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EPA Quick Reference Guide

EPAs 1 & 2 – Professionalism

Unacceptable

- Unreliable
- Dishonest
- Avoids responsibility
- Commitment uncertain
- Dresses inappropriately
- Unexplained absences
- Verbal and non-verbal disrespect towards preceptor
- Does not recognize own limitations and the need to seek assistance
- Unable to comprehend the point of view and emotional state of other people
- Judgmental of others
- Fails to recognize and respect cross-cultural and gender differences

Minimally Competent

- Sometimes late
- Not consistently able to complete assignments or tasks
- Not consistently considerate of the feelings and emotional needs of others
- Sometimes judgmental

Competent

- Punctual
- Dependable
- Accepts responsibilities
- Demonstrates a willingness to accept feedback regarding necessary change(s)
- Appropriately shows concern for others' feelings and interacts accordingly
- Recognizes and respects cross-cultural and gender differences



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EPAs 3 & 4 – Data Gathering / Interviewing & Physical Examination Skills

Unacceptable

- Inefficient, disorganized
- Weak prioritization skills
- Misses major findings
- Fails to appreciate physical findings and pertinent information
- History and/or physical exam incomplete or inaccurate
- Insufficient attention to psychosocial issues
- Needs to work on establishing rapport with patients
- Needs to work on awareness of appropriate boundaries with patients
- Needs to improve demonstration of compassion
- Needs to improve demonstration of empathy
- Needs to improve demonstration of respect for all patients in all settings

Minimally Competent

- Completes a full history and physical and shows growth in skills
- Work on individualized communication with patient
- Needs to demonstrate sensitivity in physician approach to specific patient needs and form a rapport
- Improve (increase) ability to utilize clinical reasoning
- Frequently asks too much or too little history
- Identifies most problems but doesn't fully characterize them
- Occasionally misses findings
- Performs inappropriate or faulty exams

Competent

- Completes a patient-centered history and exam that is complete, accurate, efficient, and appropriate to the clinical setting and individual patient
- Performs exams of appropriate scope and accuracy

Proficient

- Advanced use of information gathering while completing a patient-centered history and physical exam
- Able to identify subtle, unusual findings while taking history
- Skillfully interviews patients and carefully characterizes problems in depth
- Exam perceptive, thorough, accurate, and efficient



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EPA 5 – Prioritize a Differential Diagnosis following a Clinical Encounter

Unacceptable

- Not able to organize or prioritize patient data in formulating a differential diagnosis based on common presentations
- Does not recognize own limitations and the need to seek assistance
- Premature closure when listing differential diagnosis
- Work on recognition of variations in clinical presentations

Minimally Competent

- Does not utilize all sources of data including full communication with patient, family, and team members
- Premature closure when working on differential diagnosis
- Able to apply basic and clinical science knowledge to the most common medical conditions
- Overwhelmed by clinical ambiguity

Competent

- Demonstrates good clinical reasoning, integration of patient data, formulation and prioritization diagnoses
- Selects working diagnosis and documents in patient medical record
- Demonstrates working knowledge of pathophysiology and is able to use assessment skills

Proficient

- Routinely demonstrates mature clinical reasoning skills in integrating new data and continually updating the differential diagnosis in complex clinical situations



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EPA 6 – Recommend and Interpret Common Diagnostic and Screening Tests

Unacceptable

- Lack of ability to understand which tests or imaging to order to assess common diagnoses
- Does not recognize the urgency of abnormal test results
- Does not understand concepts of pretest probability
- Improve application of basic and clinical science knowledge in ordering and interpreting common tests
- Frequently recommends insufficient or unnecessary tests and/or unable to prioritize
- Unable to articulate how test results affect diagnosis and management
- Unable to formulate an appropriate treatment plan
- Orders insufficient or excessive tests, and/or not able to prioritize

Minimally Competent

- Demonstrates knowledge and skills in ordering common tests
- Beginning to demonstrate initiative in clinical problem-solving
- Needs to work on formulating workup for more complex differential diagnosis
- Needs to communicate indications and test results to patient
- Beginning to formulate a basic treatment
- Inconsistent ordering and interpreting of basic diagnostic tests
- Recommends standard templates but is not able to explain the role of each study in diagnosis and management
- Does not always consider the cost/benefit of tests

Competent

- Shows competency in recommending an appropriate treatment plan and medications
- Recommends reliable, cost-effective tests
- Explains how test results will influence diagnosis and management
- Correctly interprets abnormal laboratory and imaging findings for common tests

Proficient

- Routinely recommends reliable, cost-effective tests
- Explains results of tests will influence diagnosis, management and health-risk stratification and subsequent evaluation
- Identifies critical value and responds correctly
- Able to develop a therapeutic strategy that may incorporate patient education, dietary adjustment, an exercise program, drug therapy, and the participation of nursing and allied health professionals



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EPA 7 – Oral Presentations

Unacceptable

- Missing major pieces of information
- Presentation of clinical encounter is not well organized
- Cannot demonstrate ability to prioritize information according to clinical setting and need
- Inaccurate reporting
- Presentation of clinical encounter has insufficient detail/excessive detail

Minimally Competent

- Beginning to demonstrate ability to prioritize information and identify conditions requiring follow up
- Clinical reasoning unclear at times

Competent

- Demonstrates ability to prioritize information and provide oral presentation of clinical encounter

Proficient

- Demonstrates good clinical reasoning, integration of patient data, formulation and prioritization of potential diagnosis
- Selects a working diagnosis and presents to a healthcare team



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EPA 8 – Documentation of a Clinical Encounter

Unacceptable

- Documentation tends to either be grossly insufficient or excessive
- Needs to work on tailoring documentation to a variety of settings
- Needs to demonstrate more focused documentation in acute settings
- Documentation contains inappropriate abbreviations
- Needs to work on being aware and correcting documentation errors

Minimally Competent

- Needs to work on clinical reasoning that is unclear at times, or formulations need to be more concise
- Clinical reasoning unclear at times
- Formulations need to be more concise
- Beginning to provide clearer documentation of evaluation
- Needs to work on being aware of and correct documentation errors

Competent

- Demonstrates ability to prioritize information and provide oral presentation of clinical encounter
- Provides clear documentation of patient encounter that is appropriate to the setting
- Provides clear documentation of a patient encounter that is appropriate to the setting

Proficient

- Demonstrates ability to synthesize and prioritize formulation of potential diagnosis