

Entrustable Professional Activities (EPA) Assessments for ECE Clinical Skills

The levels for each rating are at the top. Under each EPA are examples of learner behaviors and are only intended as so. You should base your assessment on what level of supervision, support, or coaching you actually provided.

<p>"I did it and the student observed, OR the student did it and I coached throughout." (nearly 100% of the time)</p> <ul style="list-style-type: none"> • Student observed preceptor or guidance was provided on nearly all elements. Some guidance may be withheld to avoid overwhelming the student. 	<p>" We did it together, OR the student did it and I coached frequently." (>50% of the time)</p> <ul style="list-style-type: none"> • Guidance provided on a majority of elements. 	<p>"I supervised and coached the student from time to time." (<50% of the time)</p> <ul style="list-style-type: none"> • Demonstrated some independence and only required intermittent guidance.
EPA 1a: Demonstrate patient-centered interview/communication skills.		
<ul style="list-style-type: none"> • Communicates unidirectionally • Does not respond to patient verbal and nonverbal cues • Generalizes based on age, gender, culture, race, religion, disabilities, and/or sexual orientation • Disregards patient privacy and/or autonomy 	<ul style="list-style-type: none"> • Considers patient privacy and autonomy but not consistently. • Attempts to respond to patient verbal and nonverbal cues. • Developing communication skills including silence, open-ended questions, body language, listening, avoiding jargon. 	<ul style="list-style-type: none"> • Demonstrates use of effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon. • Anticipates and interprets patient's emotions. • Incorporates responses appropriate to the individual patient's needs and characteristics.
EPA 1b: Obtain a complete, accurate, organized history.		
<ul style="list-style-type: none"> • Does not collect accurate historical data. • Relies exclusively on secondary sources or documentation of others. 	<ul style="list-style-type: none"> • Gathers excessive or incomplete data. • Does not deviate from a template. 	<ul style="list-style-type: none"> • Uses a logical progression of questioning. • Questions are prioritized and not excessive. • Questions are purposefully used to clarify

<ul style="list-style-type: none"> Does not recognize patient's central problem. 	<ul style="list-style-type: none"> Questions are not guided by the evidence and data collected. Does not prioritize or filter information. 	<p>patient's issues. Is able to filter signs and symptoms into pertinent positives/negatives.</p>
<p>EPA 1c: Perform a clinically relevant, appropriately through physical exam.</p>		
<ul style="list-style-type: none"> Does not consider the patient's privacy and comfort during exams. Incorrectly performs basic physical exam maneuvers. 	<ul style="list-style-type: none"> Performs basic exam maneuvers correctly. Does not perform exam in an organized fashion. Relies on head-to-toe examination. Misses key findings. 	<ul style="list-style-type: none"> Attempts to target the exam to areas necessary for the encounter. Identifies and describes normal findings. Explains exam maneuvers to the patient.
<p>EPA 2: Prioritize a differential diagnosis following a clinical encounter.</p>		
<ul style="list-style-type: none"> Cannot yet gather or synthesize data to inform an acceptable diagnosis. Lacks sufficient medical knowledge to reason effectively. Disregards emerging diagnostic information. Becomes defensive when questioned on differential. 	<ul style="list-style-type: none"> Proposes a differential that is too narrow, too broad, or contains inaccuracies. Struggles to filter, prioritize, and make connections between sources of information. Has difficulty retrieving knowledge for effective reasoning. Displays discomfort with ambiguity. 	<ul style="list-style-type: none"> Proposes a reasonable differential but may neglect important information. Beginning to organize knowledge by illness scripts. Considers emerging information but does not completely integrate to update the differential. Acknowledges ambiguity and is open to questions and challenges.
<p>EPA 5: Document a clinical encounter in patient record.</p>		
<ul style="list-style-type: none"> Documentation difficult or not possible to read or follow. Copies and pastes information without verification or attribution. Includes inappropriate or judgmental 	<ul style="list-style-type: none"> Misses key information. Uses a template with limited ability to adjust or adapt based on audience, context, or purpose. Does not document a problem list, 	<ul style="list-style-type: none"> Provides key information but may include unnecessary details or redundancies. Starting to adapt documentation based on audience, context, or purpose. Documents a problem list, differential, plan,

language.	differential, plan, clinical reasoning, or patient preferences.	and clinical reasoning but may contain inaccuracies. <ul style="list-style-type: none"> ● Solicits patient preferences and records them.
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EPA 6: Provide an oral presentation of a clinical encounter.

<ul style="list-style-type: none"> ● Presents in a disorganized fashion that is difficult to follow. ● Becomes defensive when questioned. ● Presents information in a manner that frightens patient or family. ● Disregards patient’s privacy and/or autonomy. 	<ul style="list-style-type: none"> ● Presents a story that is imprecise because of omitted or extraneous information. ● Not concise. ● Gathers evidence incompletely or exhaustively. ● Does not verify information. ● Follows a strict template. ● Does not engage patient or family in discussion of care. 	<ul style="list-style-type: none"> ● Presentation organized around chief concern. ● When asked, can identify details supporting hypothesis or management plan. ● Acknowledges gaps in knowledge and adjusts to feedback. ● When prompted, can adjust presentation to match situation and receiver. ● Incorporates patient preferences.
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EPA 12: Perform general procedures of a physician.

<ul style="list-style-type: none"> ● Lacks required technical skills. ● Fails to follow sterile technique when indicated. ● Displays lack of awareness of knowledge gaps. ● Uses inaccurate language when discussing with patient or family. ● Displays overconfidence and takes actions that could endanger patients or providers. 	<ul style="list-style-type: none"> ● Technical skills are variably applied. ● Inconsistent use of universal precautions and aseptic technique. ● Does not understand key issues in performing procedures (indications, contraindications, risks, benefits, and alternatives). ● Uses jargon or other ineffective communication techniques. ● Displays a lack of confidence that increases patient stress or overconfidence that erodes trust. 	<ul style="list-style-type: none"> ● Approaches procedures as mechanical tasks to be performed and often initiated at the request of others. ● Struggles to adapt approach when indicated. ● Describes most of the key issues in performing procedures: indications, contraindications, risks, benefits, alternatives. ● Conversations are respectful and generally free of jargon and elicit patient’s wishes. ● Asks for help with complications.
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