EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter

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

EPA 2

Prioritize a differential diagnosis

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	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis **PC2 KP3 KP4 KP2**	Cannot gather or synthesize data to inform an acceptable diagnosis Lacks basic medical knowledge to reason effectively	Approaches assessment from a rigid template Struggles to filter, prioritize, and make connections between sources of information Proposes a differential diagnosis that is too narrow, is too broad, or contains inaccuracies Demonstrates difficulty retrieving knowledge for effective reasoning	Gathers pertinent data based on initial diagnostic hypotheses Proposes a reasonable differential diagnosis but may neglect important diagnostic information Is beginning to organize knowledge by illness scripts (patterns) to generate and support a diagnosis	Gathers pertinent information from many sources in a hypothesis-driven fashion Filters, prioritizes, and makes connections between sources of information Proposes a relevant differential diagnosis that is neither too broad nor too narrow Organizes knowledge into illness scripts (patterns) that generate and support a diagnosis
Prioritize and continue to integrate information as it emerges to update differential diagnosis, while managing ambiguity **PC4 KP3 KP4 PPD8 PBL1**	Disregards emerging diagnostic information Becomes defensive and/or belligerent when questioned on differential diagnosis	Does not integrate emerging information to update the differential diagnosis Displays discomfort with ambiguity	Considers emerging information but does not completely integrate to update the differential diagnosis Acknowledges ambiguity and is open to questions and challenges	Seeks and integrates emerging information to update the differential diagnosis Encourages questions and challenges from patients and team
Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans **KP3 KP4 ICS2**	Ignores team's recommendations Develops and acts on a management plan before receiving team's endorsement Cannot explain or document clinical reasoning	Recommends a broad range of untailored diagnostic evaluations Depends on team for all management plans Does not completely explain and document reasoning	Recommends diagnostic evaluations tailored to the evolving differential diagnosis after having consulted with team Explains and documents clinical reasoning	Proposes diagnostic and management plans reflecting team's input Seeks assistance from team members Provides complete and succinct documentation explaining clinical reasoning

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