to meet the diverse and complex needs of patients in independent practice.

## EPA Template

Title

Description

*Most Relevant Domains of Competence*

Entrustable Behavior Levels:

1. Requiring Remediation – Knowledge, Skills, and/or Attitudes/Behaviors (KSAs) that require immediate correction.
2. Pre-Entrustable – Demonstration of basic clinical KSAs directly related to the EPA
3. Emerging Entrustable – Demonstration of developing clinical KSAs directly related to the EPA
4. Entrustable – Demonstration of clinical KSAs directly related to the EPA consistently performed independently
5. Post-Entrustable – Demonstration of clinical KSAs directly related to the EPA at a leadership level (fully independent and able to assess situations and other learners with some supervision)

Assessment Sources

Entrustment Decisions: Recommendations

1. Stage of Training
  - a. Entry-level Clinical Learner
  - b. Intermediate-level Clinical Learner
  - c. Senior-level Clinical Learner
2. Level of Permitted Independence
  - a. Not permitted to practice EPA
  - b. Permission to practice the EPA under direct, proactive supervision
  - c. Permission to practice the EPA under indirect, reactive/on-demand supervision
  - d. Permission to practice EPA unsupervised
  - e. Permission to supervise others in the practice of the EPA
3. Basis of Entrustment Decisions
  - a. Watching - Brief and focused observation; Longitudinal observation
  - b. Talking - Brief conversations
  - c. Reviewing results - Product evaluation

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# EPA 1: Obtain a patient history adapted to the patient's clinical situation

## Description

The learner performs a complete history, gathering all pertinent information in an organized and consistent manner. The learner is able to incorporate biopsychosocial, naturopathic knowledge, and clinical reasoning to appropriately guide information gathering. The encounter is conducted respectfully and is sensitive to the patient's needs, cultural and religious beliefs, gender, and sexual orientation.

## Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD1a-c, MAD2d, f, g)

Patient Management (PM1a, b, PM3e, h)

Communication and Collaboration (CC1a-d)

Professionalism (P2b)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Fails to collect accurate information. Relies solely on secondary sources of information
- Fails to recognize or address a patient's central concern(s) in a non-emergent situation
- Fails to recognize situations of imminent danger to patient
- Breaches patient privacy and autonomy
- Communicates in a disrespectful, culturally insensitive manner

## Pre-entrustable Behaviors

- Gathers incomplete and/or irrelevant information
- Gathers information in an unorganized/illogical manner
- Adheres to a template without adapting to patient presentation
- Communicates unidirectionally with few to no open-ended questions
- Does not respond to patient cues
- Does not seek to better understand and address patient needs, values, and/or circumstances
- Does not consistently consider patient privacy and autonomy
- Does not communicate in a way the patient can understand
- Demonstrates judgment and/or bias in communications

## Emerging/Developing Pre-Entrustable Behaviors

- Gathers most but not all relevant information
- Demonstrates occasional deficits with organization
- Adapts questioning to patient presentation in situations and circumstances inconsistently
- Inconsistently asks appropriate and relevant questions, such as closed- and open-ended questions
- Inconsistently recognizes and responds to verbal and non-verbal patient cues
- Seeks to understand patient needs, values, and/or circumstances
- Inconsistently communicates in an understandable manner
- Communicates in a manner that is free of judgment and/or bias

## Entrustable Behaviors

- Gathers complete and/or focused and accurate history appropriate to patient presentation in an organized manner. Incorporates secondary sources of information where appropriate. **(MAD1c; MAD2d; CC1c, d)**
- Demonstrates clinical reasoning in gathering the patient history and adapts to patient needs, situation, and circumstances. **(MAD1b, c; MAD2f; MAD2g; PM3e, PM3h; CC1c, d)**
- Demonstrates respect and adherence to patient privacy and provides the patient with full autonomy. **(PM1b; PM3e; CC1c; P1)**
- Establishes rapport by communicating in an empathetic, culturally-sensitive, and patient-centered manner. **(MAD1a, b; PM1a, b; CC1a, b)**

## Post-entrustable Behaviors

- Is able to observe and coach a learner in obtaining a patient history adapted to the patient's clinical situation.
- Manages intake accurately in a time efficient manner, capturing all relevant information, while cultivating a culturally sensitive and patient-centered approach.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters
- Simulated or objective structured clinical examination (OSCE)-based scenarios

## Entrustment Decisions:

### Stage of Training

- Entry-level Clinical Learner

**Level of Permitted Independence**

- Indirect Supervision

**Basis of the Entrustment Decision**

- Direct observation of EPA performance; medical record review; formative assessment (i.e., mini clinical evaluation exercise (miniCEX))

## EPA 2: Perform a physical examination that relates to the patient's clinical situation

### Description

The learner performs a focused and clinically pertinent physical examination in an organized and proficient manner. The learner is able to incorporate history, biopsychosocial, and clinical reasoning to appropriately guide objective information gathering. The encounter is conducted respectfully and is sensitive to the patient's needs, cultural and religious beliefs, gender, and sexual orientation.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD1a-c, MAD2a, MAD2a-d, f, g)

Patient Management (PM1a, b, c PM3g, h)

Communication and Collaboration (CC1a, d)

Professionalism (P1b, d, f, P2a-c)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Performs the physical examination incorrectly and/or incompetently
- Does not recognize medically urgent/emergent conditions or signs of imminent danger
- Disregards patient's privacy, discomfort during exams, uses unprofessional touch, and/or does not maintain patient modesty

### Pre-entrustable Behaviors

- Chooses unnecessary physical examinations
- Performs the physical examination incompletely

- Physical examination technique does not elicit intended information
- Physical examination is unorganized and does not adapt to patient presentation/response or individual physical circumstance
- Does not correctly recognize pertinent physical examination findings
- Does not communicate examination maneuvers to the patient

## Emerging/Developing Pre-Entrustable Behaviors

- Performs a standard physical examination correctly to elicit intended information
- Performs an organized standard physical examination
- Performs physical examination tailored to presentation/response, physical circumstance, and clinical scenario
- Accurately and appropriately recognizes pertinent normal physical examination findings
- Communicates examination maneuvers to the patient

## Entrustable Behaviors

- Performs indicated and proficient physical examination appropriate to patient presentation and clinical scenario in an organized and efficient manner (**MAD1a, MAD1b, MAD2d, MAD2f, PM1a-c, PM3g, PM3h, P1b, P1d, P2a, P2b**)
- Performs standard and focused physical examinations correctly to elicit intended information (**MAD1b, CC1a, P1d, P2a, P2b**)
- Demonstrates clinical reasoning in adapting physical examination to patient needs, situation, and circumstances (**MAD1b, MAD2g, PM3g, PM3h, P2b**)
- Establishes rapport by communicating and performing examination in an empathetic, culturally-sensitive, and patient-centered manner (**MAD1a, MAD1b, MAD1c, MAD2g, PM1a-c, CC1a, CC1d, P1b, P1f, P2b**)

- Accurately and appropriately recognizes and describes all pertinent physical examination findings (**MAD1b, MAD2d, MAD2f, PM3g, PM3h, P1d, P2a**)

## Post-entrustable Behaviors

- Is able to observe and coach a learner in performing a physical examination adapted to the patient's clinical situation
- Manages physical examination in a time efficient and fluid manner, capturing all relevant information, while cultivating a culturally sensitive and patient-centered approach

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner

### Level of Permitted Independence

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### Basis of the Entrustment Decision

- Watching - Brief and focused observation; Longitudinal observations

## EPA 3: Formulate and justify a differential diagnosis based upon the patient encounter

### Description

The learner assesses a patient's presenting signs and symptoms, physical examination findings, relevant diagnostic data and correlates the patient's medical history to formulate and justify a focused list of evidence-based differential diagnoses. The learner incorporates new and emerging information into an evolving differential diagnosis, while managing incomplete and/or unavailable data.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD1c, MAD2f, MAD3a-e)

Communication and Collaboration (CC1d)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Fails to demonstrate foundational medical knowledge to correlate patient presentation to pathophysiology
- Fails to interpret and synthesize subjective and objective data from history and physical examination findings collected from the patient encounter to arrive at evidence-based and appropriate differential diagnoses
- Disregards available and new clinical findings
- Fails to identify potentially dangerous and/or urgent diagnoses
- Responds in an unprofessional manner when asked to justify their proposed differential diagnoses



## Pre-entrustable Behaviors

- Integrates incomplete and/or irrelevant information to arrive at too narrow/broad differential diagnoses
- Does not completely identify a patient's determinants of health as related to their differential diagnoses
- Fails to provide appropriate evidence to support their differential diagnoses
- Fails to deviate from a formulaic approach leading to premature closure and inaccurate clinical reasoning

## Emerging/Developing Pre-Entrustable Behaviors

- Integrates relevant information to formulate unprioritized differential diagnoses.
- Formulates a differential diagnoses list that neglects relevant information
- Identifies potentially dangerous and/or urgent diagnoses.
- Provides most diagnoses with a rationale supported by evidence but misses some evidence
- Considers new and absent clinical information but does not integrate into the differential diagnosis list

## Entrustable Behaviors

- Generates a complete and prioritized list of diagnoses adapted to the patient's clinical presentation and determinants of health (**MAD3a, b**)
- Identifies abnormal clinical and/or diagnostic results and can correlate them to dangerous/urgent diagnoses (**MAD1c, MAD3a, b**)
- Demonstrates the ability to critically evaluate the strength and limitations of evidence supporting the formulation of each diagnosis (**MAD2f, MAD3c,d,e**)

- Considers all new and absent clinical information and integrates into the differential diagnosis list

## Post-entrustable Behaviors

- Is able to observe and coach a learner in assessing a patient's previous records, presenting symptoms, medical history, and relevant diagnostic data to formulate and justify an evidence-informed and prioritized differential diagnoses

## Suggested Approaches to Assessment of this EPA:

- Direct observation of patient encounters
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner

### Level of Permitted Independence

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### Basis of the Entrustment Decision

- Discussion; reviewing results – Product evaluation (i.e., chart audits)

## EPA 4: Formulate and justify a plan for further diagnostic investigation based on the prioritized differential list

### Description

The learner is able to identify and prioritize diagnostic investigations based on clinical acuity, diagnostic probability, patient preferences, and evidence informed practice. The learner is able to communicate the risk, benefits, and limitations of each diagnostic investigation. Diagnostic decisions are made in the context of the patient's goals, needs, and limitations.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD2b, d-g)

Patient Management (PM1c, d, PM2a-g, PM3b)

Communication and Collaboration (CC1d, CC3a-c)

Professionalism (P1b, d, h)

Systems Based Practice (SBP1, 4, 7)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Unable to formulate a diagnostic plan based on available subjective and objective data
- Fails to recognize appropriate tests to assess critical or high-risk conditions
- Fails to communicate justification for diagnostic work-up and recommendations

## Pre-entrustable Behaviors

- Identifies and recommends diagnostics investigations that are suitable for common conditions in the differential diagnoses
- Demonstrates the ability to recognize appropriate tests needed to assess potentially critical conditions
- Orders inappropriate or unnecessary diagnostic investigations, which could result in potential harm or excessive burden to the patient
- Fails to identify and recommend evidence informed screening tests for appropriate patient populations

## Emerging/Developing Pre-Entrustable Behaviors

- Recommends diagnostic investigations with clinical rationale but without prioritization
- Composes a diagnostic plan that considers patient preferences, costs, resources, and limitations
- Recommends inappropriate timing or frequency of diagnostic investigations for prevention, evaluation and/or management

## Entrustable Behaviors

- Articulates a logical, evidence-informed, and prioritized diagnostic plan, explaining how test results would guide further evaluation and management (**MAD 2b, MAD2g, PM2a, PM2c, CC3a, CC3b**)
- Recommends diagnostic investigations that consider cost-benefit ratios and align with patient circumstances and preferences (**MAD 2d, PM1c, PM2c, PM2d, PM2e, PM2f, PM2g, CC1d, CC3b, CC3c, P1b, P1h, SBP1, SBP7**)
- Recommends appropriate timing and follow-up of diagnostic investigations for prevention, evaluation, and/or management (**MAD 2d, PM2a, PM2b, PM2f, CC3a, P1d, SBP1, SBP4**)

## Post-entrustable Behaviors

- Is able to observe and coach others in the formulation, prioritization and justification of diagnostic plans
- Critically evaluates and incorporates new diagnostic techniques or technologies
- Advocates for patient-centered, cost-effective approaches, coordinating care to overcome barriers such as distance and cost
- Diagnostic recommendations are anticipatory of potential individual and/or system-based challenges

## Suggested Approaches to Assessment of this EPA:

- Direct observation
- Indirect - review of oral or written documentation
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner

### Level of Permitted Independence

- Permission to practice the EPA under direct, proactive supervision

### Basis of the Entrustment Decision

- Discussion; reviewing results – Product evaluation (i.e., chart audits)

## EPA 5: Interpret and communicate results of diagnostic and screening tests to determine the most probable diagnosis

### Description

The learner is able to recognize and interpret the results of both normal and abnormal diagnostic and screening tests. They effectively communicate the significance of test results as they relate to the probability of diagnoses, to patients, caregivers, and clinical team members.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD2f, g, MAD3a-f)

Patient Management (PM1b, c)

Communication and Collaboration (CC1a, CC2a-c)

Professionalism (P1a, c, d, e, g, h, P2a, d)

Systems Based Practice (SBP4, 6)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Unable to differentiate normal and abnormal diagnostic findings/results.
- Fails to identify potentially dangerous and/or urgent results
- Fails to communicate normal and abnormal results to supervising clinician or other clinical team members
- Fails to form a preliminary diagnostic opinion based on diagnostic and screening test results
- Communicates results and diagnosis in a rude, unprofessional, insensitive and/or inaccurate manner

## Pre-entrustable Behaviors

- Fails to properly interpret normal and abnormal diagnostic and screening test results
- Recognizes potentially dangerous or urgent results but not the clinical significance
- Does not utilize resources or seek support to interpret test findings
- Creates an incomplete and/or unprioritized differential list based on test results
- Unable to effectively communicate test results and diagnosis succinctly, effectively, accurately and in a sensitive and/or professional manner

## Emerging/Developing Pre-Entrustable Behaviors

- Recognizes and accurately interprets basic diagnostic and screening test results
- Is able to discern between normal and abnormal findings
- Recognizes clinical significance of potentially dangerous or urgent results but does not know how to respond appropriately
- Recognizes need for support with interpreting lab findings and is able to identify appropriate resources
- Recognizes and prioritizes most probable diagnoses based on test results
- Communicates and/or interprets test results to supervisor/care team clearly and succinctly
- Does not communicate results in an understandable manner to patients

## Entrustable Behaviors

- Interprets and summarizes significant diagnostic and screening test results (**MAD3a, P1a, P1c-e, P1g, P1h, P2a, SBP6**)

- Recognizes normal findings, abnormal findings, and common normal variations **(MAD3a, SBP6)**
- Recognizes potentially dangerous and/or urgent results and responds appropriately **(MAD2f, MAD3a, MAD3e, P2a, SBP6)**
- Effectively utilizes resources and seeks help to interpret results when needed **(MAD3c, MAD3d, P1a, P1c-e, P2a, SBP4, SBP6)**
- Understands and explains how diagnostic and screening test results inform and support the most probable diagnosis/diagnoses **(MAD3b-d, P1a, P1c-e, P1g, P1h, P2a, SBP4, SBP6)**
- Communicates results succinctly, effectively, and in a sensitive and professional manner to both patients and other clinical team members **(MAD2g, MAD3f, PM1b, PM1c, CC1a, CC2a-c, P1a, P1c-e, P1g, P2a, P2d, SBP4, SBP6)**

## Post-entrustable Behaviors

- Is able to observe and coach a learner in how to appropriately interpret and communicate results of diagnostic and screening tests as related to probable diagnosis, including when results may indicate a potentially dangerous and/or urgent scenario
- Able to assist another learner in effective, clear and sensitive communication of test results and their significance to patients and their representatives

## Suggested Approaches to Assessment of this EPA:

- Direct observation of patient encounters
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner

### Level of Permitted Independence



- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation (Communication)
- Discussion (Knowledge and Interpretation)
- Documentation - Review of products (e.g. post-encounter probe, patient record)

## EPA 6: Formulate, communicate and implement management plans

### Description

The learner formulates an appropriate, evidence-informed management plan that includes referrals, diagnostic testing, and all therapeutic recommendations. The management plan is individualized and reflects informed, shared decision making between the care team and patient. The learner communicates the management plan to the patient using language that is understandable and culturally sensitive. The learner ensures that the patient is able to effectively implement the management plan and makes adjustments where necessary.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD1d)

Patient Management (PM1a-d, PM2a-g, PM3a-h)

Communication and Collaboration (CC1a-d, CC3a-c, CC4a-c)

Professionalism (P1a-h, P2a, b, d, e)

Systems Based Practice (SBP1, 3, 4-8)

### ENTRUSTABLE BEHAVIOR LEVELS:

#### Behaviors Requiring Immediate Correction and/or Remediation

- Recommends management plans that are inappropriate to the patient's condition, would put the patient at undue risk, or does not recognize scope of practice
- Communicates management plans to the patient in a manner that is unprofessional or insensitive
- Does not consider the patient's culture, preferences, and/or limitations when developing management plans
- Fails to provide informed consent to the patient

- Demonstrates defensiveness when questioned

## Pre-entrustable Behaviors

- Proposes management plans that do not follow best evidence, practices and/or guidelines
- Formulates management plans that demonstrate inadequate understanding of the clinical priorities and/or patient preferences and limitations
- Recommends management plans that prioritize personal agenda
- Omits pertinent information when developing the management plan
- Prescriptions or referrals are incomplete or inaccurate
- Communication of management plans to patients is incomplete or inaccurate
- Does not recognize diagnostic test results or patient changes that would require alteration to management plans

## Emerging/Developing Pre-Entrustable Behaviors

- Proposes management plans that follow best evidence, practices and/or guidelines, but are not tailored to the patient presentation
- Formulates management plans that provide rationale for clinical and patient priorities
- Proposes management plans that are feasible and achievable for the patient
- Recognizes most pertinent information when developing the management plan
- Prescriptions and/or referrals are complete and accurate
- Communication of management plans to patients is clear, accurate, and complete
- Recognizes diagnostic test results or patient changes that would require alteration to management plans

## Entrustable Behaviors

- Management plan reflects current research, evidence, and experience and is developed with attention to patients values, culture, and biopsychosocial presentation **(PM1a, PM2a, PM2d, PM2e, CC1c, CC1d, CC3c, P2b, SBP7, SBP8, P2e)**
- Formulates management plans that reflect a nuanced and detailed understanding of clinical and patient priorities **(PM1d, PM2a, PM2b, PM2d, PM2e, PM3a, PM3b, CC1c, P1e, P2a, SBP7)**
- Proposes management plans that can be executed by the patient and show understanding of the patient's individual needs and circumstances **(PM2c, PM2d, PM2e, PM2f, PM2g, PM3a, CC1c)**
- Prioritizes all pertinent information when developing the management plan. **(PM3a, CC1c, SBP7, SBP8)**
- Ensures that all prescriptions and referrals are complete, accurate, and that aspects of patient safety are understood by all clinical team members and the patient **(MAD1d, PM2c, PM3c, PM3f, PM3g, PM3h, CC3b, CC3c, CC4a, CC4b, CC4c, CC4d, P1a, P1c, P1d, P1f, P1g, P1h, P2a, SBP1, SBP3, SBP4, SBP5, SBP6)**
- Communication with patient and/or patient representatives is clear, accurate, complete, and results in mutual agreement and understanding **(PM1d, PM1a, PM1b, PM1d, PM3a, CC1a, CC1b, CC2a, CC3a, P1a, P1b, P1d, P1e, P1f, P2b, P2d)**
- Follows up on diagnostic testing and/or changes in patient condition, and recommends altering management plans as needed **(PM1c, Pm3d, PM3e, P2a, SBP7)**

## Post-entrustable Behaviors

- Able to assist learners in the development and execution of management plans
- Able to assist learners in clear, accurate, and complete communication of management plans to patients

- Able to identify and correct errors in prescriptive and non-prescriptive therapies and other aspects of the management plan
- Able to independently follow up on labs and other diagnostic testing and recommend changes to management plans

## **Suggested Approaches to Assessment of this EPA:**

- Direct Observation of patient encounters
- Indirect Observation through oral or written documentation
- Patient feedback
- Simulated or OSCE-based scenarios

## **Entrustment Decisions:**

### **Stage of Training**

- Intermediate-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation (Communication)
- Talking - Brief conversations (rationale for management)
- Reviewing results - Product evaluation (written management plans)

## EPA 7: Document the clinical encounter in the patient record

### Description

The learner documents an accurate, pertinent, and professional narrative of the patient encounter. The record is free from error, embellishment, or omission of relevant information and contains accurate medical terminology. The record captures and reflects the clinical encounter clearly and can be interpreted by others. The learner includes in the encounter documentation all required components, such as consents and relevant documents. All legislation (e.g. privacy legislation) and confidentiality considerations are followed.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD1d)

Patient Management (PM3f)

Communication and Collaboration (CC3a)

Professionalism (P1a-c, P2a)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Produces incomplete, inaccurate, incoherent and/or illegible documentation
- Does not follow recommendations for correcting documentation
- Unprofessional and inappropriate language is used in the documentation
- Breaches or jeopardizes privacy and confidentiality of the patient record
- Does not adhere to legislative requirements and guidelines for documentation (i.e. is ignorant of or breaches regulation)

## Pre-entrustable Behaviors

- Documentation does not accurately reflect the clinical encounter (i.e. translation/transcription of patient information to the record)
- Does not include all required elements of a clinical record
- Inappropriate language is used in the documentation (i.e. vernacular, unrecognized abbreviations, etc.)
- Does not complete documentation in a timely manner and/or requires extensive correction
- Patient record is not well understood or unable to be interpreted by others
- Documentation is not organized
- Fails to properly complete documentation within legal/regulatory limitations (i.e. misses a required area)
- Documentation does not follow institutional expectations

## Emerging/Developing Pre-Entrustable Behaviors

- Documentation reflects the clinical encounter but with inaccuracies (i.e. reports the information, but is unable to interpret the patient's presentation)
- Includes required elements of a clinical record
- Document uses appropriate medical terminology and professional language
- Completes and revises documentation within the required timelines
- Patient record is organized and understandable
- Documentation adheres to all applicable requirements and guidelines

## Entrustable Behaviors

- Translates information (verbal, non-verbal, physical) into an accurate representation of the patient encounter **(MAD1d)**
- Adapts documentation to the audience, context, or purpose (e.g. referral letters, patient instructions, informed consent, etc.) **(MAD1d, PM3f, CC3a, P1a-c)**
- Completes documentation in an efficient and timely manner with minimal corrections **(P2a)**
- Documentation is organized and formatted to meet institutional expectations **(MAD1d, PM3f, P1a-c)**
- Documentation meets all applicable requirements and guidelines without error (including all applicable diagnostic coding and billing elements) **(MAD1d, CC3a, P1a-c)**

## Post-entrustable Behaviors

- Navigates all elements of record keeping with adaptability and expertise, without error
- Teaches to institutional and legislative record keeping requirements
- Assist emerging learners in proper and efficient documentation

## Suggested Approaches to Assessment of this EPA:

- Indirect - chart review
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner



### **Level of Permitted Independence**

- Permission to practice the EPA under direct, proactive supervision

### **Basis of the Entrustment Decision**

- Reviewing results - Product evaluation (written management plans)

## EPA 8: Provide oral and written presentations of the clinical encounter

### Description

The learner should be able to concisely present a summary of a clinical encounter to one or more members of the health care team as well as the patient and their authorized representative to achieve a shared understanding of the patient's current condition. The learner synthesizes and communicates accurate and pertinent information, as appropriate to the audience. The case presentation is delivered abiding privacy regulations.

### Main Competency Domains Encompassed in the EPA

Communication and Collaboration (CC1a, CC3a, b, CC4d)

Professionalism (P1a, b, i, P2f)

Systems Based Practice (SBP6)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Presents in a disorganized and incoherent manner.
- Fabricates information, is defensive, or refuses to elaborate when questioned.
- Neglects to include information that would change management of the patient
- Presents information to the patient and representatives in an insensitive manner.
- Disregards patient privacy

## Pre-entrustable Behaviors

- Presents a summary which is unfocused, inaccurate, disorganized and lacking important information around the chief complaint or the primary patient care issue(s) being presented.
- Presentation includes extraneous information that is not immediately relevant to the patient's chief concerns.
- Unable to effectively adjust the presentation to allow for input or discussion.
- Does not demonstrate shared understanding among patients, the health care team members, and consultants.
- Tends to accept information contained in the medical record and include it in the presentation without personally verifying it.
- Presents in an overconfident or underconfident manner, reducing trust in the information provided.
- Lacks situational awareness when presenting sensitive patient information.

## Emerging/Developing Pre-Entrustable Behaviors

- Identifies and integrates the pertinent problems from the medical record into a case presentation.
- Acknowledges gaps in information and/or knowledge.
- Does not clearly or completely communicate all pertinent information.
- Personally verifies accuracy of the presented information.
- Beginning to demonstrate the ability to prioritize information both in chart notes and oral presentation.
- Identifies information that supports analysis and management.
- Incorporates patient preferences and privacy into presentation.

## Entrustable Behaviors

- Presents a prioritized, relevant, accurate, and organized summary of a patient case, while addressing gaps in knowledge and uncertainty.
- Tailors case presentation to a specific audience (clinical team, patient, authorized representative). **(CC1a; CC3a, b; CC4d)**
- Addresses patient preferences and perspectives, and provides informed decision-making in written and oral presentations.
- Considers positive and negative findings, clinical research, and medical expertise in providing a cogent clinical analysis and management plan.
- Demonstrates a shared understanding among the patient, the health care team members, and consultants through oral and written reports. **(CC3a, b, 4d; SBP6)**
- Demonstrates a respect for patient privacy and confidentiality when presenting and discussing the case. **(P1a, i)**

## Post-entrustable Behaviors

- Directs learners in complete, accurate, and organized patient reporting. Probes for additional information when deemed necessary.
- Reports patient privacy issues to appropriate personnel.
- Models shared-decision making to learners.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation
- Indirect - Review of written documentation
- Simulated or OSCE-based scenarios

## **Entrustment Decisions:**

### **Stage of Training**

- Intermediate-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Reviewing results - Product evaluation (written management plans)

## EPA 9: Form clinical questions and retrieve evidence to advance patient care

### Description

The learner proficiently applies evidence-based medicine principles and tools to guide the formulation of clinical questions. The learner is able to recognize pertinent clinical issues, formulate clear and focused questions, select appropriate methodologies for information retrieval, critically appraise sources of evidence in the context of patient care, and apply them into clinical practice.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD3c, d)

Patient Management (PM2a, PM2c, PM3e, g)

Learning, Research, and Scholarship (LRS1a-f, LRS2a)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Does not formulate relevant clinical questions.
- Fails to conduct proficient literature search.
- Does not utilize appropriate resources.
- Does not consider gaps/limitations in literature.

## Pre-entrustable Behaviors

- Formulates relevant clinical questions when prompted.
- Utilizes inappropriate literature search strategies or resources, resulting in inadequate acquisition of evidence needed to address clinical questions.
- Does not critically appraise or identify potential biases in the literature.
- Demonstrates personal biases in selection and application of research.
- Does not analyze medical statistics to inform clinical decision-making.
- Unable to connect research findings to a clinical application.

## Emerging/Developing Pre-Entrustable Behaviors

- Seeks assistance to formulate precise and relevant clinical questions.
- Conducts effective literature searches utilizing a range of appropriate resources to obtain evidence that addresses uncomplicated clinical questions.
- Critically appraises quality of evidence within the literature.
- Manages personal biases and acknowledges gaps in information.
- Identifies significant medical statistics and their impact on clinical decision-making.
- Applies research findings to specific patient care needs.

## Entrustable Behaviors

- Demonstrates the ability to formulate precise and relevant clinical questions. **(LRS1a)**
- Conducts focused literature searches utilizing a range of appropriate resources to obtain evidence that addresses complex clinical questions. **(PM2a, LRS1b)**
- Critically appraises literature to determine level, reliability, and applicability of the evidence. **(MAD3c, LRS1c, LRS1e)**

- Applies medical statistics to inform clinical decision-making and patient care. **(MAD3c, PM3e, LRS1d, f,)**
- Appreciates ambiguity and gaps in findings and their impact on clinic decisions and applies nuanced findings appropriately. **(PM2c, PM3g, LRS1f, LRS2a)**

## Post-entrustable Behaviors

- Guides learners in the formulation of relevant clinical questions.
- Assists learners in conducting literature searches, utilizing appropriate resources.
- Assists learners in developing critical appraisal skills and identifying biases within the literature.
- Identifies personal biases as exhibited in other learners.
- Explains the use and utilization of medical statistics in clinical decision-making and patient care.
- Contributes to knowledge development and dissemination of research through education and publication.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation
- Indirect - Review of documentation
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner



### **Level of Permitted Independence**

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Talking - Brief conversations
- Reviewing results - Research and evidence

# EPA 10: Recognize a patient requiring Urgent/emergent care and provide initial management and transfer of care

## Description

The learner recognizes abnormal signs and symptoms of a patient that may require urgent or emergent care. They evaluate the severity of the patient's condition and need for escalating care and management. The learner can initiate an emergency response, perform a focused assessment, and initiate management for short term stabilization and transfer of care, as appropriate to the situation. The learner identifies their situational limitations and obtains assistance where necessary. They communicate with team members, other caregivers, and family members to clarify patient goals and provide status updates.

## Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD2f, g, MAD3e, f)

Patient Management (PM1a-d, PM2a, c, d, e-g, PM3g, h)

Communication and Collaboration (CC1a, d, CC2a-c, CC3a-c)

Professionalism (P1b, c, d, P2b, d)

Systems Based Practice (SBP1, 4-6)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Fails to recognize signs and symptoms in a patient that indicate a potential urgent or emergent scenario.

- Fails to initiate a response and involve appropriate clinical team members when a patient requires urgent or emergent care.
- Dismisses concerns of team members (supervisors, colleagues, staff and family members, etc.) about patient condition.
- Disregards the patient's goals or requests for care.
- Fails to adhere to institutional procedures and protocols for escalation of patient care.

## Pre-entrustable Behaviors

- Recognizes some but not all trends or variations of signs/symptoms in an urgent/emergent scenario.
- Demonstrates limited information gathering and prioritization to form an accurate differential list in an urgent or emergent scenario
- Fails to recognize when a transfer of care is indicated.
- Demonstrates inability to formulate a management plan for initial stabilization.
- Does not seek help in a timely or coordinated manner.
- Communicates inadequately or in a non-culturally sensitive manner with team members (supervisors, colleagues, staff and family members, etc.) about a patient's status.
- Does not clarify patient goals of care.

## Emerging/Developing Pre-Entrustable Behaviors

- Recognizes trends or variations of signs/symptoms in an urgent/emergent scenario.
- Able to gather and synthesize pertinent information to develop an unprioritized differential list.
- Initiates a basic management plan for initial stabilization of a patient in an urgent or emergent situation.
- Seeks assistance from appropriate clinical team members in a timely manner.

- Does not communicate succinctly with team members (supervisors, colleagues, staff and family members, etc.) about a patient's health status .
- Does not completely document patient assessments and interventions in the medical record.
- Confirms' patient's goals of care.

## Entrustable Behaviors

- Recognizes early warning signs/symptoms, including normal/abnormal variations of vital signs, as they relate to patient- and disease-specific factors that contribute to urgent/emergent situations **(MAD2f, MAD2g, MAD3e, PM3g, PM3h)**
- Collects, analyzes, and prioritizes information related to a patient's condition in an urgent/emergent situation **(MAD2f, MAD2g, MAD3e, PM2a, PM2d, PM2e, PM2f, PM3g, PM3h)**
- Recognizes severity of a patient's condition, indications for escalating care, and responds in a timely manner. **(MAD2f, MAD2g, MAD3e, PM3g, PM3h)**
- Adheres to institutional procedures and protocols for escalation of patient care **(MAD3e, PM3g, PM3h, SBP5, SBP6)**
- Monitors response to initial interventions and adjusts plan accordingly **(MAD3e, PM3g, PM3h, PM2f)**
- Coordinates team members required for immediate response, continued shared decision making, and necessary follow-up **(MAD3e, PM2c, CC3a-b, P2b, P2d, SBP4, SBP6)**
- Recognizes when transfer of care is needed **(MAD3e, PM2g, PM3g, PM3h, CC3c, SBP1, SBP4)**
- Communicates consistently and in a culturally sensitive manner with the patient, health care team and family (caregiver/advocate) members about situation **(MAD3f, PM1a, PM1b, PM1c, PM1d, PM2e, PM3g, CC1a, CC1d, CC2a-c, P2b, P2d, SBP4, SBP6)**
- Completely documents patient assessments and necessary interventions in the medical record **(SBP5, PB1b-d)**

## Post-entrustable Behaviors

- Able to assist a learner in recognizing a patient who requires urgent/emergent care, performing a needs assessment, and initiating management for short term stabilization and transferring care appropriately.
- Leads the coordination and management of an urgent or emergent patient care scenario.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Intermediate-level Clinical Learner

### Level of Permitted Independence

- Permission to practice the EPA under direct, proactive supervision

### Basis of the Entrustment Decision

- Watching - Focused observation; Longitudinal observation
- Reviewing results - Product evaluation



## EPA 11: Recognize necessary patient care outside of ability or scope and refer appropriately

### Description

The learner is able to determine the limitations of naturopathic medicine and their ability to provide necessary care and management, as well as restrictions in the regional scope of practice. They understand when, how, and to whom to refer patients and can utilize external resources for appropriate referral of management and care. They engage in collaborative care approaches, effectively participating as a member of a patient's care team. The learner is able to professionally, clearly, and accurately communicate patient information when executing referrals.

### Main Competency Domains Encompassed in the EPA

Patient Management (PM3g, h)  
Communication and Collaboration (CC3c)  
Professionalism (P1a-g)  
Systems Based Practice (SBP1)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Disregards the need or request for referral.
- Unable to initiate and implement interdisciplinary care with other health care practitioners using appropriate communication methods
- Communicates with other health care practitioners in an unprofessional manner.

- Breaches patient privacy and confidentiality. Unaware of HIPAA policies.

## Pre-entrustable Behaviors

- Does not know common standards of care that would require referral.
- Demonstrates limited recognition of interdisciplinary care and/or when referral of care is needed or requested.
- Unable to create an action plan for referral management of the patient
- Unable write or communicate a referral without errors or omissions
- Unable to complete an initial referral within an appropriate time frame.
- Demonstrates awareness of HIPAA policies

## Emerging/Developing Pre-Entrustable Behaviors

- Recognizes need for collaboration and interdisciplinary care or when transfer of care is needed or requested, but requires assistance in implementing referrals of care.
- Writes or communicates a referral without error or omissions, but is not able to articulate a follow up plan.
- Understands institutional and jurisdictional requirements for patient referrals
- Recognizes standards of care and when referral is required.
- Recognizes personal biases but inconsistent in addressing them with respect to patient management and referral.
- Completes referral in an appropriate time frame with direction.
- Recognizes and minimizes potential breaches in patient privacy.



## Entrustable Behaviors

- Recognizes need for interdisciplinary care or when transfer of care is needed or requested and can independently execute referrals. **(PM3g, PM3h, P1c, P1d, P1e, P1f, SBP1)**
- Follows institutional and jurisdictional requirements for patient referrals. **(PM3g, PM3h, P1d, P1e, P1f)**
- Creates an action plan for referral management of the patient that is consistent with accepted standards of care and practice limitations. **(PM3g, PM3h, P1d, P1e, P1f)**
- Communicates referral and follow up accurately and professionally with the health care team. **(CC3c, P1b, P1e)**
- Addresses personal biases when considering appropriate referral of care **(P1f, P1g)**
- Able to determine and complete referrals in an appropriate time frame. **(P1c, P1d, P1e)**
- Consistently observes patient privacy and follows HIPAA policies. **[P1a]**

## Post-entrustable Behaviors

- Coaches the learner to recognize the need for collaboration and interdisciplinary care.
- Directs the learner in executing transfer of care or referral as needed or requested by the patient.
- Coaches the learner in communicating accurate and professional referrals.
- Refines an action plan for referral management of the patient.
- Supports the learner in recognizing and addressing personal biases with respect to referral of care.
- Identifies and reports breaches in patient privacy.

## **Suggested Approaches to Assessment of this EPA:**

- Direct Observation of patient encounters
- Indirect - Review of written documentation
- Simulated or OSCE-based scenarios

## **Entrustment Decisions:**

### **Stage of Training**

- Senior-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under direct, proactive supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation
  - a. Verbal communication with other providers and/or patient
- Talking - Brief conversations
  - a. Review of learner understanding and rationale
- Reviewing results - Product evaluation
  - a. Referral letter, follow-up plan, privacy

## EPA 12: Communicate and collaborate effectively in clinical and interprofessional environments.

### Description

The learner understands the roles and responsibilities of different interprofessional team members and engages with appropriate members of the team to optimize delivery of patient care. The learner includes team members and adjusts their communication content and style to meet team-member needs. The learner maintains a climate of respectful interaction with other team members. The learner prioritizes team needs over personal needs. The learner helps other team members when needed.

### Main Competency Domains Encompassed in the EPA

Communication and Collaboration  
(CC1a-d, CC2a-c, CC3a-c, CC4a-d)

Professionalism  
(P1a, c, d, e, f, I, P2a, b, d, e)

Career Development and Practice Management (CDPM6)

Systems Based Practice (SBP3, 6)

### ENTRUSTABLE BEHAVIOR LEVELS:

#### Behaviors Requiring Immediate Correction and/or Remediation

- Fails to collaborate or integrate with team members.
- Dismisses input from lay people and other healthcare professionals.
- Interactions with team members are unprofessional (e.g. disrespectful or deceitful) and creates conflicts within the clinical care team.
- Enforces an inflexible personal agenda over the needs of the team or patient.

## Pre-entrustable Behaviors

- Identifies roles of team members but fails to coordinate with them.
- Team discussion is limited and participation is passive.
- Communication strategies are not modified to the audience and situation.
- Does not recognize or understand personal role and/or limits in the care team.
- Unable to collaboratively engage in conflict resolution with team-members.
- Prioritizes personal agenda over the needs of the team or patient.

## Emerging/Developing Pre-Entrustable Behaviors

- Develop plans without full input from the patient or other team members.
- Interactions are professional, respectful and truthful.
- Understands given role while effectively integrating with the team and seeks help when prompted.
- Manages conflicts in a professional manner.
- Integrates into the healthcare team function.

## Entrustable Behaviors

- Understands given role while actively and effectively integrating with the team, seeking help or input when appropriate. **(CC1a, CC1b, CC3b, CC3c, CC4a, CC4b, CC4c, CC4d, P1d, P1e, P1f, P2a, P2d, CDPM6, SBP3, SBp6)**
- Clearly verbalizes the roles, the importance, and the contributions of the other health care team members. **(CC1a, CC1b, CC3a, CC3b, CC3c, CC4a, CC4b, P1d, P1e, P1f, P1i, P2a, P2b, P2e, SBP3, SBP6)**
- Listens actively and demonstrates emotional and situational intelligence. **(CC1c, CC2a, CC2b, CC2c, P2b)**

- Incorporates the patient and other team members when coordinating care and decision making. **(CC1a, CC1c, CC1d, CC2a, CC2b, CC2c, CC3a, CC3b, CC3c, CC4a, CC4b, P1c, P1f, P2b, SBP3, SBP6)**
- Modifies communication strategies by assessing, anticipating, and reacting to the audience and situation. **(CC1a, CC1c, CC1d, CC2a, CC2b, CC2c, CC3a, CC4b, P2a, P2d)**
- Prioritizes the needs of the team and patient. **(CC1d, CC2a, CC2b, CC2c, CC3b, CC3c, P1a, P1f, P2b, SBP3, SBP6)**

## Post-entrustable Behaviors

- Mentors other learners in the understanding of intra- and inter-professional roles and their contributions to team-based care.
- Guides others in the incorporation of the patient and team members for coordinating care and decision making.
- Encourages communication modification and conflict resolution strategies in the learner.
- Ensures the needs of the team and patient are met.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters, team-based care, interprofessional interactions
- Indirect Observation - Review of written documentation
- Multi-source feedback
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Senior-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under direct, proactive supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation
- Talking - Brief conversations with learner and other team members

## EPA 13: Provide and obtain informed consent for tests, procedures and management

### Description

The learner is able to communicate with the patient and/or appropriate representatives describing the key elements of informed consent including the indications, contraindications, risks, benefits, and alternatives to the proposed management plan. They ensure that the patient and/or their representative understand the plan and their right to withdraw consent at any time. The learner incorporates considerations of cost awareness and risk benefit analysis in patient and/or population-based care. The conversation is organized and prioritizes responsibilities to provide care that is safe and effective while demonstrating appropriate, unbiased responses to patient questions and concerns. The learner documents all components of an informed consent discussion accurately and succinctly.

### Main Competency Domains Encompassed in the EPA

Patient Management (PM1d, PM2g, PM3a-h)

Communication and Collaboration (CC1a, b, d, CC2a-c, CC3a-c, CC4a)

Professionalism (P1b, d, e, f, g, P2b, d)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Does not deliver informed consent to the patient.

- Ineffectively communicates and/or misrepresents management information to the patient and/or representative(s).
- Demonstrates unprofessional, insensitive communication of management information.
- Disregards questions, concerns and nonverbal cues from the patient.
- Displays inflexibility and/or bias and disregards the patient's preferences and limitations.
- Does not document the informed consent discussion.

## Pre-entrustable Behaviors

- Cannot articulate the need for informed consent.
- Does not provide full informed consent.
- Communicates informed consent information in a manner that is disorganized and/or confusing to the patient.
- Does not elicit the patient's preferences and needs.
- Demonstrates overconfidence or lacks confidence when providing informed consent.
- Does not document the informed consent discussion accurately.

## Emerging/Developing Pre-Entrustable Behaviors

- Recognizes the need for and components of informed consent.
- Provides the need for and components of informed consent.
- Provides the information necessary for a patient to make an informed decision.
- Communicates informed consent in an organized manner that is understandable to the patient.
- Elicits patient feedback about their preferences and needs.



- Delivers informed consent in a neutral and empathetic manner but does not adjust to the patient or clinical situation.
- Documents informed consent with too little or too much information.

## Entrustable Behaviors

- Delivers all components and legal requirements for informed consent. **(PM3d, PM3e, PM3h, CC1a, CC1b, P1b, P1d, P1e)**
- Demonstrates a nuanced understanding of an individual patient's capacity to receive, understand and respond to informed consent. **(PM1d, PM3h, CC2a, CC2b, P1b, P2b)**
- Includes patient representatives in the informed decision making process when the patient does not have the capacity to make an informed decision. **(PM1d, PM3h, CC2c, P1b)**
- Communicates informed consent in an organized and understandable manner, and adjusts to the patient and clinical situation. **(PM1d, PM2g, PM3a, PM3b, PM3c, PM3h, CC1a, CC1d, CC2a, P1b, P2b)**
- Responds to the patient's verbal and non-verbal feedback, needs and preferences by modifying care decisions. **(PM1d, PM2g, PM3a, PM3b, PM3c, PM3h, CC2a, CC2b, P1b, P2b)**
- Delivers factual and unbiased information to patients and their representatives. **(PM3d, PM3g, PM3h, CC1a, CC1b, CC2a, CC3c, CC4a, P1b, P1d, P1e, P1f, P1g, P2b, P2d)**
- Documents all components of informed consent accurately and succinctly. **(PM3f, PM3h, CC3a, CC3b, P1b, P1d, P1e)**

## Post-entrustable Behaviors

- Guides a learner through the elements and organization of informed consent.
- Corrects inaccuracies and/or incomplete delivery of information to the patient by a learner.

- Assists the learner in identifying, eliciting, and responding to patient verbal and non-verbal feedback, preferences and needs.
- Assists the learner in documentation of the informed consent process.

## **Suggested Approaches to Assessment of this EPA:**

- Direct Observation of patient encounters
- Indirect - Review of Documentation
- Simulated or OSCE-based scenarios

## **Entrustment Decisions:**

### **Stage of Training**

- Intermediate-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation
- Reviewing results - Product evaluation

## EPA 14: Perform general procedures of naturopathic patient management

### Description

The learner safely performs treatment modalities with appropriate technique in an efficient and organized manner. The learner elicits and adapts to patient feedback to ensure safety and comfort. The learner is respectful of the patient's culture, needs, concerns, and ability to tolerate the treatment.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD2c)

Patient Management (PM1a-d, PM2f, PM3g, PM3h)

Communication and Collaboration (CC1a)

Professionalism (P1b, c, d, P2a, b)

Systems Based Practice (SBP5)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Applies treatment inappropriately for the patient that jeopardizes their safety.
- Performs treatment independently without supervisory authorization.
- Fails to obtain patient consent before performing treatment.
- Fails to recognize complications from a procedure or fails to obtain assistance when needed.
- Fails to consider patient's modesty, comfort, and/or instances of unprofessional touch during the procedure.
- Fails to apply universal precautions when performing a procedure.
- Fails to understand how basic medical sciences apply to therapeutic procedures.

## Pre-entrustable Behaviors

- Obtains patient consent before performing treatment.
- Presents biased information about the procedure to the patient.
- Lacks understanding of how basic medical sciences apply to therapeutic procedures.
- Lacks technical skill to perform the procedure independently needing significant guidance.
- Applies universal precaution when performing all applicable procedures.
- Fails to appropriately address patient comfort and modesty.
- Demonstrates limited knowledge of complications from a procedure and how to address them appropriately.
- Fails to efficiently manage time and is poorly organized.

## Emerging/Developing Pre-Entrustable Behaviors

- Presents accurate information about the procedure to the patient but does not elicit feedback.
- Demonstrates incomplete knowledge of basic medical sciences as they apply to therapeutic procedures.
- Demonstrates basic technical skills of the procedure but fails to adapt when necessary and/or appropriate.
- Addresses standard elements of patient comfort and modesty during a procedure but fails to adapt to patient's needs and/or circumstance.
- Demonstrates knowledge of complications from a procedure but struggles to address them independently.
- Demonstrates appropriate time management and organization for uncomplicated procedures.

## Entrustable Behaviors

- Presents accurate information about the procedure to the patient and elicits feedback. **(PM1a, PM1b, PM1d, PM3g, CC1a, P1b, P1d)**
- Demonstrates a thorough understanding of basic medical sciences in their application to therapeutic procedures. **(MAD2c)**
- Demonstrates technical skills to perform procedure safely and effectively and adapts when necessary and/or appropriate. **(MAD2c, PM1a, PM1d, PM3g)**
- Addresses elements of patient comfort and modesty during a procedure and adapts to patient's specific needs, culture and/or circumstance. **(MAD2c, PM1a, PM1b, PM1c, PM1d, P2b)**
- Identifies complications from a procedure and is able to address them appropriately. **(PM2f, PM3h)**
- Demonstrates appropriate time management and organization for complex procedures. **(P2a, SBP5)**

## Post-entrustable Behaviors

- Guides a learner in the appropriate application of procedures.
- Anticipates complications from a procedure and takes steps to circumvent adverse events.
- Proficiently and efficiently applies complex procedures.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters
- Simulated or OSCE-based scenarios

## **Entrustment Decisions:**

### **Stage of Training**

- Intermediate-level Clinical Learner

### **Level of Permitted Independence**

- Permission to practice the EPA under direct, proactive supervision
- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation

## EPA 15: Identify system failures and contribute to a culture of safety and improvement

### Description

The learner understands systems and their vulnerabilities, identifying and reporting real and/or potential errors in patient care. The learner engages in safety behaviors. The learner reflects upon, admits and corrects their errors. The learner recognizes and participates in the opportunity to improve systems and reporting measures.

### Main Competency Domains Encompassed in the EPA

Patient Management (PM3g)

Communication and Collaboration (CC3b, CC4b)

Professionalism (P1a-g, P2d, e, f)

Systems Based Practice (SBP4, 6)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Cannot identify patient safety concerns or system failures.
- Avoids discussing or reporting errors.
- Reports errors disrespectfully or misleadingly.
- Disregards or undermines system improvement efforts.
- Places self or others at risk of injury or adverse events.
- Demonstrates defensiveness, places blame, or covers up an error.

## Pre-entrustable Behaviors

- Fails to recognize and report all actual and potential patient safety errors.
- Requires prompts to reflect on own errors and their underlying gaps in knowledge or skills.
- Requires prompts for common safety behaviors
- Observes but does not participate in safety improvement efforts

## Emerging/Developing Pre-Entrustable Behaviors

- Identifies and reports actual and potential patient safety errors.
- Demonstrates common safety behaviors.
- Identifies and reflects on personal responsibility for errors but requires assistance in behavior modification.
- Participates in safety improvement efforts when prompted.

## Entrustable Behaviors

- Identifies actual and potential patient safety concerns and reports appropriately using proper reporting procedures and structures. **(CC3b CC4b, P1a-g, P2d, e, f, SBP4, 6)**
- Speaks up in the event of actual or potential errors regardless of individual roles and hierarchy. **(P1a-g, P2d, e, f, SBP4, 6)**
- Identifies system failures and reports appropriately. **(CC4b, P1a-g, P2d, e, f, SBP4, 6)**
- Engages in safety behaviors. **(CC3b, P1a-g, P2d, e, f, SBP4, 6)**
- Identifies and reflects on the element of personal responsibility for errors. **(PM3g, P1a-g, P2d, e, f, SBP4, 6)**
- Acknowledges gaps in personal knowledge and skill, and modifies behavior. **(PM3g, P1a-g, P2d, e, f, SBP4, 6)**



## Post-entrustable Behaviors

- Engages in efforts to identify systems issues and participates in development of a quality improvement plan.
- Models to others how to identify, reflect, and take responsibility for errors.

## Suggested Approaches to Assessment of this EPA:

- Direct observation in clinical setting
- Discussions in classroom setting
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Senior-level Clinical Learner

### Level of Permitted Independence

- Permission to practice the EPA unsupervised

### Basis of the Entrustment Decision

- Watching - Brief and focused observation; Longitudinal observation
- Talking - Brief conversations

## EPA 16: Educate patients on disease management, health promotion and preventive medicine

### Description

The learner educates the patient about their health conditions, risk factors, and disease management options to support informed decision-making. The learner addresses health promotion and preventive medicine including disease screenings and risk factor modification adapted to meet the clinical context using evidence-based information. Communication is tailored to patient understanding and health literacy levels. The learner assesses patient comprehension and provides clarification to ensure understanding of the health information provided.

### Main Competency Domains Encompassed in the EPA

Medical Assessment and Diagnosis (MAD3f)

Patient Management (PM1a, PM3a, c, d, g)

Communication and Collaboration (CC1a-d, CC2a-c, CC3c)

Professionalism (P2b)

## ENTRUSTABLE BEHAVIOR LEVELS:

### Behaviors Requiring Immediate Correction and/or Remediation

- Provides inaccurate or incomplete information about health conditions or management options.
- Communicates patient education in a manner that is unprofessional or insensitive.
- Ignores or dismisses patient questions or concerns about their health condition or treatment options.

- Provides information, clinical resources, or educational handouts without approval from the clinical supervisor.

## Pre-entrustable Behaviors

- Communicates in a manner that is not understandable to the patient.
- Incorporates personal bias into patient recommendations and/or education.
- Lacks knowledge of standards of care and prevention recommendations.
- Responds to patient queries about their health but does not prompt patient to ensure understanding.
- Does not identify risk factors or behaviors that could jeopardize the safety of the patient.
- Does not assess the patient's readiness or ability to comply with recommended changes.

## Emerging/Developing Pre-Entrustable Behaviors

- Communicates in a manner that is understandable to the patient.
- Provides evidence-based patient education and prevention recommendations generalized to patient population and public health standards.
- Does not coordinate with other health care providers to ensure consistent messaging.
- Inquires about and identifies patient's risk factors for disease.
- Assesses the patient's readiness and ability to comply with recommended changes.

## Entrustable Behaviors

- Delivers health information to the patient's education and health literacy level.  
(MAD3f; PM1a; CC1a, b, c, d; CC2a, CC2b, c; P2b)

- Prompts the patient for questions and level of understanding. **(MAD3f; PM1a; CC1a, b, c, d; CC2a, b, c; P2b)**
- Provides evidence-based health education, including long-term management, disease screenings and risk factor modification, individualized to the patient's cultural, social, and/or economic context. **(MAD3f; PM3a, c, d; CC1a, b, c, d; CC2a, b, c; P2b)**
- Coordinates with other health care providers to ensure consistent messaging. **(PM3d, g; CC1a; CC3c)**
- Adapts patient education and recommendations to the assessed readiness and ability to follow recommended changes. **(PM3a, c, d; CC2b, c; P2b)**

## Post-entrustable Behaviors

- Mentors entry-level learners in effectively educating patients about disease management, health promotion and preventive medicine.
- Develops and implements patient education programs that address community-specific health needs and challenges.
- Continuously evaluates and improves patient education strategies based on feedback, outcomes, and changes in medical understanding.
- Advocates for health literacy and patient education at institutional and community levels, influencing policy and practice.

## Suggested Approaches to Assessment of this EPA:

- Direct Observation of patient encounters
- Indirect Observation - Review of oral or written documentation
- Simulated or OSCE-based scenarios

## Entrustment Decisions:

### Stage of Training

- Senior-level Clinical Learner (Entrustable at this stage)

### **Level of Permitted Independence**

- Permission to practice the EPA under indirect, reactive/on-demand supervision

### **Basis of the Entrustment Decision**

- Watching - Brief and focused observation; Longitudinal observation