

## EPA 4: Team Communication – documentation, handover and referrals

**Note:** This form has been altered to better support paper-based trialling of EPA assessments in 2023 and 2024. This form will be translated into an online version prior to implementation of an e-portfolio. Most of the details in the form will be prepopulated in the e-portfolio or entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

<b>Prevocational doctor name</b>			
<b>Term name</b>			
<b>Term start date</b>		<b>Term end date</b>	
<b>PGY</b>	<b>Term</b>	_____ of _____	<b>Week of term</b>
<b>Date of assessment</b>			
<b>Supervisor name</b>			
<b>Assessor name</b>			
<b>Assessor</b>	<input type="checkbox"/> Specialist or equivalent (term supervisor) <input type="checkbox"/> Specialist or equivalent (other) <input type="checkbox"/> Registrar	<input type="checkbox"/> Nurse/ nurse practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other	
<b>Consultation with/ input from</b>	<input type="checkbox"/> Specialist or equivalent (term supervisor) <input type="checkbox"/> Specialist or equivalent (other) <input type="checkbox"/> Registrar <input type="checkbox"/> Nurse/ nurse practitioner <input type="checkbox"/> Allied health	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> PGY1/2 peer <input type="checkbox"/> Other	

### Title

Communicate about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral.

### Focus and context

This EPA applies to any clinical context but the critical aspects are to:

1. Communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including:
  - at referral from ambulatory and community care
  - at admission
  - between clinical services and multidisciplinary teams
  - at changes of shift
  - at discharge to ambulatory and community care
2. Produce timely, accurate and concise documentation of episodes of clinical care

*Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.*

## Prevocational doctor to complete this section

### Description

This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

- 1. Communicate:
  - facilitate high quality care at any transition point
  - ensure continuity of care
  - share patient information with other health care providers and multidisciplinary teams in conjunction with referral or the transfer of responsibility for patient care
  - use local agreed modes of information transfer, including oral, electronic and written format to communicate (at least):
    - patient demographics
    - concise medical history and relevant physical examination findings
    - current problems and issues
    - details of pertinent and pending investigation results
    - medical and multidisciplinary care plans
    - planned outcomes and indications for follow up
  
- 2. Document:
  - enable other health professionals to understand the issues and continue care
  - produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation
  - produce accurate records appropriate for secondary purposes
  - complete accurate medical certificates, death certificates and cremation certificates
  - enable the appropriate use of clinical handover tools

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

### Case details

Brief description of issues of case:  
*[e.g., age, gender, diagnosis etc.]*

### Self-assessment

Self-reflection on performance of the task:  
*[how do you feel you went?, what went well and why?, what could you have done better and how? ]*

*Based on this case, what will you do to develop your learning further?*

### Outcome statements (this section of the form will be functional at implementation of an e-portfolio)

*[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]*

## Assessor to complete this section

<b>Case details</b>	Patient type:	<i>Brief description:</i> [e.g., age, gender, diagnosis etc.]
	<input type="checkbox"/> Child <input type="checkbox"/> Adult	

### Assessor's declaration

<input type="checkbox"/>	The patient(s) is known to me and I have directly observed some part of the clinical interaction or have spoken to a team member that has
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<b>Complexity of the case(s)</b>	<input type="checkbox"/> Low
	<input type="checkbox"/> Medium
	<input type="checkbox"/> High

**Note:** Case complexity is a combination of the complexity of the medical presentation and relevant social factors. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

### Entrustability scale

Supervisors are asked to make a judgement on the degree of entrustment for this task; the level of supervision required.

<input type="checkbox"/>	Requires direct supervision (I or the (day to day) supervisor need to be there to observe the interactions and review the work)
<input type="checkbox"/>	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
<input type="checkbox"/>	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

**Was the entrustability rating appropriate for the level of training?**

- Yes  
 No

### Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

**Assessor sign off:**