

## SIWF/ISFM Template for a full EPA (February 2023)

See also AMEE GUIDE 140: Ten Cate O, Taylor DR. *The recommended description of an entrustable professional activity: AMEE Guide No. 140*. Med Teach. 2021;43:1106-14.

<p><b>1. Title</b></p>	<p>The 'Title' just reflects clinical work or activity to be done in health care (not stated as skill or ability). Concise and informative (readily understood). Avoid adjectives that describe skill or competence. As short as possible, as long as needed (try to limit to 10 words). Ideally, the title contains a verb. Ask yourself: can a resident be entrusted with this activity in daily practice?</p>
<p><b>2. Description</b> (Specifications and limitations)</p>	<p>Describes and specifies what is included in the activity and what is not as well as the context. Try to make a bulleted or numbered list of components chronologically. <b>Possible structure:</b></p> <ul style="list-style-type: none"> <li>• <b>Setting:</b> e.g., Out-patient setting, emergency, ward</li> <li>• <b>Timeframe:</b> from ... to ...</li> <li>• <b>Including:</b> Limit the description to the activity.</li> <li>• <b>Excluding:</b> Are there any limitations regarding complexity or setting applicable when the learner will be formally entrusted (certified) with this EPA? Are there elements that belong to another/related EPA?</li> </ul>
<p><b>3. Potential risks in case of failure</b></p>	<p>List relevant complications and adverse events if done improperly. Think of harm to patients, undue costs or wasted resources, psychological damage to the learner, the team or hospital, etc. (Limit list to some likely events, i.e. 2-5)</p>
<p><b>4. Most relevant Competency Domains</b> (CanMEDS)</p>	<p>Try to limit to the 2-4 CanMEDS roles that seem most relevant for this EPA: Medical Expert / Communicator / Collaborator / Leader / Health Advocate / Scholar / Professional</p>
<p><b>5. Knowledge, Skills, Attitude</b></p>	<p>Which knowledge, skills, attitudes are expected before a trainee can be trusted to carry out is EPA? This information will guide trainees and supervisors. <b>Knowledge: ....</b> <b>Skills: ....</b> <b>Attitudes: ....</b></p>
<p><b>6. Evaluation: Basis for progress</b></p>	<p>- What information should be used to determine learning progress and ground a summative entrustment decision (e.g., <i>single brief direct observations, longitudinal observations (e.g. multisource feedback), entrustment (case-)based discussions, products of work (e.g. patient documentation), simulations, or others sources</i>)? For details see: 'Suggestions for assessment using EPAs in residency training (pilot phase)' on the SIWF/ISFM homepage) - Is there a number of procedures or other experience that must be completed?</p>

<b>7. Stage of training when an Entrustment-/ Supervision Level of 'unsupervised practice' is expected</b>	<p>When are trainees expected to reach which level of entrustment or supervision for this EPA? This is an important part in the context of the subject of individualized training length. It gives trainers and residents a clear guideline. Might as well be subject to variance regarding the institution. However, at minimum, the expected level at the end of specialty training should be stated.</p>
<b>8. Expiration date</b>	<p>Optional: If the EPA involves major risks, competence should be maintained. How long a period of non-practice should lead to expiration?</p>
<b>9. Connections to other EPAs</b>	<p>Optional: Could this be a 'Shared' EPA with other specialties, or is there potential overlap? Does this EPA build on any other EPA (e.g., Common Trunk, or Junior EPAs) – or lead to a more complex one?</p>

EPA-Commission Feb. 27, 2023