EPA GIM Nr. 3

1. Title	**Caring for patients with chronic conditions**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory, telemedicine (telephone, video) • Hospital, other institutions, nursing home ***Timeframe:*** • From patient's announcement or first patient contact until diagnosis and/or treatment decision • A defined period of care within a longitudinal follow-up (i.e. one encounter). ***Includes the following tasks:*** • Diagnose, assess, and manage chronic conditions • Detect worsening or exacerbations within the chronic conditions • Provide continuity, coordination and comprehensiveness of care • Involve other healthcare professionals, organizations and formal and informal care givers (relatives etc) • Support patient self-management ***Excludes:*** acute conditions (EPA 1unstable conditions (EPA2) , palliative patients (EPA 4),), vulnerable patients (5), Leading interprofessional healcare teams (EPA 13) ; Managing handover and transition of care (EPA8) Documentin patient-related medical information (EPA9), Managing legal and insurance issues (EPA 15), Management of an ambulatory practice (EPA 16).
3. Potential risks in case of failure	Threat to patient safety.
4. Most relevant Competency Domains (emphasis)	○ Communicator ○ Collaborator ○ Professional ○ Health advocate
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes symptoms and signs of chronic problems • Recognizes change of chronic symptoms into an acute condition • Integrates clinical evidence in shared decision making • Manages uncertainty and uses time as an ally

	• Formulates management plans integrating simultaneous chronic conditions and set up priorities with patient involvement (advanced care planning) • Includes informal care givers • Ensures follow-up in coordination with other health professionals involved • Refers to other specialists if needed and according to own therapeutic limits • Demonstrates resources stewardship in clinical care and addresses competing treatment needs • Evaluates and adapts polypharmacy and possible medical interactions • Facilitates transitions across the healthcare continuum (care location, human and financial resources, and care coordination) ***Attitude*** • Helps patients and their relatives acquire the skills and confidence to manage their chronic illness • Respects patient's autonomy • Demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives • Engages patients, their families/relatives in developing plans that reflect the patient's health care needs and preferences • Documents in an accurate, complete, timely, and accessible manner • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, • Demonstrate openness to feedback and opinions of others • Is aware of own limits and seeks help if needed
6. Information sources to assess progress	• Direct observation • Case presentation and case-based discussion • Evaluation of work product (chart records etc) • Multisource feedback
7. Entrustment/ Supervision Level expected at the end of training:	supervise others (Level 5)
8. Expiration date	NA

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