ENTRUSTMENT ASSESSMENT

Entrustable Professional Activities (EPAs) are defined here as activities that a graduating medical student is entrusted to perform on day one of internship without direct supervision.

Observed Critical Functions are discrete observable components of an entrustment decision.

Questions 1-6 ask about the preceptor's willingness to entrust the student to perform the professional activity in the particular setting of this clerkship (e.g., a rural primary-care outpatient setting). The preceptor is also asked to estimate the number of observations upon which the entrustment decision is based. The remaining questions ask the frequency with which the student performs specific observed components of the larger entrustable professional activity.

Prece	Preceptor Name:			Student Name: Site:
No	Hes	itant	Yes	Is the Student Entrustable?
1		3 4	5	1 = "I had to do the activity myself" (student unprepared or requires complete guidance) 2 = "I had to talk student through the activity" 3 = "I had to direct the student from time to time" 4 = "I needed to be available just in case" or "I needed to provide rare/occasional input" 5 = "I did not need to be there" or "I did not need to provide additional input"
				EPA 1: Gather a history and perform a physical examination Number of observations:
				EPA 2: Prioritize a differential diagnosis following a clinical encounter Number of observations:
				EPA 3: Recommend and interpret common diagnostic and screening tests Number of observations:
				EPA 4: Enter and discuss orders and prescriptions Number of observations:
				EPA 5: Document a clinical encounter in the patient record Number of observations:
				EPA 6: Provide an oral presentation of a clinical encounter Number of observations:
never/ rarely	some- times		N/A or not observed	Observed Critical Functions for EPA 1: Gather a history and perform a physical examination
				Obtain a complete and accurate history in an organized fashion.
				Demonstrate patient-centered interview skills (for example, attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
				Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
				Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
				Consider cultural and other factors that may influence the patient's description of symptoms.
				Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
				Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.
				Demonstrate cultural awareness and humility (for example, by recognizing that one's own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.
				Perform a complete and accurate physical exam in logical and fluid sequence.
				Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
				Identify, describe, and document abnormal physical exam findings.
				Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (for example, explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).
never/ rarely	some- times		N/A or not observed	Observed Critical Functions for EPA 2: Prioritize a differential diagnosis following a clinical encounter
				Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
				Integrate information as it emerges to continuously update differential diagnosis.
				Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
				Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.

			Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
			Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.
never/ rarely	some- times	N/A or not observed	Observed Critical Functions for EPA 3: Recommend and interpret common diagnostic and screening tests
			Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
			Provide a rationale for the decision to order the test.
			Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
			Interpret the results of basic diagnostic studies (both lab and imaging); know common lab values (e.g., electrolytes).
			Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.
			Elicit and take into account patient preferences in making recommendations.
never/ rarely	some- times	N/A or not observed	Observed Critical Functions for EPA 4: Enter and discuss orders and prescriptions
			Demonstrate an understanding of the patient's current condition and preferences that will underpin the orders being provided.
			Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders.
			Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
			Compose prescriptions in verbal, written, and electronic formats.
			Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
			Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders.
			Discuss the planned orders and prescriptions (e.g., indications, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient's comfort with orders and prescriptions.
never/ rarely	some- times	N/A or not observed	Observed Critical Functions for EPA 5: Document a clinical encounter in the patient record
			Filter, organize, and prioritize information.
			Synthesize information into a cogent narrative.
			Record a problem list, working and differential diagnosis and plan.
			Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).
			Comply with requirements and regulations regarding documentation in the medical record.
			Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
			Record documentation so that it is timely and legible.
			Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).
			Document patient preferences to allow their incorporation into clinical decision making.
never/ rarely	some- times	 N/A or not observed	Observed Critical Functions for EPA 6: Provide an oral presentation of a clinical encounter
			Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
			Provide an accurate, concise, and well-organized oral presentation.
			Adjust the oral presentation to meet the needs of the receiver of the information.
			Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's condition and needs