

Entrustable Professional Activities Dalhousie Clerkship 2025/2026 (Update Jan 23,2026)

Background:

Entrustable professional activities (EPA's) are an important source of learner assessment and feedback that will occur in addition to ITER feedback. The Association of Faculties of Medicine of Canada (AFMC) developed the EPAs expected to be in use at each medical school. They set the expectation for graduating medical students to be able to perform (entrusted) by the time they start residency. The expectation is that graduates will be ready for indirect supervision of these EPAs on day one of residency.

The following EPA framework will replace existing discipline specific EPA's currently in use during clerkship (general surgery and emergency medicine) and the Mini-CEX encounter booklets. This will begin during the 2025/2026 academic cycle.

The EPA framework includes an observed history and physical examination (EPA 1) which will be completed twice during each unit and at least once in each unit component.

Mechanism of ITER completion.

Students will trigger EPA assessment forms using One45 software. EPA's can be completed at any time during a rotation. EPA's for a medical student can be completed by an attending physician or a resident of any level.

Successful completion (at the entrustable level) of 25 documented EPA assessments is required as outlined in the table below. EPA 1 is to be completed 2 times on each unit and at least once in family medicine, psychiatry, pediatrics, obstetrics and gynecology, internal medicine, surgery, and emergency medicine.

EPA's 2/3 and 6 are to be completed once during each unit (Peds/Ob Gyn, Psych/Family medicine, Internal medicine, and surgery/emergency medicine). The remainder of the EPA's may be completed at a student's discretion at any time during their clerkship.

There is no maximum number of EPA's that can be completed, and students are encouraged to seek out additional opportunities for EPA completion. A student can only complete one EPA per clinical encounter.

The assessment will be provided via One45. The medical student will identify the EPA being completed and send the One45 form to the assessing faculty or resident physician. The EPA will be assessed as:

- **Pre-Entrustable:** Below Expectations (The student is below the level expected of performance and requires significant assistance with this task (low performance flag).
- **Pre-Entrustable:** Approaching Expectations (The student is approaching the level of expected performance and requires some assistance with this task.)
- **Entrustable:** Meets Expectations (The student meets expectations for performance and requires minor assistance with this task.
- **Entrustable:** Exceeds Expectations (The student exceeds the expectations for performance and requires no assistance in completing the task.)

An EPA evaluated as “below the level expected of performance and requires significant assistance with this task” will trigger a low performance notification to both the unit/component head and assistant dean of clerkship DMNS/DMNB, allowing identification of a student consistently performing below expected level on this assessment tool. **Pre-entrustable assessments do not count towards the minimum 25 entrustable EPA requirement for the year.**

The assessing physician will provide additional feedback and suggestions for improvement in the comment section. It is expected that the assessing physician will meet with the trainee to review the feedback provided (this will also be documented in One45).

It is expected that the time required to complete an EPA in One 45 will be less than five minutes, and as such these should be completed with the student shortly following the identified clinical encounter.

Oversight for EPA completion will be provided at several levels. At the time of ITER completion, the unit/component head will ensure that the necessary EPA's are completed. A unit will not be considered complete (passed) until required EPA's (1, 2/3, 6) have been verified and completed at the entrustable level. Midpoint assessments will be used to ensure EPA completion during the unit. The Assistant Dean of Clerkship will be notified in the event a student has not completed an EPA in a four-week block rotation. LIC site directors will review EPA logs at least quarterly to ensure student are completing required EPA's throughout the academic year. UGME will provide additional oversight to ensure that all students have logged each EPA as entrustable by the end of the year.

Required EPA's:

The following schedule of EPA's to be successfully completed during Med 3 was created by the Dalhousie Clerkship Committee with input provided from all clerkship directors. EPA 1 must be completed twice in every unit and at least once in family medicine, psychiatry, pediatrics, obstetrics and gynecology, internal medicine, surgery, and emergency medicine. EPA 2/3 and 6 must be completed once per unit. All other EPA's can be completed at a student's discretion during any unit.

For student completing an LIC style clerkship, EPA 1 must be completed at least once by a preceptor family medicine, psychiatry, pediatrics, obstetrics and gynecology, internal medicine, surgery, and emergency medicine. All other EPAs can be completed at a student's discretion on any clinical service.

AFMC EPA	EPA Description	Minimum # successfully completed (score 3 or 4)
1	Obtain a history and perform an examination adapted to the patient's clinical situation	8 (at least two per unit)
2/3	Formulate a prioritized differential diagnosis and initial plan of investigations	4 (one per unit)
4	Interpret and communicate results of common diagnostic and screening tests	2
5	Formulate, communicate and implement management plans	2
6	Present oral and written reports that document a clinical encounter	4 (one per unit)
7	Provide and receive the handover in transition of care	2
8	Recognize a patient requiring urgent or emergent care, provide initial management and seek help	1
9	Communicate in difficult situations	1
12	Educate patients on disease management, health promotion and preventative medicine	1
		Total = 25

Entrustable Professional Activity (EPA)

Pre-Entrustable

- **Below Expectations:** The student is below the level expected of performance and requires significant assistance with this task (low performance flag).
- **Approaching Expectations:** The student is approaching the level of expected performance and requires some assistance with this task.

Entrustable

- **Meets Expectations:** The student meets expectations for performance and requires minor assistance with this task.
- **Exceeds Expectations:** The student exceeds the expectations for performance and requires no assistance in completing the task.

EPA 1: *Obtain a history and perform a physical examination adapted to the patient's clinical situation*

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> • Misses pertinent positive or negative details that would assist with problem solving and determining the differential diagnosis when obtaining data 	<ul style="list-style-type: none"> • Obtains the appropriate data from the patient (family/caregiver/advocate) for the specific patient encounter
<ul style="list-style-type: none"> • Is disorganized in his/her history taking skills, which is not appropriately detailed 	<ul style="list-style-type: none"> • Establishes a rapport with the patient (family/caregiver/advocate)
<ul style="list-style-type: none"> • Performs a physical examination which is disorganized or missing components relevant to the clinical case 	<ul style="list-style-type: none"> • Performs a physical exam appropriately tailored to the clinical case
<ul style="list-style-type: none"> • Fails to establish rapport with the patient/family/caregiver/advocate, leading to missed data within the history or physical examination 	<ul style="list-style-type: none"> • Demonstrates specific physical exam skills appropriate to the patient case.
	<ul style="list-style-type: none"> • Integrates all these elements along with other sources of information

EPA 2: Formulate and justify a prioritized differential diagnosis

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Relies on limited aspects of their assessment to generate the differential diagnosis, failing to integrate elements across the history, physical examination, and investigative studies 	<ul style="list-style-type: none"> Lists diagnostic possibilities by integrating elements from the history, physical examination, and investigative studies
<ul style="list-style-type: none"> Identifies one or two sensible diagnostic possibilities for clinical presentations, but misses important, common diagnoses 	<ul style="list-style-type: none"> Identifies the major diagnostic possibilities for common clinical presentations
<ul style="list-style-type: none"> Has trouble identifying the most likely etiology when a differential diagnosis is generated 	<ul style="list-style-type: none"> Justifies and prioritizes a most likely diagnosis based on information from his/her clinical assessment
<ul style="list-style-type: none"> Selects differential diagnoses which typically lack adequate justification and prioritization 	<ul style="list-style-type: none"> Incorporates major determinants of health for the patient when generating and prioritizing the differential
<ul style="list-style-type: none"> Does not routinely determinants of health in generating or prioritizing differential diagnosis 	<ul style="list-style-type: none"> Balances the tendency to be too all-encompassing yet avoids errors of premature closure

EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Orders tests that are not relevant or helpful in the clinical situation. 	<ul style="list-style-type: none"> Orders (or decides not to order) tests considering their features and limitations (e.g., reliability, sensitivity, specificity), availability, acceptability for the patient, inherent risks and contribution to a management decision
<ul style="list-style-type: none"> Does not discuss with patients the possible consequences of ordering certain tests 	<ul style="list-style-type: none"> In case of social implications of positive results, discusses the selection of the tests with patients/family/caregiver/advocate when ordering them (e.g. HIV, pregnancy in an adolescent)
<ul style="list-style-type: none"> Does not take into account the potential adverse effects of the ordered tests. 	<ul style="list-style-type: none"> Justifies and prioritizes a most likely diagnosis based on information from his/her clinical assessment
<ul style="list-style-type: none"> Does not justify the selection of the tests according to best practices 	<ul style="list-style-type: none"> Chooses diagnostic interventions using evidence or best practice/guidelines according to costs and availability of resources taking into consideration the way in which care is organized
<ul style="list-style-type: none"> Does not ensure a follow up of the tests 	<ul style="list-style-type: none"> Identifies who will be responsible for the follow-up of the test results.

EPA 4: Interpret and communicate results of common diagnostic and screening tests

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Is unable to recognize significant urgent or abnormal results or common normal variations in results 	<ul style="list-style-type: none"> Recognizes significant urgent or abnormal results
<ul style="list-style-type: none"> Is unable to form a preliminary opinion about the significance of results 	<ul style="list-style-type: none"> Distinguishes between common normal variations in results and abnormal results
<ul style="list-style-type: none"> Does not communicate significant normal or abnormal results in a timely manner to other team members 	<ul style="list-style-type: none"> Formulates an appropriate preliminary opinion about the potential clinical impact of results
<ul style="list-style-type: none"> Is unable to summarize and/or interpret the meaning of results to other team members 	<ul style="list-style-type: none"> Communicates significant results in a timely and appropriate manner to other team members
<ul style="list-style-type: none"> Does not communicate results in a clear manner to patients (family/caregiver/advocate) 	<ul style="list-style-type: none"> Summarizes and interprets the meaning of the results to other team members
<ul style="list-style-type: none"> Does not seek help to interpret results when necessary 	<ul style="list-style-type: none"> Communicates results in a clear manner to patients (family/caregiver/advocate)
	<ul style="list-style-type: none"> Seeks help to interpret results when necessary

EPA 5: Formulate, communicate and implement management plans

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Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Proposes initial management plans that are inappropriately expansive or significantly incomplete in scope 	<ul style="list-style-type: none"> Proposes evidence-informed, holistic initial management plans that include pharmacologic and non-pharmacologic components developed with an understanding of the patient's context, values and illness experience
<ul style="list-style-type: none"> Proposes management plans that do not reflect an adequate understanding of patient's context, values and illness experiences 	<ul style="list-style-type: none"> Prioritizes the various components of the management plans.
<ul style="list-style-type: none"> Proposes management plans that lack approach, prioritization or organization 	<ul style="list-style-type: none"> Considers other health care professionals' advice in proposing a management plan
<ul style="list-style-type: none"> Proposes management plans that do not take into account opinions of other healthcare professionals 	<ul style="list-style-type: none"> Reviews the initial plan with more senior team members to formulate an approved management plan
<ul style="list-style-type: none"> Omits pertinent information of the initial proposed plan when discussing with the more senior members of the medical team 	<ul style="list-style-type: none"> Documents approved management plans in the form written/electronic orders, prescriptions and consultations/referrals

<ul style="list-style-type: none"> • Incompletely or inaccurately documents approved management plans in the form written/electronic orders and prescriptions 	<ul style="list-style-type: none"> • Communicates approved management plans with patients and other healthcare team members that results in mutual agreement and understanding
<ul style="list-style-type: none"> • Incompletely or inaccurately communicates approved management plans to patients and other healthcare team members 	<ul style="list-style-type: none"> • Uses the electronic medical record when available to keep the team informed of the up-to-date plans
<ul style="list-style-type: none"> • Does not implement management plans in the form of verbal and written/electronic orders and prescriptions in an accurate and timely manner 	<ul style="list-style-type: none"> • Follows principles of error reduction including discussions of indications/contraindications of treatment plans, possible adverse effects, proper dosage and drug interactions
<ul style="list-style-type: none"> • Writes incomplete consults/referrals, orders or prescriptions, or that could impact patient safety 	<ul style="list-style-type: none"> • Writes consults/referrals, orders or prescriptions which are complete, incorporate patient safety principles and that can be understood by all the members of the team, including the patient.

EPA 6: Present oral and written reports that document a clinical encounter

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> • Presents a summary which is unfocused, inaccurate, disorganized and lacking important information 	<ul style="list-style-type: none"> • Presents a concise and relevant summary of a patient encounter to members of the healthcare team
<ul style="list-style-type: none"> • Does not demonstrate shared understanding among patient, the health care team members and consultants 	<ul style="list-style-type: none"> • Presents a concise and relevant summary to the patient, and where appropriate, the patient's family (caregiver/advocate)
<ul style="list-style-type: none"> • Documents findings in an unclear, unfocused or inaccurate manner 	<ul style="list-style-type: none"> • Specifies the patient context in the report
	<ul style="list-style-type: none"> • Demonstrates a shared understanding among the patient, the health care team members and consultants through oral and written reports
	<ul style="list-style-type: none"> • Documents findings in a clear, focused and accurate manner

EPA 7: Provide and receive the handover in transitions of care

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<p>When providing handover, the learner:</p> <ul style="list-style-type: none"> • Delivers variable information from patient to patient, not following a consistent structured handover template for verbal communication • Omits key components, such as severity of illness in the handover information • Does not completely update electronic handover tools • Transmits erroneous information about patients • Does not appropriately emphasize key points • Does not use closed-loop communication to verify that the receiver of information has understood • Does not question the timing of a handover in conditions where it would not be appropriate 	<p>When providing handover, the learner:</p> <ul style="list-style-type: none"> • Conducts handover communication that minimizes known threats to transitions of care (e.g., by ensuring to engage the listener, avoiding distractions) • Documents and updates an electronic handover tool • Follows a structured handover template for verbal communication • Provides succinct verbal communication that conveys, at a minimum, illness severity, patient demographics and wishes regarding care, a concise medical history, current problems and issues, pertinent and/or pending laboratory, radiological and other diagnostic information, situation awareness, action planning, anticipatory guidance and upcoming possibilities and contingency planning • Demonstrates respect for the patient’s privacy and confidentiality • Questions the timing of handover and discusses appropriate actions with team
<p>When receiving a handover, the learner:</p> <ul style="list-style-type: none"> • Receives information passively without asking clarifying questions • Does not use closed-loop communication to verify important information • Does not accept responsibility for the transfer of care 	<p>When receiving a handover, the learner:</p> <ul style="list-style-type: none"> • Provides feedback to transmitter to ensure informational needs are met • Asks clarifying questions • Repeats the information just communicated to ensure closed-loop communication • Communicates with the health care team and patient (family/caregiver/advocate) that the transition of responsibility has occurred • Elicits feedback about the most recent handover communication when assuming primary responsibility for the patient

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Does not recognize an urgent or emergent case 	<ul style="list-style-type: none"> Utilizes early warning scores, or rapid response team / medical emergency team criteria to recognize patients at risk of deterioration and mobilizes appropriate resources urgently.
<ul style="list-style-type: none"> Does not initiate an assessment and/or management of an urgent or emergent case 	<ul style="list-style-type: none"> Performs basic life support when required, including CPR in cardiac arrest
<ul style="list-style-type: none"> Is unable to perform CPR 	<ul style="list-style-type: none"> Asks for help when uncertain or requiring assistance
<ul style="list-style-type: none"> Does not ask for help when appropriate 	<ul style="list-style-type: none"> Involves team members required for immediate response, continued decision making, and necessary follow-up
<ul style="list-style-type: none"> Does not appropriately document patient assessments and necessary interventions in the medical record 	<ul style="list-style-type: none"> Initiates and participates in a code response
<ul style="list-style-type: none"> Does not update patient's status to family members (caregiver/advocate) 	<ul style="list-style-type: none"> Rapidly assesses and initiates management to stabilize the patient
<ul style="list-style-type: none"> Does not clarify goals of care 	<ul style="list-style-type: none"> Documents patient assessments and necessary interventions in the medical record
	<ul style="list-style-type: none"> Updates family members/caregiver/advocate to explain patient's status and escalation-of-care plans
	<ul style="list-style-type: none"> Clarifies patient's goals of care upon recognition of deterioration

EPA 9: Communicate in difficult situations

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> Provides information without verifying that relevant permissions have been obtained 	<ul style="list-style-type: none"> Verifies who should be present and is aware of what information can and cannot be shared without permission
<ul style="list-style-type: none"> Communicates in a public or crowded space with others around, which may impact confidentiality 	<ul style="list-style-type: none"> Plans the encounter and communicates in a private setting
<ul style="list-style-type: none"> Does not show sensitivity to patient preference (alone, with family, etc.) as applicable. 	<ul style="list-style-type: none"> Introduces him/herself, their role in the patient's care and explains the purpose of the conversation
<ul style="list-style-type: none"> Does not introduce him/herself and/or does not explain the purpose of the visit 	<ul style="list-style-type: none"> Positions him/herself to communicate comfortably

<ul style="list-style-type: none"> • Uses medical jargon when communicating 	<ul style="list-style-type: none"> • Speaks in non-jargon language, through a translator if necessary
<ul style="list-style-type: none"> • Does not provide information in an organized, logical manner 	<ul style="list-style-type: none"> • Listens actively
<ul style="list-style-type: none"> • Is not attentive to the patient's concerns and/or interrupts the patient 	<ul style="list-style-type: none"> • Verifies for understanding and addresses concerns
<ul style="list-style-type: none"> • Does not verify for understanding or does not address concerns 	<ul style="list-style-type: none"> • Makes a plan that is understood, with next steps articulated
<ul style="list-style-type: none"> • Does not make any follow up plan 	<ul style="list-style-type: none"> • Works with and includes (where relevant) other health care team members to manage the difficult situation
<ul style="list-style-type: none"> • Does not seek help in managing the difficult situation 	<ul style="list-style-type: none"> • Assesses safety of the situation and seeks help as needed

EPA 10: Participate in health quality improvement initiatives

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> • Requires prompting to demonstrate common safety habits 	<ul style="list-style-type: none"> • Regularly demonstrates and engages in expected safety habits (e.g., universal precautions, hand washing, team time-outs, medication reconciliation, surgical checklists)
<ul style="list-style-type: none"> • Requires prompting to reflect on and develop plans around patient safety 	<ul style="list-style-type: none"> • Identifies situations that may jeopardize patient safety
<ul style="list-style-type: none"> • Attributes a single cause to events caused by a deficient system 	<ul style="list-style-type: none"> • Recognizes how the system contributes threats to patient safety
	<ul style="list-style-type: none"> • Seeks help appropriately when a patient is identified as being at risk
	<ul style="list-style-type: none"> • Recognizes system barriers/errors, reflects on one's contribution, and develops own learning plan

EPA 11: Perform general procedures of a physician

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> • Lacks the skills to perform the procedure 	<ul style="list-style-type: none"> • Demonstrates the necessary skills to perform the procedure and has a good understanding of the indications/contraindications, the risks and the benefits of the procedure

<ul style="list-style-type: none"> • Cannot list the indications and contraindications, the risks or benefits 	<ul style="list-style-type: none"> • Anticipates and recognizes the complications associated with the procedure and seeks help appropriately
<ul style="list-style-type: none"> • Does not anticipate or recognize the complications post-procedure and/or does not seek the necessary help 	<ul style="list-style-type: none"> • Explains the procedure to the patient/family/caregiver/advocate in language that is familiar to them and such that they understand the risks associated with the procedure
<ul style="list-style-type: none"> • Explains the procedure in a way that the patient/family cannot understand, using jargon and minimizing risks 	<ul style="list-style-type: none"> • Answers all questions of patient/family clearly
<ul style="list-style-type: none"> • Does not answer the patient/family's questions adequately 	<ul style="list-style-type: none"> • Documents the procedure with all the relevant details
<ul style="list-style-type: none"> • Documents the procedure in an incomplete manner with missing information in the chart/notes 	

EPA 12: Educate patients on disease management, health promotion and preventive medicine

*Click [HERE](#) to review the definitions of Pre-Entrustable and Entrustable.

Pre-Entrustable	Entrustable
<ul style="list-style-type: none"> • Does not question the patient about lifestyle habits. 	<ul style="list-style-type: none"> • Enquires about the patient's lifestyle habits.
<ul style="list-style-type: none"> • Uses a level of language which is not understood by the patient. 	<ul style="list-style-type: none"> • Educates using language that is understood by the patient.
<ul style="list-style-type: none"> • Does not provide examples to promote change. 	<ul style="list-style-type: none"> • Encourages the patient to ask questions.
<ul style="list-style-type: none"> • Does not assess the patient's and/or family's readiness to change. 	<ul style="list-style-type: none"> • Verifies for understanding of the education provided.
<ul style="list-style-type: none"> • Does not coordinate with other health care team members potentially leading to mixed messages to the patient. 	<ul style="list-style-type: none"> • Provides examples of concrete changes that could be implemented to improve healthier habits.
<ul style="list-style-type: none"> • Does not identify potential risky behaviours or living situations that may jeopardize the safety of the patient. 	<ul style="list-style-type: none"> • Assesses patient's readiness to change.