

Prevocational Training

Entrustable Professional Activity (EPA)

Assessment form



EPA 1: Clinical Assessment

Note: These forms will be translated into an online version prior to implementation. Most of the details in the form will be prepopulated in the e-portfolio, or entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

Prevocational doctor name			
Term name			
Term start date			Term end date
PGY		Term	____ of ____
Date of assessment			
Supervisor name			
Assessor name			
Assessor	<input type="checkbox"/> Specialist or equivalent (term supervisor) <input type="checkbox"/> Specialist or equivalent (other) <input type="checkbox"/> Registrar		<input type="checkbox"/> Nurse/ nurse practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other
Consultation with/ input from	<input type="checkbox"/> Specialist or equivalent (term supervisor) <input type="checkbox"/> Specialist or equivalent (other) <input type="checkbox"/> Registrar <input type="checkbox"/> Nurse/ nurse practitioner <input type="checkbox"/> Allied health		<input type="checkbox"/> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> PGY1/2 peer <input type="checkbox"/> Other

Title

Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan including appropriate investigations.

Focus and context

This EPA applies in admission, reviewing a patient on request in response to a particular concern, ward call tasks, ward rounds, lower acuity emergency department presentations, general practice consultations or outpatient clinical attendances.

Perform this activity in multiple settings, including inpatient and ambulatory (including community) care settings or in emergency departments and in the care of different populations for example children, adults and the elderly.

Prevocation doctor to complete this section

Description

This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocation doctor is to tick the task descriptions that are relevant to this assessment:

- 1. if clinical assessment has been requested by a team member, clarify the concern(s) with them
- 2. identify pertinent information in the patient record
- 3. obtain consent from the patient
- 4. obtain a history
- 5. examine the patient
- 6. consider and integrate information from the patient record, clinical assessments, and relevant ward protocols/ guidelines/ literature
- 7. develop provisional and differential diagnoses and/or problem lists
- 8. produce a management plan, confirm with senior colleague as appropriate, and communicate with relevant team members and the patient
- 9. implement management plan, initiate or perform appropriate investigations and procedures, and document assessment and next steps, including indications for follow up

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

Case details

Brief description of issues of case:
[e.g. age, gender, diagnosis etc.]

Self-assessment

Self-reflection on performance of the task:
[how do you feel you went?, what went well and why?, what could you have done better and how?]

Based on this case, what will you do to develop your learning further?

Outcome statements

[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]

Assessor to complete this section

Case details	Patient type: <input type="checkbox"/> Child <input type="checkbox"/> Adult	<i>Brief description:</i> [e.g., age, gender, diagnosis etc.]
Complexity of the case(s) for the level of training	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Note: Case complexity is a combination of the complexity of the medical presentation and relevant social factors. Case complexity also has to do with the experience of the PGY1 or PGY2 doctor. Therefore, a case which is assessed as high complexity early in PGY1 may be assessed as low complexity in late PGY2. It is expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. It is also expected there will be some cases assessed that are complex for the level of training.		

Assessor's declaration

<input type="checkbox"/>	The patient(s) is known to me and I have directly observed some part of the clinical interaction or have spoken to a team member that has
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Entrustability scale

Supervisors are asked to make a judgement on the degree of entrustment for this task; the level of supervision required appropriate to the level of level of training (acknowledging that supervision requirements for PGY1 or PGY2 are different)

<input type="checkbox"/>	Requires direct supervision (I or the (day to day) supervisor need to be there to observe the interactions and review the work)
<input type="checkbox"/>	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
<input type="checkbox"/>	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

Was the entrustability rating appropriate for the level of training, given the complexity of the case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Assessor sign off: