HARVARD MEDICAL SCHOOL
Entrustable Professional Activities for PCEs and Core Clerkships

EPA#	EPA Text	Pre-entrustable Behavior	Emerging	Entrustable Behavior
1A*	**Gather a history:**	Gathers too little/too much information, and does not link information in a clinically relevant fashion. Communication is unidirectional and not patient-focused. Does not tailor H&P to specific circumstances.	Gathers most relevant information, Links most history/PE findings in a clinically relevant fashion. Communication is mostly patient focused, but still somewhat unidirectional.	Gathers complete and/or focused and accurate history (appropriate to patient presentation and setting), demonstrates relevant clinical reasoning useful in patient care. Communication is considerate, culturally-sensitive and patient/family-centered.
1B*	**Perform a physical examination:**	Incorrectly performs or omits pertinent physical exam components. Does not tailor H&P to specific circumstances.	Correctly performs most of basic physical exam, and identifies and interprets most abnormal findings. May have trouble tailoring exam to setting.	Correctly performs basic and/or focused physical exam (appropriate to setting) and correctly identifies and interprets abnormal findings in the context of patient history.
2*	**Prioritize a differential diagnosis following a clinical encounter:**	Generates 1-2 possible Dx, largely based on pattern recognition; has difficulty generating alternative hypotheses or explaining supporting mechanisms of disease. Unable to outline diagnostic evaluations to confirm/exclude particular Dx.	Generates a short list of possible Dx based on pattern recognition and reasoning about pathophysiology. Eliminates a few Dx based on H&P and initial labs. Outlines a simple evaluation using commonly available tests to confirm/exclude particular Dx.	Generates a thorough, appropriate, and reasoned list of possible Dx based on pathophysiology and epidemiology. Determines most likely based on H&P and initial labs. Outlines high value test strategy to confirm/exclude most likely and/or dangerous Dx.
3*	**Recommend and interpret common diagnostic and screening tests:**	Misinterprets common results. Fails to recognize abnormal labs or respond to critical ones. Identifies order sets but can't explain purpose. Identifies key tests for some common conditions. Repeats tests at incorrect intervals.	Knows/finds normal common lab results. Gathers results and responds to critical ones w/correct urgency, updates team. Identifies key tests for common conditions. Begins to interpret abnormal findings for common tests, and impact on patient care.	Correctly interprets abnl results for common labs/imaging, and impact on patient care. Identifies critical results with correct response/urgency. Recommends reliable, cost-effective, patient-centered screening and evaluation of common conditions.

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4	**Enter and discuss orders and prescriptions:**	Demonstrates familiarity with frequently ordered medications/tests/treatments. Neither writes safe and indicated orders, nor takes into account patients' preferences in the context of an overall management plan.	Demonstrates a developing sense of writing safe/reasoned orders/prescriptions. Assesses pt understanding of Rx instructions and contra/indications for treatment, but unable to reliably apply to both straightforward and complex scenarios.	Writes safe/indicated orders based on a clear ability to synthesize relevant information from a variety of relevant sources. Reliably incorporates pts' preferences. ID's potential safety concerns; demonstrates facility w/paper and EMR orders.
5*	**Document a clinical encounter in the patient record:**	Unable to accurately document or capture a cogent patient story. Includes errors of omission/commission, and is primarily "cut and paste." Does not include relevant problems in A&P nor discussion of germane problems/testing.	Documents a timely and accurately captured patient story, but may have a few errors of omission/commission. Includes all relevant problems in A&P. Provides discussion of DDx, testing, rationale that is mostly pertinent to patient problems.	Documents a timely, accurate, comprehensive but concisely captured patient story. Includes all relevant problems, DDx, testing and rationale in A&P. Provides accurate discussion germane to patient problem(s) and plan.
6*	**Provide an oral presentation of a clinical encounter:**	Provides an incomplete, inaccurate presentation w/out logical sequence. Does not distinguish between important/unimportant details of H&P and labs (pertinent +/-'s). Requires multiple clarifying questions. Reads from notes when presenting.	Provides a mostly complete, accurate presentation w/general logical sequence. Distinguishes between important/unimportant H&P elements (pertinent +/-'s). Requires > 5 clarifying questions. Spontaneously presents critical H&P elements without notes.	Provides a complete, accurate and logically sequenced oral presentation. Presents pertinent +/-'s w/out prompting. Requires < 5 clarifying questions. Spontaneously presents most H&P elements using notes only for reference.
7*	**Form clinical questions and retrieve evidence to advance patient care:**	Identifies evidence and forms simple questions related to patient's clinical features. Unable to efficiently retrieve, assess or prioritize information, or apply it to form complex questions to advance patient care.	Identifies, retrieves, assesses and prioritizes evidence, and forms clinical questions related to patient care. Unable to use evidence to form complex questions to advance patient's plan of care.	Efficiently identifies, retrieves, assesses and prioritizes evidence directly related to patient's care. Forms questions that demonstrate understanding of the application of this evidence to contribute to patient's plan of care.

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8	**Give or receive a patient handover to transition care responsibility:**	Unable to organize, prioritize or adapt handover communication template based on patient, audience, setting, or context without making errors of omission/commission. Lacks awareness of team and patient needs.	Begins to use, organize and prioritize handover communication based on patient, audience, setting, or context, with minimal errors of omission/commission. Provides action plan demonstrating awareness of team and patient needs.	Organizes, prioritizes and uses a handover communication template that is adapted based on patient, audience, setting, or context, without errors of omission/commission. Provides action plan demonstrating awareness of team and patient needs.
9*	**Collaborate as a member of an interprofessional team:**	Limits role in team discussion, passively follows others. Develops/reiterates plans independent of patient, family or other team members. Dismisses and does not seek non-MD input. Does not recognize personal role/limits.	Takes initiative to integrate into team to meet given role; sometimes passive. May develop/reiterate plans w/out input from family or non-MD team members, but may seek their input at times. Recognizes own role/limits; seeks help when needed.	Actively integrates into team to meet/exceed given role. Understands role/responsibility of and effectively engages with all team members. Develops/reiterates plans with input from patient/family. Recognizes own role/limits; seeks help when needed.
10	**Recognize a patient requiring urgent or emergent care and initiate evaluation:**	Fails to recognize abnl VS/Sxs or need for higher care level. Does not respond to RN. Unable to gather data to assess problem or formulate plan for initial stabilization and evaluation. Does not alert superiors about patient in timely fashion.	Sometimes recognizes abnl VS/Sxs and need for higher care level. Mild delay in response to RN. Performs limited/non-relevant H&P. Formulates limited plan, alerts superiors w/mild delay, and communicates problem w/little analysis of problem.	Recognizes abnl VS/Sxs and need for higher level of care. Responds promptly to RN concerns. Performs relevant H&P to begin evaluation of problem. Initiates stabilizing interventions, alerts superiors, and accurately communicates problem and plan.

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11	**Obtain informed consent for tests and/or procedures:**	Lacks (full) understanding of informed consent. Communication demonstrates errors of omission, personal bias, jargon, or is unidirectional and lacks solicitation of pt/family preferences. Documents w/errors of commission/omission.	Demonstrates understanding of informed consent. Begins to engage pt/family in shared decision making under direct supervision; avoids jargon. Understands skill limit, confidence and when to seek guidance. Prepare parts of documents in timely fashion.	Demonstrates understanding of informed consent. Engages pt/family in shared decision making w/complete information; avoids jargon. Exhibits appropriate confidence yet seeks guidance as needed. Documents in a complete and timely fashion.
12	**Perform general procedures of a physician:**	Lacks knowledge of key issues (R/B/A, contra/indications). Unable to complete basic procedures. Lacks consistent skill and awareness of complications. Inconsistently uses universal precautions/aseptic technique. Provides incomplete documentation.	Demonstrates knowledge of prep and key issues (R/B/A, contra/indications). Begins to learn steps; use universal precautions/aseptic technique. Seeks appropriate help. Demonstrates knowledge of complication prevention. Provides documentation outline.	Demonstrates prep and reliable technique; applies knowledge of key issues (R/B/A, contra/indications). Seeks appropriate help. Mitigates complications. Consistently uses universal precautions/aseptic technique. Provides complete/timely documentation.
13	**Identify system failures and contribute to a culture of safety and improvement:**	Lacks knowledge of systems of care, impact on patient safety, and/or does not adhere to protocols. Unable to recognize potential errors or report errors/near-misses. Unable to acknowledge personal knowledge/skills gaps.	Demonstrates some knowledge of systems of care, impact on safety, and concepts of RCA/PDSA. Recognizes potential errors at times; reports errors/near-misses. Adheres to pt safety protocols w/prompts. Often acknowledges personal knowledge/skills gaps.	Demonstrates knowledge of systems of care and impact on safety. Participates in RCA and PDSA cycle for QI. Recognizes potential errors; reports errors/near-misses. Adheres to pt safety protocols. Acknowledges personal knowledge/skills gaps.

*Required