Appendix E

Draft Framework of Outcomes for End of Internship in Ireland
Draft Entrustable Professional Activities (EPAs)

EPA Template[1]

	EPA[2]			
A	**Title[3]**			
B	**Prerequisites[4]**			
C.	**Description of the activity [5]**			
D.	**Expected proficiency**			
E.	**Competencies[6]**		**Type[7]**	**Level[8]**
	Add rows			
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table below)[9]**			

Key to levels

Level	Proficiency - level of 'entrustability'
1	Has acquired knowledge and skills, but insufficient to perform, not allowed to enact the EPA
2	May perform an activity under full, proactive supervision in the same room: the supervisor decides the intensity of supervision
3	May perform an activity under qualified, reactive supervision: the intern asks for supervision
4*	May perform an activity independently with backstage, mainly informal supervision
5	May provide supervision and instruction to junior learners

[1] Adapted from sources as follows: (i) ten Cate, O. (2014) The Patient Handover as an Entrustable Professional Activity: Adding Meaning in Teaching and Practice. BMJ Qual Saf 2012; 21:i9–i12. (ii) Association of American Medical College (2014) Core Entrurustable Activities for Entering Residency: Curriculum Developers' Guide. Washington DC: AAMC (iii) College of Anaesthetists of Ireland (2015) Draft EPA Template, as developed by J Boland

[2] A core unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute the activity unsupervised

[3] A short title which names the activity

[4] Any qualifications/experiences which need to be achieved/completed in advance of commencing the EPA

[5] A narrative account of the activity, its range and scope

[6] The range of competencies which are required in order to be able to execute the activity (categorised in terms of type and level)

[7] Knowledge (K), Skills (S), and Attitudes/Behaviour (A)

[8] See proficiency level for level of supervision required

[9] See Guidance Notes below for details of Medical Council 8 Domains of Professional Practice

*Level 4 is the threshold level of competence. Once this level is reached, the activity may be safely entrusted to the trainee (intern). Growth of competency after reaching this threshold is likely as a result of further deliberative practice

Summary of EPAs for End of Internship

Aligned with Medical Council Domains of Professional Practice

EPA No.	Entrustable Professional Activity	1 Patient Safety and Quality of Patient Care	2 Relating to Patients	3 Communication and Interpersonal Skills	4 Collaboration and Teamwork	5 Management (including Self Management)	6 Scholarship	7 Professionalism	8 Clinical Skills
1	Admit a patient		xx	xx				x	xx
2	Request and interpret investigations	xx	xx				xx		x
3	Perform basic procedural skills	xx	xx					xx	x
4	Manage the work of in-patient care			xx	xx	xx			
5	Prescribe and monitor drugs and fluids	xx					xx		xx
6	Recognise and manage the deteriorating/acutely unwell patient	xx			xx	xx			
7	Transition and discharge patient care		xx	xx					xx
8	Engage in personal and professional development	xx					xx	xx	
9	Identify compromises to patients' care	xx			x	xx		xx	

Code	Indicates	Shading
XX	Strong/explicit relationship with the relevant domain (max 3 domains)	xx
X	Weaker/implicit relationship with the relevant domain (max 2 domains)	x

	EPA	**No. 1**		
A	**Short title**	**Admit a patient**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should be able to admit a patient electively and as an emergency in addition to making the decision to admit. They should be able to take a focused history, perform a thorough physical examination and identify pathological findings. This should form the basis for requesting laboratory and radiological investigations and consultations that are pertinent to the case, rationalised and reflect best practice. The admission note should be logically structured and the doctor should be able to prioritise diagnoses, interpret investigations and formulate a treatment plan.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Establish rapport with patient		**A**	**4**
2	Consider factors that may affect the patient's capacity to describe their symptoms or to understand questions and/or give informed consent		**A**	**4**
3	Take a focused history in a range of contexts and conditions		**K/S/A**	**4**
4	Obtain a history from other sources as required (e.g. collateral, own doctor, pharmacy)		**K/S/A**	**4**
5	Perform a fluid and sequential clinical examination		**S**	**4**
6	Demonstrate respect for the patient's privacy, dignity and culture		**A**	**4**
7	Recognise abnormal clinical findings		**K/S**	**4**
8	Request laboratory and radiological investigations and consultations that are pertinent to the case and reflect best practice		**K/S**	**4**
9	Act on conditions and presentations that require immediate intervention, instigate initial resuscitation/treatment and communicate with senior colleagues		**K/S/A**	**4**
10	Prioritise a differential diagnosis following a clinical encounter		**K/S**	**4**
11	Put a treatment and further management plan in place		**K/S**	**3**
12	Consent a patient according to Medical Council guidelines		**K/S/A**	**3**
13	Communicate transfer plan to healthcare receiver (ward, theatre, ICU) and patient		**A/K**	**4**
14	Inform consulting teams of the reason for referral and consultation if required		**K/A**	**4**
15	Document all findings clearly and legibly in the patient chart		**S**	**4**
16	Rationalise medications – commence, discontinue		**S**	**3**
17	Recognise patient at risk of deterioration		**K/S**	**4**
18	Communicate with senior colleagues and nursing staff to ensure all have a shared mental model of the patient's condition and needs		**A**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Professional Council Domains of Good Practice (see table above)**			

	EPA	**No. 2**		
A	**Short title**	**Request and interpret common investigations**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should be able to request the most appropriate and interpret basic diagnostic laboratory and radiological investigations. They should be able to rationalize the investigations to the patient and medical team and communicate the indications to the relevant laboratories and departments. The interpretation of these investigations should reflect consideration for the patient's demographics and lead to formulation of a most likely diagnosis and prioritization of the differentials. The intern should be able to compile the results of the investigations so as to commence a treatment plan or identify the need for further investigations.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Make informed decisions to request investigations and screening tests based on patient information and best practice		**K**	**4**
2	Counsel and educate patients so they can be involved in the decision making process		**K/S/A**	**4**
3	Correctly identify the patient and patient details so as to prevent error		**K/S**	**5**
4	Incorporate an awareness of cost-effectiveness, risk-benefit analysis into their decision making		**K**	**4**
5	Demonstrate an analytical approach to clinical situations		**K/S/A**	**4**
6	Communicate the clinical situation and rationale for the investigation to laboratory, radiology or other departments		**A**	**4**
7	Actively seek the result of the investigation – follow through on the request		**A**	**5**
8	Interpret the results of basic radiology reports and images (plain films) and basic laboratory reports required for the area of practice (haematology, biochemistry, microbiology)		**S/K**	**3**
9	Record the results of investigations in patient notes and the implications of the results in the patient's further care and management plan		**S**	**5**
10	Communicate the results and their interpretation to the medical team and patient		**A/K**	**4**
11	Make recommendations for further investigations or screening		**S/K**	**3**
12	Act immediately on an abnormal result and seek assistance as appropriate		**K/A**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 3**		
A	**Short title**	**Perform basic procedural skills**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	By the end of internship, the doctor should be confident and practiced in performing the following procedures: • Venepuncture • Peripheral intravenous cannulation • Blood cultures from a peripheral vein • Arterial blood gas sampling • ECG • Nasogastric tube insertion • Urinary catheter insertion • Prepare, reconstitute, dilute and administer iv drugs • Prime a line • Take blood and blood cultures from a central line • Set up a sterile field • Apply sterile gloves • Perform a sterile surgical scrub and don a surgical gown • Remove central lines and long lines • Remove chest drains • Basic wound care • Put on and remove PPE		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Decide when a procedural skill is necessary		**A/K**	**5**
2	Transfer skills and adapt to different systems and equipment brands to perform a procedure		**S**	**3**
3	Recognise one's own limitations in complex patient cases and call for help		**A**	**4**
4	Perform 5 moments of hand hygiene		**S**	**5**
5	Obtain verbal consent from the patient by explaining the indications and complications of the procedure		**K/A**	**4**
6	Put the patient at ease		**A**	**4**
7	Perform procedures to safe standard		**K/S/A**	**4**
8	Set up a sterile field, maintain aseptic and sterile conditions		**S**	**5**
9	Recognise any immediate failures or complications of the procedure and act immediately		**K/S**	**4**
10	Document the indications and events of the procedure in the clinical notes		**K/S**	**5**
11	Communicate the further treatment plan to the nursing staff and patient		**A/K**	**5**
12	Communicate the potential long term complications and failures of the procedure to medical staff and patient		**A/K**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 4**		
A	**Short title**	**Manage the work of in-patient care**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	Upon completion of internship, the doctor should be able to manage their daily workload to prioritise and where necessary delegate tasks, advance patient flow and optimise patient care. They should be able to manage their in-patients' care including requesting investigations and following up the results and generation of flow sheets to formulate a management plan. They should demonstrate leadership skills and be able to take the lead on team ward rounds.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Prepare and consolidate information in advance of ward rounds		**K**	**5**
2	Communicate patient status and data effectively to the team		**A**	**4**
3	Document in clinical notes – SOAP and flow sheets		**S**	**5**
4	Prioritise and delegate tasks		**S**	**4**
5	Review patients and communicate their daily progress plan to staff, family and patient as appropriate		**K/S/A**	**4**
6	Shows leadership skills during ward rounds		**A**	**3**
7	Request and review laboratory and radiological investigations		**K/S**	**4**
8	Explain and discuss risks and benefits of common procedures with patients and family members		**K/S**	**4**
9	Manage challenging patient encounters and situations		**A**	**3**
10	Counsel and educate patients and their families to enable shared decision making		**K/S/A**	**3**
11	Develop and carry out patient management plans		**S**	**4**
12	Construct and act on changes in flow sheets		**S**	**4**
13	Manage long-term conditions during episodes of acute care		**S**	**3**
14	Refer to other healthcare providers including physiotherapy, occupational therapy etc. where appropriate		**S**	**4**
15	Respond to acute deteriorating patient (EWS)		**K/S**	**4**
16	Prescribe medication for in-patients considering side effects and interactions		**K/S**	**3**
17	Perform the necessary procedural skills required as part of in patient care		**S**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 5**		
A	**Short title**	**Prescribe and monitor drugs and fluids**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should be able to prescribe safely in both a hospital and community setting and in an elective and emergency setting. They should be able to rationalize and prescribe medicines, blood products and fluids accurately and follow safe prescribing practices (checking expiry dates, double validation and patient identification). They should review patient medications and fluids based on the patient's clinical context.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Communicate effectively with the ward pharmacist, haemovigilance officer, nursing staff and microbiology department		**A**	**5**
2	Take a medication history from patient and other available sources		**A/S**	**5**
3	Discuss drug treatment and administration, including side effects and interactions, with patients		**K/A**	**3**
4	Document medications correctly		**K/S**	**4**
5	Document all allergies and ADRs in the notes and on the prescription		**S**	**5**
6	Manage anaphylaxis		**K/S**	**3**
7	Document the indications for medication changes in the notes		**K/S**	**5**
8	Review medications including appropriate discontinuation or tapering where relevant (iv to po switch)		**K/S**	**3**
9	Recognise the need to monitor potentially organ toxic drugs (vancomycin, gentamicin)		**K/S**	**4**
10	Request blood products according to best practice and hospital ordering schedules		**K/S**	**5**
11	Manage transfusion reactions		**K/S**	**3**
12	Ensure correct patient identification when prescribing medications, fluids and blood products		**K/S**	**5**
13	Review the requirement for newly started medications based on patients' clinical progress – thromboprophylaxis, antibiotics		**K/S**	**3**
14	Use the WHO analgesia ladder to prescribe and step down pain medication		**K/S/A**	**3**
15	Use and prescribe appropriate oxygen therapies (including NIV)		**S**	**4**
16	Recognise , address and inform patient, pharmacy and risk managers of medication errors		**K/S**	**4**
17	Write a discharge prescription including non-tech and MDA prescriptions		**K/S**	**4**
18	Communicate medication changes to patient and general practitioner		**K/S**	**5**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 6**		
A	**Short title**	**Recognise and manage the deteriorating/acutely unwell patient.**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should be able to identify and respond to the acutely unwell patient. They should rapidly determine a working diagnosis based on a focused history and examination, data interpretation, information gathering and situation awareness. They should commence initial management based on clinical reasoning and decision-making skills and assess the patient's response to treatment and adapt their management as required. At the same time they should initiate a call for assistance from seniors and escalate or recognise the need to transfer care. They should communicate the situation to medical staff, patient and family members and delegate to nursing staff and colleagues, They should record the clinical encounter in an accurate, logical and structured way in the clinical note.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Recognise the severity of a patient's condition utilising track and trigger systems and situation awareness		**K/S/A**	**4**
2	Receive a handover from nursing staff and be aware of the patient's recent clinical course		**K/A**	**4**
3	Take a focused history and examination		**K/S/A**	**4**
4	Determine a working differential diagnosis		**K/S**	**4**
5	Escalate and give a handover on phone or in person		**K/S/A**	**4**
6	Perform basic technical skills and prescribe as indicated		**K/S**	**4**
7	Apply the principles of standardised protocols as indicated (EWS, ACLS, ATLS, PALS, sepsis 6)		**K/S/A**	**4**
8	Review the response to initial treatment and respond, act on and adapt treatment as required		**K/S/A**	**3**
9	Communicate the situation to team members involved in patient care, patient and update family members		**K/S/A**	**4**
10	Delegate to others		**A**	**4**
11	Document the events in the notes		**K/S**	**4**
12	Formulate a further care plan to address prioritised differentials		**K/S/A**	**3**
13	Plan for transfer as required		**K/S/A**	**3**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 7**		
A	**Short title**	**Transition and discharge a patient**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	By the end of internship, the doctor should be able to hand over and receive the handover of a clinical case to/from a colleague or team (hospital or community based). They should be able to communicate, summarise and document a summary of the patient's clinical course and reason for discharge/transfer.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Communicate in an open and effective manner with medical staff, patient and family		**A**	**4**
2	Use clinical judgment to recognise the need for transfer/discharge		**K/S**	**4**
3	Plan in advance for patient discharge and ensure supports are in place to facilitate discharge		**K/S**	**4**
4	Summarise a clinical case verbally, electronically and in the notes		**K/S**	**4**
5	Prioritise a differential diagnosis		**K/S**	**4**
6	Formally refer patients to further specialist or tertiary services		**A/K**	**4**
7	Discharge patients verbally, electronically and in the notes from hospital		**A/S/K**	**4**
8	Communicate and liaise with general practitioners and community care services		**A**	**4**
9	Deal with death of patients and follow post mortem protocols		**A/K**	**3**
10	Break bad news to patient and family in a compassionate manner		**A**	**3**
11	Ensure follow up arrangements are in place as appropriate		**K/S/A**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 8**		
A	**Short title**	**Engage in personal and professional development**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should have achieved and reached all of their intern competencies and be a well-rounded professional who strives to improve themselves clinically and educationally. They should be capable of learning from mistakes and recognise the learning opportunities that come from feedback. They should actively seek out learning and feedback opportunities. They should have the foresight, motivation and initiative to focus on achieving longer term training opportunities and goals. They should advocate for and understand the significance of health promotion, audit and research. They should act as role models for other doctors, healthcare professionals and medical students.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Participate in research - original research, audit, case reports		**K/S**	**4**
2	Know how to conduct a clinical audit, get ethical approval for research and write up research findings		**K/S/A**	**3**
3	Prepare for and present at journal club meetings, grand rounds and national meetings. Look for opportunities to present at international meetings		**K/S/A**	**4**
4	Complete and record all education and training requirements (maintains a logbook or e-portfolio) and seek out opportunities to fulfill learning targets		**K/S/A**	**5**
5	Engage with undergraduate teaching programmes, teach and contribute to the content of the learning materials and the appraisal of students		**K/A/S**	**5**
6	Act as mentors to undergraduate students		**K/S/A**	**4**
7	Attend interviews well prepared and with a well constructed up to date curriculum vitae		**S/A**	**4**
8	Engage with self directed learning – online learning, training days and courses		**A**	**4**
9	Practice in accordance with the Medical Council's guide to professional conduct and ethics		**A**	**5**
10	Aim to achieve and promote a good work –life balance		**A**	**4**
11	Manage stress and burnout and recognise it in colleagues		**A**	**4**
12	Be sensitive to different cultures in the workforce		**K/S/A**	**5**
13	Update CV regularly		**S**	**5**
14	Attend and participate in educational meetings and seminars		**A**	**4**
15	Respect and comply with institutions policies on data protection and social media		**A**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			

	EPA	**No. 9**		
A	**Short title**	**Identify compromises to patients' care**		
B	**Prerequisites**			
C.	**Description of the activity**	At the end of the intern year, the doctor should be able to identify compromises to patient care. The doctor should be willing to act as an advocate for the patient. The doctor should be able to report non-adherence to protocol or medical errors in a manner that fosters a just working environment, in which recognition of mistakes lead to learning and improvement. This should include self-reflection and reporting of one's own errors.		
D.	**Expected proficiency**	**Level 4** With exception of competencies expected at another level (as indicated below)		
E.	**Competencies**		**Type**	**Level**
1	Share opinions on patient care		**K/A**	**3**
2	Promote and advocate for patient safety		**A**	**3**
3	Respect patient data and confidentiality		**A/K**	**4**
4	Ensure patient privacy when discussing sensitive issues		**A**	**4**
5	Identify appropriate forum in which to address concerns (e.g. among team/at hospital admin level etc.)		**A**	**3**
6	Recognise bullying/demeaning behaviours in self/other colleagues		**A**	**4**
7	Recognise the symptoms of stress in self/other colleagues		**A**	**4**
8	Communicate opinions and concerns assertively without being either too passive or aggressive		**A**	**3**
9	Regularly perform honest self-reflection and appraisal of clinical and professional performance		**A/S**	**3**
10	Look for opportunities for learning and feedback		**A**	**4**
11	Take appropriate steps to disclose serious incidents or unprofessional practice		**A**	**3**
12	Comply with fitness to work statement and occupational health guidelines		**A**	**4**
13	Provide care and treatment in accordance with the principles of patients' best interests, autonomy and rights		**A**	**4**
F.	**Assessment**	*Details to be developed*		
G.	**Alignment with Medical Council Domains of Good Professional Practice (see table above)**			