

## Entrustable Professional Activities (EPAs)

### **List of EPAs for Advanced Internal Medicine (AIM)**

| <b>EPA Title</b>  | <b>EPA Entrustment Level to be Attained by Exit</b> |
|---|---|
| <a href="#"><u>EPA 1: Managing Acute Medical Conditions in Inpatient General Ward</u></a>   | Level 4   |
| <a href="#"><u>EPA 2: Performing Bedside Procedures in AIM</u></a>  | Level 4   |
| <a href="#"><u>EPA 3: Managing Acutely Ill Patients</u></a>   | Level 4   |
| <a href="#"><u>EPA 4: Managing Patients with Multi-Morbidity in The Ambulatory Setting</u></a>  | Level 4   |
| <a href="#"><u>EPA 5: Providing Consultation for Referrals to General Medicine</u></a>  | Level 4   |
| <a href="#"><u>EPA 6: Assessing and Managing Patients with Diagnostic Uncertainty and/or Treatment in the Ambulatory and Inpatient Settings</u></a> | Level 4   |
| <a href="#"><u>EPA 7: Providing General Palliative Care for Patients with End Stage Disease with an AIM Approach</u></a>                            | Level 4   |
| <a href="#"><u>EPA 8: Leading Challenging Communications with Patients, Families, and other Healthcare Professionals with an AIM Approach</u></a>   | Level 4   |

### **Entrustment Scale**

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

**AIM EPA 1**

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|  |   |
|--|---|
| Title  | <b>Managing Acute Medical Conditions in Inpatient General Ward</b>  |
| 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"><li>1. Conduct and lead a general medicine ward round</li><li>2. Identify and triage unstable patients, with appropriate referrals and escalation</li><li>3. Evaluate complex multi-morbid patients' problems holistically, including functional and psychosocial issues</li><li>4. Interpret laboratory and radiological results in the appropriate clinical context</li><li>5. Formulate an appropriately prioritised problem list with differential diagnoses using clinical reasoning skills</li><li>6. Formulate an evidence-based, cost-effective management plan, incorporating patient's preferences/autonomy to facilitate shared decision-making</li><li>7. Anticipate and manage complications</li><li>8. Identify functional and psychosocial issues</li><li>9. Ensure handover during transitions of care</li><li>10. Coordinate care plans effectively with other healthcare professionals</li></ol> <p><b>Limitations:</b> 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**

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| Title  | <b>Performing Bedside Procedures in Advanced Internal Medicine</b>  |    |           |    |                                      |    |               |    |                         |    |                        |    |                 |    |                         |
|--|---|----|-----------|----|--------------------------------------|----|---------------|----|-------------------------|----|------------------------|----|-----------------|----|-------------------------|
| 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"><li>1. Determination of which bedside procedures need to be performed, relevant to the clinical situation for diagnostic and/or therapeutic purpose</li><li>2. Deciding and performing bedside ultrasound if image guidance/ultrasound guidance use is necessary</li><li>3. Performing the bedside procedures independently as an internist</li></ol> <p>These procedures are:</p> <table border="1" data-bbox="485 720 1105 942"><thead><tr><th>No</th><th>Procedure</th></tr></thead><tbody><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></tbody></table> <p><b>Limitations:</b><br/>The following procedures are EXCLUDED from this EPA:</p> <ol style="list-style-type: none"><li>1. Subclavian vein central line placement</li><li>2. Arthrocentesis of other joints (other than the knee joint)</li></ol> | 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**

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|  |  |
|--|--|
| Title  | <b>Managing Acutely Ill Patients</b>   |
| 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"><li>1. Recognises acutely ill patients early in the inpatient setting</li><li>2. Performs assessment of acutely deteriorating patients including the use of point-of-care ultrasound where appropriate</li><li>3. Manages underlying cause of acute deterioration, taking into account interplay of existing medical conditions</li><li>4. Triage a procedure or therapy taking into account clinical urgency, potential for deterioration and available resources</li><li>5. Resuscitates acutely deteriorating patients in a timely manner</li><li>6. Lead a resuscitation team including junior team members, nursing and allied health colleagues by demonstrating ability to delegate, coordinate and communicate effectively</li><li>7. Triage and escalate patient for higher care settings in a timely manner</li><li>8. Institutes appropriate management at ward level for patients not suitable for higher care settings</li><li>9. Involves multidisciplinary input where required</li><li>10. Ensures accurate documentation and handover by junior team members, and facilitates handover to receiving senior team members</li><li>11. Communicates care plans and addresses concerns effectively with patients and family members</li><li>12. Discusses goals and extent of care taking into consideration the multi-morbidity, preferences and psychosocial issues that the patient has</li><li>13. Demonstrates professional behaviour and conduct towards patient, family and allied health while in a stressful situation.</li><li>14. Able to debrief team members after the resuscitation</li></ol> <p><b>Limitations:</b><br/>Includes only acutely deteriorating patients<br/>Includes only inpatient setting</p> |
| EPA Entrustment Level to be Attained by Exit | Level 4  |

**AIM EPA 4**

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|  |  |
|--|--|
| Title  | <b>Managing Patients with Multi-Morbidity in The Ambulatory Setting</b>  |
| 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"><li>1. Identify unstable patients, institute immediate management with appropriate disposition and handover.</li><li>2. Manage and follow up complex patients with multi-morbidity, as a primary provider</li><li>3. Formulate appropriate working diagnoses for acute/ chronic conditions as well as undifferentiated conditions</li><li>4. 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 services</li><li>5. Communicate effectively with patients and/ or caregivers to maintain good rapport and provide patient/family education</li><li>6. Formulate an evidence-based management plan that is timely, individualized and cost-effective, with appropriate referrals and investigations</li><li>7. Manage/prioritise patients, time, and resources efficiently.</li><li>8. Maintain professional behaviour and conduct.</li></ol> |
|  | <p><b>Limitations:</b><br/>Not applicable for in patients/ referrals<br/>Not applicable to referrals seen in other hospitals<br/>Not applicable for subspecialty clinic rotations</p>  |
| EPA Entrustment Level to be Attained by Exit | Level 4  |

### **AIM EPA 5**

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|  |   |
|--|---|
| Title  | <b>Providing Consultation for Referrals to General Medicine</b>   |
| 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"><li>1. Identification and triaging of unstable patients, with appropriate management, referrals, and escalation of care where necessary.</li><li>2. Evaluate/ discern the reason for the referral to General Medicine, any pertinent primary and/or secondary diagnosis, which would impact patient outcomes.</li><li>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.</li><li>4. Interpret data from above sources in the appropriate clinical context to answer the relevant referral question/s, formulate an individualised problem list.</li><li>5. Communicate effectively with patient/ family members, primary team, and supervising Consultant.</li><li>6. Recommend right siting of patients under appropriate discipline based.</li><li>7. Recommend an evidence-based, cost-effective, timely and holistic management plan, incorporating patient's preferences/autonomy to facilitate shared decision-making.</li><li>8. Recommend appropriate follow up/ monitoring plan and reviews at appropriate intervals.</li><li>9. Ensure appropriate, concise, and timely documentation.</li></ol> <p><b>Limitations:</b> Does not involve referrals in ambulatory care setting.</p> |
| EPA Entrustment Level to be Attained by Exit | Level 4   |

**AIM EPA 6**

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|  |   |
|--|---|
| Title  | <b>Assessing and Managing Patients with Diagnostic Uncertainty and/or Treatment in the Ambulatory and Inpatient Settings</b>  |
| Specifications and limitations               | <ol style="list-style-type: none"><li>1. Perform a focused history-taking and physical examination relevant to the present complaint(s)</li><li>2. Demonstrate sound clinical reasoning to arrive at a probable diagnosis and/or differentials</li><li>3. Formulate and prioritise a high value and individualised investigation plan</li><li>4. Make timely and appropriate referrals to other disciplines for specialist opinions and management</li><li>5. Adapt management plans based on limited/ conflicting data and evolving clinical situations.</li><li>6. Develop alternative plans and decide on optimal approach taking into account patient's co-morbidities, risk of treatment, patient preferences and available resources.</li><li>7. 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.</li></ol> <p><b>Limitations: NA</b></p> |
| EPA Entrustment Level to be Attained by Exit | Level 4   |

**AIM EPA 7**

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|  |  |
|--|--|
| Title  | <b>Providing General Palliative Care for Patients with End Stage Disease with an AIM Approach</b>  |
| Specifications and limitations               | <ol style="list-style-type: none"><li>1. Identify patients whose disease has progressed to end stage</li><li>2. Understand the natural trajectory and prognosis of end stage disease</li><li>3. Recognize that further disease modifying treatment is futile and change approach of care</li><li>4. Establish goals of care in collaboration with the patient and family</li><li>5. Identify basic psychosocial issues that affect patient's care</li><li>6. Select investigations and therapies appropriate to the patient's goals of care</li><li>7. Develop and implement management plans that optimize symptom management and that are aligned with patient's goals of care and interplay of medical conditions</li><li>8. Initiate plans for transition of care where applicable, including appropriate referrals to specialist palliative care and community partners</li></ol> |
|  | <b>Limitations: NA</b>   |
| EPA Entrustment Level to be Attained by Exit | Level 4  |

**AIM EPA 8**

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|  |   |
|--|---|
| Title  | <b>Leading Challenging Communications with Patients, Families, and other Healthcare Professionals with an AIM Approach</b>  |
| Specifications and limitations               | <ol style="list-style-type: none"><li>1. Recognize situations where there are challenges in communications (patients, families/caregiver, or healthcare professionals)<ol style="list-style-type: none"><li>i. Family conference with multiple stakeholders and differing opinions</li><li>ii. Goals of care/extent of care discussion</li><li>iii. Breaking bad news</li><li>iv. Disclosure of adverse events/complications</li><li>v. Addressing complaints</li><li>vi. Managing discussions with healthcare teams with differing opinions</li><li>vii. Emotionally charged situations</li><li>viii. Complex discharge issues</li></ol></li><li>2. Address difficult situations that may involve patients, families, and/or members of the health care team</li><li>3. Organise and lead family conference</li><li>4. Establish boundaries as needed in emotional situations and ensure safety of healthcare team</li><li>5. Debrief of healthcare team and practicing self-care</li><li>6. Accurate and timely documentation of communications</li></ol> <p><b>Limitations:</b> NA</p> |
| EPA Entrustment Level to be Attained by Exit | Level 4   |