National Institute for Health Specialties (NIHS)

EPA Made Easy

General Guidelines

A Practical Guide for Clinical Assessment and Supervision with the NIHS ePortfolio

(July 2025)

Contents

Preface

From the NIHS EPA Implementation Team

EPAs represent a major shift in how we assess clinical competence, moving from traditional apprenticeship to real-world readiness, grounded in trust and patient safety.

This booklet was designed to make EPAs easy to understand and apply. Whether you're a faculty member, assessor, mentor, trainee, or coordinator, you will find practical tips, examples, and clear guidance aligned with the NIHS ePortfolio.

Our aim is simple: to support a shared, national approach that promotes safe, competent, and confident clinical practice across the UAE.

NIHS EPA Implementation Team

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Welcome Message

Dear Colleagues and Future Leaders in Clinical Education,

It gives us great pleasure to introduce you to EPA Made Easy, a practical guide designed to accompany the national rollout of the NIHS ePortfolio for clinical training programs across the UAE.

As clinical educators, you make daily decisions about when and how much to trust your trainees. These judgments—of supervision, delegation, and readiness, are foundational to safe, high-quality care. Entrustable Professional Activities (EPAs) offer a structured, evidence-based way to make those decisions visible, trackable, and fair.

The new NIHS ePortfolio system, available as a mobile app and web platform, will now allow you to log EPA observations, provide immediate feedback, and review supervision levels across time. It connects learners, mentors, and program leaders with a shared language of professional development.

This booklet simplifies the EPA framework and outlines how different stakeholders—faculty, mentors, trainees, and coordinators—can make the most of this powerful system.

We thank you for your role in shaping the next generation of trusted healthcare professionals.

Best Regards,
Dr. Mohammed Al-Houqani,
Secretary General, NIHS

Chapter 1: Introduction to EPAs

1.1. What Are EPAs?

Entrustable Professional Activities (EPAs) are tasks or responsibilities that a trainee is trusted to perform unsupervised once they have demonstrated sufficient competence.

Definition: An EPA is

- a unit of professional practice (task or bundle of tasks)
- that can be fully entrusted to an individual,
- once they have demonstrated the necessary competence to execute them unsupervised.

They are practical, day-to-day activities that form the backbone of clinical care, like

- admitting a patient;
- interpreting a chest X-ray;
- breaking bad news.

Unlike competencies, which describe what a learner should be (e.g., a communicator or collaborator), EPAs describe what a clinician actually does.

1.2. Why EPAs?

In clinical training, trust decisions happen every day. However, in the past, these decisions were neither standardized nor documented.

EPAs offer a structured, transparent, and fair approach to making these decisions. They align with international trends (ACGME, Royal College of Canada, AAMC) and bring accountability and clarity to workplace-based learning.

1.3. Core Principles of EPAs

- EPAs address **real questions** asked by doctors.
- EPAs focus on **real-life** clinical situations.
- EPAs are **observable and measurable** in real settings.
- Each EPA integrates **multiple competencies** (knowledge, skills, attitudes, values).
- Entrustment is contextual and differs based on the **task, trainee, and environment**.
- EPAs are not pass-fail decisions. They are decisions made over time.

1.4. Entrustment Decisions

Ad hoc decisions

- Done every day
- The faculty/trainer
- Are formative.

Summative decisions

- Regular, at 3-6 months intervals.
- Clinical Competence Committee (CCC) and Program Director (PD) will review the overall results.
- Decisions to grant entrustment.

1.5. Examples of EPAs from different specialties

EPAs are reviewed and approved by Specialty Committees of each specialty. EPAs of each specialty are suited for the specific learning needs of that specialty. Examples of EPAs from different specialties are given below:

Med Internship:	• EPA 1: Gather a history and perform a physical examination
Pediatrics:	• EPA 1: Performing and presenting a basic history and physical examination
Internal Medicine:	• EPA 1: Performing histories and physical examinations, documenting and presenting findings, across clinical settings for initial and subsequent care
Anesthesia:	• EPA 1: Performing preoperative assessments; monitoring; and postoperative transfer of care of healthy adult patients for non-complex surgical procedures
Emergency Medicine:	• EPA 1: Manage a low acuity, low complexity "stable patient

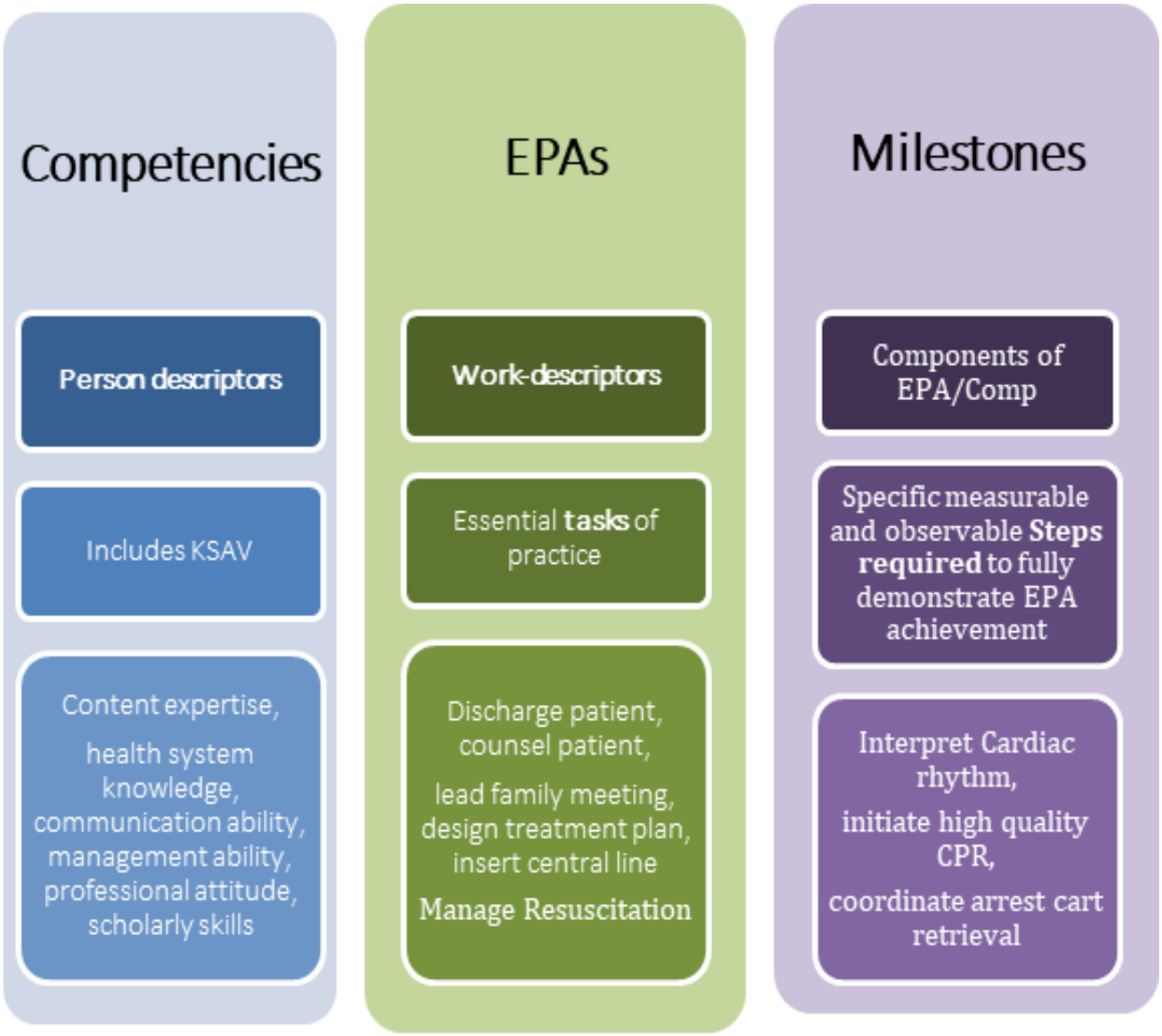
All NIHS EPAs are available on the website **nihs.uaeu.ac.ae.** Click the assessment tab to reach the EPAs webpage.

1.6. How are EPAs different from Competencies and Milestones?

EPAs are exemplified by activities which are essential tasks in clinical practice and assess multiple competencies and can be broken done into multiple subtasks.

The diagram below shows a comparison of Competencies, EPAs and milestones as they are commonly used terminology in Competency based medical education.

Fig 2: Comparison of Competencies, EPAs and milestones



1.7. The Five Levels of Supervision Trust

Levels of trust are based on the required level of supervision and overall performance quality (see table below).

1. Level 1 – Not allowed to practice (only observe).
2. Level 2 – Allowed to practice under direct supervision.

3️⃣ Level 3 – Allowed with indirect supervision (supervisor available).

4️⃣ Level 4 – Allowed to practice independently.

5️⃣ Level 5 – Trusted to supervise others.

Fig 3: The Five Levels of Supervision

Overall Assessment level:				
1 **Observation** without execution even with direct supervision	2 Execution with **direct** supervision	3 Execution with **reactive** supervision i.e., on request quickly available	4 Supervision at **Distance** and/or post hoc	5 Trusted to perform without supervision. Can supervise junior colleagues
Milestones associated with this EPA:				
Has knowledge 1	Performed task under full supervision 2	Performed task under indirect supervision i.e. on request and quickly available 3	Performed task with conditioned independence 4	Previous + Can teach and supervise 5

1.8. How do EPAs benefit training

- Make supervision decisions safer and smarter.
- Clarify expectations between trainees and supervisors.
- Provide a trail of documented performance over time.
- Support meaningful feedback and coaching.

1.9. How do EPAs fit into the NIHS model

EPAs are integral to postgraduate training under the National Institute for Health Specialties (NIHS). Their integration ensures competency-based, outcome-driven learning and assessment that aligns with national goals and global standards.

- Mapped to UAE National Competency Framework.
- Aligned with Specialty Committee Expectations.
- Forms the Backbone of the NIHS ePortfolio.
- Supported by Mobile Access for Real-Time Assessment.

The NIHS ePortfolio mobile app allows faculty and trainees to record EPA observations and feedback directly at the bedside or clinic, supporting authenticity, timeliness, and efficiency. They are integrated into a mobile-first, centrally monitored ePortfolio system, allowing real-time documentation, feedback, and progress tracking.

Specialty committees, institutions, and NIHS will jointly monitor trends, identify needs, and ensure quality.

1.10. Summary: EPAs at a glance

• EPAs are real, trust-based tasks — not abstract skills.
• They bring structure, fairness, and clarity to clinical assessment.
• They are embedded in the NIHS ePortfolio for mobile, real-time use.
• They support both trainees and supervisors in making confident, evidence-based decisions.

Table: Myths vs. Facts about EPAs

Myth	Fact
EPAs are just another form of checklist.	EPAs are professional tasks requiring judgment and integration.
Once a trainee is entrusted, no further observation is needed.	EPA entrustment is dynamic and should be monitored continuously.
EPAs are too rigid for clinical realities.	EPAs are adaptable to diverse settings and patient presentations.

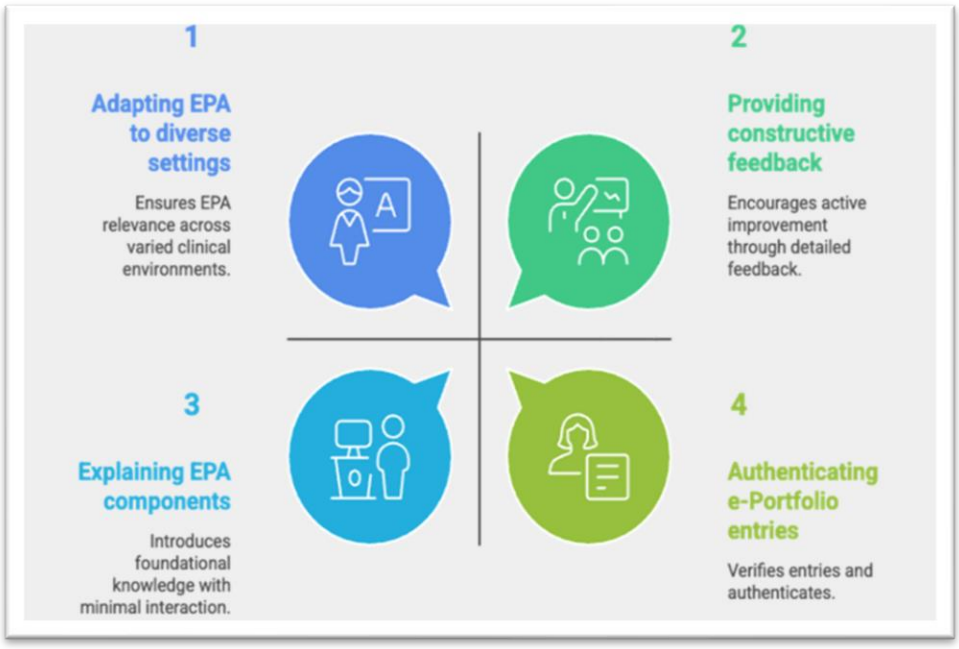
Feedback doesn't matter if the EPA is done.	Narrative feedback enhances learning and performance.

Chapter 2: Role-Specific Guidance for EPA Implementation

2.1. Faculty Role in EPAs

Faculty members play a dual role in EPAs as clinical educators and Assessors. See the fig below:

Fig 2: Dual Role of Faculty in EPA assessment



Faculty as Clinical Educators

Responsibilities include ensuring that trainees fully understand and are motivated to make the best use of the EPAs.

A. **Educating trainees on the components of EPA**

- Informing how to apply the components and tasks that make up each EPA.
- Guiding trainees to perform these tasks in diverse clinical scenarios patient that vary by settings, patient age, case mix, complexity, urgency, and context.
- Ensuring that the EPA is adapted appropriately.

B. **Reinforcing strategies for implementation of EPA**

- Reinforcing the idea that the same EPA may require different strategies depending on whether it is performed in an outpatient clinic, emergency room, or ICU.
- Helping trainees understand when and how EPA assessments should be documented throughout the learning stages.
- Emphasizing the importance of making all components of a skill explicit, **not assumed**, during performance.

C. **Foster a culture of constructive feedback in a safe environment to achieve that maximum potential:**
- Modeling how to accept feedback, even criticism, and use it constructively.
- Helping trainees move toward the highest levels of entrustment and workplace efficiency.

Faculty As EPA Assessors and Mentors

Assessors and mentors are entrusted with preparing for and delivering high-quality, objective assessments. This means familiarizing themselves with the tasks and expected performance descriptors of each EPA prior to observation.

A. **Assessment and Scoring:**
- Observing how each step is performed, focusing on all components (If some components are not applicable, they can leave it unmarked or tick N/A).

B. **Verbal and written narrative Feedback:**
- Offering constructive narrative feedback verbally and written in the portfolio. Assessors should help the trainee reflect and grow rather than feel judged. The goal is improvement—not perfection on the first attempt.

C. **Authenticate entry into e-Portfolio:**
- Incorporating all observations into daily clinical practice and
- Authentically documenting all observations in the ePortfolio.

(Assessors must ensure entries are honest, timely, and detailed. Any suspected fabrication or tampering must be reported immediately. Passwords must be kept confidential, and access should never be delegated.)

Table 1: Faculty EPA Role Checklists

Checklist for Faculty – Role as Clinical Educators

Task	Completed
✓ Help trainees understand every task and component of each EPA.	☐
✓ Guide application of the same EPA across different clinical settings and patient demographics.	☐
✓ Emphasize the stage of training best suited for assessment and documentation.	☐
✓ Ensure performance explicitly includes all skill components—not just outcomes.	☐
✓ Model how to accept and act on feedback and criticism professionally.	☐
✓ Reinforce the value of feedback as a learning tool to build trust and efficiency.	☐

Checklist for Faculty – Role as EPA Assessors and Mentors

Task	Completed
✓ Familiarize themself with the full EPA and expected performance before observing.	☐
✓ Objectively observe and assess all tasks—not just the outcome.	☐
✓ Provide constructive narrative feedback—specific, encouraging, and honest.	☐
✓ Verbally debrief after the observation to reinforce learning.	☐
✓ Enter assessments promptly and authentically in the ePortfolio.	☐
✓ Ensure pop-ups on the platform reflect real observations.	☐
✓ Report any suspicious or fabricated entries; protect passwords and access rights.	☐

2.2. Role of Clinical Trainees

EPAs help the trainees to take ownership of their training.

Fig.1. Responsibilities of Trainees in EPA Implementation

Trainees are responsible for learning and demonstrating the skills expected in each EPA. They are responsible for tracking their progress and striving to meet their requirements. They are expected to exceed the minimum requirements.

A. **Understanding EPAs**
- Understanding the components, context-specific expectations, and minimum number of observations needed, across different demographics, patient settings, and clinical complexities.

B. **Selecting cases and getting their performance assessed**
- Actively selecting appropriate cases for EPA assessment and
- Requesting feedback from multiple assessors to gain varied and valid perspectives.
- Striving to perform well consistently builds habits of excellence and enhances trust.

C. **Using the feedback for improvement**
- Embracing feedback as a low-stakes, formative opportunity. Areas of improvement must be acted upon in subsequent performances.
- Distinguishing whether they were the main operator or an assistant, especially in procedural EPAs. Only independent performance counts toward entrustment.

- Logging how many times they've repeated the task to meet the required frequency for graduation. Trainees must complete all EPAs assigned for their training level within the same academic year.

D. **Tracking progress on dashboard**

- Tracking their progress, aiming to complete at least 60% by mid-year, and striving for 100% by year-end.
- Practicing future EPAs once they've completed the mandatory ones and revision of prior year EPAs is encouraged to retain mastery.
- Daily dashboard review helps track growth, identify missed areas, and ensure eligibility for final exams and graduation.

Table 1: Checklist for Trainees

Trainee EPA Progress Checklist

Task	Completed
✓ Learn the components and tasks of each EPA thoroughly.	☐
✓ Choose the right cases and invite assessors—ensure variety in feedback sources.	☐
✓ Perform consistently well so excellence becomes habit.	☐
✓ Accept feedback non-defensively and apply it in your next performance.	☐
✓ Track entrusted EPAs and repeat them to meet frequency requirements.	☐
✓ Distinguish between assisting vs. independently performing procedures.	☐
✓ Complete required EPAs within the academic year (aim: 60% by mid-year, 100% by year-end).	☐
✓ Review dashboards regularly to identify missed areas and improve.	☐
✓ Use EPA records to prepare for exams and prove readiness to graduate.	☐
✓ Begin practicing advanced EPAs after completing mandatory ones.	☐
✓ Revision of prior year EPAs is encouraged to retain mastery.	☐

2.3. Role of Program Directors

Program Directors and Coordinators are responsible for the strategic and operational integration of EPAs within the residency or fellowship.

A. **Planning for EPA**

- Ensuring rotation plans include appropriate EPA coverage and align with national and specialty-specific expectations. Appoint EPA champions and delegate local support within departments.
- Ensuring faculty are trained to deliver consistent, reliable EPA ratings.
- Monitoring dashboard data to track cohort-level trends,
- Detecting and acting on underperformance
- Triggers remediation when necessary to the program
- Mobilizing mentors to support remediation of individual trainees.

B. **Entrustment Decisions**

- Conducting and overseeing CCC activity that uses EPA data to make defensible suggestions and help decisions about entrustment, progression and readiness for practice.
- Utilizing EPA entrustment data to populate eligibility letters and make data-driven decisions on trainees' eligibility to appear for Emirati Board examinations.

Table 1: Program Director EPA Checklist

Task	Completed
✓ Integrate EPAs into rotation plans and clinical schedules.	☐
✓ Ensure all faculty and trainees are trained, informed, and supported.	☐
✓ Communicate early to all stakeholders that EPA use is mandatory.	☐
✓ Appoint EPA champions and delegate local support within departments.	☐
✓ Review ePortfolio dashboards for each trainee and detect trends and concerns.	☐
✓ Ensure coordinators flag lagging performance by 2–3 months.	☐
✓ Mobilize mentors or EPA champions to support struggling trainees.	☐
✓ Ensure EPA work blends into daily clinical workflow and doesn't disrupt service.	☐
✓ Organize mentors to periodically review trainee portfolios.	☐
✓ Monitor for haphazard assessments; intervene when performance ratings are erratic.	☐
✓ Use EPA data to support CCC decisions, progression reviews, and curriculum planning.	☐

2.4. Role of Institutional Coordinator/ Principal Contact Person (PCP):

Every institution designates a Principal Contact Person (PCP) who is usually the Institutional Coordinator. These coordinators are responsible for the operational component of EPAs implementation.

A. **Coordination of EPA documentation**

- Liaising between the NIHS and the individual program directors and coordinators.
- Assisting in administrative logistics tied to the NIHS ePortfolio.

B. **Ensuring efficient operations**

- Ensuring the timely completion of forms.
- Ensuring data integrity.
- Troubleshooting technical or operational issues quickly with NIHS support.

Table 1: Institutional Coordinator EPA Checklist

Task	Completed
✓ Liaise between the NIHS and the individual program directors and coordinators.	☐
✓ Ensure that all program coordinators have completed the creation of forms on a timely basis.	☐
✓ Ensure that data integrity is maintained at all stages in the administrative workflow.	☐
✓ Assist in administrative logistics tied to the NIHS ePortfolio.	☐
✓ Troubleshoot technical or operational issues quickly with NIHS support.	☐
✓ Ensure EPAs are integrated into rotation plans and clinical schedules.	☐
✓ Ensure communication to all faculty and trainees, and document training, information, and support.	☐
✓ Participate in communication with all stakeholders that EPA use is mandatory.	☐
✓ Coordinate with EPA champions and mentors appointed by PD within departments.	☐
✓ Ensure that ePortfolio dashboards are being populated.	☐
✓ Ensure coordinators flag lagging performance by 2–3 months.	☐
✓ Organize CCC reports, PD reports, and mentors' reports.	☐
✓ Support PD in monitoring systematic assessments.	☐

2.5. Role of Program Coordinator:

1. EPA Administration and Tracking

- Register new trainees and enter the anticipated start and end of year until graduation.
- Track EPA completion for all trainees and flag those falling behind.
- Ensure faculty feedback is accurately reflected in the ePortfolio.
- Update faculty details (emails, roles) promptly when staffing changes occur.
- Monitor assessment submissions and follow up on delays.

2. Academic Progression Management

- Manage promotions: process automatic progression and manually update repeat-year trainees.
- Document reasons for non-promotion with supporting PD feedback.

3. Communication and Liaison

- Serve as the link between program director, institutional coordinator, faculty, and specialty committees.
- Share updates on EPA processes, forms, and policies.
- Facilitate orientation or training on ePortfolio EPA assessments.

4. Quality Assurance and Reporting

- Periodically audit EPA entries for completeness, correct scoring, names and emails of faculty and valid signoffs.
- Compile and report EPA achievement trends to PD and institutional coordinator.
- Provide EPA data to the CCC meetings for summative decisions.

Table 2: Program Coordinator EPA Checklist

Task	Completed
✓ Register new trainees and enter dates based on anticipated progress until graduation.	☐
✓ Track EPA completion for all trainees.	☐
✓ Flag trainees falling behind expected progress.	☐
✓ Verify faculty feedback is correctly reflected in the ePortfolio.	☐
✓ Update faculty email addresses and role details promptly when staffing changes occur.	☐
✓ Monitor assessment submissions and follow up on delays.	☐
✓ Process automatic promotions for eligible trainees.	☐
✓ Update records for repeat-year trainees.	☐
✓ Record reasons for non-promotion with Program Director's documented feedback.	☐
✓ Serve as the link between Program Director, institutional coordinator, faculty, and specialty committees.	☐
✓ Share updates on EPA processes, forms, and policies with relevant stakeholders.	☐
✓ Arrange or facilitate orientation/training sessions on ePortfolio EPA assessments.	☐
✓ Audit EPA entries regularly for completeness, scoring accuracy, and valid signoffs.	☐
✓ Compile and report EPA achievement trends to the Program Director and institutional coordinator.	☐
✓ Provide compiled EPA data to the CCC members for review before summative decisions.	☐

Chapter 3: Structure of EPA and Assessment Process

3.1. Structure of an EPA

Every EPA includes the following components:

1. **Title** – Main overall activity.
2. **Narrative description** – Describes the scope of the activity and the expected **Knowledge, Skills, and Attitudes (KSA)**.
3. **Mapping to CanMEDS and ACGME** – Ensures alignment with national and international frameworks.
4. **Observations required** – Specifies number and variety of required observations across settings, demographics, and faculty types.
5. **Tasks with scoring matrix** – Key observable tasks, sometimes with subdivisions.
6. **Overall scoring scale** – Supervision and entrustment level (Level 1 to Level 5).
7. **Comment box** – Narrative feedback and coaching points.
8. **Sign-off section** – Faculty name, role, and date when entrustment is confirmed.

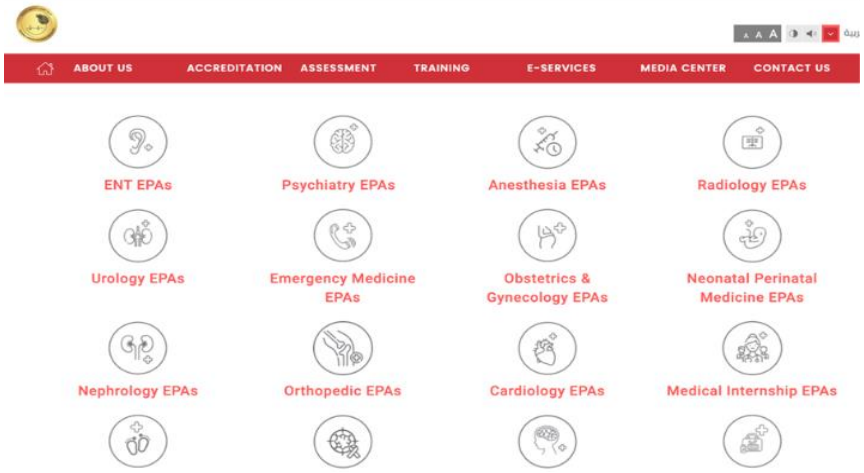
Where can the EPA Documents be reached

EPA Documents

Visit the website nihs.uaeu.ac.ae

The location is Assessment>EPAs>Guidelines>Entrustable Professional Activities (EPA) Documents

Then select the specialty of interest



In the EPA Document, will be found

EPA Title

Key features

•Assessment Plan

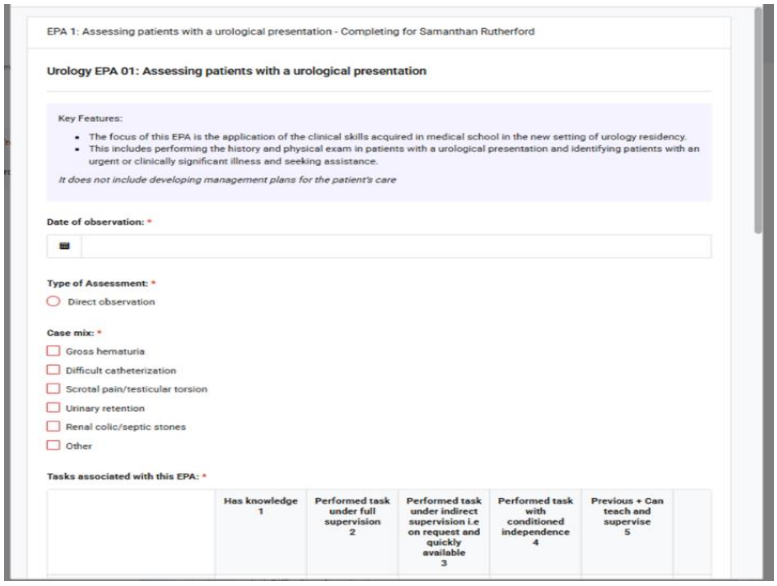
•Basis of Entrustment

•When to achieve ech EPA

•Mapping with Competencies

The details that you will find in the EPA documents are also present in the assessment forms.

NIHS ePortfolio EPA forms are available in the ePortfolio. You will fill up to the Tasks section and hand over the device to your supervisor.


EPA 1: Assessing patients with a urological presentation - Completing for Samanthan Rutherford

Urology EPA 01: Assessing patients with a urological presentation

Key Features:

- The focus of this EPA is the application of the clinical skills acquired in medical school in the new setting of urology residency.
- This includes performing the history and physical exam in patients with a urological presentation and identifying patients with an urgent or clinically significant illness and seeking assistance.

It does not include developing management plans for the patient's care

Date of observation: *

Type of Assessment: *

Direct observation

Case mix: *

Gross hematuria
Difficult catheterization
Scrotal pain/testicular torsion
Urinary retention
Renal colic/septic stones
Other

Tasks associated with this EPA: *

	Has knowledge 1	Performed task under full supervision 2	Performed task under indirect supervision i.e on request and quickly available 3	Performed task with conditioned independence 4	Previous + Can teach and supervise 5	

3.2. FAQs: Process of EPA Assessment

- **Who initiates assessment?**
  The EPA assessment is initiated by the **trainee**, who fills in the upper section with encounter details and then gives the device to the faculty for assessment. The **faculty assesses in real time, scores, and submits** the assessment.

- **How to identify the EPA?**
  Match the activity performed to the title and narrative in the specialty's EPA list. Ensure that the setting, patient type, and tasks align with the EPA scope.

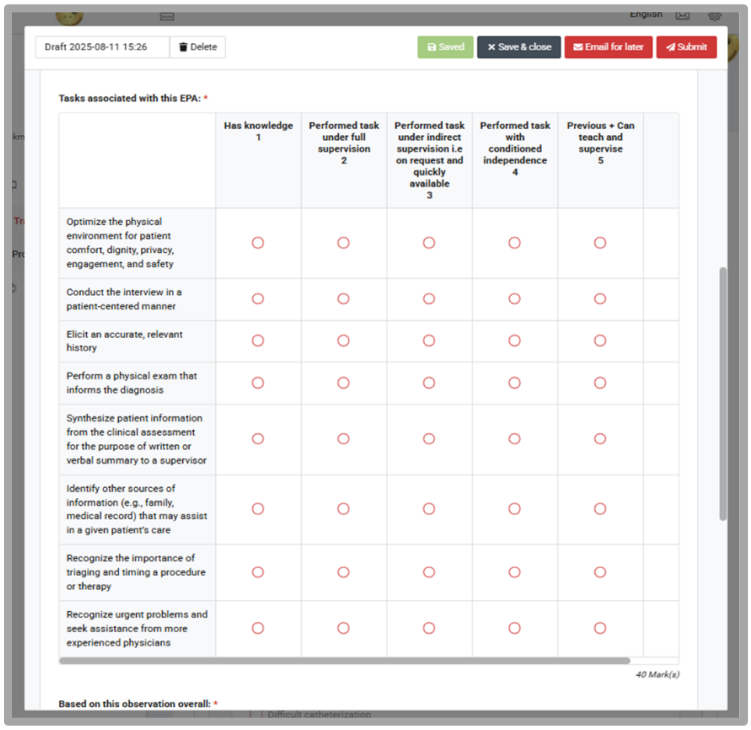
- **Type of observations**
  Can be direct (real-time observation) or indirect (review of work after the event). Observations should include a variety of cases, contexts, and assessors.

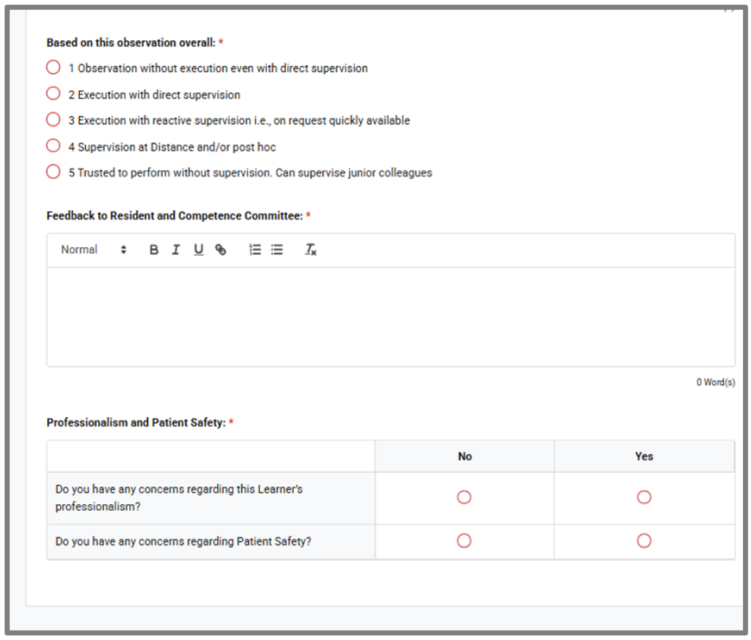
- **Who can assess?**
  Any trained faculty member who has directly or indirectly observed the activity, as per program policy.

3.3. Documentation Steps

1. Trainee selects the case and the EPA to be assessed.
2. Trainee gets a faculty to agree to do the assessment.
3. Trainee logs into the NIHS ePortfolio.
4. Click the correct EPA from the specialty list.
5. Fill in details in the upper part of the form:
    a. Date and time
    b. Clinical setting and case specifications
    c. Patient demographics (if required)
6. Hand over the device to the faculty assessor.
7. Faculty assesses in real time and:
    a. Rates performance using the official supervision scale.
    b. Completes the comment box with specific feedback.
    c. Signs off with name, role, and date.
8. Submit the form in the ePortfolio. If unable to complete it on the spot, faculty can save as draft and finalize later.

Areas to be Assessed by Faculty:





It is very important to **submit**. If not possible to fill at the time, click **email for later**.

3.4. Best Practices

- Document assessments as soon as possible after the observation.
- Feedback should be specific, constructive, and actionable.
- Avoid generic statements (e.g., "Good work")—provide examples.
- Ensure variety in patient cases and assessor types.
- Use repeated EPA assessments to track progress toward entrustment.

Chapter 4: Feedback, Coaching and Fair Assessment

4.1. Why Feedback Matters

In EPA-based assessment, feedback helps trainees understand what they did well, what to improve, and how to progress safely toward independence. Good feedback builds trust, supports patient safety, and ensures assessments are fair.

4.2. How to Coach in an EPA Setting

1. **Set the stage** – Clarify the EPA and focus points.
2. **Observe** – Watch without interrupting unless safety is at risk.
3. **Micro-feedback** – Brief comments such as "I noticed…" or "Have you considered…?"
4. **Reflect together** – Ask "What went well?" and "What would you change?"
5. **Give 1–2 clear actions** for next time.
6. **Record progress** in the ePortfolio.

Giving Feedback

- Give feedback after each observed EPA when possible.
- Start with strengths, then identify one or two areas for improvement.
- Be specific and link comments to the EPA tasks.
- Give feedback privately if the topic is sensitive.
- Use EPA language in both verbal and written feedback.
- Document clearly in the ePortfolio so it supports follow-up and decisions.

4.3. Supporting Struggling Trainees

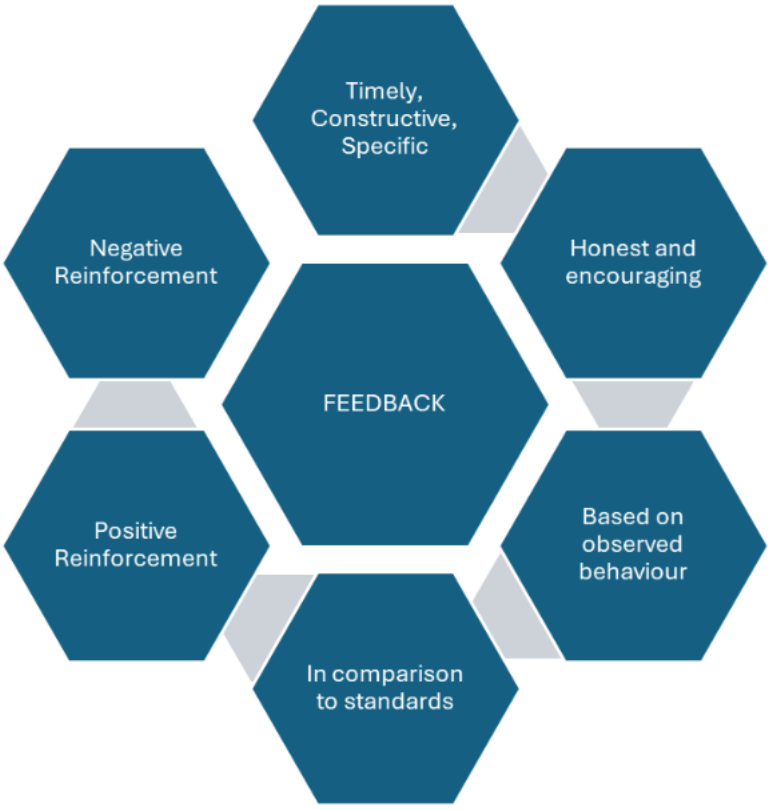
- Watch for repeated low scores or slow progress in dashboards.
- Have structured coaching conversations early.
- Agree on a learning plan with goals and timelines.
- Monitor progress over time and adjust support.
- Document all coaching and follow-up.

4.4. Calibration and Fairness

- Faculty should align their scoring through regular calibration sessions.
- Use case discussions or video examples to agree on entrustment levels.
- CCC meetings help identify scoring differences and address them.

4.5. Feedback-Coaching

- Timely, constructive, specific feedback to guide resident learning and advancement towards mastery.
- Documenting and providing honest and encouraging verbal feedback
- Focused on observed behavior vs performance standards
- Focus not only on practice aspects needing improvement & areas deserving praise for reinforcement
- Trainees at all stages and levels of competence need to know specifically what they are doing well.



4.6. Feedback that Drives Learning

🎯 Goal: Make feedback frequent, specific, and growth oriented.

High-quality feedback is the cornerstone of EPA-based assessment. It guides learning, promotes motivation, and provides critical documentation of performance.

- ✓ Feedback should be given frequently—ideally after every observed EPA activity.
- ✓ Trainees must receive written narrative feedback in the NIHS ePortfolio.
- ✓ Narrative feedback should be clear, motivating, and specific to the task.
- ✓ Encourage trainees to reflect on the feedback in their own words within the system.
- ✓ Schedule a follow-up conversation if needed to clarify or expand.
- ✓ Use EPA-specific language: 'You managed the discharge independently...'
- ✓ Ensure feedback is balanced—acknowledge strengths and identify areas for improvement.
- ✓ When appropriate, give feedback privately, especially for sensitive issues.
- ✓ Well-written feedback supports defensible assessments, remediation, and trainee growth.

4.7. Key Practices

- Score the EPA.
- Enter narrative feedback in the ePortfolio.
- Give verbal feedback in the same setting.
- Schedule follow-up if more discussion is needed.
- Encourage the trainee to respond to feedback in their own words.

Chapter 5: Why EPAs Matter

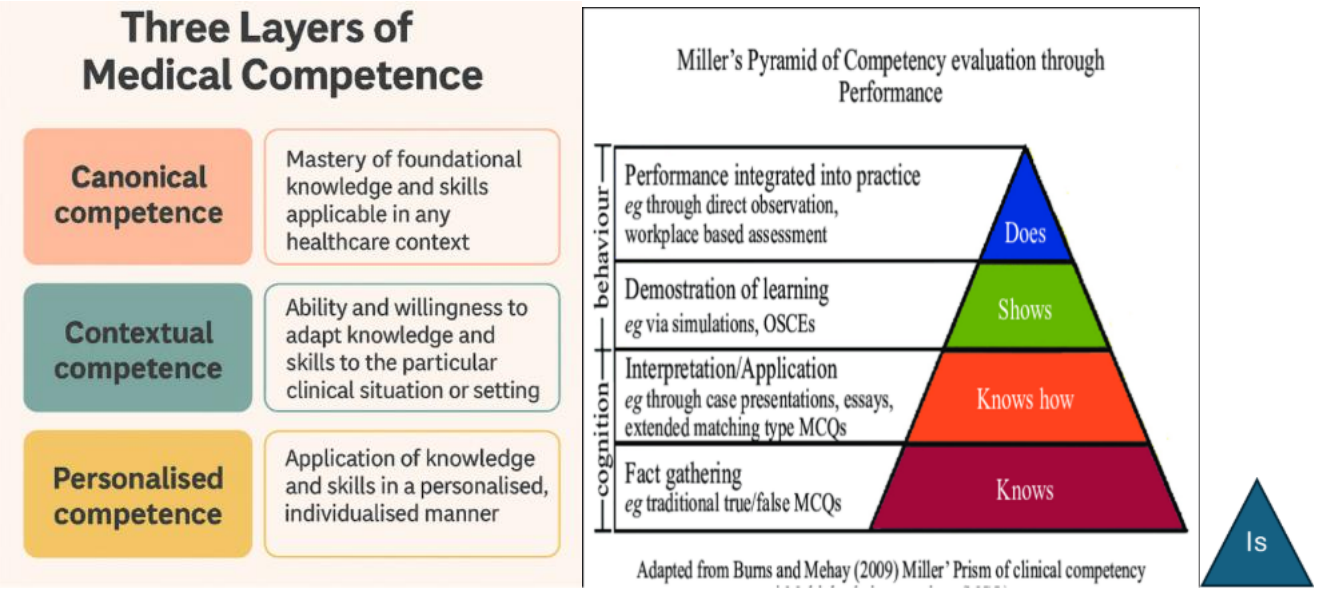
5.1. Real-time tools for CBME in everyday practice

EPAs connect competency frameworks to real clinical work. They turn broad competencies into clear, trust-based tasks that can be observed in practice. This fits with the idea that medical competence has three layers:

- **Canonical competence** – the core knowledge and skills every clinician must know, often checked through standard exams.
- **Contextual competence** – how trainees use these skills in different clinical situations.
- **Personalized competence** – the development of a professional identity and individual style.

EPAs are most useful in contextual competence, where normal exams may not show how well a trainee works in real settings. They need repeated observations in different situations by different assessors to decide if the trainee is ready for more independence. It allows assessment in the real workplace and follow progress in time and not only in exams.

EPAs also align well with **Miller's pyramid** of clinical assessment. "Knows" and "Knows how" match canonical competence, "Shows how" and "Does" fit contextual competence, and adding a top layer of **"Is"** reflects personalized competence, the identity and values of the professional.



- *Reference: Olle Ten Cate 1, Natasha Khursigara*-Slattery 2, Richard L Cruess 3, Stanley J Hamstra 4 5, Yvonne Steinert 3, Robert Sternszus 6 *2, Richard L Cruess 3, Stanley J Hamstra 4 5, Yvonne Steinert 3, Robert Sternszus 6*
  Med Educ. 2024 Jan;58(1):93-104. doi: 10.1111/medu.15162. Epub 2023 Jul 16.
  Medical competence as a multilayered construct

5.2. Trust based on Patient Safety

An EPA is a real task in clinical care that a supervisor must trust a trainee to perform safely without direct supervision.

Examples:

- Taking a new patient's history
- Managing a diabetic emergency
- Breaking bad news
- Discharging a patient safely

Entrustment decisions are based on:

1. Competence – skills, knowledge, reasoning
2. Integrity – honesty, self-awareness
3. Reliability – consistency, responsibility
4. Humility – seeking help when needed
5. Context – risk, urgency, environment

EPAs protect patients by:

- Granting independence only when safety is proven,
- Using observed performance to decide readiness,
- Tracking progress in the ePortfolio to make risks and readiness visible,
- Building confidence through structured autonomy.

Benefits when used nationally:

- Create a culture of safe, progressive level of trust towards independence.
- Reduce bias and variability in judgment.
- Strengthen faculty–trainee coaching relationships.

- Improve quality and safety in postgraduate training.

Chapter 6: Pitfalls to be Avoided

Role-Specific Guidance

Based on evidence from recent literature, the following common pitfalls may undermine the potential of EPAs as meaningful tools for learning and assessment.

Each stakeholder group must proactively avoid these issues to ensure that EPA implementation supports professional growth and patient safety.

6.1. For Clinical Educators – Avoid:

- Reducing EPA assessments to box-ticking without providing specific feedback.
- Failing to observe real clinical encounters and instead relying on assumptions.
- Delaying or avoiding difficult conversations when performance is below expected level.
  Instead: Use direct observation, specific feedback, and coach trainees through complex situations.

6.2. For EPA Assessors and Mentors – Avoid:

- Rushing through observations due to time pressure or clinical workload.
- Providing vague comments like 'good job' without actionable advice.
- Inconsistent ratings due to personal bias or unclear standards.
  Instead: Engage in thoughtful, formative assessment and calibrate with colleagues.

6.3. For Clinical Trainees – Avoid:

- Focusing only on collecting EPA 'entries' rather than internalizing feedback.
- Requesting assessments only from lenient supervisors or in low-risk cases.
- Ignoring narrative feedback or failing to reflect on areas needing improvement.
  Instead: Use feedback as a tool for growth and strive to apply lessons across contexts.

6.4 For Program Directors and Coordinators – Avoid:

- Implementing EPAs without faculty training or clear expectations.
- Overemphasizing completion numbers rather than quality of EPA engagement.
- Failing to monitor data for inconsistencies, rating inflation, or feedback gaps.
  Instead: Support a culture of meaningful, reflective assessment with timely mentoring.

Chapter 7: NIHS ePortfolio System

7.1 How to Use the Mobile ePortfolio App

Guidance documents and videos are posted on the ePortfolio webpage specifically for

1. Institutional Coordinators
2. Trainees
3. Faculty
4. Program Directors and Program Coordinators

Please find the links below:

NIHS ePortfolio Platform Guide for Coordinators.docx
NIHS ePortfolio Platform Guide for Coordinators.pdf
NIHS ePortfolio Platform Guide for Trainees.docx
NIHS ePortfolio - Coordinators Guide - Copy.mp4
NIHS ePortfolio - Trainees Guide.mp4

Glossary

DEFINITIONS

Term	Definition
NIHS (National Institute of Health Specialties)	The governing body overseeing accreditation, standards, and quality of postgraduate medical training in the UAE.
DIO (Designated Institutional Official)	The individual at an institution responsible for graduate medical education compliance and oversight.
GMEC (Graduate Medical Education Committee)	The committee providing governance, strategic direction, and oversight of postgraduate training programs within an institution.
CCC (Clinical Competency Committee)	A program-level committee responsible for reviewing intern/resident/fellow performance and making recommendations on progression.
EPA (Entrustable Professional Activity)	A key unit of professional practice that can be fully entrusted to a trainee once he/she has demonstrated the necessary competence. Units of professional practice, defined as tasks or responsibilities to be entrusted to the execution by a trainee without direct supervision once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, making them suitable for entrustment decisions.
CBME (Competency-Based Medical Education)	An educational approach focusing on outcomes, where progression depends on demonstrating competence rather than time-based training.
PD (Program Director)	The individual responsible for the administration and operations of a specific residency, fellowship, or internship program.
E-Portfolio	A secure, digital platform provided by NIHS for documenting EPAs, assessments, and trainee progress. Integrated with UAE Pass

	for secure login, accessible via mobile app and web, and offering dashboards for trainees, faculty, PDs, DIOs, and NIHS.
Competency	Specific knowledge, skills, behaviors, and attitudes, along with the appropriate educational experiences required of residents to complete GME programs.
Entrustment	The decision to grant the ability to perform an activity at a desired level of performance without direct supervision.
Milestones	Competency-based developmental outcomes (knowledge, skills, attitudes, and performance) that describe the learning trajectory within the Core Competencies, demonstrated progressively from the start of training through graduation to unsupervised practice.

Abbreviations

ePortfolio	
CCC	Clinical Competency Committee
DIO	Designated Institutional Official
CBME	Competency-Based Medical Education
EPA	Entrustable Professional Activity
Faculty	
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
PGY	Postgraduate year
PCP	Principal Contact Person
IC	Institutional Coordinator
NIHS	National Institute for Health Specialties
PC	Program Coordinator
PD	Program Director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