Entrustable Professional Activities (EPAs) for Surgery

These summaries describing the various EPAs may inform entrustment decisions in the clinical workplace and feedback comments for learners.

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.

Pre-entrustable

- Misses pertinent positive or negative details that would assist with problem solving and determining the differential diagnosis when obtaining data
- Is disorganized in his/her history taking skills which is not appropriately detailed
- Performs a physical examination which is disorganized or missing components relevant to the clinical case
- Fails to establish rapport with the patient/ family /caregiver/ advocate, leading to missed data within the history or physical examination

Entrustable

- Obtains the appropriate data from the patient (family/caregiver/ advocate) for the specific patient encounter
- Establishes a rapport with the patient (family/ caregiver/advocate)
- Performs a physical exam appropriately tailored to the clinical case
- Demonstrates specific physical exam skills appropriate to the patient case
- Integrates all these elements along with other sources of information

EPA 2: Formulate and justify a prioritized differential diagnosis.

Pre-entrustable

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

Entrustable

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

EPA 4: Interpret and communicate results of common diagnostic and screening tests.

Pre-entrustable

- Is unable to recognize significant urgent or abnormal results or common normal variations in results
- Is unable to form a preliminary opinion about the significance of results
- Does not communicate significant normal or abnormal results in a timely manner to other team members
- Is unable to summarize and/or interpret the meaning of results to other team members
- Does not communicate results in a clear manner to patients (family/ caregiver/advocate)
- Does not seek help to interpret results when necessary

Entrustable

- Recognizes significant urgent or abnormal results
- Distinguishes between common normal variations in results and abnormal results
- Formulates an appropriate preliminary opinion about the potential clinical impact of results
- Communicates significant results in a timely and appropriate manner to other team members
- Summarizes and interprets the meaning of the results to other team members
- Communicates results in a clear manner to patients (family/ caregiver/advocate)
- Seeks help to interpret results when necessary

EPA 5: Formulate, communicate and implement management plans.

Pre-entrustable

- Proposes initial management plans that are inappropriately expansive or significantly incomplete in scope
- Proposes management plans that do not reflect an adequate understanding of patient's context, values and illness experiences
- Proposes management plans that lack approach, prioritization or organization
- Proposes management plans that do not take into account opinions of other healthcare professionals
- Omits pertinent information of the initial proposed plan when discussing with the more senior members of the medical team
- Incompletely or inaccurately documents approved management plans in the form written/electronic orders and prescriptions
- Incompletely or inaccurately communicates approved management plans to patients and other healthcare team members
- Does not implement management plans in the form of verbal and written/electronic orders and prescriptions in an accurate and timely manner
- Writes incomplete consults/referrals, orders or prescriptions, or that could impact patient safety

Entrustable

- Proposes evidence informed, holistic initial management plans that include pharmacologic and non-pharmacologic components developed with an understanding of the patient's context, values and illness experience
- Prioritizes the various components of the management plans
- Considers other health care professionals advice in proposing a management plan
- Reviews the initial plan with more senior team members to formulate an approved management plan
- Documents approved management plans in the form written/electronic orders, prescriptions and consultations/referrals
- Communicates approved management plans with patients and other healthcare team members that results in mutual agreement and understanding
- Uses the electronic medical record when available to keep the team informed of the up-to-date plans
- Follows principles of error reduction including discussions of indications/contraindications of treatment plans, possible adverse effects, proper dosage and drug interactions
- Writes consults/referrals, orders or prescriptions which are complete, incorporate patient safety principles and that can be understood by all the members of the team, including the patient

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

Pre-entrustable

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

Entrustable

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

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.

Pre-entrustable

- Does not recognize an urgent or emergent case
- Does not initiate an assessment and/or management of an urgent or emergent case
- Is unable to perform CPR
- Does not ask for help when appropriate
- Does not appropriately document patient assessments and necessary interventions in the medical record
- Does not update patient's status to family members (caregiver/advocate)
- Does not clarify goals of care

Entrustable

- Utilizes early warning scores, or rapid response team / medical emergency team criteria to recognize patients at risk of deterioration and mobilizes appropriate resources urgently
- Performs basic life support when required including CPR in cardiac arrest
- Asks for help when uncertain or requiring assistance
- Involves team members required for immediate response, continued decision making, and necessary follow-up
- Initiates and participates in a code response
- Rapidly assesses and initiates management to stabilize the patient
- Documents patient assessments and necessary interventions in the medical record
- Updates family members/caregiver/ advocate to explain patient's status and escalation-of-care plans
- Clarifies patient's goals of care upon recognition of deterioration

EPA 10: Participate in health quality improvement initiatives.

Pre-entrustable

- Is passive during morbidity and mortality rounds
- Is careless in daily safety habits
- Does not demonstrate alertness for situations threatening patient safety
- Does not admit errors of commission or omission until the errors are recognized by others

Entrustable

- Participates in morbidity and mortality rounds
- Enters information in an error-based system
- Engages in daily safety habits (e.g., universal precautions, hand washing, time-outs)
- Recognizes one's own errors to the supervisor/team, reflects on one's contribution, and develops his/her own learning plan or quality improvement plan
- Identifies a risky situation for the safety of a patient
- Participates in a quality improvement exercise/project

EPA 11: Perform general procedures of a physician.

Pre-entrustable

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

Entrustable

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

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

Pre-entrustable

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

Entrustable

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

EPA 14: Incorporate relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning[1,2].

Pre-entrustable

- Does not identify relevant SDoH.
- Does not identify structural barriers to health and wellness.
- Does not ask questions to explore the patient's lived experiences, and related structural barriers to health and wellness.
- Does not demonstrate awareness of evidence- based approaches to care for key populations such as refugees, homeless populations, Indigenous Peoples, etc.
- Makes judgments or assumptions or demonstrates bias regarding the patient's ability to follow advice or be part of the management plan.
- Does not demonstrate principals of culturally safe practice or trauma informed care.
- Does not use patient's preferred pronouns.
- Does not take a holistic or patient-centred approach to incorporating SDoH into the management plan.
- Fails to include the impact of rural residence in management planning, where applicable.
- Does not consider the role of traditional/cultural values, knowledge, and healing preferences, Indigenous knowledge, and principles of truth and reconciliation in encounters with patients where relevant.
- Does not demonstrate collaboration with allied health care professionals and other members of the health care team, social services, community agencies, or family members or caregivers in management planning.

Entrustable

- Identifies relevant SDoH, including structural barriers to health and wellness. Asks questions to explore the patient's lived experiences. Makes patient care decisions based on evidence-based equity-oriented clinical practice guidelines (e.g. Canadian Guidelines for Refugee Health[3], Indigenous Health Primer[4], Clinical Guidelines for Homeless and Vulnerably Housed[5], and others appropriate to key populations).
- Demonstrates a nonjudgmental and unbiased attitude towards patients, families, and colleagues.
- Demonstrates principals for culturally safe practice and trauma informed care in clinical care and decision-making.
- Uses patient's preferred pronouns.
- Demonstrates evidence of patient advocacy in the workplace.
- Takes a holistic and patient centred approach to developing a management plan that addresses SDoH, including rural residence where applicable.
- Considers traditional/cultural values, knowledge and healing preferences, Indigenous knowledge, and principles of truth & reconciliation in encounters with patients where relevant.
- Collaborates with allied health care professionals and other members of the health care team, social services, community agencies, and/or family members or caregivers in developing the management plan.

[1] SDoH include but are not limited to socio-economic status, gender, age, sexuality, race, ethnicity, language, religion, education, ability, literacy, employment, place of residence, access to health care, social supports, personal health practices, and childhood experiences.
[2] Structural barriers include racism, misogyny, homophobia or transphobia, religious discrimination, agism, ableism, weight bias, gender discrimination and discrimination based on mental health and addictions.
[3] Canadian Guidelines for Immigrant Health https://www.cmaj.ca/canadian_guidelines_for_immigrant_health
[4.] Indigenous Health Primer. file:///Users/jillallison/Downloads/indigenous-health-primer-e.pdf
[5] Clinical guidelines for homeless and vulnerably housed people, and people with lived homelessness experience. https://www.cmaj.ca/content/cmaj/192/10/E240.full.pdf