## **Entrustable Professional Activities**

- Activities that all medical students should be able to perform upon entering residency, regardless
  of their future career specialty.
- Students complete these over the 3<sup>rd</sup> and 4<sup>th</sup> years by earning #3 "can perform with indirect supervision" or higher on 2 consecutive occasions by different observers.
- Ultimate goal is to **improve feedback on clinical skills** for medical students.

Provide an oral presentation of a clinical encounter

# Entrustable Professional Activities (EPAs) being Assessed Gather a history and perform a physical examination (broken down into 8 sub-components) History Sub-components Gather a comprehensive HPI and incorporate appropriate verbal and non-verbal interview skills Gather a comprehensive past, family, and social history Physical Exam Sub-Components Conduct a comprehensive physical examination of the head, neck Conduct a comprehensive anterior and posterior chest, cardiac and pulmonary examination Conduct a comprehensive examination of the abdomen Conduct a comprehensive neurology examination Conduct a comprehensive gynecologic examination Conduct a comprehensive musculoskeletal (upper & lower extremities) examination

## Scale:

1. Not yet performing this skill independently or without assistance	2. Should continue to perform this skill with direct supervision	3. Can perform this skill with indirect supervision	4. Can perform this skill independently (PGY1 or above level)
Student requires additional training/review of the factual knowledge that forms the basis of the observed entrustable professional activity	Student needs additional practice and supervised training in order to master the observed entrustable professional activity	The observed performance is such that you would feel confident in the accuracy of the data reported by this student in making clinical decisions with limited independent verification.	Student ready to independently carry out the observed entrustable professional activity with no supervision and to teach it to other more junior students.

# **Sample Checklists**

# 1. Checklist: Gather a comprehensive past, family and social history

Did not	Obtained	Obtained all	
obtain	partial	relevant	
relevant	relevant	information	
information	information		
			Patient's age
			Past medical/Surgical history
			Home/family situation; impact on illness
			Occupational/Educational/Hobby history
			Military history
			Functional/Developmental status (ADLs, iADLs)
			Medications (including OTC, herbal, etc)
			Medication allergies (drug & reaction)
			Family history (including illnesses similar to patient's)
			Illicit drug use (substance, last use)
			Tobacco/smoking (current, past, pack year history)
			Alcohol consumption
			Sexual history (men, women or both; exposure anal,
			vaginal, oral)

# 2. Checklist: Conduct a comprehensive anterior and posterior chest, cardiac and pulmonary examination

Did not	Partial	Completion	Anterior and posterior chest, cardiac and pulmonary
complete	completion	of all	examination
relevant	of relevant	relevant	
exam	exam	exam	
			Inspect the neck veins bilaterally (with tangential lighting if
			necessary)
			Palpate carotid pulse for intensity & symmetry
			Auscultate the carotid arteries
			Inspect the chest for pulsations and deformities
			Palpate the chest for thrills and heaves
			Palpate the point of maximal impulse (PMI)
			Auscultate heart including (apex/mitral, tricuspid, left sternal
			border and aortic areas)
			Inspect the chest for respiratory pattern & expansion
			Finger percuss anterior lung fields
			Auscultate anterior lung fields
			Determine symmetry of chest wall movements with
			examiner's hands on lateral rib cage during deep inspiration
			Inspect and palpate for deviations or abnormalities of spine
			Assessed for tactile fremitus
			Percuss the spine and flanks with fist to check for tenderness
			Finger percuss upper, middle, lower and lateral lung fields
			Auscultate the apices, mid, lower and lateral lung fields