



## **EPA 11: Obtain Informed Consent for Tests and/or Procedures**

From day 1, residents may be in a position to obtain informed consent for interactions. tests, or procedures they order and perform, including immunizations, medications. central lines. contrast and radiation exposures, and blood transfusions.

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

**EPA 11** 

Obtain informed consent

Underlying entrustability for all EPAs are trustworthy habits, including truthfulness. conscientiousness. and discernment.

This schematic depicts development of proficiency in the Core EPAs. It is not intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

**Key Functions with** Related Competencies

Describe the key elements of informed consent: indications. contraindications, risks, benefits, alternatives, and potential complications of the intervention

PC6 KP3 KP4 KP5 P6

Communicate with the patient and family to ensure that they understand the intervention

PC7 ICS1 ICS7 PC5

Display an appropriate balance of confidence and skill to put the patient and family at ease, seeking help when needed

PPD1 PPD7 PPD8

**Behaviors** Requiring Corrective Response

Lacks basic

intervention

or misleading

information

signature

family

cues

knowledge of the

Provides inaccurate

Hands the patient a

form and requests a

Uses language that

frightens patient and

→ Developing Behaviors → (Learner may be at different levels within a row.)

> Lacks specifics when providing key elements of informed consent

Allows personal biases with intervention to influence consent process

Is complacent with informed

understanding of importance

consent due to limited

of informed consent

Obtains informed consent only on the directive of others

Displays a lack of confidence

that increases patient stress

overconfidence that erodes

or discomfort, or

Asks questions

Accepts help

trust

Uses medical jargon

Disregards emotional

Regards interpreters as unhelpful or inefficient

Displays overconfidence and takes actions that can have a negative effect on outcomes

Lacks specifics or requires prompting

Understands and explains the key elements of informed consent

Provides complete and accurate information

Recognizes when informed consent is needed and describes it as a matter of good practice rather than as an externally imposed sanction

**Expected Behaviors** 

for an Entrustable

Learner

Notices use of jargon and self-Avoids medical jargon

Uses unidirectional communication: does not elicit Elicits patient's preferences by patient's preferences asking questions

Has difficulty in attending to emotional cues Recognizes emotional cues

Does not consider the use of an Enlists interpreters interpreter when needed

corrects Uses bidirectional communication to build rapport

> Practices shared decision making. eliciting patient and family preferences

> > Responds to emotional cues in real time

Enlists interpreters collaboratively

Has difficulty articulating personal limitations such that patient and family will need reassurance from a senior colleague

Asks for help

Demonstrates confidence commensurate with knowledge and skill so that patient and family are at

Seeks timely help