



Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

EPA 4: Enter and Discuss Orders and Prescriptions

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

EPA 4

Enter and discuss orders and prescriptions

Underlying trustworthiness 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
Compose orders efficiently and effectively verbally, on paper, and electronically PC6 PBL11	Unable to compose or enter electronic orders or write prescriptions (or does so for the wrong patient or using an incorrect order set) Does not follow established protocols for placing orders	Does not recognize when to tailor or deviate from the standard order set Orders tests excessively (uses shotgun approach) May be overconfident, does not seek review of orders Recognizes when to tailor or deviate from the standard order set Completes simple orders Demonstrates working knowledge of how orders are processed in the workplace Asks questions, accepts feedback	Routinely recognizes when to tailor or deviate from the standard order set Able to complete complex orders requiring changes in dose or frequency over time (e.g., a taper) Undertakes a reasoned approach to placing orders (e.g., waits for contingent results before ordering more tests) Recognizes limitations and seeks help
Demonstrate an understanding of the patient's condition that underpins the provided orders PC5 PC2	Lacks basic knowledge needed to guide orders Demonstrates defensiveness when questioned	Has difficulty filtering and synthesizing information to prioritize diagnostics and therapies Unable to articulate the rationale behind orders Articulates rationale behind orders May not take into account subtle signs or exam findings guiding orders	Recognizes patterns, takes into account the patient's condition when ordering diagnostics and/or therapeutics Explains how test results influence clinical decision making
Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts PBL17	Discounts information obtained from resources designed to avoid drug-drug interactions Fails to adjust doses when advised to do so by others Ignores alerts	Underuses information that could help avoid errors Relies excessively on technology to highlight drug-drug interactions and/or risks (e.g., smartphone or EHR suggests an interaction, but learner cannot explain relevance) May inconsistently apply safe prescription-writing habits such as double-check of patient's weight, age, renal function, comorbidities, dose and/or interval, and pharmacogenetics when applicable	Routinely practices safe habits when writing or entering prescriptions or orders Responds to EHR's safety alerts and understands rationale for them Uses electronic resources to fill in gaps in knowledge to inform safe order writing (e.g., drug-drug interactions, treatment guidelines)
Discuss planned orders and prescriptions with team, patients, and families ICS1 SBP3	Places orders and/or prescriptions that directly conflict with patient's and family's health or cultural beliefs	Places orders without communicating with others; uses unidirectional style ("Here is what we are doing...") Does not consider cost of orders or patient's preferences Modifies plan based on patient's preferences May describe cost-containment efforts as externally mandated and interfering with the doctor-patient relationship	Enters orders that reflect bidirectional communication with patients, families, and team Considers the costs of orders and the patient's ability and willingness to proceed with the plan