

# 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 ____	Week of term
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.*

## Prevocational 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 prevocational 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

<b>Case details</b>	Patient type:	<i>Brief description:</i> [e.g., age, gender, diagnosis etc.]
	<input type="checkbox"/> Child <input type="checkbox"/> Adult	

<b>Complexity of the case(s) for the level of training</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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**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?

- Yes  
 No

Assessor sign off:

## EPA 2: Recognition and care of the acutely unwell patient

**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.

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<b>Prevocational doctor name</b>			
<b>Term name</b>			
<b>Term start date</b>		<b>Term end date</b>	
<b>PGY</b>	<b>Term</b>	____ of ____	<b>Week of term</b>
<b>Date of assessment</b>			
<b>Supervisor name</b>			
<b>Assessor name</b>			
<b>Assessor</b>	<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	
<b>Consultation with/ input from</b>	<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

Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1/2 doctors often called after hours to assess patients whose situation has acutely changed)

### Focus and context

This EPA applies in any clinical context but the critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:

1. Recognise the acutely unwell and or deteriorating patient (including acute deterioration in mental health).
2. Act immediately, demonstrating a timely approach to management
3. Escalate appropriately

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

## Prevocational 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 prevocational doctor is to tick the task descriptions that are relevant to this assessment:

- 1. recognise clinical deterioration or acutely unwell patients
- 2. respond by initiating immediate management, including basic life support if required
- 3. seek appropriate assistance, including following the local process for escalation of care
- 4. communicate critical information in a concise, accurate and timely manner to facilitate decision making
- 5. lead the resuscitation initially, and involve other necessary services, such as intensive care or retrieval services

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

<b>Case details</b>	Patient type:	<i>Brief description:</i>
	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<i>[e.g., age, gender, diagnosis etc.]</i>

<b>Complexity of the case(s) for the level of training</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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**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?

- Yes  
 No

Assessor sign off:

# Prevocational Training

## Entrustable Professional Activity (EPA)

### Assessment form



## EPA 3: Prescribing

**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.

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Prevocational doctor name			
Term name			
Term start date		Term end date	
PGY	Term	____ of ____	Week of term
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

Appropriately prescribe therapies (drugs, fluids, blood products oxygen) tailored to patients' needs and conditions

### Focus and context

This EPA applies in any clinical context but the critical aspects are to:

1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate in the context of the patient

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

## Prevocational 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 prevocational doctor is to tick the task descriptions that are relevant to this assessment:

- 1. obtain and interpret medication histories
- 2. respond to requests from team members to prescribe medications
- 3. consider whether a prescription is appropriate
- 4. choose appropriate medications
- 5. where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
- 6. actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
- 7. provide instruction on medication administration effects and adverse effects, using appropriate resources
- 8. elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
- 9. write or enter accurate and clear prescriptions or medication charts
- 10. monitor medications for adverse reactions, efficacy, safety, and concordance
- 11. review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist

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 repopulate 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

<b>Case details</b>	Patient type:	<i>Brief description:</i>
	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<i>[e.g., age, gender, diagnosis etc.]</i>

<b>Complexity of the case(s) for the level of training</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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### 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

<b>Was the entrustability rating appropriate for the level of training, given the complexity of the case?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Assessor sign off:</b>	
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## EPA 4: Team Communication – documentation, handover and referrals

**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.

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

### Title

Communicate about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral.

### Focus and context

This EPA applies to any clinical context but the critical aspects are to:

1. Communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including:
  - at referral from ambulatory and community care
  - at admission
  - between clinical services and multidisciplinary teams
  - at changes of shift
  - at discharge to ambulatory and community care
2. Produce timely, accurate and concise documentation of episodes of clinical care

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

## Prevocational 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 prevocational doctor is to tick the task descriptions that are relevant to this assessment:

- 1. Communicate:
  - facilitate high quality care at any transition point
  - ensure continuity of care
  - share patient information with other health care providers and multidisciplinary teams in conjunction with referral or the transfer of responsibility for patient care
  - use local agreed modes of information transfer, including oral, electronic and written format to communicate (at least):
    - patient demographics
    - concise medical history and relevant physical examination findings
    - current problems and issues
    - details of pertinent and pending investigation results
    - medical and multidisciplinary care plans
    - planned outcomes and indications for follow up
  
- 2. Document:
  - enable other health professionals to understand the issues and continue care
  - produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation
  - produce accurate records appropriate for secondary purposes
  - complete accurate medical certificates, death certificates and cremation certificates
  - enable the appropriate use of clinical handover tools

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

<b>Case details</b>	Patient type:	<i>Brief description:</i>
	<input type="checkbox"/> Child	<i>[e.g., age, gender, diagnosis etc.]</i>
	<input type="checkbox"/> Adult	

<b>Complexity of the case(s) for the level of training</b>	<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

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

<b>Assessor sign off:</b>	
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