

Entrustable Professional Activities (EPAs)

List of EPAs for Emergency Medicine

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Resuscitating and Care of Critically Ill Adult Medical/Surgical Patients	Level 4b
EPA 2: Resuscitating and Care of Critically Ill Adult Trauma Patients	Level 4b
EPA 3: Resuscitating and Care of Critically Ill or Injured Paediatric Patients	Level 4b
EPA 4: Managing Adult Ambulatory Patients	Level 4b
EPA 5: Managing Acute Paediatric Ambulatory Patients	Level 4b
EPA 6: Managing Adult Patients with Emergent or Urgent Conditions	Level 4b
EPA 7: Managing Patients Who Need End-Of-Life Care	Level 4b
EPA 8: (Optional) Managing Patients in the Extended Observation Facility	Level 4b

Entrustment Scale

Entrustment Level	Description
Level 1	Not allowed to practise EPA, allowed to observe
Level 2	Allowed to practise EPA only under proactive, full supervision
	Level 2a: As co-activity with supervisor
	Level 2b: With supervisor in room ready to step in as needed
Level 3	Allowed to practise EPA only under reactive/on-demand supervision
	Level 3a: With supervisor immediately available, all findings and decisions double checked
	Level 3b: With supervisor immediately available, key findings and decisions double checked
	Level 3c: With supervisor distantly available (e.g., by phone, next room), findings and decisions promptly reviewed
Level 4	Allowed to practise EPA unsupervised
	Level 4a: With remote monitoring (e.g., end of shift)
	Level 4b: Without monitoring
Level 5	Allowed to supervise others in practice of EPA independently

EPA 1

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Title	EPA 1. Resuscitating and Care of Critically Ill Adult Medical/Surgical Patients
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care for critically ill patients in the emergency department: 1. Recognise critically ill Adult Medical/Surgical Patients 2. Identify deteriorating clinical states requiring critical care 3. Prioritise critical initial stabilization action 4. Perform BCLS and ACLS effectively as part of the resuscitation team 5. Mobilise hospital support services and coordinating recommendations from different members of the health care team to optimize patient care 6. Perform timely reassessment after intervention 7. Arrange appropriate disposition Limitations: • This EPA is applicable to patients aged 16 and above. • This EPA excludes resuscitation and care of critically ill Adult Medical/Surgical Patients in a setting outside of the Emergency Department (i.e., Medical Emergency Response Team / Code-blue Team or equivalent) • This EPA does not include the care of critically ill trauma patients. • This EPA excludes patients who have opted / designated for comfort care / maximum ward care for their end-of-life plans
EPA Entrustment Level to be Attained by Exit	Level 4b

EPA 2

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Title	EPA 2. Resuscitating and Care of Critically Ill Adult Trauma Patients
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care for critically injured patients in the emergency department: 1. Recognise critically injured adult patients 2. Identify deteriorating clinical states requiring critical care 3. Initiate resuscitation of critically-ill adult trauma patients 4. Prioritise critical initial stabilization action 5. Perform ATLS effectively as part of the resuscitation team 6. Mobilise hospital support services and coordinating recommendations from different members of the health care team to optimize patient care 7. Perform timely reassessment after intervention 8. Arrange appropriate disposition Limitations: • This EPA is applicable to patients aged 16 and above. • This EPA excludes resuscitation and care of critically injured adult patients in a setting outside of the Emergency Department (i.e., Medical Emergency Response Team / Code-blue Team or equivalent)
EPA Entrustment Level to be Attained by Exit	Level 4b

EPA 3

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Title	EPA 3. Resuscitating and Care of Critically Ill or Injured Paediatric Patients
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care for critically ill or injured patients in the emergency department: 1. Recognise critically ill or injured paediatric patients 2. Identify deteriorating clinical states requiring critical care 3. Prioritise critical initial stabilization action 4. Perform Paediatric Advanced Life Support effectively as part of the resuscitation team 5. Mobilise hospital support services and coordinating recommendations from different members of the health care team to optimize patient care. This may include involving the paediatric services as needed. 6. Perform timely reassessment after intervention 7. Arrange appropriate disposition, which may include safe transfer to definitive paediatric facility. Limitations: • This EPA is applicable to patients younger than 16 years. • This EPA excludes resuscitation and care of critically ill or injured paediatric patients in a setting outside of the Emergency Department (i.e., Medical Emergency Response Team / Code-blue Team or equivalent)
EPA Entrustment Level to be Attained by Exit	Level 4b (SR will be able to perform the initial resuscitation/management, suggest appropriate investigations and therapy, then make a clinical decision to involve Paediatrics services if needed. Implement the Paediatrician's advice as appropriate and perform timely review to assess response to therapy before final disposition)

EPA 4

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Title	EPA 4. Managing Adult Ambulatory Patients
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care in the ambulatory area: 1. Gather information through history and physical examination 2. Order diagnostic studies and investigations and interpret the results 3. Generate main and differential diagnoses 4. Distinguish an emergent / urgent condition from a non-emergent / non-urgent condition 5. Initiate management: pharmacological agents, procedures, education and advice, referral etc. 6. Consult a supervisor when needed / as per protocol 7. Communicate diagnosis(es) and management plan with/to patient and/or care-giver 8. Organize disposition and patient and/or care-giver education 9. Document the clinical encounter in the health record system 10. Switch tasks and organize workflow among 2 or more patients Limitations: This EPA is applicable to – ● Patients aged 16 and older ● Low acuity and stable patients
EPA Entrustment Level to be Attained by Exit	Level 4b

EPA 5

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Title	EPA 5. Managing Acute Paediatric Ambulatory Patients
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care in the ambulatory area: 1. Gather information through history and physical examination 2. Order diagnostic studies and investigations and interpret the results 3. Generate main and differential diagnoses 4. Distinguish an emergent / urgent condition from a non-emergent / non-urgent condition 5. Initiate management: pharmacological agents, procedures, education and advice, referral etc. 6. Consult a supervisor when needed / as per protocol 7. Communicate diagnosis(es) and management plan with/to patient and/or care-giver 8. Organize disposition and patient and/or care-giver education 9. Document the clinical encounter in the health record system 10. Switch tasks and organize workflow among 2 or more patients Limitations: This EPA is applicable to – • Patients younger than 16 years • Low acuity and stable patients
EPA Entrustment Level to be Attained by Exit	Level 4b (SR will be able to perform the initial management, suggest appropriate investigations and therapy, then make a clinical decision to involve Paediatrics services if needed. Implement the paediatrician's advice as appropriate and perform timely review to assess response to therapy before final disposition)

EPA 6

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Title	EPA 6. Managing Adult Patients with Emergent or Urgent Conditions
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care of a patient in the emergency department: 1. Gather information through history and physical examination 2. Order diagnostic studies and investigations and interpret the results 3. Generate main and differential diagnoses 4. Distinguish an emergent / urgent condition from a non-emergent / non-urgent condition 5. Initiate management: pharmacological agents, procedures, education and advice, referral etc. 6. Consult a supervisor when needed / as per protocol 7. Communicate diagnosis(es) and management plan with/to patient and/or care-giver 8. Organize disposition and patient and/or care-giver education 9. Document the clinical encounter in the health record system 10. Switch tasks and organize workflow among 2 or more patients Limitations: • This EPA is applicable to patients aged 16 and above. • This EPA excludes resuscitation and care of critically ill or injured Adult Medical/Surgical Patients. • This EPA excludes Resuscitating and Care of Critically Ill Adult Trauma Patients. • This EPA excludes ambulatory patients
EPA Entrustment Level to be Attained by Exit	Level 4b

EPA 7

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Title	EPA 7. Managing Patients Who Need End-Of-Life Care
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care for imminently dying patients 1. Review and clarify end-of-life care plans 2. Review and determine if referral to coroner is needed in event of death in ED 3. Escalate to Palliative Care professionals where appropriate 4. Review and cease non-essential vital signs monitoring, investigations, and interventions 5. Initiate / continue pharmacological and non-pharmacological management for symptoms of impending death 6. Organize disposition and NOK / care-giver education about what to expect 7. Manage NOK's / care-giver's distress, and activate counsellor / social worker if needed Limitations: • This EPA is applicable to patients aged 16 and above. • This EPA is patients whose demise is expected within hours or days.
EPA Entrustment Level to be Attained by Exit	Level 4b

EPA 8 (Optional)

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Explanation: This EPA is optional because some Emergency Departments do not have an extended observation facility where patients are cared for at least 8 hours

Title	EPA 8. (Optional) Managing Patients in the Extended Observation Facility
Specification and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (v) Care is cost-effective and sustainable. This activity includes all key activities that a resident will perform when providing care for patients in the observation facility 1. Gather information through history and physical examination 2. Review patients' care episode prior to admission to the observation facility 3. Order diagnostic studies and investigations and interpret the results 4. Generate main and differential diagnoses 5. Initiate and continue management: pharmacological agents, procedures, education and advice, referral etc. 6. Review patients during observation and manage changes to their conditions 7. Consult a supervisor when needed / as per protocol 8. Communicate diagnosis(es) and management plan with/to patient and/or care-giver 9. Organize disposition and patient and/or care-giver education 10. Present the patients during ward round with the Emergency Physician 11. Follow up and complete the changes after the round 12. Hand over patients to the team for next shift 13. Document the clinical encounter in the health record system Limitations: • This EPA is applicable to patients aged 16 and above. • This EPA is applicable to the extended observation facility of at least 8 hours • This EPA excludes patients who are under observation of less than 8 hours
EPA Entrustment Level to be Attained by Exit	Level 4b