**Emergency Medicine EPAs**

This completed form must be received by the NIHS for each application submitted. The application process is not complete without this form:

**Resident/Fellow Full Name:**

**Postgraduate Year (PGY):**

**Emirates ID:**

The following is the Entrustable Professional Activities (EPAs) that were developed to provide the opportunity for frequent, time-efficient, feedback-oriented and workplace-based assessment in the course of daily clinical workflow.

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| **EPA** | **Level of Entrustment** | **PGY level #** | **Date of Entrustment** |
|  | **1****Trusted to observe only** | **2****Act under direct supervision** | **3****Act under indirect supervision i.e on request and quickly available** | **4****Act with oversight supervision or post hoc** | **5****Trusted to perform independently without supervision****Fellow can supervise junior trainees** |  |  |
| Manage a low acuity, low complexity “stable” patient. |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage a low acuity, high complexity “stable” patient. |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage a potentially high acuity complaint in a “stable” patient |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage a high acuity patient with a well-defined presentation, illness, or injury |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage a high acuity, high complexity patient (i.e. undifferentiated unstable patient). |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage multiple patients in the ED concomitantly |[ ] [ ] [ ] [ ] [ ]   |  |
| Lead an ED team |[ ] [ ] [ ] [ ] [ ]   |  |
| Transition care to other healthcare providers. |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage interactions with consultants |[ ] [ ] [ ] [ ] [ ]   |  |
| Manage complex and difficult situations |[ ] [ ] [ ] [ ] [ ]   |  |
| Utilize recommended patient safety and quality improvement processes |[ ] [ ] [ ] [ ] [ ]   |  |
| Performing advanced procedures |[ ] [ ] [ ] [ ] [ ]   |  |
| Performing and interpreting point-of-care ultrasound to guide patient management |[ ] [ ] [ ] [ ] [ ]   |  |

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| Name of Sponsoring Institution |  |
| Name of the Program  |  |
| Name of the Program Director |  |
| Signature of the Program Director  |  |

**Official Stamp Date:**