

Internal Medicine: Foundations EPA #6

Discussing and establishing patients' goals of care

Key Features:

- This EPA focuses on the documentation of a patient's previous advanced directives and/or goals of care, and not those discussions that are directed at changes in goals of care (that is an EPA of the Core stage).
- This EPA includes discussing goals of care with a substitute decision-maker.
- This EPA may be observed in the clinical setting or in simulation (e.g. OSCE).

Assessment Plan:

Direct and/or indirect observation by supervisor

Collect at least 3 observations of achievement

- 1 from each category
- Not more than 1 in simulation setting
- At least 1 involves a substitute decision-maker
- At least 2 observations by staff
- At least 2 different assessors

***Basis of Assessment**

-- Please Select --

***Case Complexity**

-- Please Select --

***Clinical Setting**

-- Please Select --

***Observer's Role**

-- Please Select --

Milestones

Identify patients who lack decision-making capacity and seek out their substitute decision maker

- Not observed
- In Progress
- Achieved

Identify, verify and validate non-verbal cues

Discuss and clarify previously established advanced directives and goals of care

Discuss with the patient and family the degree of uncertainty inherent in all clinical situations

▸ Document information about patients and their medical conditions in a manner than enhances intra- and interprofessional care

▸ Adhere to institutional policies and procedures relevant to advance directives and goals of care

▸ Optimize the physical environment for patient comfort, privacy, engagement and safety

▼ ***Based on this observation of resident performance overall:**

- I had to do
- I had to talk them through
- I had to direct them from time to time
- I needed to be available just in case
- I did not need to be there

Comments (mandatory)

Please select a response before adding a comment.

Next Steps

Concerns

▼ **Do you have patient safety concerns related to this resident's performance?**

No

No

Yes

▸ **Do you have professionalism concerns about this resident's performance?**

No

▸ **Are there other reasons to flag this assessment?**

No

▼ ***Have feedback about this form? (eg, "Missing Dx", etc.)**

No

No

Yes

Save as Draft

or

Submit

Madrazo L, Cruz JD, Correa N, Puka K, Kane S-L. Evaluating the quality of written feedback within entrustable professional activities in an internal medicine cohort. *J Grad Med Educ.* 2023;15(1):x-x. DOI:<http://dx.doi.org/10.4300/JGME-D-22-00222.1>

Entrustable Professional Activities Analyzed

Transition to Discipline

D1	Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care
D2	Identifying and assessing unstable patients, providing initial management, and obtaining help
D3	Performing the basic procedures of Internal Medicine

Foundations of Discipline

F1	Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings
F2	Managing patients admitted to acute care settings with common medical problems and advancing their care plans
F3	Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan
F4	Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings
F5	Assessing unstable patients, providing targeted treatment and consulting as needed
F6	Discussing and establishing patient's goals of care
F7	Identifying personal learning needs while caring for patients and addressing those needs

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