

Entrustable Professional Activities (EPAs)

List of EPAs for Advanced Internal Medicine (AIM)

EPA Title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1: Managing acute medical conditions in inpatient general ward</u>	Level 4
<u>EPA 2: Performing Bedside Procedures in AIM</u>	Level 4
<u>EPA 3: Managing acutely ill patients</u>	Level 4
<u>EPA 4: Managing patients with multi-morbidity in the ambulatory setting</u>	Level 4
<u>EPA 5: Providing consultation for referrals to General Medicine</u>	Level 4
<u>EPA 6: Assessing and managing patients with diagnostic uncertainty and/or treatment in the ambulatory and inpatient settings</u>	Level 4
<u>EPA 7: Providing general palliative care for patients with end stage disease with an AIM approach</u>	Level 4
<u>EPA 8: Leading challenging communications with patients, families, and other healthcare professionals with an AIM approach</u>	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Be present and observe, but no permission to enact EPA
Level 2	Practise EPA with direct (pro-active) supervision
Level 3	Practise EPA with indirect (re-active) supervision
Level 4	Unsupervised practise allowed (distant oversight)
Level 5	May provide supervision to junior learners

AIM EPA 1

[Click here to return to the list of titles](#)

Title	Managing acute medical conditions in inpatient general ward
Specifications and limitations	<p>This EPA will require Senior Residents to be assessed based on General Medical knowledge and competencies, to prepare them for independent practice as a consultant/internist.</p> <ol style="list-style-type: none">1. Conduct and lead a general medicine ward round2. Identify and triage unstable patients, with appropriate referrals and escalation3. Evaluate complex multi-morbid patients' problems holistically, including functional and psychosocial issues4. Interpret laboratory and radiological results in the appropriate clinical context5. Formulate an appropriately prioritised problem list with differential diagnoses using clinical reasoning skills6. Formulate an evidence-based, cost-effective management plan, incorporating patient's preferences/autonomy to facilitate shared decision-making7. Anticipate and manage complications8. Identify functional and psychosocial issues9. Ensure handover during transitions of care10. Coordinate care plans effectively with other healthcare professionals <p>Limitations: This EPA does not assess the management of acutely ill patients or the performance of procedures on patients.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 2

[Click here to return to the list of titles](#)

Title	Performing Bedside Procedures in Advanced Internal Medicine														
Specifications and limitations	<p>This EPA covers bedside procedures that are important for independent practice as a consultant/internist.</p> <p>This EPA includes:</p> <ol style="list-style-type: none">Determination of which bedside procedures need to be performed, relevant to the clinical situation for diagnostic and/or therapeutic purposeDeciding and performing bedside ultrasound if image guidance/ultrasound guidance use is necessaryPerforming the bedside procedures independently as an internist <p>These procedures are:</p> <table><tr><th>No</th><th>Procedure</th></tr><tr><td>1.</td><td>Thoracentesis / Chest Tube Insertion</td></tr><tr><td>2.</td><td>Abdominal tap</td></tr><tr><td>3.</td><td>Arterial line placement</td></tr><tr><td>4.</td><td>Central line placement</td></tr><tr><td>5.</td><td>Lumbar puncture</td></tr><tr><td>6.</td><td>Endotracheal intubation</td></tr></table> <p>Limitations: The following procedures are EXCLUDED from this EPA:</p> <ol style="list-style-type: none">Subclavian vein central line placementArthrocentesis of other joints (other than the knee joint)	No	Procedure	1.	Thoracentesis / Chest Tube Insertion	2.	Abdominal tap	3.	Arterial line placement	4.	Central line placement	5.	Lumbar puncture	6.	Endotracheal intubation
No	Procedure														
1.	Thoracentesis / Chest Tube Insertion														
2.	Abdominal tap														
3.	Arterial line placement														
4.	Central line placement														
5.	Lumbar puncture														
6.	Endotracheal intubation														
EPA Entrustment Level to be Attained by Exit	Level 4														

AIM EPA 3

[Click here to return to the list of titles](#)

Title	Managing acutely ill patients
Specifications and limitations	<p>This EPA will require Senior Residents to be assessed based on General Medical knowledge and competencies, to prepare them for independent practice as a consultant/internist.</p> <ol style="list-style-type: none">1. Recognises acutely ill patients early in the inpatient setting2. Performs assessment of acutely deteriorating patients including the use of point-of-care ultrasound where appropriate3. Manages underlying cause of acute deterioration, taking into account interplay of existing medical conditions4. Triage a procedure or therapy taking into account clinical urgency, potential for deterioration and available resources5. Resuscitates acutely deteriorating patients in a timely manner6. Lead a resuscitation team including junior team members, nursing and allied health colleagues by demonstrating ability to delegate, coordinate and communicate effectively7. Triages and escalate patient for higher care settings in a timely manner8. Institutes appropriate management at ward level for patients not suitable for higher care settings9. Involves multidisciplinary input where required10. Ensures accurate documentation and handover by junior team members, and facilitates handover to receiving senior team members11. Communicates care plans and addresses concerns effectively with patients and family members12. Discusses goals and extent of care taking into consideration the multi-morbidity, preferences and psychosocial issues that the patient has13. Demonstrates professional behaviour and conduct towards patient, family and allied health while in a stressful situation.14. Able to debrief team members after the resuscitation
	<p>Limitations: Includes only acutely deteriorating patients Includes only inpatient setting</p>
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 4

[Click here to return to the list of titles](#)

Title	Managing patients with multi-morbidity in the ambulatory setting
Specifications and limitations	<p>Components of this EPA:</p> <p>Patients seen in the ambulatory care setting encompass new referrals to the general medicine clinic, follow-up of in-patients, patients for extended follow up and/or chronic diseases.</p> <ol style="list-style-type: none">1. Identify unstable patients, institute immediate management with appropriate disposition and handover.2. Manage and follow up complex patients with multi-morbidity, as a primary provider3. Formulate appropriate working diagnoses for acute/ chronic conditions as well as undifferentiated conditions4. Identify and address cognitive/ functional/ psychological and/ or socioeconomic issues that affect patient's health behaviour and outcomes, including appropriate referrals to community and allied care services5. Communicate effectively with patients and/ or caregivers to maintain good rapport and provide patient/family education6. Formulate an evidence-based management plan that is timely, individualised and cost-effective, with appropriate referrals and investigations7. Manage/prioritise patients, time, and resources efficiently.8. Maintain professional behaviour and conduct. <p>Limitations: Not applicable for in patients/ referrals Not applicable to referrals seen in other hospitals Not applicable for subspecialty clinic rotations</p>
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 5

[Click here to return to the list of titles](#)

Title	Providing consultation for referrals to General Medicine
Specifications and limitations	<p>This EPA will require Senior Residents to be assessed based on General Medical knowledge and competencies, to prepare them for independent practice as a Consultant for giving recommendations for referrals to General Medicine.</p> <ol style="list-style-type: none">1. Identification and triaging of unstable patients, with appropriate management, referrals, and escalation of care where necessary.2. Evaluate/ discern the reason for the referral to General Medicine, any pertinent primary and/or secondary diagnosis, which would impact patient outcomes.3. Able to gather relevant data from patient progress notes, past medical records, nursing, investigation, and medication charts. Get additional information from speaking to patient/ relevant carer, physical examination.4. Interpret data from above sources in the appropriate clinical context to answer the relevant referral question/s, formulate an individualised problem list.5. Communicate effectively with patient/ family members, primary team, and supervising Consultant.6. Recommend right siting of patients under appropriate discipline based.7. Recommend an evidence-based, cost-effective, timely and holistic management plan, incorporating patient's preferences/autonomy to facilitate shared decision-making.8. Recommend appropriate follow up/ monitoring plan and reviews at appropriate intervals.9. Ensure appropriate, concise, and timely documentation. <p>Limitations: Does not involve referrals in ambulatory care setting.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 6

[Click here to return to the list of titles](#)

Title	Assessing and managing patients with diagnostic uncertainty and/or treatment in the ambulatory and inpatient settings.
Specifications and limitations	<ul style="list-style-type: none"> • Perform a focused history-taking and physical examination relevant to the present complaint(s) • Demonstrate sound clinical reasoning to arrive at a probable diagnosis and/or differentials • Formulate and prioritise a high value and individualised investigation plan • Make timely and appropriate referrals to other disciplines for specialist opinions and management • Adapt management plans based on limited/ conflicting data and evolving clinical situations. • Develop alternative plans and decide on optimal approach taking into account patient's co-morbidities, risk of treatment, patient preferences and available resources. • Demonstrate clear and empathetic counselling skills to guide patients or their next-of-kin in the process of shared decision-making in the presence of clinical uncertainty.
	Limitations: NA
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 7

[Click here to return to the list of titles](#)

Title	Providing general palliative care for patients with end stage disease withan AIM approach
Specifications and limitations	<ol style="list-style-type: none">1. Identify patients whose disease has progressed to end stage2. Understand the natural trajectory and prognosis of end stage disease3. Recognize that further disease modifying treatment is futile and change approach of care4. Establish goals of care in collaboration with the patient and family5. Identify basic psychosocial issues that affect patient's care6. Select investigations and therapies appropriate to the patient's goals of care7. Develop and implement management plans that optimize symptom management and that are aligned with patient's goals of care and interplay of medical conditions8. Initiate plans for transition of care where applicable, including appropriate referrals to specialist palliative care and community partners
	Limitations: NA
EPA Entrustment Level to be Attained by Exit	Level 4

AIM EPA 8

[Click here to return to the list of titles](#)

Title	Leading challenging communications with patients, families, and other healthcare professionals with an AIM approach
Specifications and limitations	<ul style="list-style-type: none">a. Recognize situations where there are challenges in communications (patients, families/caregiver, or healthcare professionals)<ul style="list-style-type: none">i. Family conference with multiple stakeholders and differing opinionsii. Goals of care/extent of care discussioniii. Breaking bad newsiv. Disclosure of adverse events/complicationsv. Addressing complaintsvi. Managing discussions with healthcare teams with differing opinionsvii. Emotionally charged situationsviii. Complex discharge issuesb. Address difficult situations that may involve patients, families, and/or members of the health care teamc. Organise and lead family conferenced. Establish boundaries as needed in emotional situations and ensure safety of healthcare teame. Debrief of healthcare team and practicing self-caref. Accurate and timely documentation of communications
	Limitations: NA
EPA Entrustment Level to be Attained by Exit	Level 4