

# EPA Narrative Exemplars by Course

# Psychiatry

EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision . "I provided minimal to no guidance for this task"	Non-judgmental approach to substance use history Asked lots of appropriate open-ended questions Varied empathetic responses and excellent use of validation skills	Be mindful not to ask stacked questions (i.e., multiple questions/options within one question) Try to complete screens for discrete mood episode before moving to next topic
EPA 1 - Obtain a history and perform a physical	Requires minimal to no supervision . "I provided minimal to no guidance for this task"	Very empathic stance, following the lead of the patient Comprehensive in assessing different symptoms e.g. mood, psychosis; asked about intensity of beliefs to assess delusions vs. overvalued ideas	Can try and ask more challenging questions to assess insight ex. what do you make of your symptoms, what do you want to see change during this admission, etc.
EPA 1 - Obtain a history and perform a physical examination	Requires some intervention- "I had to others including asking about how pt handles anger, quality of relationships, past violence. do/re-do parts of the task"	Reassessment of mixed mood and personality disorder. You did well doing a risk of harm	Practice closed ended and more direct questions when patient is talkative or controlling the interview
EPA 1 - Obtain a history and perform a physical examination	Requires some supervision- "I had to guide them through the task"	Aware of variety of manifestations of manic symptoms and how to inquire about most of them. Organized assessments. Able to identify priorities prior to seeing the patient, and then proceed with working through those priorities in the assessment.	Continue to practice intentional redirection with manic/distractible patients. Continue to practice redirecting earlier when patient is providing diminishing returns with their narrative, in terms of obtaining the required consultation information to inform a full assessment and plan.
EPA 10 - Contribute to a culture of safety and improvement	Requires minimal to no supervision . "I provided minimal to no guidance for this task"	Engages in daily safety habits, Identifies situations that might place a patient at risk, participates in quality of care rounds	Continue to engage in a culture of safety and improvement
EPA 11 - Perform general procedures of a physician	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	Excellent explanation of treatment /procedure to patient. Validated patient's concerns and addressed any questions patiently and empathically Made a finding of incapacity effectively, covering both branches of capacity assessments.	Continue to practice capacity assessments and the mental health act
EPA 6 - Present oral and written reports	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	This was a clear, logical, well-organized note for a patient with a very complex psychiatric and social history. Excellent attention to detail in the safety assessment (documenting specifics about the suicidal ideation, intent, plan, and history of suicide attempts). Good summary of previous psychiatric history, including recent admissions which shed important light on her current presentation.	Don't forget to document collateral history from family members. Make sure the ID section of your note is full and includes mental health diagnoses, service providers in the community, living situation, etc. Look for opportunities to try and formulate impressions and plans with more independence (although admittedly this is beyond your level, especially with a patient of this complexity!)

# OB/GYN

EPA 11 - Perform general procedures of a supervision. "I provided minimal to no guidance for this task"	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	This patient was a new comer to Canada and had no prenatal care in Canada. The student took the time to get an accurate history through a translator, translate her documents and provide reassurance. This assisted the team in finding out a complication that necessitated delivery. The student sought out continuity with this patient while she was post-partum to ensure her needs were being met. Great advocate!	Continue to try to incorporate the same principles from this case, of taking the time even if it's challenging/time consuming to ensure the best care for your patients.
EPA 4 - Interpret and communicate results of common diagnostic and screening tests	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	Able to accurately interpret an NST, and took the analysis a step beyond by thinking through what decelerations may indicate in terms of fetal physiology.	You're ready for harder cases!
EPA 11 - Perform general procedures of a physician	Requires some intervention- "I had to do/re-do parts of the task"	Good rapport with patients, good approach to the exam.	Continue to try and trouble shoot with repositioning by withdrawing speculum, reorienting, and then guiding into new direction.
EPA 11 - Perform general procedures of a physician	Requires some intervention- "I had to do/re-do parts of the task"	Good tissue handling while suturing	Remember to stand up straight so not to hurt your back. Or to ask for the bed raised up. A small point but you have to protect yourself early in your career
EPA 1 - Obtain a history and perform a physical examination	Requires some supervision- "I had to guide them through the task"	- communicated well with patients re: what to expect during procedure - successfully got cervix in view during speculum exams	- be aware of nonverbal queues (ie patient grimacing or flinching) and check in
EPA 1 - Obtain a history and perform a physical examination	Requires some supervision- "I had to guide them through the task"	Very pleasant with the patients. Able to obtain relevant histories including social factors.	Needs to elaborate on some of the history. For example if the patient had a c/s in her first pregnancy, asking about the labour and why a c/s was needed.
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	Great performance for first time on call. Great attitude. Hard worker and reliable. Asset to team.	You did really well with triage histories and you were able to format your histories well. Your histories improved throughout the evening. Going forward, try to look at the prenats first and gather as much detail from there (eg. GBS swab results, Rh blood type, weights from last ultrasound) before asking the patient.

# Family Medicine

EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	- Broad differential, asked excellent questions to narrow - Pertinent positives and negatives included and presented clearly - Emphatic and aware of the strong psycho social elements involved in this case	FIFE (fears, ideas, feelings, expectations): excellent job at this but one point for reflection and further learning is to explore the patient's fear. You correctly identified that the patient is fearful of thyroid cancer because of family history. It is important to clearly name this emotion as fear and acknowledge it, and to explain what we are doing to rule this out or why we believe the likelihood of (in this case) thyroid cancer is low.
EPA 6 - Present oral and written reports	Requires some intervention- "I had to do/re-do parts of the task"	thorough exploration of headache symptoms very good that you did a neuro exam	Explore psychosocial factors fully esp with tension headache (ie why he left school, stressors at home). Be sure to speak to young adult patients without their parents. Document hx of sub use in clinical notes.
EPA 1 - Obtain a history and perform a physical examination	Requires considerable intervention- "I had to do/re-review. Able to elicit pt's goals for the encounter, ie what she was hoping for today.	Telephone encounter - mental health - more challenging to establish rapport over the phone. Good listener and patient on the phone. Good medication	Always introduce yourself over the phone - who you are and your position. In this case the pt may have been hesitant to disclose a lot of information when she didn't know who she was talking to. Try starting with more open ended questions ie "tell me about your anxiety" and allow patient to open up. It's okay to take the extra step in answering medical questions when you're pretty sure you're right.
EPA 9 - Communicate in difficult situations	Requires some supervision- "I had to guide them through the task"	Telephone visit with a patient with complex PTSD struggling to regulate her emotions- validated her feelings, listened carefully, reflected back what she heard, empathetic throughout visit	interview was above student's level of training- with time she'll learn to take more control of the interview (and adjust her expectations )
EPA 11 - Perform general procedures of a physician	Requires some supervision- "I had to guide them through the task"	Established trust with patient prior to IUD removal. Comfortable with the instruments, was able to find the cervix with a bit of direction. Successful at IUD removal with minimal patient discomfort.	We discussed doing a bimanual exam prior as part of the pelvic exam to help with locating the cervix and position of uterus.
EPA 2 - Formulate and justify a prioritized differential diagnosis	Requires some supervision- "I had to guide them through the task"	Good differential developed for rash, based on complete history taking and physical exam findings; able to justify most likely vs least likely diagnosis	Consider epidemiology of disease (in this case, prevalence of Lyme disease in area where patient was traveling) to estimate likelihood of disease and guide formulation/prioritization of differential diagnosis
EPA 3 - Formulate an initial plan of investigation	Requires some supervision- "I had to guide them through the task"	Great job identifying that imaging was warranted for this case - such as x-ray imaging for affected joints	We discussed that ultrasound is a good modality for assessing shoulder soft tissue injuries such as rotator cuff injuries. For other joints, such as knees, MRI would be better for soft tissue injuries. We also discussed choosing to preferentially image the more painful joints, especially when multiple joints are involved.
EPA 4 - Interpret and communicate results of common diagnostic	Requires some supervision- "I had to guide them through the task"	Appropriately counselled the patient about their lipid results in the context of cardiovascular risk.  Limited the use of medical jargon when explaining the diagnosis to the patient and communicating the treatment plan and side effects.	The patient was slightly alarmed to hear the word "significant" when hearing their test results pertaining to atherosclerosis. We reviewed how to preface such findings and to frame them in a way that is more reassuring to the patient while still emphasizing the importance of treatment and reducing their risk.
EPA 12 - Educate patients	Requires some supervision- "I had to guide them through the task"	Empathetic communication with patient frustrated about her chronic disease management. Counselled appropriately about decision tools (HTN Canada guidelines, Framingham Risk Score) used to make treatment plans.	Continue seeing patients and reading around cases

# Internal Medicine

EPA 7 - Provide and receive the handover in transitions of care	Requires minimal to no supervision.	Excellent synthesis of issues and proactive plans to manage withdrawal.	Remember to empirically give diazepam among chronic active severe AUD. Continue classifying AUD into chronicity, active/inactive and severity to guide management.
EPA 12 - Educate patients	Requires minimal to no supervision.	Effectively discussed osteoporosis prevention through discussing strategies such as calcium intake, vitamin intake and using the Osteoporosis Canada website. Able to determine which tests to use i.e. BMD and VFA to help manage patients at risk of osteoporosis.	Continue to educate yourself on tools and resources available such as the FRAX tool to support with disease prevention risk, and management.
EPA 2 - Formulate and justify a prioritized differential diagnosis	Requires minimal to no supervision.	Provided strong differentials, and has mastered DIMS.	In complex cases consider what things we might miss over night that are never miss, and when its not just delirium that necessitate DIMS workup, but when there are other things that present as altered mental status (sepsis, stroke, meningitis, beyond).
EPA 6 - Present oral and written reports that document a clinical encounter	Requires minimal to no supervision.	Appropriately used the help of a translator on this call shift to clarify the cognitive status and symptoms of a patient who had a language barrier. Came up with an excellent management plan which included both non pharmacological and pharmacological treatment strategies.	Continue to clearly delineate what you confidently know and what you don't know in your cases - it will be helpful both in identifying areas you need to spend more time self-studying/interviewing the patient on, and for your audience so they know which parts of the case require further assessment by a senior.
EPA 12 - Educate patients	Requires minimal to no supervision	- Explored lifestyle habits (sleep, exercise, smoking, alcohol), recognized that patient is in the preparation phase of change. Counseled on stress management, mindful grounding strategies. - Assessed for patient comprehension and summary. Regularly updated the patient as further cardiac workup resulted. Encouraged questions to help foster further understanding.,	Avoid using medical jargon (e.g. prefer high blood pressure to hypertension).
EPA 11 - Perform general procedures of a physician	Requires minimal to no supervision	1) Fantastic situational awareness of the procedure and ergonomic needs in the room 2) Was highly attentive to patient needs and their comfort for punch biopsy 3) Recognized their limitations and asked for guidance where needed (very minimally)	Always think of how you'll perform a procedure in different contexts (i.e. if no one was to help you do the procedure, how could you design the space to facilitate that).
EPA 8 - Recognize a patient requiring urgent or emergent care	Requires minimal to no supervision	Great job alerting me to changing vital signs and helped start management of his condition prior to my arrival. Together we stabilized the patient and prevented further deterioration .	Next step- recognizing the different causes of shock as well as how to start treatment for septic patients using evidence based medicine.
EPA 1 - Obtain a history and perform a physical examination adapted to the patient's clinical situation	Requires some intervention- "I had to do/re-do parts of the task"	Good level of knowledge around the components of history, established good rapport with a complex patient, and a key strength is that ultimately he was able to define the key aspects of history toward making an impression and a plan.	1. At all costs, clearly define the chief complaint immediately and efficiently. 2. Create a "skeleton" of the key items of the history before obtaining all details - some will be more relevant to the current presentation than others. For example, establish a PMH list before diving deeper into the detailed aspects of each diagnosis. 3. Think ahead during history as to what aspects of physical examination will be most relevant. 1) Target ROS to presentation, including pertinent positives and negatives (i.e. for alcohol withdrawal, consider features of alcohol use disorder or chronic liver disease, such as: abdominal distension (ascites), confusion/hepatic encephalopathy, gait disturbance, etc.) 2) Include pertinent positive and negative findings on p/e (asterixis, wide-based gait, tremor) 3) A good structure for each issue of your assessment and plan is: leading diagnosis and differential diagnoses; workup/investigations; treatment/therapy.
EPA 6 - Present oral and written reports that document a clinical encounter	Requires some supervision- "I had to guide them through the task"	1) Included thorough review of systems for each organ system. 2) Good division of plan by issues - alcohol withdrawal, hyperbilirubinemia, thrombocytopenia 3) Organized written documentation with clear headings (i.e. ID, CC, PMHx, SocHx, etc.)	1. Really challenging encounter with a translator in the room, always try to focus on the patient when asking questions e.g. instead of asking in 3rd person, always ask the patient directly 2. Following the chief complaint, think of the differential and group the questions accordingly.
EPA 1 - Obtain a history and perform a physical examination adapted to the patient's clinical situation	Requires some supervision- "I had to guide them through"	1. Very confident history taking, clear to patient/family who is leading the conversation. 2. Thorough history to elicit the HPI and good questions to elicit the differential diagnosis.	It can be helpful to start off with small conversation to build rapport, and for a complex patient, it would be good to allow the family to explain how they feel the patient is doing, what we have accomplished in hospital and what the plan going forward is. This helps determine which aspects of the conversation we should focus on. Avoid use of medical jargon as much as possible.
EPA 9 - Communicate in difficult situations	Requires some supervision- "I had to guide them through"	Family meeting - great explanation of what had been done during course of hospital stay for a complicated patient, provided thorough updates to family members and ensured they were aware of plan going forward. You ensured there was a private environment for the meeting which is really important when there is a planned meeting with a family who we know has a lot of questions.	

# Emergency Medicine

EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance"	<ul style="list-style-type: none"> <li>- Able to take a history and perform a sensitive physical exam with appropriate consent, professionalism, and clarity</li> <li>- Logical flow of questions, natural transitions, and appropriate related documentation</li> </ul>	<ul style="list-style-type: none"> <li>- Probe 1 step further for certain issues e.g. drug use - was there any IV before?</li> <li>- Consider all environmental features e.g. nasal prongs on the patient? why? or why does patient have a suitcase - explore w/ gentle probing as appropriate</li> </ul>
EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance"	<ul style="list-style-type: none"> <li>- strong and thorough history taking</li> <li>- able to develop appropriate differential for rectal bleeding</li> <li>- performed supervised DRE with no issues</li> </ul>	<ul style="list-style-type: none"> <li>- remember to also include in ddx rectal fissures or fistulas</li> <li>- review some of the clinical signs of IBD (esp extraintestinal features)</li> </ul>
EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance"	Good history taking for level of training	For more complex patients, please pursue a detailed history including the names of the specialist physicians and the most recent tests they have had.
EPA 2 - Formulate and justify a prioritized differential diagnosis	Requires some supervision- "I had to guide them through the task"	Strong history and physical skills, collects all relevant information. Great rapport with patients.	Don't be afraid to name the bad diagnosis, unless you have all other pertinent negatives. Rare conditions are often common in sick/elderly/ER populations and should be assumed to be present until ruled out or risk is deemed very low. Keep using the VINDICATE mnemonic.
EPA 4 - Interpret and communicate results	Requires some supervision- "I had to guide them through the task"	<ul style="list-style-type: none"> <li>strong approach to ECG using HEARTS framework</li> <li>Able to identify normal and variants including BER</li> </ul>	continue to review ECG's using detailed approach to build recognition of common and uncommon patterns
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	<ul style="list-style-type: none"> <li>- comprehensive information gathering</li> <li>- good preliminary ddx, avoiding anchoring on previous history</li> </ul>	<ul style="list-style-type: none"> <li>- provide 2 sentence summary of case with demographics + working diagnosis and justification</li> <li>- continue refining fluency and structure of presentations</li> </ul>
EPA 6 - Present oral and written reports that document a clinical encounter	Requires some supervision- "I had to guide them through the task"	<ol style="list-style-type: none"> <li>1. Good inclusion of different systems (ex. instead of focusing only on MSK injuries, thought about underlying etiology such as cardiac causes)</li> <li>2. Relevant neuro exam and head/neck exam in the context of trauma.</li> <li>3. Good understanding to not repeat CT brain as pt already had 1 done and there were no new neurologic defs on exam today.</li> </ol>	<ol style="list-style-type: none"> <li>1. Don't forget to ask about Td status for wounds/trauma</li> <li>2. Remember to document full physical exam (ABCDE, 2o survey - full cvs/resp/abdo/msk screen) for trauma.</li> </ol>
EPA 8 - Recognize a patient requiring urgent or emergent care	Requires some supervision- "I had to guide them through the task"	<ol style="list-style-type: none"> <li>1. Excellent ddx for resp distress in very complex patient (went to ICU).</li> <li>2. Gathered complete hx from patient and wife in succinct yet compassionate way</li> <li>3. Remained calm despite high acuity situation</li> </ol>	<ol style="list-style-type: none"> <li>1. discussion around electrolyte disorders - cont to read around hypoNa and hyperK.</li> <li>2. discussion around balancing need for IVF in the context of sepsis with underlying cardiac/chf and respecting code status.</li> </ol>

# Surgery

EPA 4 - Interpret and communicate results of common diagnostic and screening tests	Requires minimal to no supervision. "I provided minimal to no guidance"	Able to interpret blood work/urinalysis clearly in context of patient hx Asks for clarification when unclear, or thresholds to be concerned about investigations	Work on practising conveying results to patients
EPA 9 - Communicate in difficult situations	Requires some supervision- "I had to guide them through the task"	Took appropriate pauses to allow patient to respond. Employed effective signposting techniques to direct conversation in productive direction.	Consider incorporating non-verbal cues to encourage patient to follow the conversation i.e. gentle touch of arm, frequent use of name and re-orientation.
EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance"	Thorough interval history of changes in LUTS. Reviewed any side effects that pt is struggling with that could guide potential medication changes.	Read further on MS specific urological complications and their timeline in context of disease progression.
EPA 1 - Obtain a history and perform a physical examination	Requires minimal to no supervision. "I provided minimal to no guidance"	<ul style="list-style-type: none"> <li>-Comprehensive yet focused history taken facilitated by translation from the patient's daughter.</li> <li>-Verbal case report was presented logical manner</li> <li>-Read around the clinical problem prior to presentation and formulated a well thought out plan</li> <li>-Communicated well to the internal medicine service for their assessment and opinion.</li> </ul>	<ul style="list-style-type: none"> <li>-Small improvements to physical examination were described including technique for precaution and the amount of pressure to be applied during abdominal palpation</li> </ul>
EPA 6 - Present oral and written reports	Requires minimal to no supervision. "I provided minimal to no guidance"	<ul style="list-style-type: none"> <li>Concise report with all of the clinically relevant points</li> <li>Took extra effort in coming up with a strong management plan</li> </ul>	Less use of acronyms that other readers may not know
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	Excellent ability to collect information from the patient and from chart.	When putting together the final consult note, there were portions, such as the pertinent positives and negatives, missing. These are important as they allow your colleagues to get a better understanding of your thought process - especially as it pertains to handing over complex patients to the on-call team.

# Anaesthesia

EPA 11 - Perform general procedures of a physician	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	<ul style="list-style-type: none"> <li>- Good technique</li> <li>- Understands about presence of airway adjuncts</li> </ul>	<ul style="list-style-type: none"> <li>- Think ahead of alternative plans if yours doesn't work (e.g. adjustment of patient positioning, OPA, Two-handed technique, LMA)</li> </ul>
EPA 11 - Perform general procedures of a physician	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	<ul style="list-style-type: none"> <li>Correct hand position for bag mask ventilation</li> <li>Inserted oral airway correctly</li> <li>Aware of methods to improve success if having difficulty</li> </ul>	<ul style="list-style-type: none"> <li>Practice 2 hand technique</li> </ul>
EPA 11 - Perform general procedures of a physician	Requires some supervision- "I had to guide them through the task"	<ul style="list-style-type: none"> <li>Good jaw thrust for bag mask ventilation</li> <li>Appropriate pace of ventilation</li> </ul>	<ul style="list-style-type: none"> <li>Continued practice will help create a better seal with a one handed technique</li> <li>Consider the size of the mask and make adjustments as needed before using</li> </ul>
EPA 7 - Provide and receive the handover in transitions of care	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	<ul style="list-style-type: none"> <li>Asks team if they are ready to receive handover and asks at the end if they have any questions</li> </ul>	<ul style="list-style-type: none"> <li>No deficiencies noted</li> </ul>
EPA 7 - Provide and receive the handover in transitions of care	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	<ul style="list-style-type: none"> <li>Very competent handover of critical information to PACU RN. Concise with all key details. Used resources available to inform proper handover of patient illness severity, relevant comorbidities, anaesthetic interventions and follow up plans.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to look for opportunities to practice your handover of care in different settings</li> </ul>
EPA 7 - Provide and receive the handover in transitions of care	Requires minimal to no supervision. "I provided minimal to no guidance for this task"	<ul style="list-style-type: none"> <li>1. Excellent communication skills with perioperative team.</li> <li>2. Comprehensive handover: introduces himself, provides thorough handover of perioperative course, and ensures patient is stable and all questions answered before proceeding to his next case.</li> </ul>	<ul style="list-style-type: none"> <li>While handovers were thorough and excellent, try to highlight pertinent details of the perioperative course that would be relevant for follow-up in the PACU.</li> </ul>

# Paediatrics

EPA 5 - Formulate, communicate and implement management plans	Requires some intervention- "I had to do/re-do parts of the task"	Performed a comprehensive history. Overall examination skills weee good. Able to formulate a working diagnosis and management plan	Focus on specifics of exam such as the respiratory exam in children. More practice in listening to chest sounds will make you more comfortable in identifying the different finding in common pediatric respiratory illnesses.
EPA 5 - Formulate, communicate and implement management plans	Requires some supervision- "I had to guide them through the task"	Excellent communication with parents and consultants Knows limitations Not afraid to ask for help	- More thoroughness with physical exam and history
EPA 6 - Present oral and written reports	Requires minimal to no supervision- "I provided minimal to no guidance for this task"	Well established impressions and plans and portrayed well in written and oral presentation	Encouraged to do full exam on every child to establish comfort with paediatric exams and to learn normal so that abnormal can be identified.
EPA 6 - Present oral and written reports	Requires minimal to no supervision- "I provided minimal to no guidance for this task"	Good interaction with kids  Able to gather relevant information to make the diagnosis.	Need to work more for the differential diagnosis.
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	Great job seeing 2 siblings with rash and possible scabies. Great discussion about treatment and prevention at home.	review common types of childhood rashes.
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	Detail oriented, organized, quick learner, great newborn exams!	Structure and organization of presentation of physical exam. Be consistent to not miss things.
EPA 6 - Present oral and written reports	Requires some supervision- "I had to guide them through the task"	History was appropriate for age of patient and condition.  Able to identify limitaitons in owns physical exam skills.	With more exposure to bronchiolitis and work of breathing signs, will get comfortable with determining what level of distress can be tolerated at home vs needing admission.