

2B

PREVOCATIONAL TRAINING

Entrustable professional activities (EPAs)

NATIONAL
FRAMEWORK FOR
PREVOCATIONAL
(PGY1 AND PGY2)
MEDICAL TRAINING

SUMMARY

EPAs

The four EPAs describe essential work undertaken by PGY1 and PGY2 doctors. They are anchored to the prevocational outcome statements in the same domains and thus help align PGY1 and PGY2 doctors' roles with both training activities, and assessment and achievement of prevocational outcomes (see Figure 4 for an overview, and Table 1 for structure). Assessment of EPAs provides structured opportunities for observation, feedback and learning, and informs global judgements at the end of terms and the end of each prevocational year.

The following are important points about EPAs in the prevocational context:

- An EPA is a description of essential work. This contrasts with outcomes or capabilities, which describe characteristics of a prevocational doctor.
- An EPA is not an assessment tool, but performance of an EPA can be assessed. Assessment of EPAs will include judgements about entrustability, that is, the level of supervision required for the doctor to perform this work safely.
- While PGY1 and PGY2 doctors will be assessed using the same EPAs, PGY2 doctors will be assessed to a higher level based on the complexity, responsibility, level of supervision and entrustability, as well as the context, of PGY2 doctors' work.

Information about assessing EPAs is detailed in 'Prevocational assessment' (Section 3 of *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*).

Figure 4 – Overview of the entrustable professional activities (EPAs)

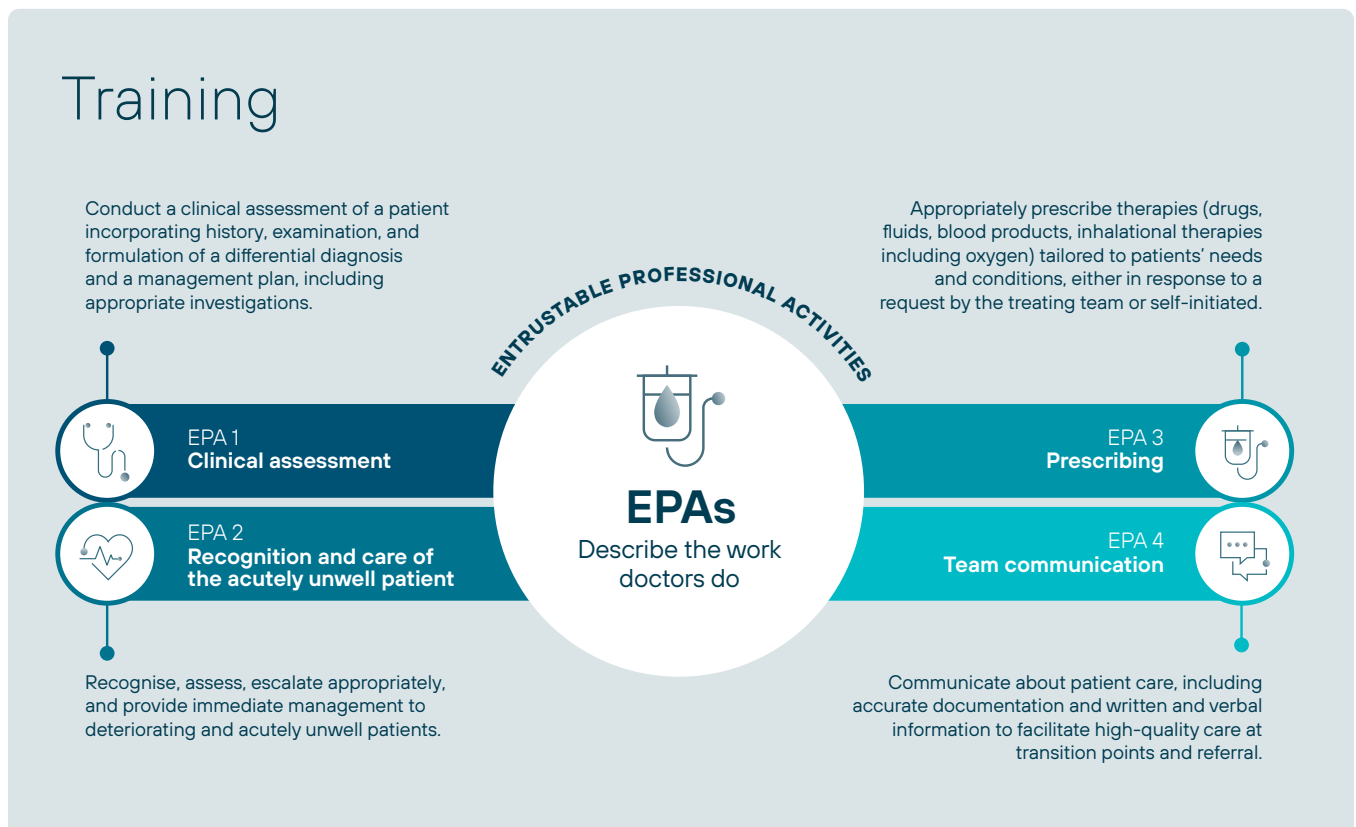


Table 1 – Structure of the EPAs

COMPONENT	DESCRIPTION
THEME	Identifies the activity.
TITLE	Provides a brief summary of the activity.
FOCUS AND CONTEXT	Describes central aspects of the activity and in what clinical context it might apply.
DESCRIPTION	Provides an overview of the key tasks involved in the activity.
BEHAVIOURS	Describes behaviours that could be observed and would support the supervisor’s judgements about the level of performance. The behaviours are anchored to the prevocational outcome statements. Subpoints are included to provide further detail where required; in an electronic format these could be minimised.

Acknowledgements

These EPAs have been developed using the [Royal Australasian College of Physician Basic Training Curriculum EPA](#) structure and content, with permission. The EPAs are informed by material presented at Ins and Outs of Entrustable Professional Activities: An International Course of EPAs – Utrecht. March 21-23, 2019. This course was directed by Professor Olle ten Cate PhD, with contributions from faculty: H. Carrie Chen, MD PhD; Reiner Hoff, MD PhD; Claire Touchie, MD MPHE; and Josephine Boland, MSc EdD. The EPAs have been critically appraised by Associate Professor Claire Touchie, Faculty of Medicine, University of Ottawa and Chief Medical Education Officer Medical Council of Canada. There has been extensive consultation with Australian stakeholders as drafts have been iterated, and feedback received has been considered and incorporated. The AMC is grateful to all for their willingness to contribute.

Clinical assessment

EPA 1



TITLE	Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan, including appropriate investigations (based on RACP's EPA 1).
FOCUS AND CONTEXT	<p>This EPA applies in admission, reviewing a patient in response to a particular concern, ward-call tasks, ward rounds, lower acuity emergency department presentations, general practice consultations or outpatient clinical attendances.</p> <p><i>Perform this activity in multiple settings, including inpatient and ambulatory (including community) care settings or in emergency departments and in the care of different populations (for example children, adults and the elderly).</i></p>
DESCRIPTION	<p>This activity requires the ability to, where appropriate or possible:</p> <ol style="list-style-type: none"> 1. if the clinical assessment has been requested by a team member, clarify the concern(s) with them 2. identify relevant information in the patient record 3. obtain consent from the patient 4. obtain a history 5. examine the patient 6. consider and integrate information from the patient record, clinical assessments, and relevant ward protocols, guidelines or literature 7. develop provisional and differential diagnoses and/or problem lists 8. produce a management plan, confirm as appropriate with a senior colleague, and communicate with relevant team members and the patient 9. implement the management plan, initiate or perform appropriate investigations and procedures, and document the assessment and next steps, including indications for follow-up.


 DOMAIN 1
Practitioner
Patient management

- Produces and implements an appropriate management plan.
- Initiates appropriate, focused and basic investigations.
- Safely performs common procedures where relevant.

Subpoints

- Identifies patients' preferences regarding management and assesses the role of families in decision-making.

Communication

- Communicates accurately and effectively with the patient, carers and team members.

Subpoints

- Clarifies the task or problem with the team member/s.
- Communication includes anticipating, reading, and responding to verbal and non-verbal cues.
- Demonstrates active listening skills.

Patient management

- Unable to produce a basic management plan.
- Produces a management plan which does not address issues relevant to the patient.
- Does not confirm management plan with supervisor when appropriate.

Communication

- When communicating with patient, carers or team members may do one or more of the following:
 - › does not introduce themselves
 - › does not listen carefully
 - › does not clarify
 - › uses jargon
 - › does not summarise to ensure shared understanding.


 DOMAIN 2
Professional and leader
Professionalism

- Demonstrates professional conduct, honesty and integrity.
- Recognises their own limitations and seeks help when required in an appropriate way.

Subpoints

- Maintains patient privacy and confidentiality.
- Displays respect and sensitivity towards patients.
- Maximises patient autonomy and supports patients' decision-making.
- Takes responsibility and is accountable for patient care.

Professionalism

- Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information.
- Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team member concerns, or delay in responding to or asking for help for patients in need of urgent care.
- Lacks insight into learning needs and does not seek or act on feedback.
- Inadequately maintains confidentiality, for example, displaying or discussing confidential information on patients in public.

Aboriginal and Torres Strait Islander health

- Demonstrates ability to identify and address racism.
- Takes actions and knows how to support those who experience racism.

Teamwork

- Works effectively as a member or leader of the interprofessional team and positively influences team dynamics.

Teamwork

- Works in a way that disrupts effective functioning of the interprofessional team.



✔ Whole-of-person care

- Recognises and takes precautions where the patient may be vulnerable.
- Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.

✔ Population health

- Incorporates disease prevention, health promotion and health surveillance into interactions with individual patients.

✔ Cultural safety for all communities

- Is respectful of patients' cultures and beliefs.
- Appropriately accesses interpretive or culturally-focused services.
- Identifies and considers culturally safe and appropriate means of obtaining patient histories and/or performing physical examination.

✔ Aboriginal and Torres Strait Islander health

[Based on Ahpra definition of cultural safety]⁶

- Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
- Acknowledges colonisation and systemic racism and the social, cultural, behavioural and economic factors that impact individual and community health.
- Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, and free of bias and racism.
- Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- Fosters a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

! Whole-of-person care

- Disregards the social history and the patient's goals of care/treatment in assessment and management.

! Population health

- Does not consider population-based risk factors.
- Does not take opportunities to discuss healthcare behaviours.

! Cultural safety for all communities

- Does not take account of relevant cultural or religious beliefs and practices such as diet, burial practices or processes for decision-making.
- Demonstrates an inadequate awareness of, or difficulty accepting and understanding, the cultures of others.

! Aboriginal and Torres Strait Islander health

- Requires further development of knowledge and skills to effectively advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues).

6. Australian Health Practitioner Regulation Agency (Ahpra), [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#), Ahpra website, 2021, accessed 22 April 2022.


✔ Knowledge

- Makes use of local service protocols and guidelines to inform clinical decision-making.
- Draws on medical literature to assist in clinical assessments, when required.
- Demonstrates the ability to manage uncertainty in clinical decision-making.

! Knowledge

- Demonstrates poorly formed approaches to identifying local service resources to support clinical decision-making.
- Cannot implement strategies to respond to clinical ambiguity and uncertainty such as ensuring patients and team members are clear about what to do if things change.

✔ Quality assurance

- Performs hand hygiene and takes infection control precautions at appropriate moments.
- Advocates for and actively participates in quality improvement activities including incident reporting.

! Quality assurance

- Demonstrates an undisciplined approach to hand hygiene and infection control.

✔ Aboriginal and Torres Strait Islander health

- Demonstrates a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity.

! Aboriginal and Torres Strait Islander health

- Does not yet demonstrate a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is not yet able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity.

Recognition and care of the acutely unwell patient

EPA 2



TITLE

Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1 and PGY2 doctors are often called after-hours to assess patients whose situation has acutely changed.)

FOCUS AND CONTEXT

This EPA applies in any clinical context but the critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:

1. recognise the acutely unwell and/or deteriorating patient (including deterioration in mental health)
2. act immediately, demonstrating a timely approach to management
3. escalate appropriately.

Perform this activity in multiple settings, including inpatient and ambulatory (including community) care settings or in emergency departments, in- and after-hours, and in the care of different populations (for example children, adults and the elderly).



DESCRIPTION

This activity requires the ability to, as appropriate and where possible:

1. recognise clinical deterioration or acutely unwell patients
2. respond by initiating immediate management, including basic life support if required
3. seek appropriate assistance, including following local processes for escalation of care
4. communicate critical information in a concise, accurate and timely manner to facilitate decision-making
5. lead the resuscitation initially, and involve other necessary services, such as intensive care or retrieval services.

BEHAVIOURS

Outcome	<p>✔ Requires minimal supervision</p> <p><i>I trust the prevocational doctor to complete the task; I need to be contactable / in the building and able to provide a general overview of work.</i></p> <p>Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.</p>	<p>❗ Requires direct supervision</p> <p><i>I need to be there to observe the interactions and review the work.</i></p> <p>Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.</p>
 DOMAIN 1 Practitioner	<p>✔ Patient assessment – history</p> <ul style="list-style-type: none"> Identifies deteriorating or acutely unwell patients. 	<p>❗ Patient assessment – history</p> <ul style="list-style-type: none"> Does not identify deteriorating or acutely unwell patients. Has difficulty gathering, filtering and prioritising the critical data.
	<p>✔ Patient management</p> <ul style="list-style-type: none"> Initiates a timely structured approach to management, actively anticipates additional requirements and seeks appropriate assistance. Identifies, where possible, patients' wishes and preferences about care, including CPR and other life-sustaining treatments (such as intubation and ventilation). Demonstrates and applies knowledge of relevant anatomy, physiology, indications and potential risks and complications of resuscitation, if appropriate to the case. <p>Subpoints</p> <ul style="list-style-type: none"> Where appropriate, has discussions with patients about their rights to refuse medical therapy, including life-sustaining treatment. Where appropriate, has discussions with patients about their goals of care and/or advance care plans. Involves patients or substitute decision makers, where appropriate, in discussions regarding treatment and end-of-life care. 	<p>❗ Patient management</p> <ul style="list-style-type: none"> Does not initiate timely basic management correctly. Does not seek appropriate assistance, including inappropriate delay in escalating. Applies skills inconsistently, resulting in an inability to reliably complete procedures, such as inconsistent use of universal precautions and aseptic techniques.
	<p>✔ Communication</p> <ul style="list-style-type: none"> Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures. Communicates accurately and effectively with the health care team. As appropriate, explains the situation to patients and/or carers in a sensitive and supportive manner, avoiding unnecessary jargon and confirming their understanding. Performs succinct, accurate and complete handover of care of patients, including ongoing care requirements. 	<p>❗ Communication</p> <ul style="list-style-type: none"> Inadequately escalates to senior colleagues. Communicates in an unclear manner with other team members regarding management. Explains the situation to patients and/or carers in an unclear or insensitive manner. Handover is inaccurate and/or incomplete and/or missing critical information, including ongoing care requirements.

 <p>DOMAIN 1 Practitioner</p>	<p>✔ Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Demonstrates cultural safety in working alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), and actively supports cultural safety within the clinical environment, in the context of an acutely unwell patient. • Demonstrates effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of an acutely unwell patient. 	<p>! Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Does not yet demonstrate their ability to: follow processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin; and include current Indigenous health evidence-based medicine, inclusive of social and emotional wellbeing, within their practice, in the context of an acutely unwell patient. • Does not yet demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of an acutely unwell patient.
 <p>DOMAIN 2 Professional and leader</p>	<p>✔ Professionalism</p> <ul style="list-style-type: none"> • Demonstrates professional conduct. • Recognises their own limitations and seeks help when required in an appropriate way. <p>Subpoints</p> <ul style="list-style-type: none"> • Maintains patient privacy and confidentiality. • Displays respect and sensitivity towards patients. • Maximises patient autonomy and supports patients' decision-making. • Demonstrates graded assertiveness. 	<p>! Professionalism</p> <ul style="list-style-type: none"> • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team member concerns, or delay in responding to or asking for help for patients in need of urgent care. • Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information.
<p>DOMAIN 2 Professional and leader</p>	<p>✔ Teamwork</p> <ul style="list-style-type: none"> • Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required. 	<p>! Teamwork</p> <ul style="list-style-type: none"> • Avoids playing a leading role in the management of patients. • Demonstrates inadequate teamwork.
<p>DOMAIN 3 Health advocate</p>	<p>✔ Cultural safety for all communities</p> <ul style="list-style-type: none"> • Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices. 	<p>! Cultural safety for all communities</p> <ul style="list-style-type: none"> • Does not take account of relevant cultural or religious beliefs and practices.



DOMAIN 3
Health advocate

✔ **Aboriginal and Torres Strait Islander health**

- Demonstrates an ability to advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), in the context of an acutely unwell patient.

[Based on Ahpra definition of cultural safety]⁷

- Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
- Acknowledges colonisation and systemic racism, and the social, cultural, behavioural and economic factors that impact individual and community health.
- Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic and free of bias and racism.
- Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- Fosters a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

! **Aboriginal and Torres Strait Islander health**

- Requires further development of knowledge and skills to effectively advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), in the context of an acutely unwell patient.



DOMAIN 4
Scientist and scholar

✔ **Quality assurance**

- Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.
- Performs hand hygiene and takes infection control precautions at appropriate moments.
- Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).

! **Quality assurance**

- Demonstrates an undisciplined approach to hand hygiene and infection control.

✔ **Knowledge**

- Observes local service protocols and guidelines on acutely unwell patients.

! **Knowledge**

- Demonstrates poorly formed approaches to identifying local service resources to support clinical decision-making relating to acutely unwell patients.

✔ **Aboriginal and Torres Strait Islander health**

- Demonstrates a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity in the context of an acutely unwell patient.

! **Aboriginal and Torres Strait Islander health**

- Does not yet demonstrate a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is not yet able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity in the context of an acutely unwell patient.

7. Australian Health Practitioner Regulation Agency (Ahpra), [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#), Ahpra website, 2021, accessed 22 April 2022.

Prescribing

EPA 3



TITLE

Appropriately prescribe therapies (drugs, fluids, blood products, inhalational therapies including oxygen) tailored to patients' needs and conditions, either in response to a request by the treating team or self-initiated.

FOCUS AND CONTEXT

This EPA applies in any clinical context but the critical aspects are to:

1. prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate for the patient.


Perform this activity in multiple settings, including inpatient and ambulatory (including community) care settings or in emergency departments and in the care of different populations (for example children, adults and the elderly).

DESCRIPTION

This activity requires the ability to, as appropriate and where possible:

1. obtain and interpret medication histories
2. respond to requests from team members to prescribe medications
3. consider whether a prescription is appropriate
4. choose appropriate medications
5. where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
6. actively consider drug–drug interactions and/or allergies and if identified check whether to proceed
7. provide instruction on medication administration, effects and adverse effects using appropriate resources
8. elicit any patient concerns about benefits and risks, and, as appropriate, seek advice and support to address those concerns
9. write or enter accurate and clear prescriptions or medication charts
10. monitor medications for efficacy, safety, adverse reactions and concordance
11. review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist.

BEHAVIOURS

Outcome	<p>✔ Requires minimal supervision</p> <p><i>I trust the prevocational doctor to complete the task; I need to be contactable / in the building and able to provide a general overview of work.</i></p> <p>Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.</p>	<p>❗ Requires direct supervision</p> <p><i>I need to be there to observe the interactions and review the work.</i></p> <p>Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.</p>
 <p>DOMAIN 1 Practitioner</p>	<p>✔ Prescribing</p> <ul style="list-style-type: none"> • Appropriately, safely and accurately prescribes therapies (drugs, fluids, blood products, oxygen), and demonstrates an understanding of the rationale, risks and benefits, contraindications, adverse effects, drug interactions, dosage and routes of administration. • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) safely, adheres to all relevant protocols and monitors patient reactions, reporting when relevant. 	<p>❗ Prescribing</p> <ul style="list-style-type: none"> • Makes frequent and/or critical prescribing errors. • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) beyond scope of practice (registration), health service protocols or their experience. <p>Subpoints</p> <ul style="list-style-type: none"> • Demonstrates an inadequate understanding of the rationale behind the choice of therapy. • Prescribes when it is not appropriate. • Does not take into account the following for all therapies: <ul style="list-style-type: none"> › risk–benefit analysis › contraindications › adverse effects › interactions › routes of administration › cost to patients, families and the community › the need for medication monitoring › funding and regulatory considerations › generic versus brand medicines. • Unable to source suitable dosing guidelines or implement dose modifications based on organ function, or patient age or size. • Demonstrates an inadequate understanding of fluid requirements and the compatibility of medications with intravenous fluids.


 DOMAIN 1
 Practitioner

 ✓ **Aboriginal and Torres Strait Islander health**

- Demonstrates cultural safety in working alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), and actively supports cultural safety within the clinical environment, in the context of prescribing.
- Demonstrates an understanding of the different Medicare and PBS criteria for prescribing for Aboriginal and Torres Strait Islander patients.
- Demonstrates effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of prescribing.

 ! **Aboriginal and Torres Strait Islander health**

- Requires further opportunities to demonstrate their ability to: follow processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin; and include current Indigenous health evidence-based medicine, inclusive of social and emotional wellbeing, within their practice, in the context of prescribing.
- Requires further opportunities to demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of prescribing.

 ✓ **Patient management**

- As appropriate, monitors and adjusts medications.
- Identifies and manages potential and actual adverse events.

 ! **Patient management**

- Does not follow up monitoring instructions or relevant test results.
- Does not identify or manage adverse events.

 ✓ **Communication**

- Ensures the patient understands the rationale and requirements of the treatment.
- Writes clearly legible prescriptions or charts using generic names.
- Understands the principles and is able to safely electronic prescribe and document medications.
- Advises patients of possible adverse effects.
- Advises patients of the costs of medication and checks this is acceptable.
- Informs the treating team of changes to prescriptions.

 ! **Communication**

- Fails to explain the rationale for the treatment and other relevant information including the practical aspects of administration, the importance of adherence, follow-up and monitoring for adverse effects.
- Produces incomplete or inaccurate prescriptions or medication charts.
- Writes illegible prescriptions or drug orders or makes incorrect entries into electronic prescribing systems.
- Inadequately consults with the multidisciplinary team (including the clinical supervisor and/or allied health professionals).


 DOMAIN 2
 Professional and leader

 ✓ **Professionalism**

- Demonstrates professional conduct, honesty and integrity.
- Recognises their own limitations and seeks help when required in an appropriate way.
- Demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing.

Subpoints

- Demonstrates an understanding of the ethical implications of pharmaceutical industry-funded research and marketing.
- Maintains patient privacy and confidentiality.
- Maximises patient autonomy and supports patients' decision-making.

 ! **Professionalism**

- Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team member concerns, or delay in responding or asking for help.

DOMAIN 2 Professional and leader	<p>✔ Clinical responsibility</p> <ul style="list-style-type: none"> • Reports adverse events related to medications. 	
	<p>✔ Teamwork</p> <ul style="list-style-type: none"> • Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff. • Participates in medication safety meetings and morbidity and mortality meetings. 	
 DOMAIN 3 Health advocate	<p>✔ Cultural safety for all communities</p> <ul style="list-style-type: none"> • Acknowledges and respects patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches. 	<p>❗ Cultural safety for all communities</p> <ul style="list-style-type: none"> • Does not consider patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches.
	<p>✔ Population health</p> <ul style="list-style-type: none"> • Considers population-level constraints on prescribing, including: <ul style="list-style-type: none"> › economic costs to community › environmental cost to community › antimicrobial resistance. 	<p>❗ Population health</p> <ul style="list-style-type: none"> • Does not consider population-level constraints on prescribing, including: <ul style="list-style-type: none"> › economic costs to community › environmental cost to community › antimicrobial resistance.
	<p>✔ Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Demonstrates an ability to advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), in the context of prescribing. <p>[Based on Ahpra definition of cultural safety]⁸</p> <ul style="list-style-type: none"> • Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. • Acknowledges colonisation and systemic racism, and the social, cultural, behavioural and economic factors that impact individual and community health. • Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, and free of bias and racism. • Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community. • Fosters a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues. 	<p>❗ Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Requires further development of knowledge and skills to effectively advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues) in the context of prescribing.

8. Australian Health Practitioner Regulation Agency (Ahpra), [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#), Ahpra website, 2021, accessed 22 April 2022.



✔ Knowledge

- Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
- Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately.

✔ Quality Assurance

- Applies the principles of safe prescribing, particularly for drugs with a risk of significant adverse effects, using evidence-based prescribing resources, as appropriate.
- Prescribes in accordance with institutional policies, including policies on antibiotic stewardship.
- Safely uses electronic prescribing systems as appropriate.

Subpoints

- Applies information regarding side-effects and monitoring requirements of medications.
- Identifies medication errors and institutes appropriate measures.
- Uses electronic prescribing systems safely.

! Quality Assurance

- Does not apply the principles of prescribing and/or consider the use of evidence-based prescribing resources.
- Does not prescribe in accordance with institutional policies.
- Displays inadequate knowledge of the monitoring requirements or potential adverse effects of the medications they are prescribing.

✔ Aboriginal and Torres Strait Islander health

- Demonstrates a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is able to map this current evidence on systemic racism as a determinant of health and how racism maintains health inequity marginalisation in the context of prescribing.

! Aboriginal and Torres Strait Islander health

- Does not yet demonstrate a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is not yet able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity in the context of prescribing.

Team communication – documentation, handover and referrals

EPA 4



TITLE	Communicate about patient care, including accurate documentation and written and verbal information to facilitate high-quality care at transition points and referral.
FOCUS AND CONTEXT	<p>This EPA applies in any clinical context but the critical aspects are to:</p> <ol style="list-style-type: none"> 1. communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including: <ul style="list-style-type: none"> • at referral from ambulatory and community care • at admission • between clinical services and multidisciplinary teams • at changes of shift • at discharge to ambulatory and community care. 2. produce timely, accurate and concise documentation of episodes of clinical care. <p><i>Perform this activity in multiple settings, including inpatient and ambulatory (including community) care settings or in emergency departments and in the care of different populations (for example children, adults and the elderly).</i></p>
DESCRIPTION	<p>This activity requires the ability to:</p> <ol style="list-style-type: none"> 1. communicate effectively to: <ul style="list-style-type: none"> › facilitate high-quality care at any transition point › ensure continuity of care › share patient information with other health care providers and multidisciplinary teams in conjunction with referral or the transfer of responsibility for patient care › use local agreed modes of information transfer, including oral, electronic and written formats to communicate (at least): <ul style="list-style-type: none"> » patient demographics » a concise medical history and relevant physical examination findings » current problems and issues » details of relevant and pending investigation results » medical and multidisciplinary care plans » planned outcomes and indications for follow-up. 2. document effectively to: <ul style="list-style-type: none"> › enable other health professionals to understand the issues and continue care › produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation › produce accurate records appropriate for secondary purposes › complete accurate medical certificates, death certificates and cremation certificates › enable the appropriate use of clinical handover tools.

BEHAVIOURS

Outcome	<p>✔ Requires minimal supervision</p> <p><i>I trust the prevocational doctor to complete the task; I need to be contactable / in the building and able to provide a general overview of work.</i></p> <p>Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.</p>	<p>❗ Requires direct supervision</p> <p><i>I need to be there to observe the interactions and review the work.</i></p> <p>Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.</p>
	<p>✔ Information management</p> <ul style="list-style-type: none"> • Produces medical record entries that are timely, accurate, concise and understandable. • Documents and prioritises the most important issues for the patient. 	<p>❗ Information management</p> <ul style="list-style-type: none"> • Produces incomplete and/or inaccurate records that: <ul style="list-style-type: none"> › omit clinically significant history, examination findings, investigation results, clinical issues or management plans; and/or › do not include identification details, entry date and time, signature, printed name, designation or contact details. • Does not produce records or updates to documentation in a timeframe appropriate to the clinical situation. • Creates an unstructured medical record. • Makes illegible notes, or uses jargon and/or inappropriate acronyms.
	<p>✔ Patient management</p> <ul style="list-style-type: none"> • Displays understanding of the details of the patient's condition, illness severity, comorbidities and potential emerging issues, summarising planned management including indications for follow-up. <p>Subpoints</p> <ul style="list-style-type: none"> • Uses a structured approach to documenting and prioritising patients' issues. 	<p>❗ Patient management</p> <ul style="list-style-type: none"> • The medical record lacks an overall impression or plan. <p>Subpoints</p> <ul style="list-style-type: none"> • Does not use an appropriate structure for the clinical context (for example, a traditional presenting problem history or systems-based structure).
	<p>✔ Communication</p> <ul style="list-style-type: none"> • Creates verbal or written summaries of information that are timely, accurate, appropriate, relevant and understandable for patients, carers and/or other health professionals. <p>Sub-points:</p> <ul style="list-style-type: none"> • Accurately identifies key problems or issues. • Ensures a suitable environment and adequate time for handover. • Communicates clearly with patients, team members and other caregivers. • Confirms information has been received and understood, and seeks questions and feedback. 	<p>❗ Communication</p> <ul style="list-style-type: none"> • Creates verbal or written summaries of information that are not timely, appropriate, relevant or understandable for patients, carers and/or other health professionals. • Uses language that may be offensive or distressing to patients or other health professionals. • Does not mitigate the risks associated with changing care teams or environments. • Inadequately summarises the active medical problems. • Has an unstructured approach in transferring oral or written information. • Includes unnecessary or irrelevant information. • Omits significant problems. • Inadequately clarifies treatment changes and clinical reasoning. • Omits ongoing management plans, discharge medications, pending tests at discharge, or patient counselling. • Communicates in an inappropriate environment, such as handover in a public place.

 <p>DOMAIN 1 Practitioner</p>	<p>✔ Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Demonstrates cultural safety in working alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), and actively supports cultural safety within the clinical environment, in the context of team communication. • Demonstrates effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of team communication. 	<p>! Aboriginal and Torres Strait Islander health</p> <ul style="list-style-type: none"> • Does not yet demonstrate their ability to: follow processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin; and include current Indigenous health evidence-based medicine, inclusive of the social and emotional wellbeing, within their practice, in the context of team communication. • Does not yet demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect, within an ethical framework inclusive of holistic social and emotional wellbeing models to support equity in Aboriginal and Torres Strait Islander peoples' patient care in the context of team communication.
 <p>DOMAIN 2 Professional and leader</p>	<p>✔ Professionalism</p> <ul style="list-style-type: none"> • Demonstrates professional conduct, honesty and integrity. • Appropriately prioritises the creation of medical record entries. • Informs patients that handover of care will take place and to which team, service, or clinician as appropriate. • Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality. <p>Subpoints</p> <ul style="list-style-type: none"> • Complies with the legal requirements for preparing and managing documentation. • Provides honest and accurate medical certification where required. • Maintains confidentiality of documentation and stores clinical notes appropriately. • Uses appropriately secure methods of clinical communication. • Maximises patient autonomy and supports patients' decision-making. • Takes responsibility and is accountable for their actions. 	<p>! Professionalism</p> <ul style="list-style-type: none"> • Assigns a low priority to the creation of medical record entries when ordering daily tasks, such as deferring it to the end of the day or clinic leading to delays that may affect patient care or the quality of the record. • Inappropriately delays preparing transfer documentation and/or undertaking transfer communications. • Inadequately maintains confidentiality, for example, gathering and displaying confidential patient information, such as information displayed on a list that the patient's relatives could access, or sharing information that is not relevant to patient care. • Displays lapses in professional conduct, such as providing inaccurate or incomplete information. <p>! Teamwork</p> <ul style="list-style-type: none"> • Does not engage with nursing staff and/or other relevant allied health practitioners. • Omits or disregards key information from other team members in handover.



✔ Whole person care

- Considers social/economic context, for example:
 - › factors transport issues and costs to patients into arrangements for transferring patients to other settings
 - › appropriately prioritises social history and cultural factors.

✔ Cultural safety for all communities

- Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.

✔ Aboriginal and Torres Strait Islander health

- Demonstrates an ability to advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), including an understanding of what services are available and discussing with the patient/family/community to find out their preferences around accessing these services.

[Based on Ahpra definition of cultural safety]⁹

- Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
- Acknowledges colonisation and systemic racism, and the social, cultural, behavioural and economic factors which impact individual and community health.
- Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, and free of bias and racism.
- Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- Fosters a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

! Whole person care

- Disregards social history or cultural factors and their management in transfer-of-care documentation.

! Cultural safety for all communities

- Demonstrates insensitivity or lack of awareness of relevant cultural issues, such as not specifying when an interpreter is required.
- Uses language that may be offensive or distressing to patients or other health professionals.

! Aboriginal and Torres Strait Islander health

- Requires further development of knowledge and skills to effectively advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), including an understanding of what services are available and discussing with the patient/family/community to find out their preferences around accessing these services.

9. Australian Health Practitioner Regulation Agency (Ahpra), [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#), Ahpra website, 2021, accessed 22 April 2022.



✔ Quality Assurance

- Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings.
- Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

Subpoints

- Provides and receives feedback to and from team members regarding handovers and any errors that occurred, including inaccurate information transmission.
- Communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care.

✔ Aboriginal and Torres Strait Islander health

- Demonstrates a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity in the context of team communication.

! Quality Assurance

- Does not maintain records adequately.
- Produces records lacking key information regarding episodes of care.
- Uses ambiguous or inappropriate acronyms.
- Performs incomplete handover.
- Makes omissions and/or errors in transfer-of-care communications.
- Does not complete transfer-of-care communications in a timely manner.

! Aboriginal and Torres Strait Islander health

- Does not yet demonstrate a clear understanding of how colonisation impacts Aboriginal and Torres Strait Islander health outcomes, and is not yet able to map this to current evidence on systemic racism as a determinant of health and how racism maintains health inequity in the context of team communication.