

# NEW CURRICULA

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## Basic Training (Adult Internal Medicine and Paediatrics & Child Health)

### Entrustable Professional Activities (EPA)



#### About this document

The new Basic Training (Adult Internal Medicine and Paediatrics & Child Health) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Entrustable Professional Activities included as part of the curriculum standards for Basic Training (Adult Internal Medicine and Paediatrics & Child Health) for trainees and supervisors. The curriculum standards should be used in conjunction with the Basic Training (Adult Internal Medicine and Paediatrics & Child Health) LTA programs.

### **How to reference this document**

The Royal Australasian College of Physicians Basic Training curriculum standards: Entrustable Professional Activities. 1<sup>st</sup> edition, 2017.

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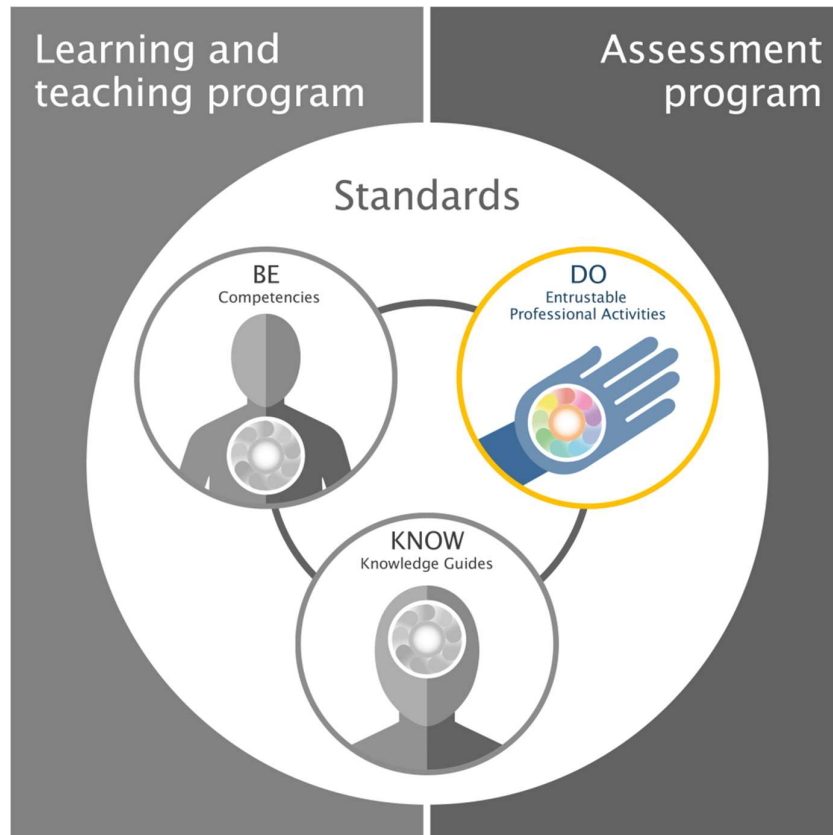
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# Introduction

The RACP curriculum model depicts the structure of RACP curricula. It contains five components: **curriculum standards**, consisting of Competencies, Entrustable Professional Activities, and Knowledge Guides; **learning and teaching program**; and **assessment program**.



*RACP curriculum model*

This document contains the **Entrustable Professional Activities (EPA)** component of the curriculum standards.

EPAs are important work tasks that trainees need to be able to perform with supervision at a distance by the end of Basic Training.

Each of the Basic Training EPAs:

- is an exemplar, discrete task, separable from other tasks, which relates to patient care
- can be readily observed and assessed
- relates to safe healthcare in the workplace. There are consequences associated to this task that are not easily reversed.

## EPA Behaviours

Each EPA includes the behaviours of a trainee who can perform the task with supervision at a distance and examples of behaviours of a trainee who is not yet ready to perform the task with supervision at a distance. The behaviours are categorised according to the domains of the RACP Professional Practice Framework, however each EPA should be performed and assessed a complete task.

<b>THEME</b>	Clinical assessment	<b>EPA 1</b>
<b>TITLE</b>	<b>Clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan</b>	
<b>DESCRIPTION</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• obtain histories</li> <li>• examine patients</li> <li>• integrate information from assessments into comprehensive formulations</li> <li>• develop provisional and differential diagnoses and problem lists</li> <li>• discuss findings with patients, families, or carers<sup>1</sup></li> <li>• present findings to colleagues, including senior clinicians</li> <li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li> </ul>	

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance <sup>2</sup>
	The trainee:	The trainee may:
	<ul style="list-style-type: none"> <li>• takes patient-centred histories using appropriate lay terms and avoiding medical jargon</li> <li>• tailors the history taking and physical examination to the clinical situation and the specific patient encounter</li> <li>• incorporates psychosocial considerations into assessment</li> <li>• identifies and uses alternative sources of information to obtain history when needed, such as family members, carers, and other health professionals and professional bodies</li> <li>• recognises and takes precautions where the patient may be vulnerable, such as issues of child protection, self-harm or elder abuse</li> <li>• performs accurate physical examinations</li> <li>• demonstrates patient-centred examination techniques that respect patient privacy, comfort, and safety</li> <li>• consistently uses a developmentally appropriate approach to the physical</li> </ul>	<ul style="list-style-type: none"> <li>• gather too little information, or exhaustively gather information following a template regardless of the chief complaint</li> <li>• perform inadequate physical examinations</li> <li>• inadequately alter their approach to the physical examination to meet the developmental level, behavioural needs, or the competency level of patients</li> <li>• develop an overly inclusive list of potential diagnoses</li> </ul>

<sup>1</sup> References to patients in the remainder of this document may include their families or carers.


<sup>2</sup> Trainees *not yet ready* to perform this activity with supervision at a distance may not yet display behaviours displayed by a trainee *ready* to perform with supervision at a distance. Therefore, not all of these opposing behaviours are listed here. In the remainder of the document lists in this column capture behaviours supervisors and trainees should be particularly aware of when considering entrustment.


## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance <sup>2</sup>  The trainee may:
	examination <sup>3</sup> <ul style="list-style-type: none"> <li>recognises and correctly interprets abnormal findings</li> <li>filters, prioritises, and synthesises pertinent information to direct the clinical encounter and broad diagnostic categories</li> <li>formulates appropriate differential diagnoses</li> <li>seeks to understand the concerns and goals of patients and their families or carers</li> <li>develops appropriate management plans</li> </ul>	
Communication 	<ul style="list-style-type: none"> <li>anticipates, reads, and responds to verbal and non-verbal cues</li> <li>demonstrates active listening skills</li> <li>accurately communicates the situation of patients to colleagues, including senior clinicians</li> </ul>	<ul style="list-style-type: none"> <li>inadequately interpret verbal and non-verbal cues</li> <li>inadequately communicate with patients during the assessment, particularly when explaining the process of physical examination</li> <li>inadequately engage families or carers in the discussion</li> </ul>
Quality and safety 	<ul style="list-style-type: none"> <li>performs hand hygiene and takes infection control precautions at appropriate moments</li> <li>documents history, physical examination findings, and synthesis with clarity and completeness</li> <li>recognises and takes precautions against assault from confused or agitated patients, and ensures appropriate care of patients</li> </ul>	
Research 	<ul style="list-style-type: none"> <li>refers to guidelines and medical literature to assist in their clinical assessments when required</li> <li>demonstrates understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>	
Cultural safety 	<ul style="list-style-type: none"> <li>obtains patient histories and undertakes examination, while being regardful of patients' cultures and relevant social and cultural determinants of health</li> <li>communicates findings with patient, family (whānau) and / or decision maker, using cultural knowledge in a safe way</li> </ul>	<ul style="list-style-type: none"> <li>inadequately demonstrate awareness and understanding, of the cultures of others</li> <li>does not offer culturally appropriate services and interpreting services</li> </ul>

<sup>3</sup> This behaviour is particularly relevant to Paediatrics & Child Health.

## BEHAVIOURS

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	<ul style="list-style-type: none"> <li>• presents findings, with appropriate cultural knowledge and cultural safety, to colleagues, including senior clinicians</li> <li>• appropriately accesses and offers interpretive or culturally-focused services</li> </ul>	
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>• demonstrates professional conduct, honesty and integrity</li> <li>• maintains patient privacy and confidentiality</li> <li>• displays respect and sensitivity towards patients</li> <li>• assesses patients' decision-making capacity</li> <li>• maximises patient autonomy and supports patients' decision making</li> <li>• identifies patients' preferences regarding management and assesses the role of families in decision making</li> <li>• identifies the decision maker, including whether a substitute decision maker must be involved</li> </ul>	<ul style="list-style-type: none"> <li>• display lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information</li> </ul>
Judgement and decision making 	<ul style="list-style-type: none"> <li>• demonstrates clinical reasoning by gathering focused information relevant to patients' care and according to the presenting situation</li> <li>• recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>• make intuitive leaps to conclusions that are often unsupported by pattern recognition, data, or evidence</li> <li>• inadequately consult with senior colleagues</li> </ul>



THEME	Communication with patients		EPA 2
TITLE	<b>Discuss diagnoses and management plans with patients and their families or carers</b>		
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>communicate with patients and their families or carers from a broad range of socioeconomic and cultural backgrounds</li> <li>communicate with colleagues and other staff</li> <li>use of different modalities for communication, such as face-to-face, email, or phone calls</li> <li>perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li> </ul>		
BEHAVIOURS			
	Ready to perform with supervision at a distance	Not yet ready to perform with supervision at a distance	
	<p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>	
<p>Medical expertise</p> 	<ul style="list-style-type: none"> <li>applies knowledge of the scientific basis of health and disease to the management of patients</li> <li>demonstrates understanding of the clinical problem being discussed</li> <li>formulates management plans in partnership with patients and in collaboration with the health care team</li> </ul>		
<p>Communication</p> 	<ul style="list-style-type: none"> <li>adapts their communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors</li> <li>avoids the use of medical jargon</li> <li>engages patients in discussions</li> <li>selects appropriate modes of communication, including technology options</li> <li>understands the inherent pitfalls of using social media with individual patients</li> <li>works in partnership with patients to make choices that are right for them, including explaining diagnoses, management plan and prognosis</li> <li>checks patients' understanding of information</li> <li>deals with conflicts appropriately</li> <li>collaborates with patient liaison officers as required</li> </ul>	<ul style="list-style-type: none"> <li>unnecessarily interrupt a consultation or procedure to check information</li> <li>dismiss or interrupt patients' comments</li> <li>defer or avoid difficult or ambiguous conversations</li> <li>ignore or inadequately address patients' questions or concerns</li> <li>base communication on a template, with no variation in approach based on age, demographic, cognitive, physical, cultural, socioeconomic, or situational needs</li> </ul>	





## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Quality and safety 	<ul style="list-style-type: none"> <li>participates in processes to manage patient complaints</li> </ul>	<ul style="list-style-type: none"> <li>become defensive in challenging situations, such as following patient complaints</li> </ul>
Teaching and learning 	<ul style="list-style-type: none"> <li>responds appropriately to information sourced by patients and to patients' knowledge regarding their condition</li> </ul>	
Research 	<ul style="list-style-type: none"> <li>refers to evidence-based clinical guidelines</li> <li>demonstrates understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>	
Cultural safety 	<ul style="list-style-type: none"> <li>demonstrates respectful and safe communication with people from a diverse range of cultures and socioeconomic backgrounds</li> <li>uses different modalities for communication, as preferred by the patient, such as face-to-face, family (whānau) meetings, email or phone calls</li> <li>identifies the need for using an interpreter and offers interpreting services to all patients where English is not their first language</li> <li>responds to the need for sufficient time and a safe space for communication that allows enough time for family (whānau) meetings or interpretive services to take place</li> <li>develops culturally appropriate education material</li> </ul>	<ul style="list-style-type: none"> <li>lacks the ability to communicate with people from a socially or culturally diverse background</li> <li>does not offer interpreting services</li> <li>does not perceive that the patient may not be the decision maker in this culture and or the importance of including family (whānau) in decision processes</li> <li>does not provide culturally safe educational material (e.g. wrong language)</li> </ul>
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>consistently considers patient privacy and confidentiality</li> <li>respects preferences of patients</li> <li>communicates appropriately, consistent with the context, and respects patients' needs and preferences</li> <li>maximises patient autonomy and</li> </ul>	

## BEHAVIOURS

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Judgement and decision making 	supports their decision making  <ul style="list-style-type: none"> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>communicates with and involves other health professionals as appropriate</li> </ul>	

THEME		EPA 3
Documentation		
TITLE		
<b>Document the progress of patients in multiple settings</b>		
DESCRIPTION		
<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• produce written summaries of care, including discharge summaries, clinic letters, and transfer documentation</li> <li>• provide information for colleagues, health professionals, and patients</li> <li>• prepare written correspondence that functions as a historical record of patients' presentation, management and progress, including key points of diagnosis and decision making, and as a clinical handover tool to inform follow-up and coordination of care plans</li> <li>• produce clinical documentation that summarises current issues and enables subsequent health professionals to understand the issues and continue care</li> <li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li> </ul>		
BEHAVIOURS		
	Ready to perform with supervision at a distance	Not yet ready to perform with supervision at a distance
	<p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>
<p>Medical expertise</p> 	<ul style="list-style-type: none"> <li>• produces medical record entries that are accurate in regard to history, examination findings, investigation results, impression, and management plans</li> <li>• uses a structured approach to sequentially review, assess, and plan care of patients. This may be in the form of a traditional 'presenting problem history, other history elements, examination, investigation results, impression or synthesis, management plan' format; or in a systems-based structure, appropriate for severely or critically unwell patients or for multiple, complex problems</li> <li>• creates an accurate and appropriately prioritised problem list in the clinical notes or as part of an ambulatory care review</li> </ul>	<ul style="list-style-type: none"> <li>• create unstructured medical record entries reflecting haphazard thought processes or lacking an overall impression of the current clinical situation</li> <li>• omit clinically significant history, examination findings, investigation results, or management plans</li> </ul>
<p>Communication</p> 	<ul style="list-style-type: none"> <li>• appropriately prioritises the creation of medical record entries as an important clinical activity</li> <li>• produces legible and accurate records that clearly identify all people involved in the clinical encounter, such as the names of consultants, junior staff, other staff, and family members involved in discussions</li> </ul>	<ul style="list-style-type: none"> <li>• assign 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</li> <li>• use language that may be offensive or distressing to patients or other health professionals</li> <li>• include personal information regarding patients that is not relevant to their</li> </ul>





## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
	<ul style="list-style-type: none"> <li>shares relevant and understandable information and documentation with patients regarding their healthcare</li> </ul>	care
Quality and safety 	<ul style="list-style-type: none"> <li>includes patients' identification label, entry date and time, signature, printed name, designation, and contact details on notes</li> <li>updates documentation in a timeframe appropriate to the clinical situation of patients</li> <li>maintains records sufficiently to enable optimal patient care and adequate coding</li> </ul>	<ul style="list-style-type: none"> <li>write an illegible signature with no accompanying name or position identification</li> <li>make illegible notes</li> <li>use ambiguous or inappropriate acronyms</li> </ul>
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>maintains confidentiality of documentation and stores clinical notes appropriately</li> <li>demonstrates an understanding of the fundamental role of record keeping in safe and effective healthcare, both acutely and longitudinally</li> <li>complies with the legal requirements of preparing and managing documentation</li> <li>provides honest and accurate medical certification where required</li> </ul>	
Judgement and decision making 	<ul style="list-style-type: none"> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>ensures that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented</li> <li>reviews discharge summaries, notes, and other communications written by junior team members</li> </ul>	<ul style="list-style-type: none"> <li>produce documentation that is unclear to the other members of the multidisciplinary team</li> </ul>
Cultural safety 	<ul style="list-style-type: none"> <li>provides information for colleagues, health professionals and patients, that includes patient-centred cultural protocols and needs important to the patient and their family (whānau)</li> <li>ensures records are thorough including socioeconomic and cultural protocols important to that patient and their family (whānau)</li> </ul>	<ul style="list-style-type: none"> <li>inadequately produces clinical documentation that summarises current issues and enables subsequent health professionals to understand the issues and continue care</li> <li>poor documentation that creates gaps in the handover of case</li> </ul>

THEME	Prescribing		EPA 4
TITLE	Prescribe medications tailored to patients' needs and conditions		
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"><li>• take and interpret medication histories</li><li>• choose appropriate medications<sup>4</sup></li><li>• communicate with patients about the benefits and risks to patients, and provide instruction on medication administration effects and side effects</li><li>• produce prescriptions</li><li>• monitor medications for efficacy, safety, and concordance</li><li>• review medications and interactions, and cease where appropriate</li><li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li></ul>		
BEHAVIOURS			
	<p><b>Ready to perform with supervision at a distance</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p><b>Not yet ready to perform with supervision at a distance</b></p> <p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>	
<div><div>Medical expertise</div><div></div></div>	<ul style="list-style-type: none"><li>• demonstrates an awareness of potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li><li>• appropriately, safely, and accurately selects medications, and demonstrates an understanding of the rationale, risk–benefit, side effects, contraindications, dosage, and drug interactions</li><li>• appropriately chooses when not to prescribe medication</li><li>• prescribes medication therapies within jurisdictional guidelines on medication management</li><li>• refers prescriptions for cytotoxic medications, medications requiring consultant prescription, and known teratogenic medications to consultants</li><li>• monitors and adjusts medications</li><li>• identifies and manages adverse events</li></ul>	<ul style="list-style-type: none"><li>• demonstrate an inadequate understanding of the compatibility of medications with intravenous fluids or the need for medication monitoring</li><li>• only complete the basics of an inpatient medication chart such as date, name, and signature</li><li>• demonstrate an inadequate understanding of the rationale behind the choice of medication</li><li>• be unable to source suitable dosing guidelines or implement dose modifications based on organ function, patient age, or size</li></ul>	
<div><div>Communication</div><div></div></div>	<ul style="list-style-type: none"><li>• explains the rationale for and discusses various treatment options with patients</li><li>• explains the benefits and burdens of therapies in light of patients' individual circumstances</li><li>• writes clearly legible scripts or charts using generic names of the required</li></ul>	<ul style="list-style-type: none"><li>• not adequately discuss appropriate alternatives that may be more acceptable to patients</li></ul>	

<sup>4</sup> Includes drugs, fluids, and oxygen

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
	medication in full, including mg/kg/dose information and all legally required information for inpatient and outpatient prescribing	
<b>Quality and safety</b> 	<ul style="list-style-type: none"> <li>• applies knowledge of the importance of careful dosing; particularly the need for weight and body surface area-based prescribing in children, practical dosing, and not exceeding adult maximum dosage<sup>3</sup></li> <li>• always checks the dose before prescribing</li> <li>• applies information regarding side-effects and monitoring requirements of medications</li> <li>• identifies medication errors and institutes appropriate measures</li> <li>• uses electronic prescribing systems safely</li> <li>• rationalises medications to avoid polypharmacy</li> <li>• demonstrates understanding of the role of therapeutic drug monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• display inadequate knowledge of the monitoring requirements or potential side-effects of the medications they are prescribing</li> <li>• prescribe medications outside a therapeutic relationship</li> </ul>
<b>Teaching and learning</b> 	<ul style="list-style-type: none"> <li>• ensures patients understand the management plan including adherence issues, follow up and monitoring for side-effects, and the practical aspects of administration</li> <li>• undertakes continuing professional development to maintain currency with prescribing guidelines</li> </ul>	
<b>Research</b> 	<ul style="list-style-type: none"> <li>• makes therapeutic decisions according to best evidence, and recognises where evidence is limited, compromised, or subject to bias or conflict of interest</li> <li>• refers to guidelines to ensure decision making is evidence-based and applies guidelines to individual patients appropriately</li> </ul>	
<b>Cultural safety</b> 	<ul style="list-style-type: none"> <li>• takes and interprets medication histories, taking into account cultural belief systems and alternative therapies, without bias as well as issues of access, storage and competing priorities</li> <li>• clearly and safely in a language preferred by the patient and family (whānau) discusses the risks and benefits of medications</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrates an inadequate understanding of the need to monitor medications for efficacy, safety, and concordance with culturally-diverse patients</li> <li>• unaware of different therapies and own bias</li> <li>• projects their personal views and cultural beliefs of different therapies in a judgemental way to the patient</li> </ul>

## BEHAVIOURS




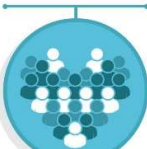
	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
	<ul style="list-style-type: none"> <li>regularly reviews medications and interactions in a safe way while recognising patients' cultural and religious background, and beliefs with the assistance of a pharmacist</li> </ul>	
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>demonstrates consideration of the utility of medicines in treating illness in their prescribing decisions, including the relative merits of different pharmacological and non-pharmacological approaches</li> <li>demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing</li> <li>reports adverse events related to medications</li> <li>demonstrates an understanding of the ethical implications of pharmaceutical industry marketing and funded research</li> </ul>	
Judgement and decision making 	<ul style="list-style-type: none"> <li>takes into account the following factors for all medications:               <ul style="list-style-type: none"> <li>» contraindications</li> <li>» cost to patients, families, and the community</li> <li>» funding and regulatory considerations</li> <li>» generic versus brand medicines</li> <li>» interactions</li> <li>» risk–benefit analysis</li> </ul> </li> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>works collaboratively with pharmacists</li> <li>participates in medication safety meetings and morbidity and mortality meetings</li> <li>develops local and national guidelines</li> </ul>	
Health policy, systems, and advocacy 	<ul style="list-style-type: none"> <li>incorporates the population-based impacts of, and constraints on, decisions about prescribing, including:               <ul style="list-style-type: none"> <li>» economic costs to community</li> <li>» antimicrobial resistance</li> </ul> </li> <li>applies the principles of prescribing using therapeutic guidelines and other resources</li> <li>prescribes in accordance with institutional policies</li> </ul>	



THEME	Transfer of care		EPA 5
TITLE	Transfer care of patients		
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"><li>• transfer care at any transition point, including:<ul style="list-style-type: none"><li>» at admission</li><li>» between clinical services</li><li>» at changes of shift</li><li>» at discharge to ambulatory and community care</li></ul></li><li>• ensure continuation of care</li><li>• share patient information with other health care providers in conjunction with the transfer of responsibility for patient care</li><li>• select modes of information transfer, such as oral and written format</li><li>• communicate (at least):<ul style="list-style-type: none"><li>» patient demographics</li><li>» concise medical history</li><li>» current problems and issues</li><li>» details of pertinent and pending investigation results</li><li>» medical and multidisciplinary care plans</li><li>» upcoming possibilities</li></ul></li><li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li></ul>		
BEHAVIOURS			
	<p><b>Ready to perform with supervision at a distance</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p><b>Not yet ready to perform with supervision at a distance</b></p> <p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>	
<p>Medical expertise</p> 	<ul style="list-style-type: none"><li>• displays understanding of the details of patients' condition, illness severity, and potential emerging issues with appropriate action and contingency plans</li><li>• provides concise, accurate summaries and sophisticated syntheses of information with accurate identification of acute problems or issues</li></ul>	<ul style="list-style-type: none"><li>• inadequately summarise the active medical problems</li></ul>	
<p>Communication</p> 	<ul style="list-style-type: none"><li>• ensures a suitable environment for handover, including adequate time</li><li>• communicates clearly with clinicians and other caregivers</li><li>• uses standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions</li><li>• confirms information has been received and understood, and seeks questions and feedback</li></ul>	<ul style="list-style-type: none"><li>• have an unstructured approach in transferring oral or written information</li><li>• include current problems, but these are not well clarified</li><li>• include unnecessary or irrelevant information</li><li>• omit significant problems</li><li>• inadequately clarify treatment changes and clinical reasoning</li><li>• omit ongoing management plans, discharge medications, pending tests at discharge, or patient counselling and</li></ul>	



## BEHAVIOURS


	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
 <p>Quality and safety</p>	<ul style="list-style-type: none"> <li>ensures complete handover or works to mitigate risks if the handover was incomplete</li> <li>ensures all outstanding results or procedures will be followed up by receiving units and clinicians</li> <li>provides feedback to individuals instigating handovers on any errors that occurred, including inaccurate information transmission</li> <li>communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care</li> </ul>	<p>instructions</p> <ul style="list-style-type: none"> <li>not mitigate the risks associated with changing care teams or environments</li> </ul>
 <p>Teaching and learning</p>	<ul style="list-style-type: none"> <li>takes opportunities to teach junior colleagues during handover as necessary</li> </ul>	
 <p>Research</p>	<ul style="list-style-type: none"> <li>refers to evidence-based clinical guidelines</li> </ul>	
 <p>Cultural safety</p>	<ul style="list-style-type: none"> <li>includes relevant information relating to patients' cultural backgrounds in the handover, including whether an interpreter is required, inclusion of family (whānau) or decision-maker to allow for a safe handover</li> <li>ensures the continuation of culturally safe care that includes the recognition of cultural and language factors at every stage of the handover</li> <li>engages in culturally safe communication with the patient, family (whānau) or carer which includes social and cultural determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>provides inadequate information about patient care that incorporates cultural perspectives</li> <li>does not communicate in the patient's language of choice</li> <li>does not include patient, family (whānau) or decision makers in continuity and follow up of care</li> </ul>

## BEHAVIOURS


	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality</li> <li>informs patients that handover of care will take place and to which team, service, or clinician as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>show a lack of respect for patients and other health professionals</li> <li>inadequately maintain confidentiality by:               <ul style="list-style-type: none"> <li>» selecting an inappropriate environment, such as handover in public places or with the office door open</li> <li>» gathering and displaying confidential information on patients, such as information displayed on a list that the patient's relatives could access, or sharing information that is not relevant to patient care</li> </ul> </li> </ul>
Judgement and decision making 	<ul style="list-style-type: none"> <li>uses a structured approach to thinking about patients' issues and prioritising these</li> <li>ensures patients receive care in the most appropriate facility or setting</li> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>show a lack of preparation</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>uses a structured approach to handovers that can be applied in and across all institutions or settings, such as:               <ul style="list-style-type: none"> <li>» emergency room to admitting unit</li> <li>» admitting unit to intensive care unit</li> <li>» operation room to admitting unit</li> <li>» shift A to shift B</li> <li>» team A to team B</li> <li>» inter-hospital transfer</li> <li>» hospital to community</li> <li>» hospital to rehabilitation</li> </ul> </li> <li>recognises factors that impact on transfer of care and provides contingency planning and anticipatory guidance</li> <li>works to overcome the potential barriers to continuity of care and appreciates the role of handover in overcoming these barriers</li> </ul>	<ul style="list-style-type: none"> <li>inadequately co-ordinate patient care to ensure safe handover</li> <li>demonstrate a lack of awareness of the roles, skills, and limitations of those receiving handover</li> </ul>
Health policy, systems, and advocacy 	<ul style="list-style-type: none"> <li>factors transport issues and costs to patients into arrangements for transferring patients to other settings</li> </ul>	

THEME	Investigations		EPA 6
TITLE	Choose, organise, and interpret investigations		
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"><li>• plan, rationalise, and arrange investigations</li><li>• discuss investigative plans with patients, their families, or carers, and support them to make informed choices</li><li>• follow-up the results of investigations and interpret the results independently</li><li>• follow-up investigations that have been ordered but not performed</li><li>• communicate results of investigations with patients</li><li>• modify management plans based on new information</li><li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li></ul>		
BEHAVIOURS			
	<p><b>Ready to perform with supervision at a distance</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p><b>Not yet ready to perform with supervision at a distance</b></p> <p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>	
<p>Medical expertise</p> 	<ul style="list-style-type: none"><li>• plans appropriate investigations based on clinical assessment</li><li>• provides rationales for investigations</li><li>• understands the significance of abnormal test results and acts on these as appropriate and in a timely manner</li><li>• modifies patients' management plans based on the results of investigations in a timely manner</li><li>• estimates pre-test probability and applies this concept appropriately when ordering investigations</li><li>• considers patient factors and co-morbidities</li><li>• considers age-specific reference ranges</li><li>• understands the implications of genetic testing for patients and families</li></ul>	<ul style="list-style-type: none"><li>• demonstrate a lack of awareness of the significance of abnormal test results and the appropriate response</li><li>• inadequately modify management plans when results of investigations would indicate that a change in management is appropriate</li><li>• order or intend to order inappropriate investigations</li></ul>	
<p>Communication</p> 	<ul style="list-style-type: none"><li>• discusses the indications, risks, benefits, and complications of investigations with patients prior to ordering the investigation, in order to obtain informed consent and conduct investigation</li><li>• communicates and explains the results of investigations to patients</li></ul>	<ul style="list-style-type: none"><li>• have difficulty in clearly explaining investigations to patients, such as excessive use of medical jargon</li><li>• inadequately complete required documentation or investigation request forms</li><li>• provide inadequate information on referrals for investigations or inadequately convey the indication for ordering particular tests</li><li>• have difficulty communicating clearly with other services regarding timing or prioritisation of investigations</li></ul>	

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
		<ul style="list-style-type: none"> <li>inadequately communicate significant results to appropriate health professionals</li> <li>inadequately explain the implication of results to patients</li> </ul>
Quality and safety 	<ul style="list-style-type: none"> <li>seeks help with interpretation of test results for less common tests or indications, or unexpected results</li> <li>considers safety aspects of investigations when planning to order them, such as radiation exposure, taking large volumes of blood from small infants, or sedation required to perform the investigation</li> </ul>	<ul style="list-style-type: none"> <li>order potentially dangerous investigations, such as CT scan of a pregnant patient or MRI in a patient with a pacemaker</li> </ul>
Teaching and learning 	<ul style="list-style-type: none"> <li>undertakes continuing professional development to maintain currency with investigation guidelines</li> </ul>	
Research 	<ul style="list-style-type: none"> <li>consults current research on investigations</li> <li>refer to evidence-based clinical guidelines</li> <li>demonstrates understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>	
Cultural safety 	<ul style="list-style-type: none"> <li>recognises patients' cultural and religious backgrounds, attitudes, and beliefs, and how these may influence the acceptability of proposed investigations</li> <li>discusses investigative plans with patient, family (whānau), carer and/or decision maker and facilitate the making of culturally-informed and safe choices</li> <li>accepts that patients from a different cultural and socioeconomic background may not wish to consent to certain investigations and offers alternatives</li> <li>offers all investigations available in a culturally safe way</li> <li>ensure one's own cultural and socioeconomic bias does not prevent them from offering available treatments to patients</li> </ul>	<ul style="list-style-type: none"> <li>inadequately performs this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> <li>does not offer reasonable treatment/ care alternatives when they are available</li> <li>due to cultural and socioeconomic bias does not offer investigations or treatments as they think the patient may not want or be able to afford them</li> </ul>

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>consistently involves patients in decision-making regarding investigations, and obtains the appropriate informed consent, including financial consent if necessary</li> <li>identifies appropriate proxy decision makers when required</li> <li>chooses not to investigate in situations where it is not appropriate to investigate for ethical reasons</li> </ul>	<ul style="list-style-type: none"> <li>inadequately follow-up on results of investigations or not handover to colleagues to review investigations</li> </ul>
Judgement and decision making 	<ul style="list-style-type: none"> <li>chooses the most appropriate investigation for the clinical scenario in discussion with patients</li> <li>minimises the number of investigations for effective clinical care</li> <li>adjusts the investigative path depending on the test results received</li> <li>evaluates the costs, benefits, and potential risks of each investigation in a clinical situation</li> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>have difficulty deciding on appropriate investigations</li> <li>under- or over-investigate</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>takes responsibility for following up on results and ensures results are checked in a timely manner, or provides appropriate and thorough handover to other staff to do so</li> </ul>	
Health policy, systems, and advocacy 	<ul style="list-style-type: none"> <li>arranges investigations efficiently, including providing an accurate, informative referral, liaising with other services where appropriate, and advocating on behalf of patients</li> <li>factors the costs to patients and the community into decisions to order investigations</li> </ul>	<ul style="list-style-type: none"> <li>order investigations injudiciously and be unaware of the impact at a health system level</li> </ul>


THEME	Acutely unwell patients		EPA 7
TITLE	Assess and manage acutely unwell patients		
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"><li>• assess seriously unwell or injured patients and initiate management, including mobilising available resources</li><li>• recognise clinical deterioration and respond by following the local process for escalation of care</li><li>• recognise and manage acutely unwell patients who require resuscitation</li><li>• lead the resuscitation team initially, and involve other necessary services, such as intensive care or retrieval services</li><li>• perform this activity primarily in inpatient settings.</li></ul>		
BEHAVIOURS			
	<p><b>Ready to perform with supervision at a distance</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance</p> <p>The trainee:</p>	<p><b>Not yet ready to perform with supervision at a distance</b></p> <p>Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance</p> <p>The trainee may:</p>	
	<ul style="list-style-type: none"><li>• recognises seriously unwell patients and responds appropriately</li><li>• recognises high-risk births that require the presence of neonatal resuscitation team and responds appropriately<sup>3</sup></li><li>• recognises age-appropriate trends and variations of vital signs with patients and their disease states</li><li>• gathers, filters, and prioritises information such as vital signs, focused clinical examination, past medical history, recent tests or procedures, and medications to form a focused differential diagnosis, initiate interventions, and drive early testing decisions</li><li>• uses an age-appropriate, structured approach to investigation and initial management so that both are synchronised and timely</li><li>• demonstrates knowledge of associated anatomy, physiology, indications, and potential risks and complications of resuscitation</li><li>• facilitates initial tests and interventions to stabilise patients</li><li>• applies basic and advanced life support or neonatal resuscitation<sup>3</sup> as indicated</li><li>• anticipates the next steps in health care and communicates patients' situations efficiently to other members of the health care team</li></ul>	<ul style="list-style-type: none"><li>• have difficulty gathering, filtering, and prioritising the critical data for patients</li><li>• demonstrate gaps in their medical knowledge and inconsistently apply the knowledge they have acquired</li><li>• demonstrate an unstructured approach to the resuscitation of seriously unwell patients</li><li>• show a lack of confidence in their knowledge, making them uncomfortable playing a leading role in the management of patients</li><li>• apply skills inconsistently, resulting in an inability to reliably complete procedures, such as inconsistent use of universal precautions and aseptic technique</li></ul>	

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Communication 	<ul style="list-style-type: none"> <li>facilitates early bidirectional communication with patients and health care team members to allow for shared decision making</li> <li>uses <a href="#">closed loop communication</a> with other health care team members during resuscitation</li> <li>explains the situation to patients in a sensitive and supportive manner, avoiding unnecessary jargon and confirming their understanding</li> <li>performs succinct, accurate, and complete handover of care of patients</li> </ul>	<ul style="list-style-type: none"> <li>communicate in a unidirectional manner without seeking input from patients or health care team members</li> <li>communicate in an unclear manner with other team members regarding management</li> <li>explain the situation to patients in an unclear manner</li> </ul>
Quality and safety 	<ul style="list-style-type: none"> <li>complies with escalation protocols</li> <li>maintains up-to-date certification in advanced life support</li> </ul>	
Teaching and learning 	<ul style="list-style-type: none"> <li>seeks guidance and feedback from health care team to reflect on the encounter and improve future patient care</li> <li>participates in debrief sessions</li> </ul>	
Research 	<ul style="list-style-type: none"> <li>refers to evidence-based clinical guidelines and protocols on acutely unwell patients</li> <li>demonstrates understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>	
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>advises patients of their rights to refuse medical therapy, including life-sustaining treatment</li> <li>establishes, where possible, patients' wishes and preferences about care, including CPR</li> <li>does not initiate treatment that is deemed futile, and directs to other care as appropriate</li> <li>involves patients or substitute decision maker, where appropriate, in discussions regarding treatment and end-of-life care</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate a defensive or argumentative attitude in debriefing sessions</li> </ul>



## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Judgement and decision making 	<ul style="list-style-type: none"> <li>recognises the need for escalation of care and escalates to appropriate staff or service, such as involving the senior doctor and intensive care service following escalation in care policies and procedures</li> <li>recognises their own limitations and seeks help when required in an appropriate way</li> <li>uses information from credible sources, such as the electronic health record, to aid in decision making</li> <li>involves additional staff to assist in a timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>have 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</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>works effectively as a member of a team and utilises other team members, based on knowledge of their roles and skills, as required</li> <li>communicates clearly with other team members regarding management and co-ordinates efforts of team members</li> <li>seeks guidance and feedback from health care team members following encounters to improve future patient care</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate inadequate team work in the management of seriously unwell patients</li> <li>inadequately coordinate resuscitation</li> </ul>
Health policy, systems, and advocacy 	<ul style="list-style-type: none"> <li>demonstrates an understanding of the systems underlying the escalation of care for deteriorating patients</li> <li>raises appropriate issues for review at morbidity and mortality meetings</li> </ul>	
Cultural safety 	<ul style="list-style-type: none"> <li>recognises cultural, spiritual and religious protocols in treatment and end-of-life decisions and respects these decisions in a culturally safe manner ideally with family (whānau) and/or carers or decision makers present</li> <li>assesses seriously unwell or injured patients from diverse-cultural backgrounds, ideally with family (whānau) and/or carers or decision-makers</li> <li>performs this activity primarily in inpatient settings although, if requested by family (whānau), carer/s or decision-makers, end-of-life activities could occur in an out-patient setting</li> </ul>	<ul style="list-style-type: none"> <li>does not recognise own bias when managing deteriorating patients and consulting with family (whānau) and / or carer or decision-maker</li> <li>does not respect the right of the family (whānau), carer or decision-maker to provide end of life care</li> </ul>







THEME	Procedures	EPA 8
TITLE	Plan, prepare for, perform, and provide after care for important procedures	
DESCRIPTION	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"><li>• select procedures</li><li>• work in partnership with patients and their families or carers to make choices that are right for them, including obtaining consent</li><li>• set up the equipment, maintaining a sterile field</li><li>• perform procedures</li><li>• provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li><li>• perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments.</li></ul> <p>For Adult Internal Medicine a trainee’s opportunity to perform procedures is setting dependent. In some cases, other health professionals may perform the procedure, and here Basic Trainees are expected to complete the processes before and after the procedure.</p> <p>For Paediatrics &amp; Child Health, the exemplar procedure is lumbar puncture. It is a crucial procedure for Basic Trainees in Paediatrics &amp; Child Health, and trainees’ processes before and after completing the lumbar puncture should be applied to other procedures and those procedures observed.</p> <p>This activity does not include complex procedures that require specialist training or are inappropriate for Basic Trainees.</p>	
BEHAVIOURS		
 <p>Medical expertise</p>	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance
	The trainee:	The trainee may:
	<ul style="list-style-type: none"><li>• identifies and correctly explains the indication for procedures</li><li>• confidently and successfully performs procedures</li><li>• mitigates the risks and complications of the procedures</li><li>• selects appropriate investigations on the samples obtained in diagnostic procedures</li><li>• may have complications relating to procedures that they recognise and manage</li></ul>	<ul style="list-style-type: none"><li>• lack confidence in performing a procedure and may have previously only seen the procedure being performed</li><li>• be able to assist another trainee or the consultant to perform the procedure</li><li>• be unable to explain the indications for the procedure</li><li>• be unable to communicate the potential complications of procedures to patients</li><li>• approach procedures as a mechanical task without understanding of context, such as patient-specific factors, indications, contraindications, risks, benefits, and alternatives</li></ul>

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
Communication 	<ul style="list-style-type: none"> <li>explains procedures clearly to patients, including the reasons for the procedure, potential alternatives to having the procedure, possible risks of having the procedure, and expected post-procedure course, and supports them to make informed choices</li> <li>addresses all concerns of patients relating to the procedure</li> <li>attends to the procedure and the patients' emotional response, such as pain, fear, frustration, or anger</li> <li>adequately documents procedures in clinical notes, including procedure performed, medications given, aseptic technique, and after care</li> <li>provides nursing and medical staff with clear after-care instructions and explains how to recognise possible complications</li> </ul>	<ul style="list-style-type: none"> <li>inadequately communicate with patients to help them make informed choices about procedures</li> </ul>
Quality and safety 	<ul style="list-style-type: none"> <li>sets up all necessary equipment and creates a sterile field</li> <li>adequately positions patients ensuring maximal comfort</li> <li>consistently uses universal precautions and aseptic technique</li> </ul>	<ul style="list-style-type: none"> <li>have a poorly managed sterile field</li> <li>inconsistently apply skills, resulting in an inability to reliably complete the procedure, such as inconsistent use of universal precautions and aseptic technique</li> <li>be unable to recognise and manage complications</li> </ul>
Teaching and learning 	<ul style="list-style-type: none"> <li>refers to published procedural guidelines prior to undertaking the procedure</li> <li>actively seeks feedback on their technique until competent</li> </ul>	
Research 	<ul style="list-style-type: none"> <li>refers to evidence-based clinical guidelines relating to procedures</li> <li>demonstrates understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>	
Ethics and professional behaviour 	<ul style="list-style-type: none"> <li>only performs procedures when suitably qualified or adequately supervised</li> <li>speaks up if asked to perform procedures when not suitably trained or adequately supervised</li> <li>ensures procedures only follow the</li> </ul>	

## BEHAVIOURS

	<b>Ready to perform with supervision at a distance</b> Expected behaviours of a trainee who can routinely perform this activity with supervision at a distance  The trainee:	<b>Not yet ready to perform with supervision at a distance</b> Examples of behaviours of a trainee not yet ready to perform this activity with supervision at a distance  The trainee may:
	provision of appropriate information for patient decision making, such as valid process of consent <ul style="list-style-type: none"> <li>identifies appropriate proxy decision makers when required</li> <li>displays confidence commensurate with their knowledge and skill, thus putting patients at ease during the procedure</li> </ul>	
Judgement and decision making 	<ul style="list-style-type: none"> <li>recognises their own limitations and seeks help when required in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>recommend inappropriate procedures for patients</li> <li>attempt to perform a procedure in an unsafe environment</li> <li>overestimate their skill, which may result in potential harm to the patient, both physically and psychologically</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork 	<ul style="list-style-type: none"> <li>ensures all relevant team members are aware that procedures are occurring</li> </ul>	<ul style="list-style-type: none"> <li>perform procedures without informing relevant team members</li> </ul>
Health policy, systems, and advocacy 	<ul style="list-style-type: none"> <li>performs procedures in accordance with local health guidelines and policies</li> </ul>	
Cultural safety 	<ul style="list-style-type: none"> <li>ensures aftercare processes are in line with cultural protocols. Involves family (whānau) and decision makers in decisions and communicates these instructions to patients and medical and nursing staff</li> <li>selects and performs procedures in a culturally safe way in collaboration with the patient, family (whānau) and /or carer or decision maker, and with respect for cultural protocols, informed choices and consent to which they agree</li> <li>engages in partnership with patients and their family (whānau) and/ or carer or decision maker, recognising cultural and social determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>does not perform procedures in a culturally safe way</li> <li>disregard for different practises based on socioeconomic and cultural background</li> <li>does not involve the patient, family (whānau) or decision maker regarding procedures</li> </ul>