Core Entrustable Professional Activities for Entering Residency

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

Learn
Serve
Lead

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on behalf of
The Core EPA Pilot Group

Association of
American Medical Colleges

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.

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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

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Background: Ensuring Learners are Prepared to Transition to GME

Premedical → Medical School → Residency and Fellowships → Practice

Core Entrustable Professional Activities for Entering Residency

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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

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Articulating desired outcomes

Accreditation Council for Graduate Medical Education
ACGME

Core Entrustable Professional Activities for Entering Residency

Competencies

describe (trainable) attributes of an individual

Milestones

describe the developmental trajectory of the individual
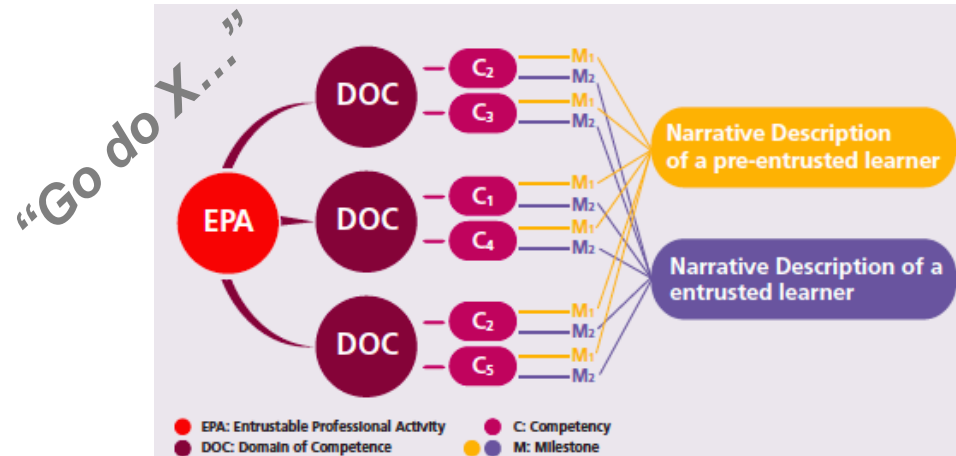

"You are here; head this way"

EPAs

describe units of work

Entrustment for a task requires the **synthetic application** of multiple competencies at a specified level of performance (milestone)

"Go do X..."

EPA: Entrustable Professional Activity   C: Competency
DOC: Domain of Competence   M: Milestone

HISTORY AND EXAMINATION

DIFFERENTIAL DIAGNOSIS

COMMON TESTS

ENTER ORDERS

DOCUMENT ENCOUNTER

ORAL PRESENTATION

CLINICAL QUESTIONS

PATIENT HANDOVER

INTERPROFESSIONAL TEAM

EMERGENT CARE

OBTAIN CONSENT
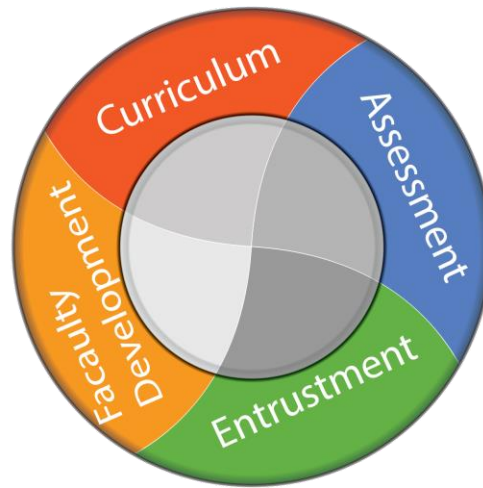
PERFORM PROCEDURES

SAFETY AND IMPROVEMENT

Graphic courtesy of OHSU

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
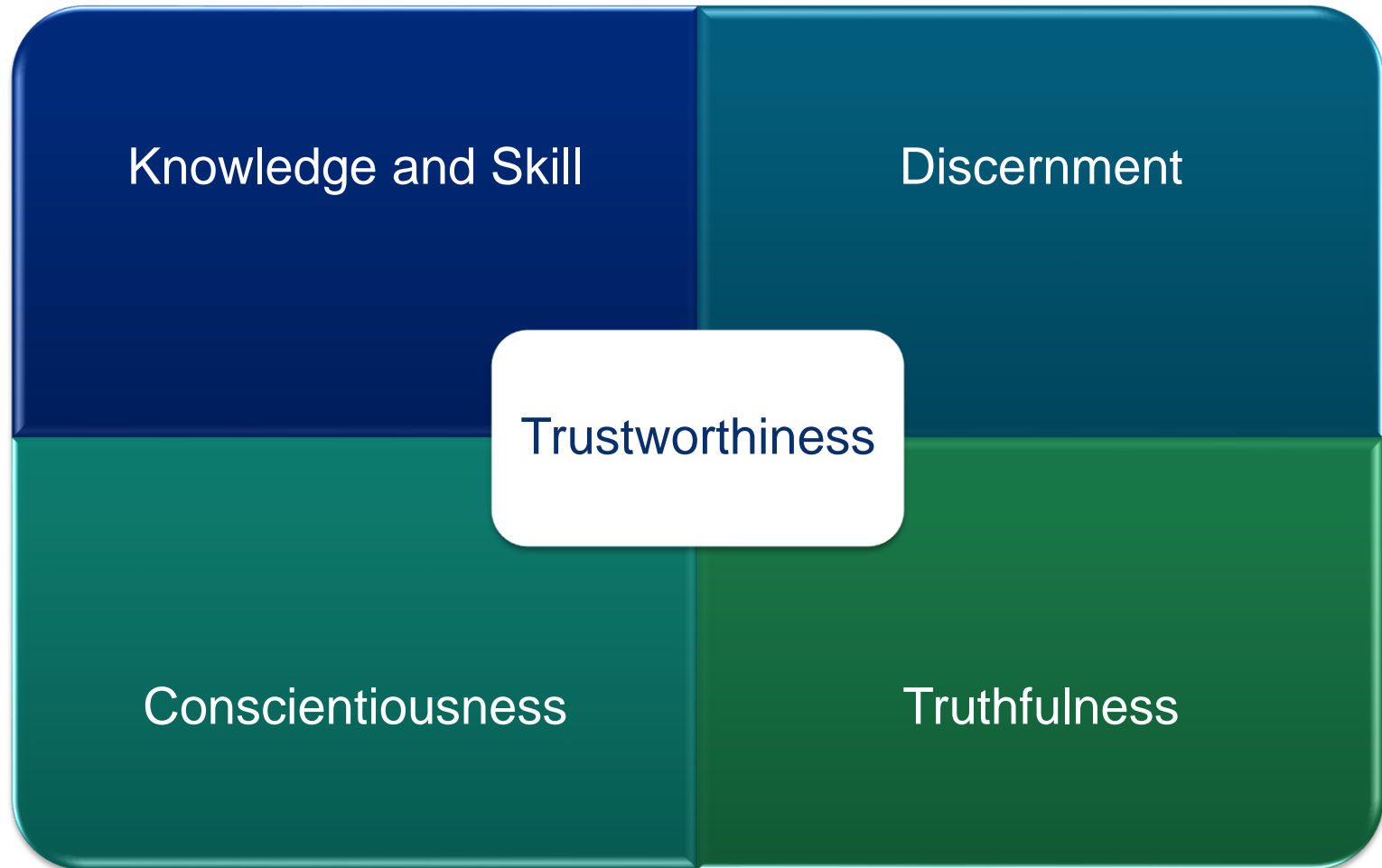

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Acknowledgment: Pilot Schools

- 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

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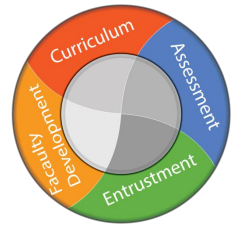
Findings: Entrustment

- "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

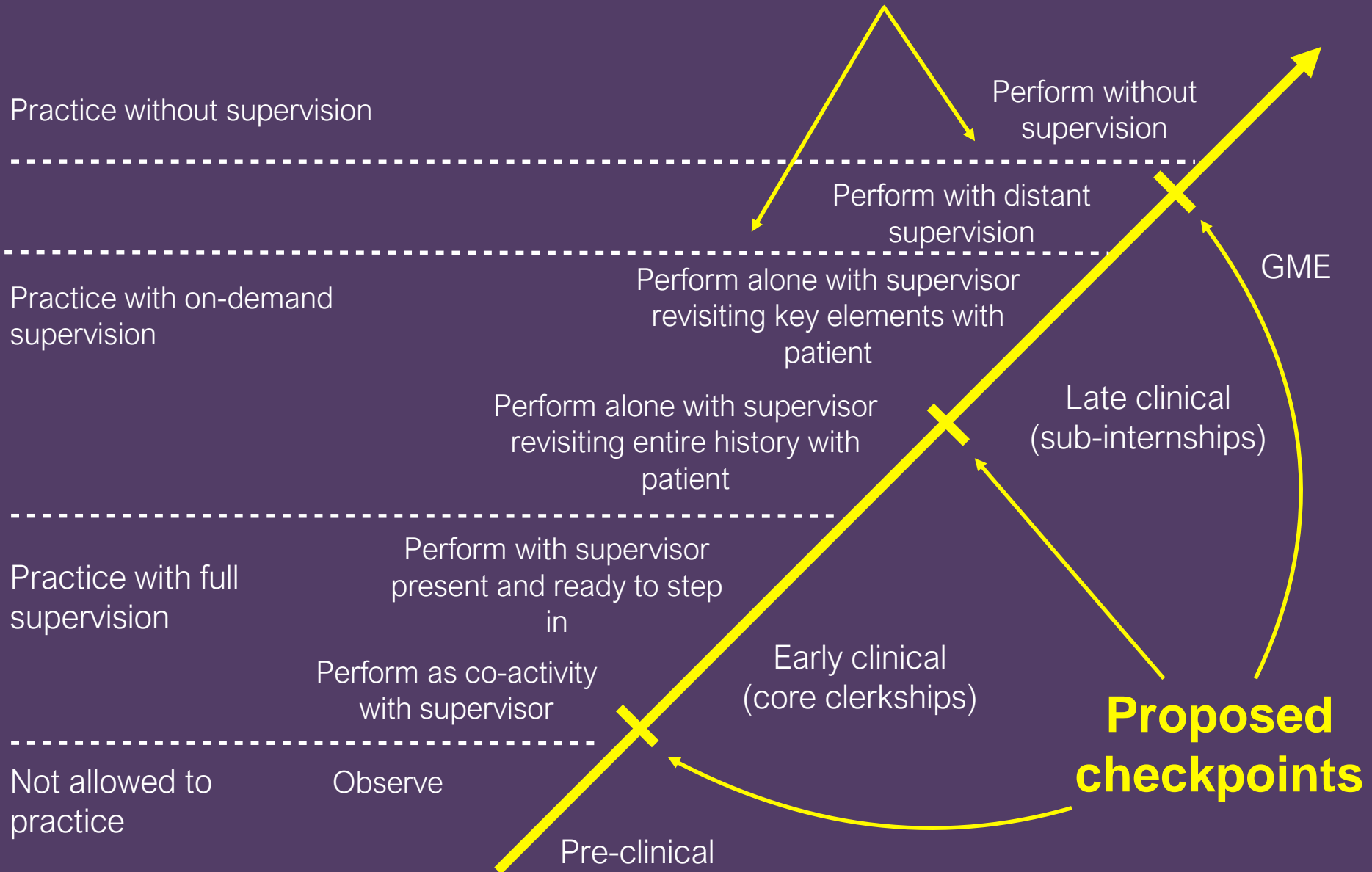- Standardization across institutions will be critical to support transitions

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Dimensions of Trustworthiness

Knowledge and Skill	Discernment
Conscientiousness	Truthfulness

Trustworthiness

– Kennedy et al., *Academic Medicine*, 2008

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Levels of supervision (Chen et al)

Entrustment

Practice without supervision

Perform without supervision

Perform with distant supervision

Practice with on-demand supervision

Perform alone with supervisor revisiting key elements with patient

Perform alone with supervisor revisiting entire history with patient

Late clinical (sub-internships)

GME

Practice with full supervision

Perform with supervisor present and ready to step in

Perform as co-activity with supervisor

Early clinical (core clerkships)

Not allowed to practice

Observe

Pre-clinical

Proposed checkpoints

Findings: Assessment

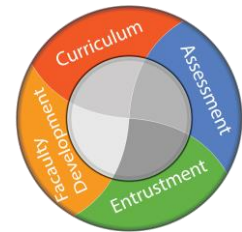- Assessment in the clinical workplace is essential

- 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

"I had to do"	"I had to talk them through"	"I had to direct them from time to time"	"I needed to be available just in case"	"I did not need to be there"
Requires complete guidance, [learner was] unprepared to do, or had to do for them.	Able to perform some tasks but requires repeated directions.	Demonstrates some independence, but requires intermittent prompting	Independence but needs assistance with nuances of certain patients and/or situations, unable to manage all patients, still requires supervision for safe practice	Complete independence& can safely manage a general clinical in your specialty.
1	**2**	**3**	**4**	**5**

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
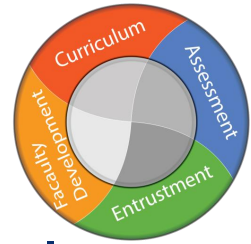
- Various faculty roles will require differing levels of training regarding the EPA framework

- 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

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Core EPAs Home

Frequently Asked Questions (FAQ)

Pilot Goals

Guiding Principles

Pilot Participants

▸ **Publications and Presentations**

Publications and Presentations

EPA Toolkits

EPA 1 PDF	EPA 6 PDF	EPA 11 PDF
EPA 2 PDF	EPA 7 PDF	EPA 12 PDF
EPA 3 PDF	EPA 8 PDF	EPA 13 PDF
EPA 4 PDF	EPA 9 PDF	Full Toolkit PDF
EPA 5 PDF	EPA 10 PDF	Abridged Toolkit PDF

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

Listserve

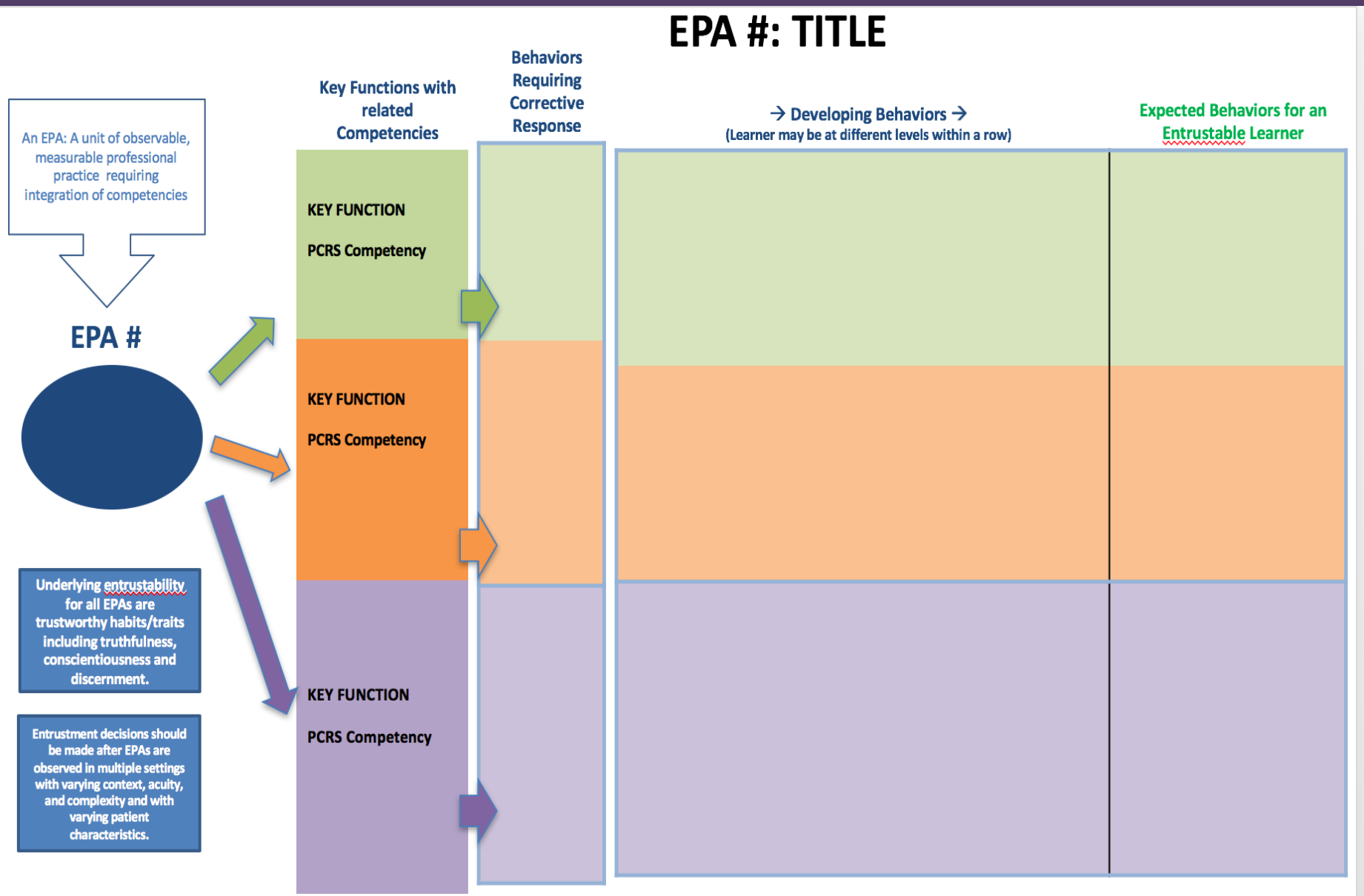To subscribe to the Core EPAs listserve, send a blank email to subscribe-coreepas@lists.aamc.org.

Contact

coreepas@aamc.org ›

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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

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"One-Pagers" Schematic Structure

EPA #: TITLE

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

EPA #

Underlying entrustability for all EPAs are trustworthy habits/traits including truthfulness, conscientiousness and discernment.

Entrustment decisions should be made after EPAs are observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

Key Functions with related Competencies

KEY FUNCTION

PCRS Competency

KEY FUNCTION

PCRS Competency

KEY FUNCTION

PCRS Competency

Behaviors Requiring Corrective Response

→ Developing Behaviors →
(Learner may be at different levels within a row)

Expected Behaviors for an Entrustable Learner

EPA 6: Provide an Oral Presentation of a Clinical Encounter

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

EPA 6

Provide an oral presentation of a clinical encounter

Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment.

This schematic depicts development of proficiency in the Core EPAs. It is *not* intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

Key Functions with Related Competencies	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
Present personally gathered and verified information, acknowledging areas of uncertainty **PC2 PBL1 PPD4 P1**	Fabricates information when unable to respond to questions Reacts defensively when queried	Gathers evidence incompletely or exhaustively Fails to verify information Does not obtain sensitive information	Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional information	Presents personally verified and accurate information, even when sensitive Acknowledges gaps in knowledge, reflects on areas of uncertainty, and seeks additional information to clarify or refine presentation
Provide an accurate, concise, well-organized oral presentation **ICS2 PC6**	Presents in a disorganized and incoherent fashion	Delivers a presentation that is not concise or that wanders Presents a story that is imprecise because of omitted or extraneous information	Delivers a presentation organized around the chief concern When asked, can identify pertinent positives and negatives that support hypothesis Supports management plans with limited information	Filters, synthesizes, and prioritizes information into a concise and well-organized presentation Integrates pertinent positives and negatives to support hypothesis Provides sound arguments to support the plan
Adjust the oral presentation to meet the needs of the receiver **ICS1 ICS2 PBL1 PPD7**	Presents information in a manner that frightens family	Follows a template Uses acronyms and medical jargon Projects too much or too little confidence	When prompted, can adjust presentation in length and complexity to match situation and receiver of information	Tailors length and complexity of presentation to situation and receiver of information Conveys appropriate self-assurance to put patient and family at ease
Demonstrate respect for patient's privacy and autonomy **P3 P1 PPD4**	Disregards patient's privacy and autonomy	Lacks situational awareness when presenting sensitive patient information Does not engage patients and families in discussions of care	Incorporates patient's preferences and privacy needs	Respects patients' privacy and confidentiality by demonstrating situational awareness when discussing patients Engages in shared decision making by actively soliciting patient's preferences

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)

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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

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Is the EPA framework effective?

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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

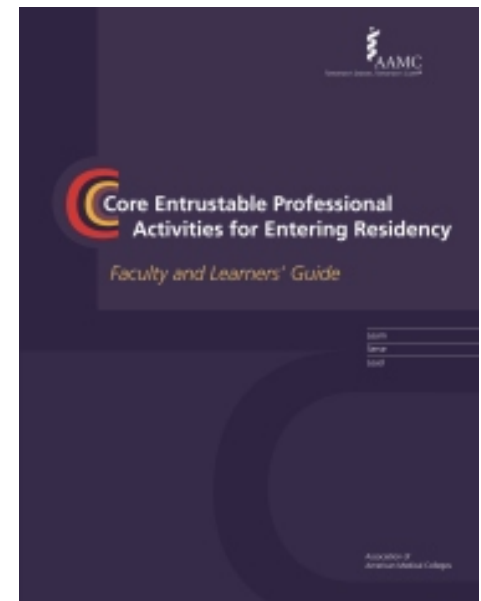AAMC

Bringing the Patient into the Assessment Equation

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Resources

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

AAMC Pilot Group recommendations:
Guiding Principles

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Questions?

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