This EPA focusses on **discussing and establishing patients’ goals of care**. The assessor should **directly observe** the discussion. It is generally completed in Blocks 5-13 of the PGY1 year.

### EPA MILESTONES: Goals of Care

1. Assesses the decision-making capacity of the patient and seeks out their substitute decision maker if deemed incapable.
2. Optimizes physical and social environment for goals of care discussions to address patient comfort, privacy, engagement and safety.
3. Discusses and clarifies previously established advanced directives and goals of care.
4. Discusses with the patient and family the degree of uncertainty inherent in all clinical situations.
5. Works with patients and their families to understand relevant options for care based on both medical evidence and patient preferences.
6. Identifies and validates non-verbal cues during the discussion and provide respectful and appropriate empathetic responses.
7. Documents patient and medical information in a way that enhances intra-/interprofessional care aligned with goals.
8. Adheres to institutional policies and laws related to advance directives, goals of care and/or substitute decision making.

### HOW TO COMPLETE AN EPA ASSESSMENT:

1. You or the resident initiate the assessment. You observe the resident carry out the activity. We expect at least 10 minutes of direct observation for this tool. Parts of the assessment can be done as case review/discussion.
2. You or the resident sign onto **medsquares**, and provide the assessment demographics. This can be done on the mobile phone or computer top.
3. From the list of milestones pertinent to the EPA, choose 2-3 milestones that are relevant to the activity, and provide comments about the resident’s performance. Please also indicate the performance level on each milestone you assessed, using the entrustment scale. **You are not required to cover all milestones, but are welcome to.**
4. Using the global entrustment scale, decide whether the resident can be entrusted overall to perform this activity with a similar case in the future. **In general, residents are not expected to be entrustable early in a new stage of training, although this particular tool verifies skills that should have been learned in medical school.**
5. Provide 2-3 specific, targeted comments on what they did well and suggestions for improving their performance.
6. Discuss your feedback with the resident.