Entrustable Professional Activities (EPAs)

List of EPAs for Palliative Medicine

EPA Title		EPA Entrustment Level to be Attained by Exit
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EPA 2	Managing Non-Pain Symptoms in Patients with Life-Limiting Illnesses	Level 4b
EPA 3	Managing Palliative Care Emergencies	Level 4b
EPA 4	Managing Imminently Dying Patients	Level 4b
EPA 5	Supporting Patients and Families in the Psychosocial and Spiritual Domains	Level 4b
EPA 5.1	Provide Support to Patients and Families in the Psychosocial and Spiritual Domains	Level 4b
EPA 5.2	Facilitate The Provision of Grief and Bereavement Support to Families	Level 4b
EPA 6	Facilitating Transitions Across the Palliative Continuum of Care	Level 4b
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EPA 7	Providing Palliative Medicine Consultation and Team Support	Level 4b

Entrustment Scale

Entrustment Level	Description
Level 1	**Not allowed to practice EPA**
Level 2	**Allowed to practice EPA only with full supervision** With supervisor in the room, either as a co-activity, or providing step-by-step guidance
Level 3	**Allowed to practice EPA only under reactive / on-demand supervision** 3a. With supervisor distantly available (including by phone or text), all key findings and decisions presented, discussed, and checked by the supervisor before implementation.
	3b. With supervisor distantly available (including by phone or text), selected key findings and decisions discussed and endorsed by the supervisor before implementation.

Level 4	**Allowed to practice EPA unsupervised** 4a. With remote review e.g., supervisor receives updates and reports by the end of the day.
	4b. Without review.
Level 5	**Allowed to supervise others in practice of EPA**

Palliative Medicine EPA 1

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Title	**Managing Pain in Patients with Life-Limiting Illnesses**
Specifications and limitations	Description: PM physicians lead and collaborate with an interdisciplinary team (IDT) approach to effectively manage complex pain in the context of life-limiting illness using pharmacologic and non-pharmacologic approaches 1. Perform comprehensive and developmentally appropriate pain assessment. 2. Utilize appropriate diagnostic workup and interpretation of diagnostic tests. 3. Develop and implement plans to provide comprehensive pain management. 4. Prescribe appropriate pharmacologic (opioid and non-opioid) and non-pharmacologic management. 5. Recognize and manage adverse effects of pain medications and other therapies. 6. Recognize and respond to pain crisis with a timely and safe management plan. 7. Recognize and manage opioid toxicity with appropriate and timely immediate measures with a follow up plan. 8. Collaborate with the IDT and other providers to optimally manage pain, including appropriate referrals to other disciplines e.g. radiation oncology, interventional radiology, pain specialists, psychologists, physical therapists etc. 9. Communicate treatment plans clearly to individual patients, their families, and healthcare providers. 10. Demonstrate cost-effective care in pain management.
	Limitations: Does not apply to a) acute post-op pain, b) Chronic non-cancer pain in patients without life-limiting illness.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 2

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Title	**Managing Non-Pain Symptoms in Patients with Life-Limiting Illnesses**
Specifications and limitations	Description: PM physicians lead and collaborate with an interdisciplinary team (IDT) to effectively manage complex non-pain symptoms using pharmacologic and non-pharmacologic treatments. Includes the assessment and management of the following core symptoms: 1. Gastrointestinal symptoms i. Nausea/vomiting ii. Constipation and diarrhoea 2. Respiratory symptoms i. Dyspnoea ii. Cough 3. Anorexia, cachexia & fatigue 4. Psychological/psychiatric symptoms i. Depression ii. Anxiety iii. Delirium 1. Perform comprehensive symptom assessment using validated scales or tools, and/or diagnostic tests when appropriate. 2. Incorporate assessments from the various members of the IDT to consider the case holistically and longitudinally. 3. Use relevant evidence-based pharmacological and non-pharmacological therapies and adjust treatment plan based on results and side effects. 4. Make appropriate referrals to other specialists and members of the IDT to assist with symptom management. 5. Recognise circumstances in which a second opinion is required in the face of increasingly complicated symptomology and/or care issues 6. Communicate treatment plans and goals clearly to patients, families, and healthcare providers. 7. Recognise circumstances in which palliative sedation may be an appropriate option to manage intractable symptoms.
	Limitations: Does not apply to elective postings
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 3

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Title	**Managing Palliative Care Emergencies**
Specifications and limitations	Description: PM physicians anticipate, prepare for, and respond to palliative care emergencies in partnership with the patient, family, and medical team while taking into account the patient's goals of care and prognosis. 1. Recognise the associated symptoms and signs of palliative care emergencies and alert relevant healthcare providers 2. Identify patients with risk factors for specific palliative care emergencies and initiate risk mitigation strategies. 3. Utilise various modalities to decrease symptom burden and/or modify the underlying pathology to decrease distressing symptoms. 4. Prioritise care with timely and appropriate escalation of palliative. therapeutics proportionately to manage physical sufferings and distress. 5. Facilitate an interdisciplinary team approach to provide holistic care to the patient and their family. 6. Perform timely reassessment after intervention to ensure symptoms are optimised. 7. Recognise the implications which specific palliative care emergencies have on the patient's prognosis as well as goals of care, initiate discussion with the relevant healthcare providers e.g. primary oncologist, and make the appropriate adjustment to management plans. 8. Facilitate timely communication with families and/ or patients regarding prognosis and goals of care, taking into considerations family and/ or patient's expressed preferred care plans. 9. Provide appropriate support to the patient, family and the healthcare providers involved. 10. Make arrangements for appropriate place of care according to patient's symptom burden, prognosis and goals of care. 11. Implement measures to decrease/ eliminate risk of developing palliative care emergencies in the future. Core emergencies which should be covered: 1. Massive haemorrhage 2. Acute malignant spinal cord compression 3. Seizures 4. Acute airway obstructions and dyspnoea crisis 5. High suicide risk
	Limitations: • This EPA does not apply to oncologic treatment-related emergencies such as neutropenic sepsis, tumour lysis syndrome, cytokine release syndrome.
EPA Entrustment Level to be Attained by Exit	Level 4b

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Title	**Managing Imminently Dying Patients**
Specifications and limitations	Description: PM physicians identify signs of the dying process, address multiple areas of suffering for the imminently dying patient and their family and facilitate after-death support for the family and healthcare providers. 1. Recognise the imminently dying patient and the associated signs and symptoms. 2. Recognise common challenges for symptom management and prescribe medications and other measures to manage the symptoms. 3. Facilitate an interdisciplinary team approach to provide whole-patient care for the imminently dying patient and their family. 4. Recognize spiritual and cultural needs of imminently dying patient and their family and facilitate the rituals that are important. 5. Prepare the family, medical team members and healthcare providers that death is imminent. 6. Recognise situations that require State Coroner involvement and prepare the family for the process. 7. Make the death pronouncement in a sensitive, respectful manner in the presence of family. 8. Document the patient's death and complete the medico-legal and administrative follow up expediently. 9. Facilitate communication and provide psychosocial support to family and healthcare providers regarding common concerns. 10. Recognise the characteristics of normal and complicated grief and bereavement, identify family members at risk for complex bereavement, and facilitate their ability to cope.
	Limitations: • Bereavement support is described separately in the EPA "Supporting patients and families in the psychosocial and spiritual domain". • This EPA does not apply to elective posting(s).
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 5

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Title	**Supporting Patients and Families in the Psychosocial and Spiritual Domains**
Specifications and limitations	This EPA includes the following nested EPAs: 5.1 Provide support to patients and families in the psychosocial and spiritual domains 5.2 Facilitate the provision of grief and bereavement support to families Description: PM physicians address patient and family suffering while facilitating coping and healing within the emotional, psychosocial and spiritual domains, with focused, culturally appropriate assessment followed by targeted communication, interventions, and referrals. 1. Assess patients' and families' psychosocial and spiritual needs. 2. Assess impact of serious life-limiting illness on patients and families, including caregiver burden. 3. Explore how cultural and spiritual issues affect the way patients and families experience and make decisions in serious life-limiting illness. 4. Recognise and respond to psychosocial, emotional and spiritual distress. 5. Recognise and address patients' and families' grief and bereavement needs. 6. Identify vulnerable populations who may require additional care and support. 7. Collaborate with the IDT (Inter-Disciplinary Team) to address patients' and families' psychosocial and spiritual needs.
	Limitations: This EPA does not apply to elective postings.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 5.1

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Title	**Provide Support to Patients and Families in the Psychosocial and Spiritual Domains**
Specifications and limitations	This is nested in EPA 5: Supporting patients and families in the psychosocial and spiritual domains. Description: PM physicians work with members of the IDT to identify and address patients' and families' psychosocial and spiritual needs. 1. Elicit a psychosocial history, including creating a basic genogram, identifying the main spokesperson and caregiver, and the patient's sources of support. 2. Conducting a basic spiritual care assessment tailored to each individual patient and family. 3. Assess for stressors, suffering, and caregiver burden as well as resources for coping, resilience and healing. 4. Explore how patient's and family's cultural background, faith, values and belief system affect medical decision making in serious life-limiting illness. 5. Provide empathetic response and cultural sensitivity in supporting expressions of distress. 6. Provide compassionate presence and active listening. 7. Identify vulnerable populations who may need additional support e.g. existing mental health conditions, special needs, history of substance misuse, poor social support, family violence etc. 8. Collaborate with the IDT (Inter-Disciplinary team), especially psychosocial care professionals and/or spiritual counsellors if available, to develop patient- and family-centred care plans that support coping and healing.
	Limitations: This EPA does not apply to elective postings.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 5.2

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Title	**Facilitate The Provision of Grief and Bereavement Support to Families**
Specifications and limitations	This is nested in EPA 5: Supporting patients and families in the psychosocial and spiritual domains. Description: PM physicians prepare families for grief and bereavement, and facilitate access to bereavement support after the patients' death. 1. Perform a basic psychosocial, grief and bereavement needs assessment. 2. Assess for coping abilities, stressors, grief and bereavement, suffering, and caregiver burden. 3. Recognise the characteristics of normal and complicated grief and complex bereavement. 4. Identify family members and significant others at risk for complex bereavement. 5. Work with members of the IDT to prepare families (including children) for bereavement. 6. Facilitate post-death bereavement care for families including referrals to support services as appropriate.
	Limitations: This EPA does not apply to elective postings.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 6

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Title	**Facilitating Transitions Across the Palliative Continuum of Care**
Specifications and limitations	This EPA includes the following nested EPAs: 6.1 Facilitate safe and effective transitions across palliative care settings. 6.2 Facilitate terminal discharge for imminently dying patients. Description: PM physicians care for patients and families across the healthcare continuum (e.g. between care settings, disciplines etc.) with an understanding of and appreciation for resource availability, care coordination, and transitions support required for effective and high-quality care. 1. Assess patient's suitability for transition to specific care settings, clarifying necessary and available resources, and incorporating patient's palliative care needs, prognosis, and patient and family's personal beliefs, values, goals and preferences. 2. Initiate and adjust medical interventions appropriate to specific care settings, taking into account availability and cost of therapies, and service capabilities. 3. Communicate with interdisciplinary team, primary or referring service, consultants, and other healthcare providers within and across care settings to ensure continuity of care. 4. Provide guidance for smooth transitions across settings for patients, families, and providers that address medical / nursing, pharmaceutical, social, emotional, and spiritual concerns to ensure continuity of care. 5. Facilitate and coordinate terminal discharge i.e. going home for the last hours or days of life, for patients who wish to die at home.
	Limitations: This EPA does not apply to elective postings, nor to repatriation of patients overseas.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 6.1

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Title	**Facilitate Transitions Across Palliative Care Settings**
Specifications and limitations	This is nested in EPA 6: Facilitating transitions across the palliative continuum of care. Description: PM physicians identify suitable settings for patients to receive palliative care, and work with members of the IDT to facilitate care transitions that prioritise continuity, coordination and patient- and family-centred care. 1. Assess patient's suitability for transition to specific care settings, clarifying necessary and available resources, and incorporating patient's care needs, prognosis, and patient and family's goals and preferences. 2. Initiate and adjust medical interventions appropriate to specific care settings, taking into account service capabilities, and availability and cost of therapies. 3. Develop transition plans that promote care continuity and patient safety, while aligning with patient and family care goals. 4. Communicate with interdisciplinary team, primary or referring service, consultants, and other healthcare providers within and across care settings to ensure continuity of care. 5. Communicate with patient and/or family on appropriate site of care based on patient's care needs, taking into consideration patient's prognosis, and patient and family's past experiences, personal beliefs, values, goals and preferences. 6. Recognise the influence of funding and payment structures e.g. availability of insurance coverage, subsidies etc. on patient and family's choice of care setting 7. Provide guidance for, and work with the interdisciplinary team to facilitate smooth transitions across settings for patients, families, and providers that address medical / nursing, pharmaceutical, social, informational, emotional, and spiritual concerns to ensure continuity of care.
	Limitations: This EPA does not apply to elective postings, nor to repatriation of patients overseas.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 6.2

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Title	**Facilitate Terminal Discharge for Imminently Dying Patients**
Specifications and limitations	This is nested in EPA 6: Facilitating transitions across the palliative continuum of care. Description: PM physicians work with members of the IDT (inter-disciplinary team) to facilitate timely and safe discharges for imminently dying patients who wish to die at home. 1. Assess patient's suitability for terminal discharge based on the patient's symptom burden, haemodynamic stability and potential complications. 2. Assess family/caregiver's suitability to support terminal discharge based on caregiver's ability (practical and emotional) and home environment. 3. Communicate with and educate family/caregiver on the practicalities of terminal discharge including physical care, symptom management, need for equipment. 4. Ensure supply of medication for symptom relief in the dying phase, and that caregivers are able to administer the medication. 5. Prepare family members and caregivers on what to expect as death approaches and what to do when death occurs at home 6. Facilitate referrals to external providers to support terminal discharge, including health equipment suppliers and private nursing/medical services. 7. Facilitate referral to home hospice and / or other community services to ensure continuity of care at home. 8. Coordinate with members of the IDT to act expeditiously, according to the estimated prognosis of the dying patient.
	Limitations: This EPA does not apply to elective postings, nor to repatriation of patients overseas.
EPA Entrustment Level to be Attained by Exit	Level 4b

Palliative Medicine EPA 7

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Title	**Providing Palliative Medicine Consultation and Team Support**
Specifications and limitations	Description: PM physicians render patient- and family-centred consultative care in a professional, timely, and effective manner that supports and educates the referring and invested team members. 1. Review and clarify the indication for referral as well as the recommendation and/or support required. 2. Perform focused assessment of the patient to identify, define and prioritize issues which require palliative medicine expertise. 3. Recognise the inter-dependence and interaction of medical, functional, emotional, psychosocial as well as spiritual issues and consciously consider these in the approach to the management of the patient. 4. Undertake a consultative role and collaborative approach in the provision of holistic care to patients who are primarily under the care of the referring healthcare provider. 5. Involve other interdisciplinary team members e.g., nurse, pharmacist, in accordance with their role and expertise, in the assessment and management of the patient. 6. Recommend a prioritized, evidence-based management plan, taking into consideration the needs of the patient, the carer/family as well as the referring healthcare provider. 7. Provide clear and concise verbal as well as written communication of the identified issues and recommendations in a manner which demonstrates respect for the patient, the carer/family and fellow healthcare providers. 8. Establish continuity of collaboration in the care of the patient through timely review and regular engagement with the patient, carer/family and the referring healthcare provider. 9. Facilitate discussion among the patient, the family and the healthcare providers in shared decision-making. 10. Address and provide support for palliative medicine-related learning needs of the referring team and fellow team members during the consultation and in subsequent reviews. 11. Identify care providers (carer/family, healthcare providers) who have well-being needs and provide or facilitate the organisation of support for them.
	Limitations: This EPA does not apply to elective postings.
EPA Entrustment Level to be Attained by Exit	Level 4b