Royal College EPA Assessment Templates:

Supervisor template (form 1)

EPA/IM Stage:	(populated from EPA/IM)
Learner:	(pre-populated if PA/Learner requested OR drop down based on Observer Program affiliations)
Date of Assessment:	(default today, may click on a calendar icon to pick alternate month/day/year)

EPA/IM Title: (pre-populated)

Context 1: (drop down)   **Context 2:** (drop down)   **Context 3:** (drop down)

Complexity: ☐ Low   ☐ Moderate/ Medium   ☐ High

Overall Assessment: ☐ EPA/IM in progress   ☐ EPA/IM achieved/met

[+]Milestones associated with this EPA:

The following Milestones were demonstrated:	In progress/Not observed	Achieved/met
1. Milestone	☐	☐
2. Milestone	☐	☐
3. Milestone	☐	☐
4. …. (to max number)	☐	☒

Feedback to Resident: (text)

….

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? ☒No   ☐Yes

Do you have any concerns regarding Patient Safety? ☒No   ☐Yes

Description of concern: (text)

Procedural Skills Template (form 2)

Procedure IM Stage:	(populated from IM)
Learner:	(pre-populated if PA/Learner requested OR drop down based on Observer Program affiliations)
Date of Assessment:	(default today, may click on a calendar icon to pick alternate month/day/year)

Procedure IM: (pre-populated)

Context 1: (drop down)   **Context 2:** (drop down)   **Context 3:** (drop down)

Complexity: ☐ Low   ☐ Moderate/ Medium   ☐ High

Framing: (overview text for each Procedure)

Overall Assessment: ☐ Procedure IM in progress   ☐ Procedure IM achieved/met

[+]Criteria associated with this Procedure:

The following Criteria were demonstrated:	1. I had to do	2. I had to talk them through	3. I needed to prompt	4. I needed to be in the room	5. I didn't need to be there
1. Criteria	☐	☐	☐	☐	☐
2. Criteria	☐	☐	☐	☐	☐
3. Criteria	☐	☐	☐	☐	☐
4. …. (to max number)	☐	☐	☐	☐	☐

Feedback to Resident: (text)

….

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? ☒No   ☐Yes

Do you have any concerns regarding Patient Safety? ☒No   ☐Yes

Description of concern: (text)

Multiple Source Feedback Template (form 3)

		Not observed	Never	Sometimes	Usually	Always
EPA/IM Stage:	(populated from EPA/IM)					
Learner:	(July 2016: pre-populated by PA request)					
Date of Assessment:	(default today, may click on a calendar icon to pick alternate month/day/year)					

Framing: (overview text for each EPA/IM)

Milestones:

The following Milestones were demonstrated:

	Not observed	Never	Sometimes	Usually	Always
1. Milestone	☐	☐	☐	☐	☐
2. Milestone	☐	☐	☐	☐	☐
3. Milestone	☐	☐	☐	☐	☐
4. …. (to max number)	☐	☐	☐	☐	☐

Feedback to Resident: (text)

….

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? ☒No ☐Yes

Do you have any concerns regarding Patient Safety? ☒No ☐Yes

Description of concern: (text)

….

Narrative Template (form 4)

Stage: (populated from Learner) (relevant if no mandatory EPA/IM link)

Learner: (drop down based on Observer Program affiliations no prepopulation as not preassigned)

Date of Assessment: (default today, may click on a calendar icon to pick alternate month/day/year)

Feedback to Resident: (text)

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Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? ☒No ☐Yes

Do you have any concerns regarding Patient Safety? ☒No ☐Yes

Description of concern: (text)

Note: Observer may tag Observation/Narrative to an EPA/IM.