The AAMC Core EPAs for Entering Residency: an Update from the National Pilot

Kimberly Lomis, MD
Associate Project Director, AAMC
Associate Dean for Undergraduate Medical Education & Professor of Surgery
Vanderbilt University School of Medicine

on behalf of
The Core EPA Pilot Group
Disclosures

Dr. Lomis receives support from

- the **Association of American Medical Colleges**, serving as Associate Project Director for the **Core Entrustable Professional Activities for Entering Residency (Core EPAs) Pilot Project**.

- the **American Medical Association (AMA)** as a principal investigator in the **Accelerating Change in Medical Education** consortium, also serving as co-director of the AMA competency-based assessment group.

The content presented here reflects her views and does not necessarily represent the views of AAMC, the AMA, or other participants in these initiatives.
Session outline

• Review the background of the AAMC Core EPAs for Entering Residency initiative
• Summarize recent activities of the national pilot group
• Review guiding principles for implementation
• Introduce the EPA toolkits
• Discuss areas of ongoing development & study
• Address questions from the audience
Background: Ensuring Learners are Prepared to Transition to GME

Core Entrustable Professional Activities for Entering Residency
Rationale for the Core EPA Project

- US Graduate Medical Education competencies have been established
- The desired “product” from UME has not been well-articulated
- Gaps identified between:
  - expectations of Program Directors and the skills of entering residents
  - what residents are called upon to do without supervision, and what they have been certified as competent to do
- Transitions have become an international focus
Articulating desired outcomes

Competencies
describe (trainable) attributes of an individual

Milestones
describe the developmental trajectory of the individual

EPAs
describe units of work

Entrustment for a task requires the synthetic application of multiple competencies at a specified level of performance (milestone)
The Core EPA Pilot Project

- Pilot group first assembled in Washington, DC in October 2014
- Implemented initial activities with the incoming class of 2015
- Targeting summative entrustment decisions for that class at graduation in 2019
- Studying key concepts in implementation of EPAs
Acknowledgment: Pilot Schools

- Columbia University College of Physicians and Surgeons
- Florida International University Herbert Wertheim College of Medicine
- Michigan State University College of Human Medicine
- New York University School of Medicine
- Oregon Health & Science University School of Medicine
- University of Illinois College of Medicine
- University of Texas Health Science Center at Houston
- Vanderbilt University School of Medicine
- Virginia Commonwealth University School of Medicine
- Yale School of Medicine
Findings: Entrustment

- “Ad hoc” entrustment decisions are intuitive, but are influenced by several factors other than the performance of the learner.

- Summative entrustment decisions demand more rigor.

- Explicit measures of trustworthiness are needed in addition to assessment of EPA-specific knowledge and skills.

- Standardization across institutions will be critical to support transitions.
Dimensions of Trustworthiness

- Knowledge and Skill
- Discernment
- Conscientiousness
- Truthfulness

– Kennedy et al., *Academic Medicine*, 2008
Levels of supervision (Chen et al)

- Practice without supervision
- Practice with on-demand supervision
- Practice with full supervision
- Not allowed to practice

Entrainment

- Pre-clinical
  - Observe
- Early clinical (core clerkships)
  - Perform as co-activity with supervisor
- Late clinical (sub-internships)
  - Perform alone with supervisor revisiting key elements with patient
  - Perform alone with supervisor revisiting entire history with patient
  - Perform with distant supervision
  - Perform without supervision
- GME

Proposed checkpoints
Findings: Assessment

• Assessment in the clinical workplace is essential

• We need feasible tools for frontline faculty and resident assessors

• We are exploring the Chen supervisory scale for UME and the Ottawa co-activity scale, considering modifications for some EPAs

• Portfolios will enable us to organize performance evidence from multiple low-stakes assessments to support summative decisions
Modified Ottawa Co-Activity Scale

1. "I had to do" - Requires complete guidance, [learner was] unprepared to do, or had to do for them.

2. "I had to talk them through" - Able to perform some tasks but requires repeated directions.

3. "I had to direct them from time to time" - Demonstrates some independence, but requires intermittent prompting.

4. "I needed to be available just in case" - Independence but needs assistance with nuances of certain patients and/or situations, unable to manage all patients, still requires supervision for safe practice.

5. "I did not need to be there" - Complete independence & can safely manage a general clinical in your specialty.

Graphic courtesy of OHSU
Findings: Curriculum

- A systems-based approach is recommended to embed this framework throughout all of UME
- The EPA conceptual framework and requisite competencies can be incorporated in pre-clinical training
- Simulation will serve a supplementary role in training and deliberate practice
- Restructuring of clinical experiences may be required to create
  ▪ opportunities for learners to perform EPAs
  ▪ more longitudinal supervisory relationships
Findings: Faculty Development

- Various faculty roles will require differing levels of training regarding the EPA framework
- Development will support a shared mental model of expectations and standards
- Development needs include:
  - content essential for each EPA, and methods to teach this material
  - techniques for direct observation and provision of feedback
  - assessment expertise to provide data that is accurate, timely and standardized
  - expertise in the judicious review of evidence to render summative entrustment decisions
GUIDING PRINCIPLES

• Employ a **systematic** approach to map educational opportunities and assessments for each EPA

• Explicitly measure the attribute of **trustworthiness** in addition to the specific knowledge, skills and attitudes required for each EPA

• Create a **longitudinal view** of each learner’s performance via, at minimum, aggregated performance evidence; and consider the added value of longitudinal relationships and formal coaching structures in informing entrustment decisions

• Gather **multi-modal performance evidence** from multiple assessors about each learner for each EPA

• Include **global professional judgments** about entrustment of each learner in the body of evidence that supports entrustment decisions

• Ensure a process for **formative** feedback along the trajectory to entrustment to provide opportunities for both remediation and potential acceleration of responsibilities

• Create a process to render and maintain formal entrustment decisions by a trained group (**entrustment committee**) that reviews performance evidence for each student

• Ensure that each learner is an **active participant** in the entrustment process: aware of expectations, engaged in gathering and review of performance evidence, and generating individualized learning plans to attain entrustment

• Adhere to entrustment thresholds that are **standardized across institutions**, as currently described in the Core EPA Curriculum Developer’s Guide
Publications and Presentations

EPA Toolkits

<table>
<thead>
<tr>
<th>EPA 1 PDF</th>
<th>EPA 6 PDF</th>
<th>EPA 11 PDF</th>
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<tbody>
<tr>
<td>EPA 2 PDF</td>
<td>EPA 7 PDF</td>
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<td>EPA 3 PDF</td>
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<td>EPA 4 PDF</td>
<td>EPA 9 PDF</td>
<td>Full Toolkit PDF</td>
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<td>EPA 5 PDF</td>
<td>EPA 10 PDF</td>
<td>Abridged Toolkit PDF</td>
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Meeting Presentations

- Posters from the 2016 AAMC Learn Serve Lead Annual Meeting "using EPAs in UME and GME Poster Session PDF"

Meeting Summaries

- Core EPA Steering Committee Meeting (June 2017) PDF
- Core EPA Supervisory Language Task Force Executive Summary (May 2017) PDF

Core EPA Pilot Project Guides

- Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide
- Core Entrustable Professional Activities for Entering Residency: Faculty and Learners' Guide
EPA Toolkits and “One-Pagers”

- Design by Curriculum & Assessment group
- “One-Pager” Schematics created by EPA-specific working groups
- Designed to encourage learner and faculty familiarity with:
  - The content of each EPA
  - Observable Behaviors to describe student’s development toward readiness for indirect supervision
  - Behaviors requiring immediate correction and/or remediation within each EPA
### EPA 6: Provide an Oral Presentation of a Clinical Encounter

**Key Functions with Related Competencies**

<table>
<thead>
<tr>
<th>Function</th>
<th>Related Competencies</th>
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<tbody>
<tr>
<td>Present personally gathered and verified information, acknowledging areas of uncertainty</td>
<td>PC2 PBL1 PPD4 P1</td>
</tr>
<tr>
<td>Provide an accurate, concise, well-organized oral presentation</td>
<td>ICS2 PC6</td>
</tr>
<tr>
<td>Adjust the oral presentation to meet the needs of the receiver</td>
<td>ICS1 ICS2 PBL1 PPD7</td>
</tr>
<tr>
<td>Demonstrate respect for patient’s privacy and autonomy</td>
<td>P3 P1 PPD4</td>
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**Behaviors Requiring Corrective Response**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Fabricates information when unable to respond to questions</td>
<td>Reacts defensively when queried</td>
</tr>
<tr>
<td>Presents information in a disorganized and incoherent fashion</td>
<td>Presents information in a manner that frightens family</td>
</tr>
<tr>
<td>Disregards patient’s privacy and autonomy</td>
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**Developing Behaviors**

(Learner may be at different levels within a row.)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathers evidence incompletely or exhaustively</td>
<td>Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional information</td>
</tr>
<tr>
<td>Fails to verify information</td>
<td></td>
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<tr>
<td>Does not obtain sensitive information</td>
<td></td>
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<tr>
<td>Delivers a presentation that is not concise or that wanders</td>
<td>Delivers a presentation organized around the chief concern</td>
</tr>
<tr>
<td>Presents a story that is imprecise because of omitted or extraneous information</td>
<td>When asked, can identify pertinent positives and negatives that support hypothesis</td>
</tr>
<tr>
<td>Supports management plans with limited information</td>
<td></td>
</tr>
<tr>
<td>Follows a template</td>
<td>When prompted, can adjust presentation in length and complexity to match situation and receiver of information</td>
</tr>
<tr>
<td>Uses acronyms and medical jargon</td>
<td></td>
</tr>
<tr>
<td>Projects too much or too little confidence</td>
<td></td>
</tr>
<tr>
<td>Lacks situational awareness when presenting sensitive patient information</td>
<td>Incorporates patient’s preferences and privacy needs</td>
</tr>
<tr>
<td>Does not engage patients and families in discussions of care</td>
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**Expected Behaviors for an Entrustable Learner**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents personally verified and accurate information, even when sensitive</td>
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</tr>
<tr>
<td>Acknowledges gaps in knowledge, reflects on areas of uncertainty, and seeks additional information to clarify or refine presentation</td>
<td></td>
</tr>
<tr>
<td>Filters, synthesizes, and prioritizes information into a concise and well-organized presentation</td>
<td>Integrates pertinent positives and negatives to support hypothesis</td>
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<tr>
<td>Provides sound arguments to support the plan</td>
<td></td>
</tr>
<tr>
<td>Tailors length and complexity of presentation to situation and receiver of information</td>
<td>Conveys appropriate self-assurance to put patient and family at ease</td>
</tr>
<tr>
<td>Respects patients’ privacy and confidentiality by demonstrating situational awareness when discussing patients</td>
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<tr>
<td>Engages in shared decision making by actively soliciting patient’s preferences</td>
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EPA Toolkits and “One-Pagers”

Toolkit Structure

• Frequently Asked Questions
• “One Pager” Schematic for the specific EPA
• Resources from AAMC’s DREAM repository related to the specific EPA
• Bulleted list of Behaviors and Vignettes
• Complete Physician Competency Reference Set (PCRS)
Future directions

• Sites are assessing clerkship students in EPA performance
• Comparing assessment tools
• Piloting the summative entrustment process to identify challenges and limitations for 2019 goal
• Collaborating with GME
• Engaging student leaders at each institution to solicit perspectives
Is the EPA framework effective?
Program Evaluation

• Emphasis on translation from theory to practice
  • Honest assessment of the challenges of implementation
• Pilot group has proposed many questions to explore
• Program evaluation team leading a process of prioritization
• Collaborating with AAMC for support & resources
• Will continue to report findings along the way
Resources

Faculty and Learners’ Guide
Curriculum Developers’ Guide
AAMC Core EPA Guides

AAMC Pilot Group recommendations:
Guiding Principles

To subscribe to the AAMC Core EPA listserv, send a blank email to subscribe-coreepas@lists.aamc.org
Questions?

Look for Core EPA sessions at your AAMC GEA Spring Regional Meeting...