EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care

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

EPA 7

Clinical questions to advance patient care

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
Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK) KP3 PBLI6 PBLI1 PBLI3	Does not reconsider approach to a problem, ask for help, or seek new information	With prompting, translates information needs into clinical questions	Seeks assistance to translate information needs into well-formed clinical questions	Identifies limitations and gaps in personal knowledge Develops knowledge guided by well-formed clinical questions
Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE) PBLI6 PBLI7	Declines to use new information technologies	Uses vague or inappropriate search strategies, leading to an unmanageable volume of information	Employs different search engines and refines search strategies to improve efficiency of evidence retrieval	Identifies and uses available databases, search engines, and refined search strategies to acquire relevant information
Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE) PBLI6 KP3 KP4	Refuses to consider gaps and limitations in the literature or apply published evidence to specific patient care	Accepts findings from clinical studies without critical appraisal With assistance, applies evidence to common medical conditions	Judges evidence quality from clinical studies Applies published evidence to common medical conditions	Uses levels of evidence to appraise literature and determines applicability of evidence Seeks guidance in understanding subtleties of evidence
Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE) ICS1 ICS2 PBLI1 PBLI8 PBLI9 PC7	Does not discuss findings with team Does not determine or discuss outcomes and/or process, even with prompting	Communicates with rigid recitation of findings, using medical jargon or displaying personal biases Shows limited ability to connect outcomes to the process by which questions were identified and answered and findings were applied	Applies findings based on audience needs Acknowledges ambiguity of findings and manages personal bias Connects outcomes to process by which questions were identified and answered	Applies nuanced findings by communicating the level and consistency of evidence with appropriate citation Reflects on ambiguity, outcomes, and the process by which questions were identified and answered and findings were applied