



Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests

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

EPA 3

Diagnostic and screening tests

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
<p>Recommend first-line cost-effective screening and diagnostic tests for routine health maintenance and common disorders</p> <p>PC5 PC9 SBP3 PBLI9 KP1 KP4</p>	<p>Unable to recommend a standard set of screening or diagnostic tests</p> <p>Demonstrates frustration at cost-containment efforts</p>	<p>Recommends tests for common conditions</p> <p>Does not consider harm, costs, guidelines, or patient resources</p> <p>Does not consider patient-specific screening unless instructed</p> <p>Considers costs</p> <p>Identifies guidelines for standard tests</p> <p>Repeats diagnostic tests at intervals that are too frequent or too lengthy</p>	<p>Recommends key, reliable, cost-effective screening and diagnostic tests</p> <p>Applies patient-specific guidelines</p>
<p>Provide rationale for decision to order tests, taking into account pre- and posttest probability and patient preference</p> <p>PC5 PC7 KP1 KP4 SBP3 PBLI9</p>	<p>Cannot provide a rationale for ordering tests</p>	<p>Recommends unnecessary tests or tests with low pretest probability</p> <p>Neglects patient's preferences</p> <p>Understands pre- and posttest probability</p> <p>Neglects impact of false positive or negative results</p> <p>Aware of patient's preferences</p>	<p>Provides individual rationale based on patient's preferences, demographics, and risk factors</p> <p>Incorporates sensitivity, specificity, and prevalence in recommending and interpreting tests</p> <p>Explains how results will influence diagnosis and evaluation</p>
<p>Interpret results of basic studies and understand the implication and urgency of the results</p> <p>PC4 PC5 PC7 KP1</p>	<p>Can only interpret results based on normal values from the lab</p> <p>Does not discern urgent from nonurgent results</p>	<p>Misinterprets insignificant or explainable abnormalities</p> <p>Does not know how to respond to urgent test results</p> <p>Requires supervisor to discuss results with patient</p> <p>Recognizes need for assistance to evaluate urgency of results and communicate these to patient</p>	<p>Distinguishes common, insignificant abnormalities from clinically important findings</p> <p>Discerns urgent from nonurgent results and responds correctly</p> <p>Seeks help for interpretation of tests beyond scope of knowledge</p>