



Core Entrustable Professional Activities for Entering Residency



Tomorrow's Doctors, Tomorrow's Cures®

EPA 5: Document a Clinical Encounter in the Patient Record

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

EPA 5

Document a clinical encounter

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>Prioritize and synthesize information into a cogent narrative for a variety of clinical encounters (e.g., admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary)</p> <p>P4 ICS1</p>	<p>Provides incoherent documentation</p>	<p>Misses key information</p> <p>Provides key information but may include unnecessary details or redundancies</p>	<p>Provides a verifiable cogent narrative without unnecessary details or redundancies</p>	<p>Provides a verifiable cogent narrative without unnecessary details or redundancies</p>
<p>Follow documentation requirements to meet regulations and professional expectations</p> <p>ICS5 P4 SBP1</p>	<p>Copies and pastes information without verification or attribution</p> <p>Does not provide documentation when required</p> <p>Provides illegible documentation</p>	<p>Produces documentation that has errors or does not fulfill institutional requirements (e.g., date, time, signature, avoidance of prohibited abbreviations)</p> <p>Meets needed turnaround time for standard documentation</p> <p>Has difficulty meeting turnaround expectations, resulting in team members' lack of access to documentation</p> <p>May not document the pursuit of primary or secondary sources important to the encounter</p>	<p>Recognizes and corrects errors related to required elements of documentation</p> <p>Documents in the patient's record role in team-care activities</p> <p>Documents use of primary and secondary sources necessary to fill in gaps</p>	<p>Provides accurate, legible, timely documentation that includes institutionally required elements</p> <p>Documents in the patient's record role in team-care activities</p> <p>Documents use of primary and secondary sources necessary to fill in gaps</p>
<p>Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient's preferences</p> <p>PC4 PC6 ICS1 ICS2</p>	<p>Includes inappropriate judgmental language</p> <p>Documents potentially damaging information without attribution</p>	<p>Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient's preferences</p> <p>Documents a problem list, differential diagnosis, plan, and clinical reasoning</p> <p>Interprets laboratories by relying on norms rather than context</p> <p>Is inconsistent in interpreting basic tests accurately</p> <p>Does not include a rationale for ordering studies or treatment plans</p> <p>Engages in help-seeking behavior resulting in improved ability to develop and document management plans</p> <p>Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience</p> <p>Solicits patient's preferences and records them in a note</p>	<p>Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers</p> <p>Interprets laboratory values accurately</p> <p>Identifies key problems, documenting engagement of those who can help resolve them</p> <p>Communicates bidirectionally to develop and record management plans aligned with patient's preferences</p>	<p>Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers</p> <p>Interprets laboratory values accurately</p> <p>Identifies key problems, documenting engagement of those who can help resolve them</p> <p>Communicates bidirectionally to develop and record management plans aligned with patient's preferences</p>