

## **Preamble**

### **Entrustable Professional Activities for Family Medicine End of Residency Training**

As part of the strategic planning process of *Family Medicine for America's Health*, entrustable professional activities (EPAs) were developed for the discipline of family medicine relating to residency completion. Evidence for improved health outcomes, healthcare system efficiency, and equity in care were used to develop these EPAs.

EPAs are broad categories of activities that define the essential professional work of a discipline. With regard to residency training, EPAs define the expectations for the education of family physicians. EPAs integrate all of the core competencies, sub-competencies, and their specific milestones.

EPAs define the knowledge, skills, attitudes and behaviors that each family medicine resident physician must master. Additionally, physicians in osteopathic designated residencies will incorporate the utilization of osteopathic principles and practice in their overall evaluation and treatment of patients. Each resident physician must be able to perform each activity without supervision before graduation from a family medicine residency training program. Family Medicine educators must ensure that systems of assessment align with the expectations of the future activities of the trainees.

For Family Medicine, the EPAs collectively define a type of care that the residency graduate can be trusted to deliver to the public. It is understood that some graduates of family medicine residency programs will not practice the breadth described in these EPAs. Through such comprehensive training, the goal for the discipline is for more family physicians, rather than fewer, and for the majority of family physicians, rather than some, to practice this breadth.

# **EPAs for Family Medicine End of Residency Training**

## **Entrustable Professional Activities**

1. Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
2. Care for patients and families in multiple settings.
3. Provide first-contact access to care for health issues and medical problems.
4. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
5. Provide care that speeds recovery from illness and improves function.
6. Evaluate and manage undifferentiated symptoms and complex conditions.
7. Diagnose and manage chronic medical conditions and multiple co-morbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.
10. Perform common procedures in the outpatient or inpatient setting.
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
14. Manage care for patients with medical emergencies.
15. Develop trusting relationships and sustained partnerships with patients, families and communities.
16. Use data to optimize the care of individuals, families and populations.
17. In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.
18. Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
19. Provide leadership within interprofessional health care teams.
20. Coordinate care and evaluate specialty consultation as the condition of the patient requires.

### **Sources**

1. *The 7 essential functions of primary care that improve outcomes and access, and lower costs. (Starfield 2004-2005)*
2. *The Joint Principles of the Patient-Centered Medical Home (2007),*
3. *The benefits of implementing PCMH (PCPCC 2010, 2012),*
4. *The clinical epidemiology definition of the three levels of prevention*
5. *The role definition of the family physician FFM 2.0*