**Internal 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** |  |  |
| Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care |[ ] [ ] [ ] [ ] [ ]   |  |
| Identifying and assessing unstable patients, providing initial management, and obtaining help |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing patients admitted to acute care settings with common medical problems and advancing their care plans |[ ] [ ] [ ] [ ] [ ]   |  |
| Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan |[ ] [ ] [ ] [ ] [ ]   |  |
| Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing unstable patients, providing targeted treatment and consulting as needed |[ ] [ ] [ ] [ ] [ ]   |  |
| Discussing and establishing patients’ goals of care |[ ] [ ] [ ] [ ] [ ]   |  |
| Identifying personal learning needs while caring for patients, and addressing those needs |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing and managing patients with complex chronic conditions |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing internal medicine consultation to other clinical services |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing, resuscitating, and managing unstable and critically ill patients |[ ] [ ] [ ] [ ] [ ]   |  |
| Performing the procedures of Internal Medicine |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing capacity for medical decision-making |[ ] [ ] [ ] [ ] [ ]   |  |
| Discussing serious and/or complex aspects of care with patients, families, and caregivers |[ ] [ ] [ ] [ ] [ ]   |  |
| Caring for patients who have experienced a patient safety incident (adverse event) |[ ] [ ] [ ] [ ] [ ]   |  |
| Caring for patients at the end of life |[ ] [ ] [ ] [ ] [ ]   |  |
| Implementing health promotion strategies in patients with or at risk for disease |[ ] [ ] [ ] [ ] [ ]   |  |
| Supervising junior learners in the clinical setting |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing an inpatient medical service |[ ] [ ] [ ] [ ] [ ]   |  |
| Managing longitudinal aspects of care in a medical clinic |[ ] [ ] [ ] [ ] [ ]   |  |
| Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing consultation to off-site health care providers |[ ] [ ] [ ] [ ] [ ]   |  |
| Initiating and facilitating transfers of care through the health care system |[ ] [ ] [ ] [ ] [ ]   |  |
| Working with other physicians and healthcare providers to develop collaborative patient care plans |[ ] [ ] [ ] [ ] [ ]   |  |
| Identifying and analyzing system-level safety, quality, or resource stewardship concerns in healthcare delivery |[ ] [ ] [ ] [ ] [ ]   |  |
| Providing comprehensive medical care to adult patients |[ ] [ ] [ ] [ ] [ ]   |  |

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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:**