This EPA documents the resident’s ability to perform the basic procedures of internal medicine: venipuncture, peripheral intravenous placement, radial artery blood gas sampling, nasogastric tube placement, preparation of sterile field with local anesthetic injection for invasive procedures. It involves consent, preparation, performance and recognition of and management of complications.

Supervisor (staff and/or supervising fellow) does assessment based on direct observation.

It should be done in the Transition to Discipline (TTD) stage (first 4 blocks of PGY1).

**EPA MILESTONES:** TTD3 Procedural Skills

1. Describe the indications, contraindications, risks and alternatives for basic procedures
2. Demonstrate effective procedure preparation, including the use of a pre-procedure timeout or safety checklist as appropriate
3. Set-up and position the patient for a procedure
4. Perform pre-procedural tasks in a timely, skillful, and safe manner: (1) Establish and maintain sterile field; (2) Maintain universal precautions; (3) Handle sharps safely; and (4) Hand-cleanse, gown and glove
5. Perform basic procedures in a skillful, fluid, and safe manner with minimal assistance
6. Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
7. Recognize and manage common complications of basic procedures

**HOW TO COMPLETE AN EPA ASSESSMENT:**

1. You or the resident initiate the assessment. The assessment may be based on direct observation or case discussion.
2. You or the resident sign onto Elentra, 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 indicate their 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. Describe 2-3 strengths and 2-3 actions, or areas for improvement. Please provide detailed and actionable comments based on your observations of their performance.
6. Discuss your feedback with the resident.