Appendix: Bulleted List of Expected Behaviors for Pre-entrustable and Entrustable Learners

EPA 1 Bulleted List: Gather a history and perform a physical examination

Expected behaviors for a pre-entrustable learner

- Information gathering and physical exam maneuvers:
  - Gathers either insufficient or overly exhaustive information.
  - Incorrectly performs physical exam maneuvers.
  - Misses key physical exam findings.
  - Does not seek or is overly reliant on secondary data.
  - Uses medical jargon or other examples of ineffective communication techniques.

- Scientific foundation and/or reasoning skills:
  - Limited ability to filter, prioritize, and connect pieces of information to each other or to previous clinical encounters.
  - May be less observant of important information or trends; focused on individual patients, potentially without attention to that patient’s community or background.
  - May jump to conclusions without probing first (that is, shortcut the scientific method).
  - Lack of experience results in limited ability to develop clinical mental models, which limits ability to gather relevant information and/or perform appropriate maneuvers.
  - Demonstrates low activation of prior knowledge, either because they lack it or because they do not use it to their advantage in problem solving.

- Patient-centered skills:
  - May demonstrate disrespectful interactions with patients, because of stress, fatigue, or unawareness (e.g., forgetting to keep patient draped).
  - May generalize based on patient’s age, gender, culture, race, religion, disabilities, and/or sexual orientation.

Expected behaviors for an entrustable learner

- Information gathering and physical exam maneuvers:
  - Obtains a complete and accurate history in an organized fashion.
  - Identifies pertinent history elements in common presenting situations, symptoms, complaints, disease states (acute and chronic).
  - Obtains focused, pertinent histories in urgent, emergent, and consultation settings.
  - Identifies and uses alternate sources of information to obtain history when needed, including from family members, primary care physicians, living facilities, and pharmacies.
  - Performs a complete and accurate physical exam in logical and fluid sequence.
  - Performs a clinically relevant, focused physical exam pertinent to the setting and focus of the patient visit.
  - Identifies, describes, and documents abnormal physical exam findings.

- Scientific foundation and/or reasoning skills:
  - Demonstrates clinical reasoning in gathering focused information relevant to a patient’s care.
  - Links current findings to those from previous patients.
  - Uses analytic reasoning and activation of prior knowledge to guide process.

- Patient-centered skills:
  - Demonstrates patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; demonstrates active listening skills).
  - Demonstrates patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (that is, explaining physical exam maneuvers, telling the patient what the physician is doing at each step, keeping patients covered during the examination).
EPA 2 Bulleted List: Prioritize a differential diagnosis following a clinical encounter

Expected behaviors for a pre-entrustable learner

- Approaches assessment of patient problem from a rigid template, leading to creation of differential diagnoses that are too narrow or contain inaccuracies:
  - May have a limited ability to filter, prioritize, and make connections between sources of pertinent information.
  - May struggle to continuously update a differential diagnosis.
  - May make errors in clinical reasoning, such as premature closure.
  - May recommend a broad range of diagnostic evaluations that are not tailored to the prioritized differential diagnosis.
- May rely too much on supervisors and other team members in creating a differential diagnosis and selecting a working diagnosis.
- Offers management plans that may miss confirmation or disconfirmation of important diagnoses.
- Has little insight into limitations and may over- or underestimate their own abilities.
- May not be comfortable with ambiguity.
- May not completely document reasoning so that other team members can understand what led to their assessment.

Expected behaviors for an entrustable learner

- Can link current findings to prior data in approaching a patient assessment.
- Gathers pertinent information from many sources and proposes a relevant differential diagnosis that is neither too broad nor too narrow.
- Can usually integrate current and emerging information to continuously update the differential diagnosis.
- Understands limits of knowledge and personal strengths and weaknesses.
- Understands when to consult supervisors and team members for endorsement and verification of a working diagnosis and for developing a tailored management plan.
- Can usually articulate a management plan based on the well-reasoned differential and working diagnoses.
- Has insight into limitations and is comfortable with ambiguity.
  - Can respond to questions and challenges from patients and team members.
  - Is comfortable seeking assistance from other members of the health care team.
- Provides complete and succinct documentation so that other providers have evidence of their clinical reasoning to ensure continuity of care.
EPA 3 Bulleted List: Recommend and interpret common diagnostic and screening tests

Expected behaviors for a pre-entrustable learner

- Recommends standard templates or order sets for patient evaluation but may not be able to explain the role of each study in screening, diagnosis, management, or follow-up.
- Identifies key diagnostic tests for some, but not all, common acute and chronic conditions.
- Frequently recommends unnecessary tests or tests with minimal or no pre-test probability for patients with common acute or chronic conditions.
- Has difficulty articulating how the test results will affect diagnosis, management, or risk stratification.
- Understands concepts of sensitivity and specificity, but diagnostic test recommendations do not consistently take these into account.
- Has difficulty integrating pre-test and post-test probabilities with patient risk factors in recommending screening and/or diagnostic evaluations.
- May repeat diagnostic or screening tests at intervals that are too frequent or too lengthy.
- Describes diagnostic plan to the patient but without soliciting or taking into account patient preferences in making recommendations.
- Infrequently includes consideration of costs or patient resources in the rationale for diagnostic evaluation recommendations.
- Fails to identify or respond to all critical values.
- May misinterpret common lab values and overreact to normal or readily explainable variations, fail to recognize important abnormalities, or fail to recognize inappropriately normal findings.

Expected behaviors for an entrustable learner

- Recommends reliable, cost-effective tests when indicated for screening or evaluating patients with common acute or chronic conditions.
- Is able to explain how the results of each test will influence diagnosis, management, and health-risk stratification and subsequent evaluation.
- Incorporates knowledge of sensitivity and specificity and pre-test and post-test probabilities along with patient risk factors in recommending tests.
- Consistently discusses diagnostic plans with the patient, and provides evidence that patient preferences have been solicited and factored into decision making.
- Includes in the rationale for recommendations some consideration of costs and patient resources.
- Correctly interprets abnormal laboratory and imaging findings for common tests.
- Identifies critical values and responds correctly and with commensurate urgency by (a) initiating confirmatory or corrective measures or (b) notifying the health care team for assistance in recognition of his or her own limitations.
- Is able to distinguish common, insignificant abnormalities from clinically important abnormalities.
EPA 4 Bulleted List: Enter and discuss orders and prescriptions

Expected behaviors for a pre-entrustable learner

- Is unable to filter and synthesize information to inform an understanding of a patient’s condition that enables prioritization of correct diagnostics and orders.
- Focuses on one’s own desire for information, sometimes ignoring patient preferences as a result (e.g., orders a CT scan when an ultrasound might have sufficed despite patients’ expressed concern to avoid radiation).
- May focus on a single abnormality at the expense of putting all of the pieces together; has a “shotgun” approach to ordering tests.
- Misses subtle signs and/or physical exam findings that should guide orders.
- Understands general order sets but does not recognize when the need arises to tailor or deviate from the standard order set.
- Does not consider either cost of orders (e.g., tests, drugs/prescriptions) or patient factors (e.g., culture) in maximizing compliance.
- Views cost-containment efforts as externally mandated and interfering with the doctor-patient relationship.
- Is defensive when questioned about orders and is unable to articulate the rationale behind them (they don’t know what they don’t know).
- May demonstrate overconfidence by not seeking review of orders even when their experience is limited.
- Acts impulsively in placing orders rather than pausing to consider the big picture and waiting for cause and effect to play out from earlier orders. Feels compelled to act.
- Places orders without communicating with the rest of team, patient, and family regarding plans; communication style is unidirectional (“Here is what we are doing…”).
- Does not involve patient as integral member of team in shared decision making.
- Does not understand the system; may ignore alerts; may not be able to navigate system or may know the mechanics of the system but not how to apply them (e.g., can find an order set but is unsure what order set is ideal or needed).
- Does not follow established protocols for placing and carrying out orders within a given system.
- Has not developed the habits of safe prescription writing, including doing a double check of patient weight, age, renal function, co-morbidities, dose, and/or interval.
- May rely excessively on technology to highlight drug-drug interactions and/or risks without understanding why there is an interaction (e.g., smartphone or EHR suggests an interaction, but the learner cannot explain why).
Expected behaviors for an entrustable learner

- Is able to filter and synthesize information (e.g., history, signs, symptoms) to identify or clarify the condition(s) they are addressing with their orders/prescriptions.
- Recognizes patterns and takes into account the “big picture” when ordering diagnostics and/or therapeutics.
- Considers patient’s preferences in placing orders.
- Communicates recommendations to patients, families, and the health care team.
- Recognizes limitations and seeks help in a manner that places the needs of patients above one’s own sense of autonomy.
- Demonstrates flexibility in thinking; accepts questions as learning opportunities and considers other possibilities.
- Has a parsimonious, reasoned approach to placing orders (e.g., waits for contingent results before ordering more tests).
- Routinely reflects on how the results of a test will influence clinical decision making and, conversely, on the potential consequences of not doing a test.
- Articulates the risks and benefits of what they are ordering (e.g., drugs, tests).
- Considers the costs of their orders and the patient’s ability and willingness to proceed with the plan. Can adapt plan based on the patient’s unique demographic, cognitive, physical, cultural, socioeconomic, or situational needs.
- Engages in bidirectional communication with patients, their families, and members of the health care team.
- Uses treatment guidelines and algorithms consistently but recognizes or asks for help when the patient’s condition requires deviation from them.
- Responds to the EHR’s safety alerts and understands the rationale for them.
- Uses electronic resources to fill in gaps in knowledge and inform safe order writing and entry (e.g., drug-drug interactions, treatment guidelines).
EPA 5 Bulleted List: Document a clinical encounter in the patient record

Expected behaviors for a pre-entrustable learner

- Communicates and documents using a template with limited ability to adjust or adapt based on audience, context, or purpose.
- Makes errors of omission and/or commission when documenting and may not document the use of primary or secondary sources important to the encounter.
- May miss some required elements of written documentation, such as date, time, signature, or other institutionally required elements.
- May create handwritten documentation that is difficult to read.
- Demonstrates difficulty meeting needed turnaround time for documentation, limiting its availability to other team members engaged in a patient’s care.
- Communicates in a unidirectional manner without actively soliciting or recording patient preferences.
- Does not typically document clinical reasoning in notes, and interpretation of laboratory values may be literal or inaccurate.
- Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience, resulting in the learner relying on directives from others to manage patients’ care.
- Demonstrates frustration with documentation systems (e.g., the EHR) due to a superficial understanding of systems rather than seeing opportunities to engage in system improvement.
- Is in early stages of identity formation as a physician, which lead to a more passive role in care activities.

Expected behaviors for an entrustable learner

- Adjusts and adapts communication and documentation to audience, context, or purpose.
- Provides documentation that is comprehensive and contains important information without unnecessary details or redundancies.
- Provides documentation that includes institutionally required elements (e.g., date, time, and signature).
- Creates legible handwritten documentation.
- Enters documentation in a timely manner to make it readily available to other team members.
- Communicates in a bidirectional manner, allowing solicitation of patient preferences, which are recorded in the note.
- Documents clinical reasoning in notes, and interpretation of laboratory values is typically accurate.
- Engages in help-seeking behavior to fill gaps in knowledge, skill, and experience, enabling the development and documentation of management plans aligned with the patient’s needs.
- Demonstrates a general understanding of documentation systems that leads to the identification of opportunities to engage with others in system improvement.
- Documents one’s role(s) in all team care activities in the patient record.
EPA 6 Bulleted List: Provide an oral presentation of a clinical encounter

**Expected behaviors for a pre-entrustable learner**

- Tends toward unidirectional communication so may ignore the patient/family while presenting.
- Often fails to verify the information being presented and/or to obtain additional information from patient, family, and other team members.
- Avoids obtaining sensitive information from the history and does not follow up on ambiguous information.
- Uses medical jargon and acronyms without clarifying meaning or ensuring a shared understanding.
- Does not distill the presentation or focus on the most relevant information (e.g., last sentence of all presentations of the history of present illness (HPI) is “Patient denies fevers, night sweats, and chills,” regardless of presenting signs or symptoms).
- Uses a template rigidly for all presentations without adapting to context of patient care or receiver of information (e.g., failing to tailor the presentation of an urgent or emergent patient issue to a briefer format with only immediately relevant information or adjusting communication style for a patient’s family member as opposed to the health care team).
- Does not generally match the needs of the communication to the tool of communication (e.g., in person, phone, email).
- May present in a disorganized and incoherent fashion.
- Does not generally adjust presentation based on real-time verbal and nonverbal feedback from listener (e.g., a quizzical look suggesting a lack of understanding on the part of the receiver of the information).
- Does not ensure a shared understanding between the presenter and receiver of information at the conclusion of the presentation.
- May confabulate information to respond to questions the learner is unable to answer.
- Lacks situational awareness when discussing patients and presenting sensitive patient information (e.g., presenting in an elevator or in a loud voice in a public place).
- Presents information without personally verifying or acknowledging the source. Takes all information in the chart at face value, reporting it back sometimes without fully understanding and without questioning inconsistencies.
- Demonstrates either a lack of confidence or more confidence than merited by capabilities.
- At times reacts defensively when interrupted during case presentation (e.g., stating, “I’m going to get to that in a minute,” when questioned midway during a presentation).

**Expected behaviors for an entrustable learner**

- Can filter, synthesize, and prioritize information and recognize patterns, resulting in a concise, well organized, and accurate presentation.
- Engages in bidirectional communication that ensures a shared understanding of a presentation.
- Avoids medical jargon.
- Adapts the presentation for the receiver of information (e.g., faculty, patient/family, team members) and for the context of the presentation (e.g., emergent versus ambulatory).
- Actively engages patient, family, and other team members in the presentation.
- Does not shy away from difficult or stressful issues in obtaining or presenting the information.
- Can efficiently tell a story and make an argument to support the plan.
- Acknowledges gaps in knowledge base and/or skills in managing a given patient presentation or condition and seeks help.
- Reflects on areas of uncertainty and seeks additional information.
- Acknowledges gaps in information without becoming defensive or confabulating information.
- Respects patient privacy and confidentiality by demonstrating situational awareness when discussing patients.
- Demonstrates a level of confidence commensurate with knowledge and skills that puts others at ease (e.g., less certain in emergent settings and more comfortable in an ambulatory setting).
EPA 7 Bulleted List: Form clinical questions and retrieve evidence to advance patient care

Expected behaviors for a pre-entrustable learner

- Asks relevant clinical questions:
  - Has more-limited experience, which results in linear, less complex thinking in terms of analytical skills.
  - Focuses on individual patients, which may result in missing important information or trends in populations or panels of patients.
  - May jump to conclusions without probing first (that is, shortcut the scientific method).
  - Lacks awareness of limitations and gaps in own scientific knowledge (that is, biophysical, clinical, epidemiological, social-behavioral) and how to get help to improve.
  - Lacks experience, which results in limited ability to develop clinical mental models and thus limits ability to form appropriate questions and solve them.
  - Demonstrates low activation of prior knowledge, either because they lack it or they do not use it to their advantage in problem solving.

- Retrieves and assesses evidence:
  - Is unable to manage the volume of possible evidence for review due to lack of focus in question or inability to match evidence to type of question.
  - Has limited ability to judge quality of evidence, applicability, and/or generalizability.
  - Is unable to identify gaps/limitations in literature, and is unable or unwilling to think about ways to close gaps.
  - Accepts findings of studies without critical appraisal.
  - Is unfamiliar with or unwilling to use new information/informatics technologies.

- Reports or applies evidence to effect change or improvement:
  - Does not attempt to apply evidence to one's patients.
  - Does not discuss findings with team or patient.

Expected behaviors for an entrustable learner

- Routinely identifies the need to ask for help or seek new information in the context of the clinical setting, based on awareness of one's own knowledge gaps and patient needs.
- Maintains a sufficient biophysical, clinical, epidemiological, and social-behavioral scientific knowledge base that can be translated to patient care activities.
- Asks relevant clinical questions:
  - Develops well-formed, focused, pertinent clinical question based on clinical scenarios, real-time care of a patient or a panel of patients.
  - Demonstrates curiosity, objectivity, scientific reasoning.
  - Is able to focus cognitive processes on discerning relevant factors, identifying the unknowns, and developing knowledge for generating a solution via just-in-time-learning.

- Retrieves and assesses evidence:
  - Demonstrates awareness and early skill in appraisal of sources and content of medical information.
  - Uses info technology to gather and assess information.
  - Acquires a manageable volume of information.
  - Assesses applicability/generalizability of the information.

- Reports or applies evidence to effect change or improvement:
  - Applies findings by communicating with team and with patient, and changes approach to patient care if necessary.
  - Reflects on the process by which questions are identified and answered and seeks to improve (may need guidance in understanding subtleties of the evidence).
EPA 8 Bulleted List: Give or receive a patient handover to transition care responsibility

Note: this list applies to both the giver and receiver of information.

Expected behaviors for a pre-entrustable learner

- Uses rigid rules of communication (e.g., a handover template) but cannot adjust based on the audience and/or context.
- Documents patient information in written or electronic handover tools incompletely with errors of both omission and commission.
- Demonstrates variability in transfer of information regarding content, accuracy, efficiency, and synthesis.
- May miss key aspects of the ideal handover, including verbalizing the patient's illness severity and/or providing action planning and/or contingency planning.
- Demonstrates minimal situation awareness of the team's total work load or of the circumstances of the individual to whom one is transferring care.
- Is unable to organize, prioritize, and anticipate patient care needs consistently.
- Demonstrates minimal awareness of known threats to handover communication (e.g., interruptions and distractions).
- Focuses on one's own handover responsibilities with minimal awareness of the workload and concurrent responsibilities of the remainder of the team.

Expected behaviors for an entrustable learner

- Uses a template for the handover communication but can adapt based on patient, audience, setting, or context, including patient disabilities or language barriers.
- Generally documents patient information without errors of omission and/or commission.
- Consistently transfers information regarding content, accuracy, efficiency, and synthesis.
- Organizes and prioritizes information for handover communications.
- Provides key aspects of the ideal handover to the recipient, including verbalizing the patient's illness severity and/or providing action planning and/or contingency planning.
- Demonstrates situation awareness of both the team's total work load and the circumstances of the individual to whom one is transferring care.
- Demonstrates awareness of known threats to handover communication (e.g., interruptions and distractions) by paying attention to the timing and location of the handover communication.
EPA 9 Bulleted List: Collaborate as a member of an interprofessional team

**Expected behaviors for a pre-entrustable learner**

- Prioritizes one's own goals over those of the team.
- Demonstrates limited understanding of the roles of other team members besides physicians (e.g., seeks counsel from the other physicians to the exclusion of other team members).
- Typically communicates in a unidirectional manner and in response to a prompt.
- Displays limited ability to modify communication based on audience, venue, receiver preference, or type of message.
- Demonstrates difficulty reading one's own emotions and struggles to anticipate or read the emotions of others.
- Succumbs to lapses in professionalism particularly when stressed or tired.
- Is typically a more passive member of the team.
- Has limited interaction with other team members, with the unintended consequence of not being able to optimally support patients through transitions of care.

**Expected behaviors for an entrustable learner**

- Acts as an active and integrated member of the team who in most situations prioritizes team goals over one's own professional goals.
- Understands the roles of other team members, seeks their counsel, actively listens to their recommendations, and incorporates them into practice.
- Typically communicates in a bidirectional manner and keeps all team members informed and up to date.
- Modifies and adapts communication content and style based on audience, venue, receiver preference, or type of message.
- In most situations, is able to read one's own emotions and anticipates and reads the emotions of others.
- Maintains a professional demeanor in all but the most trying of circumstances.
- Actively engages with the patient and other team members to coordinate care and provide for seamless transitions between care providers and from one setting to another.
EPA 10 Bulleted List: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

Expected behaviors for a pre-entrustable learner

- Does not recognize age appropriateness of trends in and variations of patients’ vital signs.
- May dismiss concerns of patient deterioration by team members (e.g., nurses, families).
- Is easily distracted by multiple problems and has difficulty prioritizing for efficient patient care.
- Does not demonstrate an understanding of the roles and responsibilities of each member of the health care team.
- Demonstrates limited ability to gather, filter, prioritize, and connect pieces of information (e.g., vital signs, focused physical exam, pertinent medical history, recent test or procedures, medications) to form a patient-specific differential diagnosis, initiate interventions, and drive testing decisions.
- Requires supervisors and/or other members of the team to initiate correct interventions and testing in an urgent or emergent setting.
- Inconsistently orders and interprets test results delaying reassessment and further testing or interventions.
- Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations.
- Provides superfluous and/or incomplete patient information to responding members of the health care team.
- Demonstrates errors of omission when documenting the clinical encounter in the medical record.
- May become defensive and/or argumentative during debriefing sessions of the clinical encounter.

Expected behaviors for an entrustable learner

- Recognizes age appropriateness of, trends in, and variations of patients’ vital signs.
- Actively listens to and elicits feedback from team members (e.g., nursing, family members) regarding concerns about patient deterioration to determine next steps.
- Adheres to institutional procedures and protocols regarding escalation of patient care.
- Uses the health care team members according to their roles and responsibilities to increase task efficiency in dealing with urgent or emergent patient conditions.
- Gathers, filters, prioritizes, and connects pieces of information (e.g., vital signs, focused physical exam, pertinent medical history, recent test or procedures, medications) to form a patient-specific differential diagnosis, initiate interventions, and drive testing decisions.
- Initiates interventions and tests with frequent reassessment to determine level of help needed and to anticipate next steps.
- Interprets common test results to anticipate and respond to early clinical deterioration.
- Understands and recognizes personal limitations, emotions, and personal biases and seeks help when needed.
- Demonstrates bidirectional communication with health care team and family regarding goals of care and treatment plan that leads to shared decision making.
- Provides a focused and concise presentation of accurate patient information to responding members of the health care team.
- Completes documentation in the medical record of the clinical encounter.
- Seeks guidance and feedback from supervisors after the clinical encounter.
EPA 11 Bulleted List: Obtain informed consent for tests and/or procedures

Expected behaviors for a pre-entrustable learner

• May be complacent in the informed consent process due to a lack of understanding of its importance in shared decision making.
• Obtains informed consent only on the directive of others.
• Does not demonstrate an understanding of the key elements of informed consent (indications, contraindications, risks, benefits, alternatives) or may know the elements but not the specifics for the procedure for which consent is being sought.
• May let personal biases interfere with the informed consent process (e.g., history of bad experience with the procedure results in overemphasis of risks).
• May make errors of omission in communicating with patients and families about consent.
• Uses medical jargon frequently in conversations with patients and families.
• Uses unidirectional communication strategies that is, provides information and then requests signature on consent form.
• Does not solicit patient preferences.
• Is unable to read emotional cues in others.
• Provides documentation with errors of both commission and omission.

Expected behaviors for an entrustable learner

• Understands the importance of informed consent to rapport building and shared decision making.
• Demonstrates an understanding of the elements of informed consent generally (indications, contraindications, risks, benefits, alternatives) and the specifics of these elements for the procedures for which consent is being sought.
• Provides complete information to patients and families.
• Avoids medical jargon in communicating with patients and families.
• Uses bidirectional communication to both inform patients and families and seek their input and questions.
• Solicits patient/family preferences to engage them in shared decision making.
• Recognizes emotional cues in others (e.g., fear, anger, anxiety) and can address them in real time or seek help from others on the health care team.
• Demonstrates confidence commensurate with skills.
• Seeks guidance from superiors around areas of uncertainty.
• Documents the informed consent in a complete and timely fashion.
EPA 12 Bulleted List: Perform general procedures of a physician

Expected behaviors for a pre-entrustable learner

- Approaches procedures as mechanical tasks to be performed and often initiated at the request of others.
- May not understand key issues in performing procedures, such as:
  - Patient-specific factors
  - Indications
  - Contraindications
  - Risks
  - Benefits
  - Alternatives
- Demonstrates limited knowledge of complications of procedures or how to minimize them.
- Has inconsistent mechanical skills and may not be able to reliably complete the procedure.
- Does not consistently demonstrate patient-centered skills in performing procedures:
  - Uses medical jargon or other examples of ineffective communication techniques.
  - May be unable to read emotional response from the patient during the procedure because of focus on the task.
  - Does not engage patients in shared decision making about the procedure.
  - Demonstrates a lack of confidence that results in an increase in patient's stress or discomfort or overconfidence that erodes trust with the patient if the learner struggles with the procedure.
- Uses universal precautions and aseptic technique inconsistently.
- Incompletely writes or enters required documentation or neglects to write or enter required documentation in the patient's health record.

Expected behaviors for an entrustable learner

- Demonstrates the necessary preparation required for performance of procedures.
- Demonstrates and applies understanding of key issues in performing procedures, such as:
  - Patient-specific factors
  - Indications
  - Contraindications
  - Risks
  - Benefits
  - Alternatives
- Knows and takes steps to mitigate complications of procedures.
- Demonstrates reliable mechanical skills in performing procedures in most situations and knows when to seek help for procedures or situations beyond the learner's abilities.
- Uses universal precautions and aseptic technique consistently.
- Demonstrates patient-centered skills in performing procedures:
  - Avoids medical jargon such that patients are able to verbalize understanding of the procedure.
  - Participates in shared decision making with patients about procedures.
  - Has confidence commensurate with level of knowledge and skill that puts patients at ease.
  - Simultaneously pays attention to both the procedure and the patient's emotional response.
- Creates required documentation that is usually complete and timely.
EPA 13 Bulleted List: Identify system failures and contribute to a culture of safety and improvement

**Expected behaviors for a pre-entrustable learner**

- Does not recognize potential errors and often misses real errors.
- Is inconsistent in demonstrating common safety behaviors (e.g., universal precautions, hand washing).
- May get frustrated by system requirements and see them as a burden.
- Tends to be passive observer on the team.
- Requires others to point out systems failures.
- May become defensive or blame the system when faced with an error.
- Does not recognize generalizability of lessons from understanding errors.
- Participates in system improvements only when externally prompted to do so.
- Uses rigid and rules-based communication that prevents “speaking up,” especially when a superior is involved in an error or potential error.
- Does not recognize one’s own fatigue or is afraid to tell superiors when fatigued.

**Expected behaviors for an entrustable learner**

- Identifies real and potential errors.
- Performs common safety behaviors (e.g., universal precautions, hand washing).
- Understands the importance of error prevention both to individual patients and to systems.
- Takes responsibility for one’s role in errors.
- Takes time to “slow down” and reflect on one’s work.
- Still relies on external sources of information to understand one’s population of patients.
- Reports real and/or potential errors when they occur using the system reporting structure.
- Participates in improvement activities voluntarily.
- Speaks up when concerned about a potential error, even if that means questioning or challenging a supervisor.
- Recognizes one’s own symptoms of fatigue and moderates behavior or seeks help.