Family Medicine Clinic

1. Assess, manage, and follow-up patients with common presenting complaints and undifferentiated symptoms.
2. Recognize and appropriately refer for emergent conditions.
5. Manage and follow-up patients with common chronic conditions.
6. Care for pregnant patients throughout pregnancy.
7. Manage postpartum mothers and their newborns in the first few weeks of life.
8. Manage the elderly patient with multiple co-morbidities.
9. Identify, diagnose, and manage common mental health symptoms and disorders.
10. Care for underserved populations.
11. Demonstrate general key features for procedural skills.

Palliative Care

12. Care for the palliative patient and their family.

Intra-partum Care

13. Perform low-risk, spontaneous, term, vertex vaginal delivery.
14. Recognize when an obstetric patient requires referral for higher level care.

Care of the Adult in Hospital

15. Determine when an adult patient requires admission and inpatient hospital care.
16. Assess and appropriately manage the adult patient in hospital.
17. Recognize and provide appropriate management of the unstable adult patient in the hospital setting.
18. Determine when an unstable patient requires referral for higher level care.
19. Plan and coordinate discharge of adult patients from hospital.

Care of the Child in Hospital

20. Determine when a child or adolescent requires admission and inpatient hospital care.
21. Assess and appropriately manage the child or adolescent patient in hospital.
22. Recognize and provide appropriate management of the unstable pediatric patient in the hospital setting.
23. Determine when an unstable child or adolescent patient requires transfer to a higher level of care.
24. Plan and coordinate discharge of the child or adolescent from hospital.

Emergency Medicine and Urgent Care

25. Recognize and provide appropriate management of common pediatric emergencies.
26. Recognize and provide appropriate management of common adult emergencies.
Guidance on Entrustment Decisions (for Preceptor, Division Director and Program Director)

In deciding on maintaining a supervision level for a listed EPA or when considering reducing a level of supervision and especially when deciding if the required competency level for graduation has been achieved (EPA level 4 or 5), the following factors **must** also be considered in the decision-making process around this:

1. **Personal Attributes**
   - Trustworthiness (of the Resident and those who have contributed to the Resident’s assessment). *For the Resident-You can trust that what they said or recorded are accurate reflections of what they actually did. They are honest about their confusion or lack of knowledge. They do not modify their presentations simply to impress you.*
   - Conscientiousness. *The Resident goes the extra mile for patients when necessary and takes responsibility for their actions. The Resident does not cut corners in ways that might compromise patient welfare. The Resident is effective at “self-directed assessment seeking”.*
   - Discernment (ability of the Resident to recognize when they need help and willingness to ask for it even in uncomfortable learning settings). *The Resident is aware of their limits and when they need help and will take appropriate steps to get assistance, demonstrating a degree of vulnerability in so doing. Patient welfare is their first concern and is more important than “looking good” in the eyes of a supervisor. The Resident is aware of their personal beliefs, attitudes and emotions that may impair their judgment.*

2. **Basic Clinical Skills**
   - Interviewing, history taking, physical examination, clinical reasoning, record-keeping and case presentation skills. Safe assessment and management of several patients in the relevant EPA category (“several” = enough that I as a Preceptor can be confident that this Resident will safely handle the next patient in this category such that I can reduce my supervision by one level)

3. **Content and Context**
   - The Resident must demonstrate ability across a range of presentations in each EPA category such that once the Preceptor has seen a Resident perform well in managing several patients with a range of conditions, it is reasonable to assume that they will do well with the next patient. This will be based on evidence of the Resident’s applied knowledge and skills and how transferable this might be to different settings. Often this will reference the CFPC priority topics, their key features, the phases of the clinical encounter and the skill dimensions.
   - Other context factors to consider when deciding on supervision levels include - the seriousness of any patient’s condition, the complexity of multiple co-morbidities, challenging behavioral or social factors, the clinical environment in which the supervision occurs, and the experience of the Preceptor.
   - This is the level of supervision the Preceptor believes will maximize this Resident’s learning.