EPA GIM Nr. 1

1. Title	**Caring for patients with acute medical conditions**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory, telemedicine (telephone, video) • Hospital, other institutions, nursing home ***Time frame:*** starts with the first patient-related contact, until resolution, effective treatment, or referral ***Includes the following tasks:*** • Perform an initial assessment • Develop a management plan • Plan the follow up • Refer to appropriate structure if needed ***Excludes:*** unstable patients (EPA2), resuscitation, chronic patients (EPA 3), perioperative care (EPA 11) , preventive care (EPA 6)
3. Potential risks in case of failure	Threat to patient health and safety, Threat to trainee if inadequately supervised.
4. Most relevant Competency Domains (emphasis)	• Medical Expert • Communicator • Professional
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes clinical presentations of acute conditions • Generates and prioritizes differential diagnosis • Applies diagnostic and prognostic scores if relevant • Explains the relevant pathophysiological changes in acute situations • Developes, judges and communicates management plans (diagnostic work-up and treatments) • Analyses competing treatment needs • Anticipates and communicates potential complications and prognosis • Assesses the efficacy and appropriateness of the treatment • Applies clinical reasoning • Appraises uncertainty in clinical reasoning ***Attitude:***

	• Favours collaboration and team work between health professionals • Demonstrates an empathetic, open, and receptive attitude towards patients and their relatives • Engages patients and/or their relatives in developing plans that reflect the patient's health care needs and preferences • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates openness to feedback and opinion 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 • Chart record analysis • Multisource feedback
7. Entrustment/ Supervision Level expected at the end of training:	Supervise others (Level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 2

1. Title	**Caring for patients with unstable conditions**
2. Description (Specifications and limitations)	Recognize and provide **initial** management to critically ill patients presenting with severe symptoms that pose an immediate threat to their life or vital organ function. ***Setting***: • Home, ambulatory • Hospital, other institutions, nursing home ***Timeframe:*** from first contact to stabilization of condition or until handover. ***Includes the following tasks:*** • Perform an initial assessment • Develop a management plan according to patients and relatives advanced care planning • Start initial stabilisation (incl. CPR) • Refer/admit to higher level of care if needed (ICU, intermediate care unit) ***Excludes:*** Managing ICU patients, Intubation
3. Potential risks in case of failure	Threat to patient safety, incl. pending death. Threat to trainee if inadequately supervised.
4. Most relevant Competency Domains	• Medical Expert • Collaborator • Communicator
5. Knowledge, Skills, Attitude	***Knowledge and Skills:*** • Explains the pathophysiological changes that occur in critical illness. • Considers and responds to the pharmacokinetics, pharmacodynamics, and drug interactions of medications (including vasoactive agents, sedatives, analgesics, antimicrobials) • Applies currently in use resuscitation algorithms, including Cardiopulmonary Resuscitation (CPR), Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) • Provides a correctly prioritized list of differential diagnosis in a given unstable patient situation • Develops an initial plan, respecting the patient's and/or relatives preferences and advance care plans

	• Recognizes unstable patients requiring referral for higher level of care (ICU, IMC) and helps organizing the admission • Stabilizes critically ill or acutely deteriorating patients • Performs necessary non-invasive and invasive diagnostic and therapeutic medical procedures • Manages basic invasive and non-invasive techniques for monitoring hemodynamic parameters ***Attitude:*** • Copes with stress and remains focused • Considers ethical principles, and legal aspects of critical care, including informed consent, capacity assessment, and advanced care planning • Seeks collaboration and teamwork between health professionals • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates openness to feedback and opinion of others • Is aware of own limits and seeks help if needed
6. Information sources to assess progress	• Direct observation • Case-based discussions • Multisource feedback • Simulation training
7. Entrustment/ Supervision Level expected at the end of training:	Initial assessment: Supervise others (Level 5) Management: Distant supervision (Level 4)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

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

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 4

1. Title	**Providing health promotion and preventive care consultations**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory, telemedicine (telephone, video) • hospital or other institutions (incl. rehabilitation), nursing home ***Timeframe:*** From the beginning to the end of a single consultation ***Includes the following tasks:*** • Recognize opportunities for addressing health promotion and preventive/screening issues • Provision of recommended, age-appropriate screening, preventive care and health promotion • Provide evidence-based informations (benefits, risks and alternatives of screening tests a/o prevention strategies) • Plan the selected preventive/screening measures and follow-up ***Excludes:*** **public/**conference contributions
3. Potential risks in case of failure	Impaired patient quality of life. Threat to public health.
4. Most relevant Competency Domains (emphasis)	○ Health Advocate ○ Communicator
5. Knowledge, Skills, Attitude: key aspects	**Knowledge and skills:** • Assesses patients' knowledge about their health/wellness • Counsels health promotion strategies (primary prevention). • Detects illness in early, treatable stages (secondary prevention). • Utilizes pharmacologic and non-pharma measures to minimize risk factors for disease progression and complications (tertiary prevention). • Avoids measures leading to overmedicalization (quaternary prevention). • Educates and empowers patients. • Uses shared decision making and motivational interviewing skills to involve and empower patients while respecting their autonomy

	• Provides evidence-based and patient oriented information material from providers and authorities in relation to preventive activities. ***Attitudes:*** • Demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives. • Supports the engagement of patients and their relatives in developing health care plans that reflect the patients' health care needs, functional status and preferences • Shows awareness towards disparities in health care among different patient-populations that can impact their medical care. • Demonstrates respect for patient's autonomy • Shows scientific curiosity • Demonstrates professionalism: rigor, transparency, integrity, reliability, reflectivity • Demonstrates openness to feedback and opinion 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 • evalutation of work products (chart records etc) • Multisource feedback
7. Entrustment/ Supervision Level expected at the end of training	Supervise others (Level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 5

1. Title	**Providing perioperative care**
2. Description (Specifications and limitations)	***Setting:*** • Ambulatory, Hospital ***Time frame:*** from decision to have surgery until transition of care to the anesthesia team and from transition of care from anesthesia team until recovery. ***Includes the following tasks:*** • Ensure the necessary preoperative assessments. • Optimization of the patient's condition perioperatively • Cover the necessary postoperative follow ups ***Excludes:*** intraoperative care, complications requesting surgery, legal and insurance issues
3. Potential risks in case of failure	uneccessary perioperative medical complications
4. Most relevant Competency Domains (emphasis)	• Medical Expert • Collaborator • Communicator
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Identifies preoperatory clinical predictors and risk factors for medical complications of surgery using the appropriate decision-support tools/scores • Reviews and optimizes the preoperative medical condition and pharmacotherapy • Verifies the presence of patient's advanced directive • Recognizes most common postoperative medical complications (eg glucose disturbances, blood pressure variations, pain etc) • Supports the surgical team with follow up visits after hospital discharge until recovery • Ensures out-of-hospital postoperative wound care • Ensures the care of common postoperative complications in cooperation with the surgical team ***Attitude:*** • Establishes collaboration with the perioperative team (surgical and anaesthesia colleagues)

	• Verifies the patient's and/or their relative's comprehension of the surgical procedure and of the postoperative period • Engages patients and/or their relatives in developing plans that reflect the patient's health care needs and preferences • Demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, awareness of own limits • Demonstrates openness to feedback and opinions of others • Seeks help if needed
6. Information sources to assess progress	• Direct observation • Case presentation and case-based discussion • Feedback from the involved team (surgery, anaesthesia)
7. Entrustment/ Supervision Level expected	Distant supervision (Level 4)
8. Expiry date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 6

1. **Title**	**Caring for patients with palliative / end-of-life conditions**
2. Description (Specifications and limitations)	Improving quality of life of patients and relatives facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual. ***Setting:*** • Home, ambulatory, telemedicine (telephone, video) • Hospital, other institutions, nursing home ***Time frame:*** • from first contact with patients until effective control of symptoms, treatment, referral, or death • A defined period of care within a longitudinal follow-up (i.e. one encounter). ***Includes the following tasks:*** • Manage patients with palliative and/or end of life conditions • Manage palliative care emergencies • Manage withdrawal of life-sustaining therapies • Manage imminent death • Support patients and/or their families/relatives ***Excludes:*** *NA*
3. Potential risks in case of failure	Inadequate patient care, poor quality of life, feeling of being neglected or abandoned (including relative's distress)
4. Most relevant Competency Domains (emphasis)	• Communicator • Collaborator ○ Professional
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes semiology of palliative/end-of-life conditions • Applies appropriate assessment scales (pain, frailty…) • Lists principles of pharmacological and non-pharmaclogical approaches, for pain and non-pain symptoms • Develops and implements plans to provide comprehensive management for the full spectrum of pain and non-pain syndromes. • Manages acute conditions needing an immediate adaptation of the treatment plan • Communicates about goals of care and prognosis • Addresses medical uncertainty

	• Supports patients and/or their relatives in the psychosocial/spiritual/existential/cultural domains • Coordinates and facilitates transitions across the healthcare continuum (care location, human and financial resources, and care coordination) • Addresses requests for assisted suicide ***Attitudes:*** • Appreciates the importance of symptom management in diminishing suffering and improving quality of life • Favours collaboration and team work between health professionals • Demonstrates an empathetic, open, and receptive attitude towards patients and their relatives • Explores and supports patients and their relatives in developing plans that reflect their medical and non-medical needs and preferences • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates openness to feedback and opinion of others • Is aware of own limits and seeks help if needed
1. Information sources to assess progress	• Direct observation • Evalutation of work product (chart records etc) • Multisource feedback • Simulation training
6. Entrustment/ Supervision Level expected at the end of training:	Supervise others (Level 5)
7. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

APPROVED BY SIWF FMH ISFM © Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 7

1. Title	**Caring for patients in situations of vulnerability**
2. Description (Specifications and limitations)	Refers to the management of patients presenting one or more health-related vulnerability factors that put them at risk of unequal care (e.g. patients exposed to domestic violence, LGBTIQA+ population, forced migrant populations, sex workers, frequent emergency department users etc). They are characterised by a situation of global clinical vulnerability and unusual complexity. ***Setting:*** • Home, ambulatory, • Hospital, other institutions, nursing home ***Time frame:*** • from the first patient-related contact, until resolution, effective treatment, or referral. • A defined period of care within a longitudinal follow-up (i.e. one encounter). ***Includes the following tasks:*** • Identify a situation of global clinical vulnerability, unusual complexity and specific needs in patients • Adapt care accordingly ***Excludes:*** Managing legal and insurance issues (EPA 15); Documenting patient-related medical infomration (EPA 9)
3. Potential risks in case of failure	Inequity in the access to healthcare.
4. Most relevant Competency Domains (emphasis)	• Health advocate • Communicator • Collaborator
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes patients at risk of unequal care • Assesses barriers to access healthcare services (e.g. linguistic barriers, ethnicity, social, material or relational precarity, physical or cognitive/intellectual disabilities, addictions..) • Assesses patient knowledge, expectations, and needs in terms of treatment of symptoms, diseases and illnesses

	• Accommodates the clinical encounter to patient needs by taking into account patient health-literacy, cognitive/ functional disabilities or language and cultural differences (incl use of professional interpreters) • Explores the patient social environment • Adapts the management and care plan according to the patients and /or the relatives needs • Collaborates with other healthcare or social professionals (specialized nurses, social service, associations, ...) ***Attitude:*** • Appraises the increased risk for vulnerable people to have their interests unequally considered and have limited access to healthcare resources • Avoids prejudice (bias, stereotypes) • Integrates ethical principles, and legal aspects of critical care, including informed consent and capacity assessment • Fosters collaboration and team work between health professionals • Demonstrates an empathetic, open and receptive attitude towards colleagues in the health professions • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, and collegiality, as well as cultural humility and cultural competence. • Demonstrates openness to feedback and opinion 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 products (chart records etc) • Reflective Practice
7. Entrustment/ Supervision Level expected at end of training.	Distant supervision (Level 4)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

APPROVED BY SIWF FMH ISFM © Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 8

1. Title	**Processing scientific medical information for a clinical situation**
2. Description (Specifications and limitations)	***Setting:*** patient care (e.g. management plan) , structured presentations, scientific project ***Time frame:*** Starts with a clinical/scientific question and ends with the use of the information, ie. treatment plan, presentation, teaching session etc. ***Includes the following tasks:*** • frame a relevant question • search and access reliable information • critically appraise the information • summarize and present the information • apply the information according to the initial need and setting ***Excludes:*** Teaching and supervising (EPA 17)
3. Potential risks in case of failure	Inadequate patient care, poor scientific research
4. Most relevant Competency Domains (emphasis)	• Scholar
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes the principles of evidence-based medicine (e.g. levels of evidence, etc.) • Identifies reliable databases incl. AI-support, videos, literature, medical databases • Adapts databases selection to the question • applies basic statistics • Crosschecks information from different databases • Retrieves the relevant information • Synthetically presents the information • Adapts and applies the retrieved information to the situation if needed ***Attitudes:*** • Demonstrates scientific curiosity,

	• Demonstrates professionalism: rigor, humility, transparency, integrity, reliability, reflectivity • Demonstrates openness to feedback and opinions of others
6. Information sources to assess progress	• Analysis of the quality of the retrieved/presented materials or information • Direct observation (e.g.journal club, Discussions) • Case-based discussion
7. Entrustment/ Supervision Level expected at the end of training:	Supervise others (Level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 9

1. Title	**Managing transitions of care**
2. Description (Specifications and limitations)	*This EPA describes two different types of transitions:* *1. Handovers* (the transfer of responsibility between healthcare professionals within the same care settings) *2. Transition of care:* The transition across different settings to ensure the continuity of patient care. ***Setting:*** • Home, ambulatory • Hospital, other institutions, nursing home ***Timeframe:*** starts with the decision of transfer/ discharge until the moment the transition is completed ***Includes the following tasks:*** • Collect missing relevant medical information (e.g., treatments, prior illnesses) • Ensure reconciliation of medication • Perform oral and written handover to the next healthcare providers within the same care settings • Transmit oral and written information to the next healthcare providers and/or to patients/proxies ***Excludes:*** *Managing legal and insurance related issues (EPA 15).*
2. Potential risks in case of failure	Avoidable readmissions and prolongation of stay. Avoidable costs from the inadequate use of resources.
3. Most relevant Competency Domains	• Communicator • Collaborator • Leader/Manager
4. Knowledge, Skills, Attitude	***Knowledge/Skills:*** • identifies information required for the handover a/o transition (as information provider) • critically appraises the information obtained (as information receiver) • provides relevant and structured oral and written medical information (including care plan and advanced directives)

	• assesses the patient' functional and cognitive status, social and healthcare needs to anticipate potential barriers/problems at the transition of care • uses the local healthcare and social resources to facilitate the transition • collaborates with the social and healthcare providers involved • conducts a discharge interview with the patient • selects the appropriate transfer modality (e.g., ambulance) ***Attitude:*** • recognizes the transition of care settings as an interprofessional task, integrating the suggestions of the different stakeholders • demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives • supports patients and their relatives in developing plans that reflect the patient's health care needs, functional status and preferences • demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • demonstrates openess to feedback and opinions of others • Is aware of own limits and seeks help if needed
5. Information sources to assess progress	• Direct observation • evalutation of work product (chart records etc) • Structured case discussions/ Debriefing sessions • Multi-source feedback
6. Entrustment/Supervision Level expected at the end of training	Supervise others (Level 5)
7. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 10

1. Title	**Documenting patients medical information**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory, telemedicine (telephone, e-mails, video) • Hospital, other institutions, nursing home ***Timeframe:*** *Starts with the documentation of the clinical encounter and ends with the completion of the relevant written summary* ***Includes the following tasks:*** • Identify, prioritize and synthesize relevant elements of the clinical encounter (in patient charts etc) • Update clinical documentation • Write a medical report (e.g. *referral letter, discharge letter, follow up notes, consultation report, etc)* ***Excludes:*** *expertise report (= needs expertise in the field);* *support the patient in writing advanced directives; Legal documents (EPA 15)*
3. Potential risks in case of failure	Threat tocontinuitiy of care, or to the institution.
4. Most relevant Competency Domains (emphasis)	• Communicator (written documentation) • Medical Expert • Professional
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and Skills:*** • Identify and synthesize relevant biomedical and psychosocial information • Report an accurate representation of a specific patient's clinical picture • Describe the underlying clinical reasoning, when needed • Write an accurate, concise and well-organized medical information adapted to the context (EHR; letter; etc) and the readers • Describes the rules needed to protect patient data when documentation is meant to be sent out

	• Documents in a patient-centered manner, when documentation done in the presence of the patient. • Use the capabilities of the IT Systems and ensure data protection ***Attitudes*** • Fosters timely documentation • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Is aware of own limits and seeks help if needed
6. Information sources to assess progress	• Evalauation 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

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 11

1. Title	**Leading specific conversations with patients and/or relatives**
2. Description (Specifications and limitations)	Conduct a conversation in situations requiring specific approaches and skills: such as-breaking bad news, shared-decision making and motivational interviewing f.ex. ***Setting:*** • Home, ambulatory, on call shifts • Hospital, other institutions, nursing home ***Time frame:*** from preparation until the end of the dialog/meeting or debriefing ***Includes the following tasks*** • *Prepare collecting all information needed* • *Chose the specific techniques according to the task* • *Conduct the conversation* • *Reflect on the effect of the task* ***Excludes:*** transition of care (EPA8), conflict with colleagues (EPA 13), discharge conversations, insurance issues (EPA 15), diclosing medical errors EPA 14.
3. Potential risks in case of failure	neglecting patients` and participants preferences and emotional distress.
4. Most relevant Competency Domains (emphasis)	• Communicator • Professional (respect of ethical and legal issues)
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Communicates using a patient-centered approach that encourages patient trust and autonomy • Describes key elements and steps of specific communication techniques (e.g.SPIKES model etc) • Adapts the physical environment for patient comfort, dignity, privacy, engagement, and safety • Evaluates with the patient how relatives should be included in the communication loop. • Recognizes patient and/or relatives values, perspectives and/or unexpressed concerns and adapts the approach to the patient accordingly

	• Responds to a patient's and /or relatives non-verbal behaviours to enhance communication • Responds to disagreements and emotionally charged conversations ***Attitudes:*** • Demonstrates an empathetic, open and receptive attitude towards patients and/or their relatives • Engages patients and their relatives in developing plans that reflect the patient's health care needs and preferences • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates 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 • Multisource feedback • Reflective practice • Simulation
7. Entrustment/ Supervision Level expected at the end of training	Distant supervision (Level 4)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 12

1. Title	**Conducting ward rounds**
2. Description (Specifications and limitations)	***Setting:*** Medical ward (in-hospital or other institutions) ***Timeframe:*** starts with round preparation until end of round / debriefing ***Includes the following tasks:*** • Preparation of the round • Leading the round • Debriefing the round ***Excludes:*** case presentation, interprofessional chart review (contre-visite, controgiro, Kardex® Visite)
3. Potential risks in case of failure	Inadequate patient care, threat to healthcare teamwork, to the institution.
4. Most relevant Competency Domains (emphasis)	• Leader/Manager • Communicator • Collaborator
5. Knowledge, Skills, Attitude	***Knowledge and skills:*** • Gets familiar with present information about the patients to be seen • Practices patient-centered, focused collection of actual state of health information and focused physical examination • Develops and evaluates diagnostic hypotheses • Applies clinical reasoning and copes with concomitant uncertainty • Discusses the further management, the therapeutic goals and the discharge from the hospital with all persons involved • Recognizes the priorities and is able to handle interruptions and urgencies • Plans and uses the pre-determined time frame for rounds with respect to patients' needs and complexity • Encourages participation of nurses, students and other health care professionals • Plans further management steps according to the information and decisions from the ward round ***Attitudes:*** • Demonstrates calmness and flexibility • Demonstrates an empathetic, open, and receptive attitude towards patients, relatives, and team members

	• Engages patients in developing plans that reflect the patient's health care needs and preferences • Demonstrates reliable behavior towards the ward round team and the patients • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates openness to feedback and opinions of other • Is aware of own limits and seeks help if needed
6. Information sources to assess progress	• Direct observation • Multisource feedback • Reflective practice
7. Entrustment/ Supervision Level expected	Supervise others (Level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 13

1. Title	**Leading interprofessional health care team activities**
2. Description (Specifications and limitations)	Leading interprofessional health care teams during planned or "ad hoc" activities with or without the patient. These activities include any inter- and intraprofessional teamwork related to patient care (incl. huddles, debriefings, team discussions of complex situations) ***Setting:*** • Home, ambulatory, • Hospital, other institutions, nursing home ***Timeframe:*** begins with the planning of the health care team activity and finishes with its dissolution, once the objective is attained. ***Includes the following tasks:*** • Lead and facilitate health care team meetings (e.g. work organisation issues) • Address and resolve disagreements with other caregivers and colleagues • Lead a team in a patient management situation • Organize work and time management of health care teams ***Excludes:*** *Working groups not directed to patient care.*
3. Potential risks in case of failure	Ineffective team dynamics. Unsolved intrapersonal conflicts
4. Most relevant Competency Domains	• Leader • Collaborator • Communicator
5. Knowledge, Skills, Attitude	***Knowledge and Skills:*** • Identifies the principles of effective teamwork, including the need for a shared vision of the situation • Identifies which professionals are needed to achieve the objective and their roles and responsibilities • Demonstrates good practice in team communication, feedback, management of team dynamics and conflict • Sets an agenda to ensures time management of the session • Supports the team in setting goals, priorities or objectives (e.g. SMART: specific; measurable; achievable; relevant and time-bound) • Anticipates need of the team members and responds timely to changes (situational awareness)

	• Involves every team member • Coordinates the work of the team members and delegates tasks among team members (including session documentation) • Ensure team cohesion and can be supported by validated approaches (eg. TeamSTEPPS) • Facilitates collaborative problem-solving and consensual decision-making in the team • Organizes the team work ahead of the meeting and prioritizes the actions to be undertaken ***Attitude:*** • Demonstrates reflectivity towards one's own leadership skills • *Demonstrates an empathetic, open and receptive attitude towards colleagues in the health professions* • *Supports positive and inclusive team culture* • *Takes into account the perspectives of the various team members, the key elements of the context surrounding the achievement of the objectives* • Demonstrates accountability towards teamwork results • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, awareness of own limits • Demonstrates openness to feedback and opinion of others • Seeks help if needed
6. Information sources to assess progress	• Direct observation • Simulation • multisource feedback
7. Entrustment/ Supervision Level expected at the end of training	Supervise others (level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 14

1. Title	**Managing critical incidents regarding patient safety**
2. Description (Specifications and limitations)	Refers to the management of errors, near misses and adverse events at patient level. ***Setting:*** • Home, ambulatory, • Hospital, other institutions, nursing home ***Timeframe:*** starts with the recognition of a patient-level critical incident and ends with the discussion and analysis of the event ***Includes the following tasks:*** • Identify, report, analyze, document near misses and critical incidents • Disclose errors to patients • Address strategies to avoid recurrence ***Excluding:*** Incidences without resolution possibliities at the Institutional level, incidence management on a hospital or national /political level
3. Potential risks in case of failure	Legal consequences to the institution; recurrence of similar events.
4. Most relevant Competency Domains (emphasis)	• Professional • Communicator • Leader/Manager
5. Knowledge, Skills, Attitude	***Knowledge and Skills:*** • Defines the different types of patient safety incidents and recognizes them in his/her professional practice. • Differentiates unavoidable clinical outcomes related to a disease or its management, from avoidable outcomes releated to medical activities.. • Is aware of at what level the incidence has to be reported and dealt with and how to seek advice and help. • Demonstrates knowledge of relevant legal and institutional policies.

	• Provides timely factual communications about the occurrence and reasons for a patient safety incident, as they become known. • Appologies in an appropriate way • Supports the team and other health providers affected by the patient safety incident. • Supports team in disclosure communications. • Documents patient safety incidents and their disclosure in the patient's health record ***Attitude*** • Accepts the personal obligation to disclose patient safety incidents in accordance with codes of ethics, professionalism, organization, regulatory policies, and legislation. • Self-reflects and learns from patient safety incidents to prevent their recurrence. • Has courage and will to speak up. • Engages in maintaining trust in the patient–physician relationship (transparency, honesty, etc). • Partners with patients and/or families to meet their clinical, emotional and information needs. • Is aware of own behaviours after the event (second victim). • Engages in self-care and healthy coping strategies to deal with the incident. • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, awareness of own limits • Demonstrate openness to feedback and opinions of others • Seeks help if needed.
6. Information sources to assess progress	• Direct observations • Case presentation and chart review • Simulation training • Debriefing sessions, Morbidity-mortality sessions; Clinical-pathologic conferences
7. Entrustment/ Supervision Level expected at the end of training:	Distant supervision (Level 4)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

APPROVED BY SIWF FMH ISFM © Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 15

1. Title	**Providing health-related legal documents**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory • Hospital, other institutions, nursing home ***Time frame:*** single and/or periodic assessment of patient disability until resolution or legal/health insurance related decision. ***Includes the tasks****:* • Assess work or functional capacity • Assess invalidity • Assess capacity of discernment • Complete a medical report or (death) certificate • **Excludes:** NA
3. Potential risks in case of failure	Threat to patient rights and society. Threat to the physician legal integrity.
4. Most relevant Competency Domains (emphasis)	• Collaborator • Professional (respect of ethical and legal issues) • Health Advocate
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Knows the legal and professional responsibilities/ consequences related to writing certificates and reports • Collects information (patient history taking, physical examination, and test results) for a full assessment of the different dimensions of disability • Collects additional information from key stakeholders for assessment completion • Uses the appropriate form content and wording according to the type of certificate/report requested. • Contextualizes the findings in a reasonable manner **Work capacity** • Knows legal standards required for medical certificate of sick leave and medical certificate of good health • Assesses patient required working capacity by assessing physical and/or mental impairments **Invalidity** • Understands the concept of invalidity and principles ruling/regulating invalidity • Knows the different disability insurance support measures

	Discernment • Understands the concept of capacity of discernment • Assesses patient capacity of discernment using specific criteria • Knows the types of supports and resources available for patients needing measures of protection of their health **Death** • Assesses death of a patient • Draws up a death certificate or statement ***Attitude:*** • Reports honestly and not misleading • Respects legal standards and rules of practice • Proceeds in a completely free and objective manner • Respect spatient's right to confidentiality unless released from it • Demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates openness to feedback and opinions of others • Seeks help if needed
6. Information sources to assess progress	• Direct observation • Case presentation and case-based discussion • Written document (reports) analysis
7. Entrustment/ Supervision Level expected at the end of training	Supervise others (level 5)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 16

1. **Title**	**Managing the administrative/organisational aspects of an ambulatory practice**
2. Description (Specifications and limitations)	This EPA focuses on the organizational aspects of a working day in an ambulatory practice and not on patient care: managing daily planned and unplanned consultations, calls, emails, administrative work; allocating responsibilities within team ***Setting:*** Solo or group practice or medical center ***Time frame:*** • From the beginning to the end of a unit of work (e g workday, weekly or monthly schedule ***Includes the tasks***: • Manages the daily workflow for all the members of the team • Manages the billing of clinical and administrative tasks • priorities and organizes a schedule for consultations ***Excludes:*** Leading interprofessional Teams (EPA13), Leading conversation with patients (EPA 10); Providing health related legal documents (EPA 15)
3. Potential risks in case of failure	threat of physician safety/autonomy. Threat to practice functioning. Threat to the trainee if inadequately supervised
4. Most relevant Competency Domains (emphasis)	• Leader/manager • Collaborator • Professional (respect of ethical and legal issues)
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Recognizes the different types and modalities of ambulatory practices and their financial and legal implications • Explains the different type of patient health insurance modalities • Describes the requirements of maintenance of technical equipment/material and IT according to security, legal and ethical principles Manages daily consultations and activities in a timely manner (preparation, planned and unplanned consultations, phone/video call, emails/text messages, administrative work). • Uses the federal medical tariff system for billing.

	• Makes balanced choices about use of available resources. • Communicates with team members of the healthcare practice • Delegates tasks and responsibilities to other team members • Sets priorities • Creates and maintains a network of specialists and health/social professionals. • Uses information technologies (IT/EMR) • Creates and maintains a network of specialists and health/social professionals ***Attitudes:*** • Respects legal standards and rules regarding practice management and patient confidentiality. • Creates safe and trustful working environment. • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, awareness of own limits • Remains calm and manages own emotions of stress • Demonstrates openness to feedback and opinions of others • Acknowledges own limits and resources. • Seeks help if needed
6. Information sources to assess progress	• Multisource feedback (controlling, medical personnel in the practice) • Direct observation • Written document (reports) analysis (time schedule, working hours) • Reflective practice
7. Entrustment/ Supervision Level expected at the end of training	Indirect supervision (Level 3 for Hospitalists) Distant supervision (Level 4 for family doctors)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

APPROVED BY SIWF FMH ISFM © Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 17

1. Title	**Perform clinical teaching**
2. Description (Specifications and limitations)	clinical (informal, not scheduled) and non clinical context (formal, scheduled) with students, peers and other health professionals in a clinical environment ***Timeframe:*** starts with a situation involving a learner, ends with the end of the learning situation ***Includes the following tasks:*** • recognize teachable moments • provide coaching to daily activies • teach • evaluate ***Excludes:*** *NA*
3. Potential risks in case of failure	Inadequate training of learners, poor quality of training center,
4. Most relevant Competency Domains (emphasis)	• Scholar • Professional • Communicator
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and skills:*** • Prepares teaching activities • Knows, uses and illustrates basic principles of adult learning • Explores learners' needs • *Activates prior knowledge* • Adapts the task to the learners' level • Supervises learners performing a task • Engages learners in their own clinical reasoning • Provides feedback and assessment of performance • Demonstrates explicit role modelling • Promotes using evidence in teaching activities ***Attitudes:*** • Demonstrates enthusiasm, curiosity, accessibility, empathy, support, respect to the learner • Demonstrates awareness of own limitations and is not afraid to say, "I don't know." • Develops and documents a reflective attitude towards learning and education

	• Creates trustful and non-threatening learning atmosphere • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality • Demonstrates opennes to feedback and opinions of others • Is aware of own limits and seeks help if needed
6. Information sources to assess progress	• Direct observation • Teaching-based discussion (regarding teaching strategies and tools used to stimulate learners' clinical reasoning) • Multisource feedback
7. Entrustment/Supervision Level expected at the end of training	Distant supervision (Level 4)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

APPROVED BY SIWF FMH ISFM © Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF

EPA GIM Nr. 18

1. Title	**Performing technical procedures**
2. Description (Specifications and limitations)	***Setting:*** • Home, ambulatory • Hospital, other institutions, nursing home ***Timeframe:*** from indication for procedure until documentation and interpretation of generated results or end of the procedure/postinterventional follow-up ***Includes the following tasks****:* • Preparation • Performance of procedure • Interpretation of results • Documentation ***Excludes:*** *POCUS, Sonography*
3. Potential risks in case of failure	Threat to patient safety.. Threat to the trainee if inadequately supervised.
4. Most relevant Competency Domains (emphasis)	○ Collaborator ○ Communicator ○ Professional
5. Knowledge, Skills, Attitude: key aspects	***Knowledge and Skills:*** • Integrates all relevant information about the patient necessary for the procedure • Selects the appropriate method and laboratory tests • Assesses indications and contraindications • Anticipates potential complications • Communicates adequately with the patient and in team • Obtains informed consent if required • Explains the procedure and possible alternatives • is able to explain and balance competing requirements • Is able to apply proper sequence of intraprocedural steps • Is familiar with material needed • Verifies the most suitable position of the patient • Demonstrates appropriate manual skills • Solves minor intraprocedural difficulties and complications • Applies anaesthesia, sedation or analgetics properly if required • Observes and adheres principles of asepsis and maximize patient safety during the procedure

	• Applies appropriate peri- and postinterventional monitoring and follow-up • Arranges the patient transport appropriately • Interpretes the generated results ***Attitudes:*** • Favours collaboration and team work between health professionals • Demonstrates an empathetic, open, and receptive attitude towards patients and/or their relatives • Engages patients and/or their relatives in developing plans that reflect the patient's health care needs and preferences • Demonstrates professionalism: respect, proactive involvement, integrity, reliability, collegiality, awareness of own limits • Demonstrates openness to feedback and opinion of others • Seeks help if needed
6. Information sources to assess progress	• Direct observation • Entrustment based discussion • Simulation
7. Entrustment/ Supervision Level expected at the end of training:	Listed procedures of the Catalogue of learning objectives (LZK SGAIM), Indirect Supervision (Level 3)
8. Expiration date	NA

The EPA committee of the SIWF approved this EPA on 02.05.2025.

© Created by the Swiss Society of General Internal Medicine (SSGIM) in collaboration with the SIWF