

Entrustable Professional Activities (EPAs)

List of EPAs for Geriatric Medicine

EPA Title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1: Managing geriatric syndromes</u>	Level 4
<u>EPA 2: Managing acute care of older adults in the hospital</u>	Level 4
<u>EPA 3: Managing rehabilitation needs of older adults</u>	Level 4
<u>EPA 4: Providing end of life care for older adults</u>	Level 4
<u>EPA 5: Providing geriatric specialist consultations and co-managements</u>	Level 4
<u>EPA 6: Managing care transitions for older adults</u>	Level 4
<u>EPA 7: Managing older adults in the community</u>	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Not allowed to practise EPA.
Level 2	Allowed to practise EPA only under proactive, full supervision.
Level 3	Allowed to practise EPA only under reactive/on-demand supervision.
Level 4	Allowed to practise EPA unsupervised
Level 5	Allowed to supervise others in practice of EPA independently

Geriatric Medicine EPA 1

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Title	Managing geriatric syndromes
Specifications and Limitations	<p>Comprehensive geriatric assessment is a core skill for geriatricians throughout the various settings. It is the foundation to the approach of geriatric syndromes.</p> <p>Geriatricians manage geriatric syndromes through <i>conducting comprehensive geriatric assessment (CGA)</i> (at inpatient, outpatient, and community settings) through:</p> <ul style="list-style-type: none"> i) Gathering data (thorough history taking of the various syndromes, detailed physical examination and medication review) ii) Applying appropriate tools and measurement scales in evaluation of patients iii) Synthesizing and Interpretating results and information to establish diagnosis of the syndromes iv) Developing prioritised patient centred and evidence based management plans integrating goals and values, comorbidities, and prognosis. v) Utilising community services to support management of patient with geriatric syndromes at home vi) Communicating with patients and families to help clarify goals of care and make care decisions vii) Introducing and implementing preventive health measures in the management of older adults <p>Limitation: Excludes critically ill inpatients</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing acute care of older adults in the hospital
Specifications and Limitations	Geriatricians encounter older adults with acute medical issues in various settings within their practice. They will be required to: <ul style="list-style-type: none">i) Evaluating and managing the acute problems in an effective and timely manner<ul style="list-style-type: none">- Diagnosing acute medical issues- Implementing appropriate treatment based on diagnosis- Referring to suitable subspecialties for help when appropriate- Reviewing and adjusting management accordinglyii) Weighing the effects of their management and prioritizing it based on patient's best interest.
	Limitations: Excludes acutely unwell older adults not admitted to geriatric medicine or who are at end-of-life.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing rehabilitation needs of older adults
Specifications and Limitations	Maintenance of functional capability is integral in the management of the older adults. Geriatricians should be: <ul style="list-style-type: none">i) Assessing rehabilitation potential for the older adults, considering the influence of comorbidities, cognition, and mood on top of patient's care priorities.ii) Reviewing of progress with multidisciplinary teamsiii) Setting of realistic functional goals with inputs from the relevant therapists, patients, and caregivers.iv) Prescribing appropriate modifications or aids to assist the older adults.
	Limitations: Excludes older adults who do not require rehabilitation and those who are medically unstable
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Providing end-of-life care for older adults
Specifications and Limitations	<p>This EPA includes providing end-of-life care for older adults with less than 12 months of life expectancy.</p> <p>Geriatricians are frequently required to care for older adults who have terminal illnesses such as late-stage cancer, end-stage organ failure and degenerative conditions. This entails identifying interplays between chronic illnesses with concomitant functional and cognitive impairment with the need of long-term caregivers.</p> <p>Geriatricians should be:</p> <ol style="list-style-type: none"> 1) Assessing, evaluating, and managing symptoms of patients with advance illness: inclusive of late stage of cancer, end organ failure, degenerative conditions and frailty in inpatients, outpatients, and home settings 2) Communicating and supporting family and patient's psycho-social and emotional needs holistically 3) Recognising futility of treatment and establishing goals of care in a time sensitive manner with patient and family. 4) Leading family conferences with patients and their family or surrogate decision maker(s) including discussions of Advance Care Planning (ACP). 5) Co-ordinate and utilise community resources to help support end of life care in appropriate settings (Home Hospices, Inpatients hospices, Terminal Discharges to home or Nursing home)
	Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Providing geriatric specialist consultations and co-managements
Specifications and Limitations	<p>Geriatricians respond to referrals for consultation or co-management in a professional, timely and effective manner with detailed recommendations that are based on the patient's prognosis, multiple chronic conditions, function, and goals and provide guidance to healthcare providers, patients, families, and other caregivers with regard to management plans that are individualised to the patient's care needs.</p> <p>Geriatricians should be:</p> <ol style="list-style-type: none"> 1) Gathering data from multiple various sources (patient, caregivers, consult notes). 2) Recognising common reasons for poor outcomes of prolonged hospitalisation for older adults and take active steps to mitigate that. 3) Providing recommendations and guidance that are individualised to patients' care needs and suitable to execute in a non-geriatric based ward. 4) Providing timely review of suggested recommendations based on patients' needs. 4) Recognising the threshold of taking over patients to geriatric service. 5) Managing shared decision making with referral team to optimise patient care. 6) Engaging relevant parties (patient, family, primary team, AHP) in early discharge planning to optimise care and function. 7) Modelling and nurturing geriatric care principles hospital wide.
	<p>Limitations: Care providers unwilling to accept advocacy of geriatric care principles</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing care transitions for older adults
Specifications and Limitations	<p>Geriatricians identify appropriate care settings that meet the needs of a patient and recognize when transition to a different setting is needed. They provide care for patients during these transitions in a manner that ensures continuity and seamlessness that works to optimize care by future healthcare providers.</p> <p>The geriatrician will need to:</p> <ol style="list-style-type: none"> 1) Identify and prioritise the patient's needs based on comprehensive geriatric assessment 2) Recognize the roles and expertise of the members in the inter-professional team 3) Coordinate information gathering from members in the inter-professional team 4) Lead and/or facilitate active discussion as a team leader or team member 5) Integrate expertise to set goals that is reflective of a patient-centered, evidence-based management plan 6) Identify the care setting most suitable for the patient 7) Coordinate seamless care transition by effectively communicating the plan to other care providers who are actively or potentially will be involved in the care of the patient 8) Communicate the care plan to the patient and/or donee(s), nominated healthcare spokesperson(s), and/or next-of-kin <p>This EPA includes patients in the acute hospital, community hospital, sub-acute care, residential care, and home care.</p> <p>Limitations: This EPA does not apply to older adults who are medically unstable.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing older adults in the community
Specifications and Limitations	<p>Understand that older adults are optimally managed within the community, and therefore able to utilize appropriate community resources to support and allow them to age in place. They are also called upon to provide expertise in the management of older adults and possess skills to lead the team in the community.</p> <p>The geriatrician will be required to:</p> <ol style="list-style-type: none"> 1) Identify and prioritise the older adult's needs and preferences 2) Identify the care resources available and most suitable for the older adult 3) Coordinate and/ or implement patient-centered care plans with the team in the community <p>This EPA includes patients in the community hospital, sub-acute care, residential care, center-based care, and home care.</p> <p>Limitations: This EPA does not apply to older adults in the acute hospital setting.</p>
EPA Entrustment Level to be Attained by Exit	Level 4