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

https://www.aamc.org/initiatives/coreepas/

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

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
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

Proposed checkpoints:

Levels of supervision (Chen et al)

- Pre-clinical
- Early clinical (core clerkships)
- Late clinical (sub-internships)
- GME

Entrustment:

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

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
- 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

Modified Ottawa Co-Activity Scale

Graphic courtesy of OHSU

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
- 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
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

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?

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)
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 listserve, send a blank email to subscribe-coreepas@lists.aamc.org

Questions?

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