EPA’S

Kalli Varaklis, MD, MMEdL
Department of Medical Education
Now what from the ACGME......

- Outcomes Project
- Competencies
- Milestones
- Competency-based medical education (CBME)
- Competency-based medical practice
- Entrustable Professional Acts (EPAs)
Objectives

- Historical perspective
- What are EPAs in medicine?
- Why use EPAs
- Writing our own EPAs
  - Goal: leave with a 10-Step DIY EPA in hand
- How are they used? Who is using them?
  - Residency/fellowship
  - Medical School
  - Transition to practice
☐ I have no financial disclosures
In the Olden Days……

- there was a large volume of knowledge, skills and attitudes (K/S/A) that needed to be attained by every resident before residency graduation
  - Needed to be done in a discrete period of time – independent of the learner’s actual achievement
- Doing your time (ie completion of the program) was the proof that residents were ready to be ‘real doctors’
In the Olden Days......

- Curriculum was developed by ‘experts’ in the field
  - Less responsive to changing health care needs
  - Irrespective of the unique characteristics of learners
  - Varied from institution to institution and from graduate to graduate
1999 ACGME Outcomes project

- Organized the large volume of knowledge/skills/attitudes to be attained into 6 Core Competencies
  - Same language and organization across and within all specialties
  - Still determined by medical education experts
The K/S/A that are required for graduation are determined by the needs of the health care system.

Working ‘backwards’ from what the health care system requires from practicing physicians.
Competencies

- Knowledge, skills, attitudes and values
- Describe the PERSON
  - Specialty-specific content
  - Ability to collaborate and work in a team
  - Communication Skills
  - Management skills and triage ability
  - Professionalism attributes
  - Scholarly commitment and approach
Milestones

- Further deconstruction of the Core Competencies into many discrete items of knowledge, skills or attitudes that represent a continuum of education and development throughout training
  - Still organized within the 6 core competencies
- Specialty-specific (Ob different than Pediatrics)
## Interpersonal and Communication Skills

### Version 09/2013

The Obstetrics and Gynecology Milestones, ACGME Report Worksheet

### Communication with Physicians and Other Health Professionals and Teamwork — Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
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<td>Understands the importance of relationship development, information gathering and sharing, and teamwork</td>
<td>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</td>
<td>Works effectively in interprofessional and interdisciplinary health care teams</td>
<td>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes</td>
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<td>Demonstrates an understanding of transitions of care and team debriefing</td>
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<td>Leads effective transitions of care and team debriefing</td>
<td>Provides effective consultation in complex and atypical patients</td>
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<td>Communicates effectively with physicians and other health care professionals regarding patient care</td>
<td>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</td>
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Comments: Not yet achieved Level 1
Many deconstructed competencies that are disconnected from what residents are actually doing

“Knows principles of ethics and applies them meaningfully to practice” – great, but never done in isolation

Very difficult to create meaningful assessments in the context of day to day practice

Huge resources to collect multiple assessments

In Ob/Gyn: 28 Milestones with 311 sub-competencies x 6 assessments each x 16 residents = ~30,000 evaluations (!)
EPA - Definition

- A unit of work that requires acquired knowledge, skills and attitudes to achieve
  - Limited to qualified individuals
  - Independently performed
  - Performed only in certain contexts
  - Observable and measurable outcomes
    - ie: done well or not done well
  - Requires many competencies to execute
Driving a Car is an EPA

- A unit of work that requires acquired knowledge, skills and attitudes to achieve
  - (exam, driver’s ed, in-car lessons, supervised period of permit driving)
- Limited to qualified individuals
  - those who have passed a driver’s test and have a valid license
- Independently performed
- Performed only in certain contexts
  - in the US, for passenger cars and not school buses, in good weather for younger drivers, etc)
- Observable and measurable outcomes
  - ie: done well or not done well (accidents? Tickets?)
- Requires many competencies to execute
  - Manual dexterity, problem-solving, concentration, judgement, etc
EPA’s are based entirely on Competencies

Milestone competencies
Within the ACGME 6 core competencies

Re-organization of the Milestones into units of work that are meaningful to the day to day taking care of patients in each unique specialty
EPA’s describe work to be done

- Admit a patient
- Deliver bad news to a patient and family
- Insert a central line
- Supervise junior residents in performing a consult in the Emergency Department
- Drive an ambulance
- Perform medication reconciliation
- Do your own taxes
## EPA: Driving a Bike

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>K/S/A</th>
<th>Driving a BIKE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Driving Skills</strong></td>
<td>Turning vehicle on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steering and braking</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Maintaining Balance</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Parking</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Problem-based Learning</strong></td>
<td>Fixing chain</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Changing a tire</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Not driving impaired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seat belt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wearing a helmet</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>License renewal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obeying traffic laws</td>
<td>✓</td>
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<th>K/S/A</th>
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<th>Driving a Motorcycle</th>
<th>Driving a Car</th>
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### EPA’s are based entirely on Competencies

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<tr>
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<th>EPA 1</th>
<th>EPA 2</th>
<th>EPA 3</th>
<th>EPA 4</th>
<th>EPA 5</th>
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<tbody>
<tr>
<td>Patient Care</td>
<td></td>
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<tr>
<td>Competency 1</td>
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<td>Competency 3</td>
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<td>Medical Knowledge</td>
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<tr>
<td>Competency 4</td>
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<td>✓</td>
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<tr>
<td>Communication</td>
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</tr>
<tr>
<td>Competency 5</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Competency 6</td>
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<td>Competency 7</td>
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<td>PBLI</td>
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Why move to EPAs?

- More intuitive and relative to real practice
- More meaningful assessment
- Re-constructs many sub-competencies into real work that is fundamental to the specialty and represents the work to be done after graduation
- Possibly more streamlined, less onerous evaluation system
- Facilitates credentialing and transition to practice
Thoughts?

Reactions?

Sold?
Developing EPA’s for your Program

- What work needs to be done by trainees?
- How to prepare trainees to do this work?
- When to start trusting them to do this work?
- How do we know that they are ready to do this work with no supervision?
- How do we document this work?
- Can evaluation of EPA’s help us assess Milestones?
Developing EPA’s for your Program

- What work needs to be done by trainees?
- How to prepare trainees to do this work?
- When to start trusting them to do this work?
- How do we know that they are ready to do this work with no supervision?
- How do we document this work?
  - Can evaluation of EPA’s help us assess Milestones
Medical Activities

- EPA’s represent the essential work that defines a discipline - What can/should a generalist be able to do competently in general, every day practice?
  - Care of the Newborn
  - Intubation of a patient ASA Class III
  - Assessment of suicide risk
- Each unit of work is independently executed within a specific time frame
- Observable and measurable
- Represent integration of multiple competencies across the Milestones and Core Competencies
Example: Pediatric EPA’s

1. Provide consultation to other health care providers caring for children
2. Provide recommended pediatric health screening
3. Care for the well newborn
4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting.
5. Provide a medical home for well children of all ages
6. Provide a medical home for patients with complex, chronic, or special health care needs
7. Recognize, provide initial management and refer patients presenting with surgical problems
8. Facilitate the transition from pediatric to adult health care
9. Assess and manage patients with common behavior/mental health problems
Example: Pediatric EPA’s

10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness

11. Manage information from a variety of sources for both learning and application to patient care

12. Refer patients who require consultation

13. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)

14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems

15. Lead an inter-professional health care team

16. Facilitate handovers to another healthcare provider either within or across settings

17. Demonstrate competence in performing the common procedures of the general pediatrician
Specialty Specific EPA’s

- Between 20-30
- Determined by expert opinion
  - Pediatrics, Internal Medicine, Family Medicine
  - Canada, Netherlands, Australia
- Common EPA’s across specialties
  - Admit a patient
  - Transitions of Care
DIY EPA  Step 1: Title

- Although some specialties are coming out with specialty-specific EPA’s – you can write your own EPA’s for your unique training setting

- Can be ‘small’ activities or ‘large’
  - Interpret an ECG
  - Manage oral and IV anticoagulation
  - Resuscitate, stabilize and manage critically ill patients in the ICU

- Describe a unit of work, not the person doing the work
  - NOT “demonstrates excellent communication skills”
  - Yes “Leads effective family meetings”
Writing your own EPA

- EPA is a discrete task NOT personal attribute or habit
  - Understands importance of life-long learning
  - Demonstrate professional behavior
  - Contribute to a culture of safety

- Ones that are inseparable from other EPAs
  - Manage the sad patient

- EPAs that are too broad
  - Care for acute or new patient

- EPAs that are discreet tasks, but unsuitable for entrustment decisions
  - Evaluates and presents a critical appraisal topic for colleagues
Writing your own EPA

- Should be able to finish the sentence:

- “By the end of this rotation you should be able to........”

Mulder, 2010; ten Cate, 2007
## EPA Worksheet

<table>
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<tr>
<th>EPA Title</th>
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<tbody>
<tr>
<td><strong>Description:</strong> (150 words or less)</td>
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<table>
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<tr>
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<td>Limitations</td>
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</tr>
<tr>
<td>Map to ACGME Competencies</td>
<td></td>
</tr>
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<tr>
<th>Map to Critical Competencies with the Milestones</th>
<th>Knowledge/Skills/Attitude and Behavior</th>
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<table>
<thead>
<tr>
<th>Experience (min number)</th>
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<tbody>
<tr>
<td>Curriculum (where is this learner)</td>
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</tr>
<tr>
<td>Assessment Metrics (What metrics are used to assess?)</td>
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<tr>
<td>Entrustment (What level of Supervision?)</td>
<td></td>
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<td>Expiration of EPA</td>
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Adapted from ten Cate and Englander
### EPA Worksheet

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<tr>
<th>EPA Title</th>
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□ Professionalism  
□ System-based Practice |
| **Map to Critical Competencies with the Milestones** | Knowledge/Skills/Attitude and Behavior |
| **Experience (min number)** | |
| **Curriculum (where is this learner)** | |
| **Assessment Metrics (What metrics are used to assess?)** | |
| **Entrustment (What level of Supervision?)** | |
| **Evaluation of EPA** | |
DIY EPA – Step 2

- Write a short (less than 150 word) description of the EPA
  - Avoid using adjectives
  - Be very clear about what work unit you are envisioning
  - Be inclusive of all of the parts of that unit of work
    - Without making it more than one EPA
### EPA Worksheet

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- Communicates situation awareness, severity of illness, action plan (including outstanding follow up tasks) and contingency planning to the inter-disciplinary health care team  
- Avoids errors of omission  
- Asks clarifying questions when receiving transitions  
  Offers feedback on inaccuracies of transitions of care, including lack of action plan follow up |

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<tr>
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</table>

| Map to ACGME Competencies | Patient Care  
Medical Knowledge  
Interpersonal and Communication Skills  
Practice-based Learning and Improvement  
Professionalism  
System-based Practice |
|--------------------------|----------------------------------------------------------|

| Map to Critical Competencies with the Milestones | Knowledge/Skills/Attitude and Behavior |
DIY EPA - Step 3

- Define a context in which this activity should take place
  - EPA = Admitting a patient
    - Admitting a healthy patient with community acquired pneumonia is very different than admitting a chronically ill patient into a CICU setting
  - EPA = Performing a sterilization
    - Doing a sterilization in the operating room is different than doing a sterilization in the ambulatory setting
- Different competencies
## EPA Worksheet

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| **Context** | Inpatient, Ambulatory Clinics, Operating room, Special Care Units |
| **Limitations** | |
| **Map to ACGME Competencies** | ☐ Patient Care  
☐ Medical Knowledge  
☐ Interpersonal and Communication Skills  
☐ Practice-based Learning and Improvement  
☐ Professionalism  
☐ System-based Practice |
| **Map to Critical Competencies with the** | Knowledge/Skills/Attitude and Behavior |
DIY EPA - Step 4

Any Limitations?

- Placing arterial line
  - in an adolescent versus placing an arterial line in a pre-term baby?
- Supervision parameters?
- Specific units?
- Awake patients versus asleep patients?
- Availability of back up?
## EPA Worksheet

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| **Map to Critical** | Knowledge/Skills/Attitude and Behavior |
DIY EPA - Step 5

- Map to the ACGME Competency Domains
  - Patient Care
  - Medical Knowledge
  - Interpersonal and Communication Skills
  - Practice-based Learning and Improvement
  - Professionalism
  - System-based Practice

- Be judicious and focus just on the most important competencies
### Step 5

- **Step:**
- **Inter-disciplinary health care team**
  - Avoids errors of omission
  - Asks clarifying questions when receiving transitions
  - Offers feedback on inaccuracies of transitions of care, including lack of action plan follow up

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| Experience (min number) | |
| Curriculum (where is this learner) | |
| Assessment Metrics (What metrics are used to assess?) | |
| Entrustment (What level of Supervision?) | |
| Expiration of EPA | |

Adapted from ten Cate and Englander
DIY EPA - Step 6

- Map the specific competencies within your Milestones that are relevant to the specific EPA
- Refer to your Milestones (generally)
- www.acgme.org
2016 ACGME Annual Educational Conference
February 25-February 28, 2016

- Welcoming Page
- Conference Hotel
- Introductory Course for New Program Directors
- DIO Pre-Conferences
- ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions
- Coordinator Forum: Coordinator Awareness: Being Mindful of Learning Environment Challenges
- Call for Exhibitors
- Call for Abstracts Now Open

Quick Links
- Residents
- PD / Coordinators
- DIO
- Resident Services
- Resident Case Log System
- ACGME Surveys
- Duty Hours
- Complaints
- GME Focus
- Journal of Graduate Medical Education
- Review and Comment

Data Collection Systems
- Accreditation Data System
- ACGME Surveys
- Resident Case Log System

Choose Your Specialty
<table>
<thead>
<tr>
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**Comments:** Not yet achieved Level 1
## DIY EPA:

### Step 6:

- Asks clarifying questions when receiving transitions
- Offers feedback on inaccuracies of transitions of care, including lack of action plan follow up

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<tr>
<th>Map to Critical Competencies with the Milestones</th>
<th>Knowledge/Skills/Attitude and Behavior</th>
</tr>
</thead>
</table>
|                                                 | • Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient  
|                                                 | • Provide transfer of care that insures seamless transitions  
|                                                 | • Communicate effectively with physicians, other health professionals and health related agencies  
|                                                 | • Maintain comprehensive, timely and legible medical record  
|                                                 | • Incorporate formative evaluation feedback into daily practice  
|                                                 | • Use information technology to optimize learning and care delivery |
DIY EPA - Step 7

- Experience:
  - Is there a minimum number that must be attained?
  - Specialty specific
    - However, does not replace the attainment of competency

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Special Care Units</th>
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<tr>
<td>Map to ACGME Competencies</td>
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<td>□ Medical Knowledge</td>
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<td>X Interpersonal and Communication Skills</td>
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<td>X Practice-based Learning and Improvement</td>
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<td></td>
<td>□ Professionalism</td>
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<td>□ System-based Practice</td>
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<td>Map to Critical Competencies with the Milestones</td>
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<td>Experience (min number)</td>
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</tr>
<tr>
<td>Curriculum (where is this learner)</td>
<td>Assessment Metrics</td>
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</tbody>
</table>
DYI EPA: Step 8

- Curriculum - Where in your training program do you have structured experiences and educational experiences for teaching your specific EPA?
  - Be creative!

- Worksheet
## Step 8 – Curriculum

### EPA Curriculum and Evaluation Worksheet

<table>
<thead>
<tr>
<th>K/S/A Competencies</th>
<th>Curriculum</th>
<th>Assessment Metric</th>
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</thead>
<tbody>
<tr>
<td>Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient</td>
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<td>Maintain comprehensive, timely and legible medical record</td>
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<tr>
<td>Incorporate formative evaluation feedback into daily practice</td>
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<tr>
<td>Use information technology to optimize learning and care delivery</td>
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</tbody>
</table>
# Step 8 - Curriculum

## EPA Curriculum and Evaluation Worksheet

<table>
<thead>
<tr>
<th>K/S/A Competencies</th>
<th>Curriculum</th>
<th>Assessment Metric</th>
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<tbody>
<tr>
<td>Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient</td>
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<tr>
<td>Provide transfer of care that insure seamless transitions</td>
<td>e-learn</td>
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<td></td>
<td>Role-modeling</td>
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<td></td>
<td>Didactic lecture</td>
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<td>Transition Tools</td>
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<td>Communicate effectively with physicians, other health professionals and health related agencies</td>
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<td>Maintain comprehensive, timely and legible medical record</td>
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<td>Incorporate formative evaluation feedback into daily practice</td>
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<td>Use information technology to optimize learning and care delivery</td>
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</tbody>
</table>
DIY EPA Step 9 - Assessment

- Now that you have defined:
  - EPA
  - Competencies
  - Context
  - Curriculum

- Where will you assess the competencies associated with each EPA?
  - Be creative!
Assessment Modalities

- Attending evaluations
  - Direct observation
  - Summative evaluations
- Peer evals
- Nursing/APP evals
- Patient evaluations
- Self-evaluations
- Min-CEX
- Simulation
- Written examination
- M&M presentation evaluations
- Research evaluations

- E-learns
- Portfolio
- Writing reflection
- OSCE’s
- Self-evaluation
- Record Review
- Oral examination
- Case collection
- Problem-based case reviews
- Videotape review
## DIY EPA - Step 9 - Assessment

### EPA Curriculum and Evaluation Worksheet

<table>
<thead>
<tr>
<th>K/S/A Competencies</th>
<th>Curriculum</th>
<th>Assessment Metric</th>
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</thead>
<tbody>
<tr>
<td>Organize and prioritize responsibilities to provide patient care that is safe,</td>
<td>e-learn</td>
<td>Completion of e-learn with post-test</td>
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<td>effective and efficient</td>
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<td>Provide transfer of care that insures seamless transitions</td>
<td>Role-modeling</td>
<td>Attending, nurse, peer evaluations</td>
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<td>Didactic lecture</td>
<td>Record Review</td>
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<td>Transition Tools</td>
<td>Direct Observation</td>
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<td>Simulation</td>
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<td>Communicate effectively with physicians, other health professionals and health</td>
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<td>related agencies</td>
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<td>Maintain comprehensive, timely and legible medical record</td>
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<td>Incorporate formative evaluation feedback into daily practice</td>
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</table>
# DIY EPA Step 10 – Entrustment

<table>
<thead>
<tr>
<th>Experience (min number)</th>
<th>No minimum</th>
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</table>
| Curriculum (where is this learner) | - E-learn  
- Role-modeling  
- Didactic lecture  
- Transition Tools |
| Assessment Metrics (What metrics are used to assess?) | - Completion of e-learn with test  
- Attending, nurse, peer evaluations  
- Record review  
- Direct observation  
- Simulation/OSCE/mini-CEX |

<table>
<thead>
<tr>
<th>Entrustment (What level of Supervision?)</th>
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</table>

Expiration of EPA

Adapted from ten Cate and Englander
EPA’s are based on Trust

- EPA = tasks or responsibilities that faculty entrust to a trainee to execute with clearly defined levels of supervision after adequate competency has been achieved
  - When can we trust a trainee?
  - How do we know?
Different Types of Trust

- Presumptive Trust
  - Based on credentials without prior observation *(taxi, chief resident scrubbing in on a simple surgery)*

- Initial Trust
  - Based on first impressions

- Grounded Trust
  - Based on systematic assessment methods, frequent observation, knowledge of the unique individual trainee, time to assess/reflect
  - Summation of all of the evaluation metrics
Grounded Trust is based on Evaluation

- Attending evaluations
  - Direct observation
  - Summative evaluations
- Peer evals
- Nursing/APP evals
- Patient evaluations
- Self-evaluations
- Min-CEX
- Simulation
- Written examination
- M&M presentation evaluations

- E-learns
- Portfolio
- Writing reflection
- OSCE’s
- Self-evaluation
- Record Review
- Oral examination
- Case collection
- Problem-based case reviews
- Videotape review
- Research evaluations

Longitudinal Relationship with the Trainee over time
Key Question: Can we Trust this Trainee to perform this particular EPA?
# Dreyfus Competencies

## Communication with Physicians and Other Health Professionals and Teamwork — Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Novice</th>
<th>Level 2</th>
<th>Advanced Beginner</th>
<th>Level 3</th>
<th>Competent</th>
<th>Level 4</th>
<th>Proficient</th>
<th>Level 5</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the importance of relationship development, information gathering and sharing, and teamwork</td>
<td>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</td>
<td>Demonstrates an understanding of transitions of care and team debriefing</td>
<td>Works effectively in interprofessional and interdisciplinary health care teams</td>
<td>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes</td>
<td>Leads effective transitions of care and team debriefing</td>
<td>Educates other health care professionals regarding obstetrics and gynecology</td>
<td>Provides effective consultation in complex and atypical patients</td>
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</tbody>
</table>

## Comments:

Not yet achieved Level 1 ☐
Levels of Supervision

1. May not perform EPA independently, may observe
2. May only act under full, proactive supervision
3. May act under reactive supervision (immediately available)
4. May act independently
5. May act as instructor or supervisor

Levels of Entrustment ~ Dreyfus Competencies
Entrustment depends on Supervision Level

1. Observation but no practice, even with direct supervision
2. Execution with direct, proactive supervision
3. Execution with reactive supervision, ie, on request and quickly available
4. Supervision at a distance and/or post hoc
5. Supervision provided by the trainee to more junior colleagues
Can we trust this trainee to execute this EPA?

- It depends on the level of supervision......
  1. Observation but no practice, even with direct supervision (medical student observing in the OR)
  2. Execution with direct, proactive supervision (intern closing fascia)
  3. Execution with reactive supervision, ie, on request and quickly available (PGY2 doing an oopherectomy with faculty scrubbed)
  4. Supervision at a distance and/or post hoc (chief resident doing a hysteroscopy with faculty un-scrubbed and watching)
  5. Supervision provided by the trainee to more junior colleagues (Chief resident taking an intern through a sterilization procedure)
Grounded Entrustment Decisions

- Must be based on summation of many observations
- In authentic, real contexts
  - ie not in simulation lab
- Informative to the learner
- Requires a system to collect and synthesize information at the personal level

EPA evaluation

After direct observation, I trust this resident to...

**Manage oral and intravenous anticoagulant therapy**

<table>
<thead>
<tr>
<th>Only with Complete Supervision</th>
<th>With Partial Supervision</th>
<th>With Minimal Supervision</th>
<th>Independently</th>
<th>Supervise/Instruct</th>
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<tbody>
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</table>

Relevant milestones are PC1, MK2, SBP4, PROF3, ICS1
A statement of awarded responsibility (STAR) for a specific EPA may mark the threshold on which it is entrusted to a trainee to be carried out independently

- Level 4

requires supervisors to make deliberate decisions about their trainees' competence to perform EPAs, increased accountability

Will need to be communicated to all members of the healthcare team

- New Innovations
<table>
<thead>
<tr>
<th>EPA</th>
<th>Expectations by year of training*</th>
<th>Competencies†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PGY1</td>
<td>PGY2</td>
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<tr>
<td>Serve as the primary admit pediatrician for previously well children suffering from common acute problems</td>
<td>3</td>
<td>4/5</td>
</tr>
<tr>
<td>Serve as the primary admit pediatrician for children with complex acute problems needing subspecialty care</td>
<td>3</td>
<td>3/4</td>
</tr>
<tr>
<td>Perform procedures for diagnosis and management</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Resuscitate, stabilize, and triage patients in an outpatient setting, emergency department, or inpatient acute care setting and transfer to a higher level of care</td>
<td>2/3</td>
<td>3/4</td>
</tr>
<tr>
<td>Assess, diagnose, and manage common childhood injuries and refer those needing advanced treatment</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Act as a point of contact for children presenting with surgical problems</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Assess the full-term infant and provide routine newborn care</td>
<td>3</td>
<td>4/5</td>
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<tr>
<td>Assess the late preterm infant (34–37 weeks of gestation) and provide care to those with common problems of prematurity and low birth weight</td>
<td>3</td>
<td>3/4</td>
</tr>
<tr>
<td><strong>Resuscitate and stabilize compromised full-term and preterm infants in the delivery room</strong></td>
<td>2</td>
<td>3</td>
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<tr>
<td>Provide care for the complicated newborn, infant, or child in an intensive care setting</td>
<td>2</td>
<td>2/3</td>
</tr>
<tr>
<td>Provide longitudinal primary care for well and chronically ill children of all ages</td>
<td>3/4</td>
<td>4/5</td>
</tr>
<tr>
<td>Diagnose and manage patients with subspecialty problems and refer those needing subspecialty care</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Provide telephone advice and management of patients</td>
<td>2</td>
<td>2/3</td>
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<tr>
<td>Navigate and use community resources to optimize care and advocate for patients</td>
<td>2/3</td>
<td>3</td>
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<tr>
<td>Screen for normal and abnormal behavior and development and manage appropriately or refer those needing subspecialty care</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Interview and manage adolescent patients with awareness of potential for high-risk health behavior</td>
<td>2/3</td>
<td>3/4</td>
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<tr>
<td>Provide consultation to other health care providers caring for children</td>
<td>2/3</td>
<td>3/4</td>
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</tbody>
</table>
Need to make sure that all of the Milestones are represented in your EPAs.

Moutsios et al, ACGME 2015
Cross-referencing EPAs and Milestones

Need to make sure that all of the Milestones have are mapped in EPAs

<table>
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<tr>
<th></th>
<th>PC-1</th>
<th>PC-2</th>
<th>PC-3</th>
<th>PC-4</th>
<th>PC-5</th>
<th>MK-1</th>
<th>MK-2</th>
<th>SBP-1</th>
<th>SBP-2</th>
<th>SBP-3</th>
<th>SBP-4</th>
<th>PBLI-1</th>
<th>PBLI-2</th>
<th>PBLI-3</th>
<th>PBLI-4</th>
<th>Prof-1</th>
<th>Prof-2</th>
<th>Prof-3</th>
<th>Prof-4</th>
<th>ICS-1</th>
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Integrating EPAs....

- What Milestones are not being assessed?
- What assessment methods are needed?
  - or need strengthening
- How to create those assessments?
- How to teach your faculty?
- How will EPAs fit into your CCC process?
- Who has the time/energy/know-how to actually pull this off?
Faculty Development

- “Success will depend on faculty development in teaching and assessing these activities and their component competencies”
  - Robert Englander, AAMC

- “Faculty are the measurement instrument and they need training”
  - J. Norcini, AMEE
High stakes assessment for faculty “trust”

However, EPAs are more intuitive to faculty, who already exercise judgement about supervision

- May minimize differences in consensus about what is being evaluated between faculty

EPAs reflect what are commonly held desired outcomes for residency

- Group assessments may improve inter-rater reliability (Thomas 2011)
Thoughts?
Could EPAs be useful?
Barriers?
EPA’s in the continuum of medicine

- EPAs starting to be used to ease transitions in the continuum of medical education
  - Transition from Medical School to Residency
  - During Residency
  - As a tool to differentiate during Residency
  - Transition after Residency
    - Fellowship
    - Independent practice
    - During lifetime of practicing medicine
Continuum of Medical Practice
EPAs and the continuum of medicine

- Medical School
- Residency

Expectations for the Medical School Graduate

Core EPAs
For Entering Residency

EPAs
For any Practicing Physician

EPAs
For Specialties

Independent Practice
A new set of AAMC guidelines identified 13 EPAs medical school graduates should be able to perform on the first day of residency

- serves as a guide for curriculum developers, faculty, and learners to better prepare students for roles as clinicians

- standardizes expectations of residency programs, irrespective of medical school of new interns

- 5 year pilot program

Core Entrustable Activities for Entering Residency, AAMC 2014
AAMC EPAs

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 4: Enter and discuss orders and prescriptions

EPA 5: Document a clinical encounter in the patient record

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Form clinical questions and retrieve evidence to advance patient care
AAMC EPAs

**EPA 8:** Give or receive a patient handover to transition care responsibility

**EPA 9:** Collaborate as a member of an inter-professional team

**EPA 10:** Recognize a patient requiring urgent or emergent care and initiate evaluation and management

**EPA 11:** Obtain informed consent for tests and/or procedures

**EPA 12:** Perform general procedures of a physician

**EPA 13:** Identify system failures and contribute to a culture of safety and improvement
**EPA #1: Gather a history and perform a physical examination**

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<tr>
<th>Critical Competency</th>
<th>Pre-Entrustable Behaviors</th>
<th>Entrustable Behaviors</th>
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<tbody>
<tr>
<td>PC 2: Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests</td>
<td>Either gathers too little information or exhaustively gathers information following a template, regardless of the patient’s chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited. Limited ability to gather, filter, prioritize, and connect pieces of information. Uses analytic reasoning from basic pathophysiology knowledge without ability to link findings to prior clinical encounters. Incorrectly performs and elicits most physical examination maneuvers. May miss key physical exam findings. Does not alter the head-to-toe approach to the physical examination to meet the developmental level or behavioral needs of the patient. Does not seek or is overly reliant on secondary data. (PEDS, IM, PSYCH)</td>
<td>Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning of basic pathophysiology to gather information, but the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives as well as broad diagnostic categories. Performs basic physical examination maneuvers correctly and recognizes and correctly interprets abnormal findings. Consistently and successfully uses a developmentally appropriate approach to the physical examination. Seeks and obtains data from secondary sources when needed. (PEDS, IM, PSYCH)</td>
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<td><strong>ICS 7:</strong> Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</td>
<td>Does not accurately anticipate or read others’ emotions in verbal and nonverbal communication. Is unaware of one’s own emotional and behavioral cues and may transmit emotions in communication (e.g., anxiety, exuberance, anger) that can precipitate unintended emotional responses in others. Does not effectively manage strong emotions in self or others. (PEDS)</td>
<td>Anticipates, reads, and reacts to emotions in real time with appropriate and professional behavior in typical medical communication scenarios, including those evoking very strong emotions. Uses these abilities to gain and maintain therapeutic alliances with others. Atypical or unanticipated situations may still evoke strong emotions in the learner, resulting in an inability to moderate one’s behavior and manage the emotions. (PEDS)</td>
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<td><strong>P 1:</strong> Demonstrate compassion, integrity, and respect for others</td>
<td>Demonstrates lapses in professional conduct, such as through disrespectful interactions or lack of truth-telling, especially under conditions of stress or fatigue or in complicated or uncommon situations. This puts others in the position to remind, enforce, and resolve conflicts. There may be some insight into behavior, but there is an inability to modify behavior when in stressful situations. (PEDS, EM, PSYCH)</td>
<td>In nearly all circumstances, demonstrates professional conduct, such as through respectful interactions and truth-telling. Has insight into his/her own behavior as well as likely triggers for professionalism lapses and is able to use this information to remain professional. (PEDS, EM, PSYCH)</td>
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<td><strong>P 3:</strong> Demonstrate respect for patient privacy and autonomy</td>
<td>Inconsistently considers patient privacy and confidentiality (e.g., may discuss patient information in a public area such as an elevator). Unable to articulate the key components of HIPAA. Does not engage patients and families in discussions of care plans (i.e., shared decision making). Respects patient preferences when offered by the patient but does not actively solicit preferences. (PEDS, IM, PSYCH)</td>
<td>Consistently considers patient privacy and confidentiality with rare lapses. Able to articulate the key components of HIPAA. Engages patients and families in discussions of care plans (i.e., shared decision making). Solicits and respects patient preferences. (PEDS, IM, PSYCH)</td>
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After Residency?

- AAMC EPA’s standardize the transition between medical school and residency
- What about the transition from residency to practice?
  - Core EPA’s that define a specialty- everyone can and must demonstrate competency in these core EPA’s
  - Elective EPA’s define extra activities that a practitioner may practice
EPAs and the continuum of medicine

- Medical School
- Residency

- Expectations for the Medical School Graduate
- Core EPAs for Entering Residency
- EPAs for any Practicing Physician
- EPAs for Specialties

→ Independent Practice
Core training required to graduate

May choose to focus on specific EPA’s if meet core radiology EPA’s

Achievement of EPA’s determine post-residency certification
Table 2

Entrustable Professional Activities for Hematology/Oncology

1. Gathers and synthesizes patient- and disease-specific information necessary to understand the presenting hematologic or oncologic disorder
2. Demonstrates the ability to diagnose and assign stage or severity of hematologic and oncologic disorders in all adult age groups
3. Formulates the overall plan for hematologic and oncologic disorders, including urgent/emergent conditions
4. Demonstrates the ability to analyze response to treatment and adjust therapy for hematologic or oncologic disorders over time using standard measurements and guidelines
5. Demonstrates the ability to anticipate, recognize, and effectively manage toxicities of systemic therapies
6. Demonstrates the ability to facilitate patient participation in clinical trials
7. Demonstrates the ability to effectively manage older adult patients with hematologic and oncologic diseases
8. Demonstrates understanding and effective application of principles of transfusion medicine
9. Demonstrates appropriate understanding and management of complications of transfusion
10. Demonstrates knowledge of, principles of, indications for, and complications from stem cell transplantation and ability to effectively manage these patients
11. Demonstrates the ability to effectively manage patients with pain, anxiety, and depression
12. Demonstrates the ability to effectively manage patients requiring palliative care, hospice care, or rehabilitation
13. Demonstrates the ability to effectively recognize and promote cancer prevention and control strategies and survivorship
14. Demonstrates the ability to effectively manage patients during transitions of care
15. Demonstrates competent performance of invasive procedures required for diagnosis, treatment, and management of patients with hematology and oncology
16. Demonstrates the ability to perform and interpret peripheral blood smears
17. Writes accurate and safe orders in the Electronic Medical Record for systemic therapy and supportive care
18. Requests and provides effective consultative care for patients with hematologic and oncologic diseases
19. Demonstrates a fund of knowledge in solid tumor oncology, malignant hematology, and oncologic disorders
20. Demonstrates knowledge of and indications for genetic, genomic, molecular, and lab oncologic disorders
21. Delivers safe, effective, patient-centered, cost-efficient care, and advocates for systems change
22. Demonstrates personal habits of lifelong learning and self-improvement
23. Cares for patients in a manner that supersedes self-interest
24. Communicates effectively and compassionately with patients, caregivers, and interprofessional teams
25. Demonstrates appropriate use and completion of health records and procedure documentation
26. Works effectively within an interprofessional team

AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools across the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clinical fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in internal medicine and their divisions.

The Next Accreditation System: A Strategy for Implementing New Reporting Standards Using a Hematology/Oncology Model

Frances Collichio, MD, Karen Kayouri, BA, Lyndsey Sierra, BA, Charles P. Clayton, BA, Marilyn Raymond, PT, PhD, Elaine A. Muchmore, MD

The University of North Carolina, Chapel Hill; American Society of Hematology, Washington, DC
Linking to credentialing
- Much closer relationship than Milestones

Linking to re-credentialing

EPAs have “expiration dates”
- Lose ability to perform certain EPAs because of lack of volume, changing referral patterns, change in

Acquire the ability to perform new EPAs
- Robotic surgery requires a course, mentoring or a certain number of cases, specific case load numbers to maintain robotic privileges
Work to be done.....

- Identification of specialty-specific EPAs by expert group consensus
- Determine what clinically competencies are relevant to each EPA
- Map each EPA items to sub-competency and proficiency levels
- Determine scoring mechanism for each EPA and level at which a STAR will be awarded
- Development of database structure for data collection
- Pilot testing of individual EPAs
- Faculty Development
- Engagement of residency management software vendors to incorporate the designed database structure
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