Making Entrustable Professional Activities Work For You!

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

Poll Question

- Use of EPAs is required by:
- AAFP
- AFMRD
- ABFM
- ACGME
- Not required

Goals

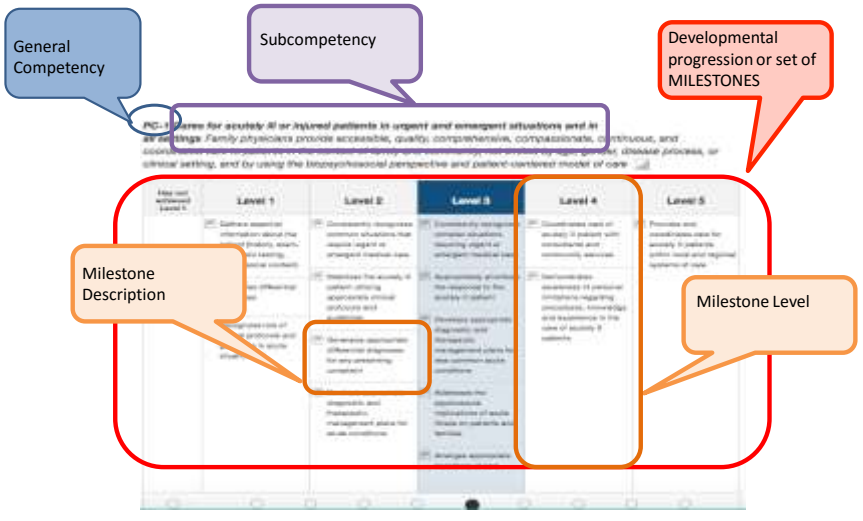
- As a result of this session attendees will:
  - Understand Entrustable Professional Activities in the context of competency based medical education.
  - Incorporate EPAs in the evaluation system for Family Medicine residents
  - Utilize EPAs and related mapping documents to facilitate learning plans for residents.
  - Use EPAs for curriculum review and design

A Brief History of Competency Based GME

- <1998 residency defined as amount of time in particular experiences (e.g. 4 months of Peds)
- 1998 began Outcomes Project – focus on competency
- 2007 core competencies released
- 2013 first set of milestones implemented
- 2015 FMAH releases FM EPAs

Response to Core Competency Challenges

- The core competencies were too broad and there were differing emphases by specialty.
- Competency evaluation was dichotomous (competent / not)
- Milestone project created within each specialty.
- Family Medicine developed 22 subcompetencies.



Why EPAs?

- Subcompetency and Milestone evaluations focused on specific dimensions of resident abilities, rather than integrated performance.
- EPAs allow for evaluation of entire clinical actions.
- The EPA scale allows for developmental entrustment (independence) in these clinical activities.

What is an EPA?

- A task or responsibility variably ENTRUSTED to execution by a trainee once sufficient specific competence is obtained.
- Independently executable, observable, and measurable
- Written to describe activities that Family Physicians may perform upon graduation.

Entrusting the EPA

Scale of entrustment

1. Observation only
2. Execution with direct, proactive supervision
3. Execution with direct, reactive supervision
4. Supervision at a distance and/or post hoc
5. Trainee supervises more junior colleagues

EPA Entrustment is Context Dependent

- Trainee Factors
  - Fatigue
  - Confidence
  - Resident experience
- Supervisor:
  - Lenient vs Strict
  - FM vs Non-FM
- Care Setting:
  - Out patient vs hospital
  - Night shift vs days

- EPA type
  - Rarely occur
  - Frequent/common
  - Complexity
  - Global vs specific
- Program Setting
  - Rural vs Urban
  - Community vs University
  - Large vs small
  - Single vs multiple residencies

EPAs and Competencies

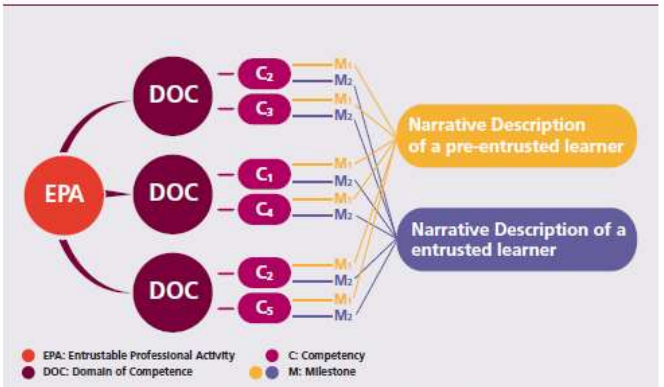


Figure 2. EPAs require the integration of competencies, usually from two or more domains. For each competency, then, milestones can be devised and then synthesized into descriptive narratives of expected behaviors for learners at pre-entrustable and entrustable levels of performance.

EPAs and Subcompetencies

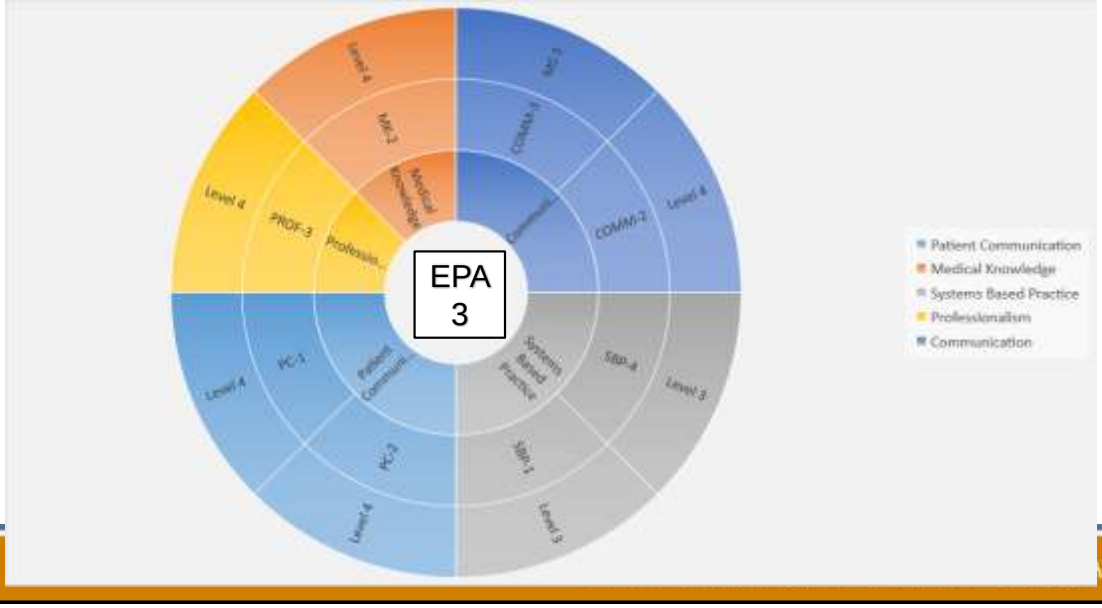
EPAs	**Subcompetencies**
Observed actions and behaviors that overlap several different competency areas.	Specific knowledge, skills, attitudes, and behaviors within one competency area.
Evaluated based on level of independence.	Evaluated on a developmental scale.
Related to one or many sub-competencies.	Specific to itself.
Develop over time	Develop over time

EPAs for Family Medicine

1. Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
2. Care for patients and families in multiple settings.
3. Provide first-contact access to care for health issues and medical problems.
4. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
5. Provide care that speeds recovery from illness and improves function.
6. Evaluate and manage undifferentiated symptoms and complex conditions.
7. Diagnose and manage chronic medical conditions and multiple co-morbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.

10. Perform common procedures in the outpatient or inpatient setting
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
14. Manage care for patients with medical emergencies.
15. Develop trusting relationships and sustained partnerships with patients, families and communities.
16. Use data to optimize the care of individuals, families and populations.
17. In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.
18. Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
19. Provide leadership within inter-professional health care teams.
20. Coordinate care and evaluate specialty consultation as the condition of the patient requires.

EPA 3 Provide first-contact access to care for health issues and medical problems



Entrustment Mapped to Sub-competency

EPA Numb	EPA title	PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	PBL 1	PBL 2	PBL 3	Prof 1	Prof 2	Prof 3	Prof 4	C 1	C 2	C 3	C 4
		Subcompetency with Milestone level																					
		cares for ac	Cares for pa	Disease pre	manages u	Performs a	demonstrat	applies criti	cost consci	Emphasizes	Advocates f	coordinate	locates, app	Self Directe	improves s	completes	Professiona	demonstrat	Maintain e	develops re	Communic	Relationshi	Use Techno
1	Provide a usual source of comprehensive	-	Level 4	Level 4	Level 4	-	-	-	-	-	-	Level 3	Level 4	Level 4	Level 4	Level 4	-	Level 4	Level 4	Level 4	-	-	Level 4
2	Care for patients and families in multiple	Level 3	-	Level 4*	-	-	-	Level 2	Level 3	Level 2	-	Level 3	-	-	-	Level 2	-	Level 3	-	Level 4	-	-	Level 3
3	Provide first-contact access to care for h	Level 2	Level 2	-	-	-	-	Level 2	Level 2	-	-	Level 2	-	-	-	-	-	Level 3	-	Level 2	Level 3	-	-
4	Provide preventive care that improves a	-	-	Level 4	-	-	-	Level 3	-	-	Level 3	-	Level 2	-	Level 3	-	-	Level 3	-	Level 3	Level 4	-	-
5	Provide care that speeds recovery from i	Level 2	Level 3	-	Level 3	-	-	-	Level 3	-	-	Level 3	-	-	-	-	-	Level 4	-	Level 3	Level 4	-	Level 3
6	Evaluate and manage undifferentiated s	-	-	-	Level 4	-	Level 4	Level 4	Level 4	-	-	-	Level 3	-	-	Level 4*	-	Level 4	Level 4	Level 3	Level 4	-	-
7	Diagnose and manage chronic medical co	-	Level 3	Level 3	-	-	-	Level 3	-	Level 3	-	Level 3	Level 4	-	Level 3	-	-	Level 4	-	Level 3	Level 3	Level 3	Level 4
8	Diagnose and manage mental health con	Level 4	Level 3	-	Level 4	-	-	Level 3	-	-	-	Level 3	-	-	-	-	Level 2	Level 3	-	Level 4	Level 3	-	-
9	Diagnose and manage acute illness and i	Level 2	-	-	-	Level 4	-	Level 4	-	-	-	Level 3	-	-	-	-	-	-	Level 4	-	Level 3	-	-
10	Perform common procedures in the out	-	-	-	-	Level 4	Level 4	-	-	Level 4	-	-	-	-	Level 2	-	-	-	-	-	-	-	Level 2
11	Manage prenatal, labor, delivery and po	Level 3	-	Level 3	-	Level 4	Level 4	Level 2	-	Level 2	-	Level 3	-	-	-	-	Level 2	Level 3	Level 4	Level 4	-	Level 4	Level 2
12	Manage end-of-life and palliative care.	Level 3	Level 3*	-	-	-	-	Level 4	-	-	-	Level 3	-	-	-	Level 2	-	Level 3	-	Level 4	Level 4	-	-
13	Manage inpatient care, discharge planni	Level 4	-	-	-	Level 4	-	-	Level 3	Level 4	-	Level 3	-	-	-	Level 2	Level 4	Level 3	-	-	Level 4	Level 4	Level 3
14	Manage care for patients with medical e	Level 3	-	-	-	-	Level 4	-	-	Level 4	-	Level 4	-	-	-	-	-	-	-	Level 3	Level 4	Level 4	-
15	Develop trusting relationships and susta	-	Level 3	Level 3	Level 4	-	-	-	-	-	-	Level 3	-	-	-	Level 4	Level 4	-	-	Level 4	Level 3	-	Level 4
16	Use data to optimize the care of individ	-	-	Level 4	-	-	-	Level 4	Level 2	Level 3	Level 3	-	-	Level 4	Level 3	-	-	-	-	-	-	-	Level 2
17	In the context of culture and health belie	-	Level 3	Level 3	-	-	-	Level 3	-	-	-	-	Level 4	-	-	Level 2	-	Level 3	-	Level 4	Level 3	-	-
18	Advocate for patients, families, and com	-	-	Level 3	-	-	-	-	-	-	Level 4	-	-	-	-	-	-	Level 2	-	-	Level 2	-	-
19	Provide leadership within interprofessio	-	Level 4	Level 3	-	-	-	-	-	Level 4	-	Level 4	-	-	-	-	Level 4	-	Level 3	-	-	Level 4	-
20	Coordinate care and evaluate specialty c	-	-	-	Level 3	Level 4	-	-	Level 3/4	-	-	Level 2	-	-	-	-	-	-	-	-	-	Level 2	-

Achievement Entrustment will back fill to sub-competencies

EPAs Can Be Used For

- Resident evaluation – entrustment ⇔ milestones
- Resident learning plan development
- Curriculum review/design
- Communication to employer/society about the skills expected of FM grads.

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Poll Question

In my program we are using EPA language in evaluations:

1. To a great extent
2. To some extent
3. A little
4. We are not using EPA language in evaluations

Utilizing EPAs for Resident Evaluation

- Define care that the residency graduate can be trusted to deliver to the public.
- Focus on performance in real-world activities that require specific competencies.
- Evaluations containing EPA language are more easily completed and map to specific milestones.

Entrustment Data Sources

- Rotation Evaluations
- FMC 360 Evaluations
- FM Preceptor Evaluations
- Resident patient panel data
- Chart Review
- Direct Observation
- Resident referral pattern review
- Resident Portfolio
- Behaviorist evaluation of residents
- Procedure Evaluations
- Practice Improvement Projects
- Video Review of Patient Encounters
- Patient Satisfaction Surveys
- ABFM In-Training Exam results
- Journal Club or Evidence-Based Answer presentations

Practical Application

Levels of Entrustment for EPAs (ten Cate)	**Miller's pyramid (hierarchy of competence)**
1. Observation without execution, even with direct supervision	KNOWS
2. Execution with direct, proactive supervision	KNOWS HOW
3. Execution with reactive supervision, i.e. on request and quickly available	SHOWS HOW
4. Supervision at a distance and/or post hoc	DOES
5. Supervision provided by the trainee to more junior colleagues	

Practical Application Examples

EPA 5

EPA #5 Provide care that speeds recovery from illness and improves function.
Interpretation Graduates of Family Medicine residences will provide care that prioritizes patient centered functional goals and develop a treatment plan that assists the patient to efficiently reach those goals.
Suggested Global Evaluation opportunities: 1. Patient Satisfaction Survey 2. Patient Panel Data 3. Referral Pattern Review

Utilize language in Patient Satisfaction Survey

- Insert EPA language directly into the evaluation

Practical Application Examples: Non-FM Evaluations

Problem:

- Addition of subcompetency language to evaluations resulted in decreased completion rates by non-FM faculty.

Solution

- EPA language is more practical for use by all faculty
- Rewrite the evaluation to include EPA-based questions
- EPA-based responses can be translated into resident milestone rating by the program

Practical Application Examples: Non-FM Evaluations

Solution:

- EPA 20 (Coordinate care and evaluate specialty consultation as the condition of the patient requires)
  - Cardiology: Is the resident capable of recognizing the need for and initiating consultation in the care of a patient experiencing an acute myocardial infarction or non-ST elevation MI?
  - If **YES**, this maps to completion of PC4 level 3, PC5 level 4, SBP1 level 3, SBP4 level 2, and COMM3 level 2.
  - If **NO**, the resident may be operating at a lower milestone level than those identified for independence.

EPAs Can Be Used For

- Resident evaluation – entrustment ⇔ milestones
- **Resident learning plan development**
- Curriculum review/design
- Communication to employer/society about the skills expected of FM grads.

Poll Question

In my program we are using EPAs in resident learning plan development:

1. To a great extent
2. To some extent
3. A little
4. We are not using EPA language in learning plans

Why use EPAs in Learning Plans?

- EPAs describe performance of clinical activities
- Matches language used by some outside evaluators
- Matches language used by some learners as they plan for future practice
- Can be a useful bridge between the language of competency domains and activities performed

Learning Plan Development: Residents Requiring Remediation

- Residents struggling with a particular subcompetency frequently fail to recognize the necessity for competence in that specific skill.
- You can now "reverse map" from that subcompetency to the EPAs they will be unable to perform due to that lack of competence.

Learning Plan Development: Residents Requiring Remediation (cont.)

- Preceptors - particularly non-academics – may be more likely to talk entrustment rather than competency
  - (*e.g*. "they just can't tell how sick a patient really is!")
- Translate that comment into subcompetency and milestone-based goals for the resident.
  - (For the above example: EPAs #6 through #9 – depending on the diagnosis)

Learning Plan Development: On-track and High-functioning Residents

- Residents wishing to ensure they can fill a particular niche, or striving for excellence in a particular area can be directed to the relevant EPA(s)
  - Preparation for fellowship acceptance
  - Leadership careers
  - Future faculty
  - Advocacy
- They can then use the higher level milestones in the associated sub-competencies as a roadmap for achieving their goal

EPAs Can Be Used For

- Resident evaluation – entrustment ⇔ milestones
- Resident learning plan development
- **Curriculum review/design**
- Communication to employer/society about the skills expected of FM grads.

Poll Question

In my program we are using EPA language in curriculum review or design:

1. To a great extent
2. To some extent
3. A little
4. We are not using EPA language in curriculum review or design

Program Evaluation – Annual Program Review

- Example: EPA 6 – evaluate and manage undifferentiated symptoms and complex conditions
- If residents in their final year of training have not reached entrustment for independence
- Key subcompetencies mapped to this EPA
  - PC 4,
  - MK 1, 2,
  - SBP 1,
  - PBL 1,
  - Prof 1,3,4
  - Comm 1-2.

Annual Program Review

- Program can choose to focus on
  - PBL – 1 –Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems
  - Prof -4 - Maintains emotional, physical, and mental health; and pursues continual personal and professional growth.
- The faculty can then develop curriculum to address these particular skills in the context of patients with undifferentiated symptoms

Program Evaluation – Grad Survey

- Grad surveys currently:
  - Focus on discrete components of either residency curriculum or current practice.
  - Have not addressed graduates' competence in the more broadly defined EPA skills.
- EPAs could be used to develop survey questions addressing the ways the residency program prepared the graduate for practice

EPAs as Curriculum Goal Statements

- EPAs are statements of broad areas of physician skill which function well as goal statements for residency curriculum.
- The sub-competencies and milestones mapped to that EPA can then be used as the objectives for that area of curriculum.
- Many residencies currently use milestone language in curricular goals and objectives documents but the connection can seem arbitrary.
- Using the EPA to sub-competency mapping will add more clarity to that process.

Process Example for Curriculum Creation

- EPA title and brief description
- Subcompetencies – from the complete EPA Document
- Example of curriculum

Step 1

- EPA #4 - Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
- Interpretation - Graduates of Family Medicine residencies will address the goals of this EPA using an evidence-based and patient-centered approach.

Step 2

Competency Domain	**Sub-competency**	**Milestone Level**
Patient Care	PC–3: Partners with the patient, family and community to improve health through disease prevention and health promotion	Level 4 **(Integrates disease prevention and health promotion seamlessly in the ongoing care of patients.)**
Medical Knowledge	MK–2: Applies critical thinking skills in patient care	Level 3 **(Recognizes and reconciles knowledge of patient and medicine to act in patient's best interest.)**
Systems-based Practice	SBP–3: Advocates for individual and community health	**Level 3** **(Identifies specific community characteristics that impact specific patients' health.)**

Step 3
Preventive Care Curriculum Based on EPA 4

- Goal -As a result of participating in this curriculum residents will provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages
- Objectives -
  - Integrate disease prevention and health promotion seamlessly in the ongoing care of patients
  - Recognize and reconcile knowledge of patient and medicine to act in patient's best interest
  - Identify specific community characteristics that impact specific patients' health.

Streamlining Curriculum

- Use EPAs to identify areas of overlap and gaps in curriculum
  - Review where in the curriculum each EPA is explicitly addressed.
  - Ascertain areas of curriculum overlap requiring coordination.
- This could be true for an EPA which is a specific skill but occurs in multiple settings such as EPA 19 - provide leadership within interprofessional health care teams.

Streamlining Curriculum

- Example – EPA 19 - Provide leadership within interprofessional health care teams.
- Leadership occurs in all situations where family physicians are caring for patients:
  - office, nursing homes, and multiple hospital floors
  - different team members in each setting.
- Explore how and where in the curriculum team membership and leadership are taught to residents.
  - What didactics, workshops and clinical role modeling is used to teach this skill?
  - Are all of these aligned in regards to knowledge, skills and attitudes?

Defining Program Priorities

- Many programs have a particular area in Family Medicine which is considered a strength or focus of recruitment.
- Using the language of EPAs, the mission of the program can be more clearly stated to applicants, residents, faculty and the community.

Defining Program Priorities Example

- EPA-15 - Develop trusting relationships and sustained partnerships with patients, families and communities.
  - All physicians and residencies would strive to achieve this goal
  - A residency may wish to use this as an overall statement of core values.
- This would then drive decisions regarding curriculum and priority setting

EPAs Can Be Used For

- Resident evaluation – entrustment vs milestones
- Resident learning plan development
- Curriculum review/design
- **Communication to employer/society about the skills expected of FM grads.**

Poll Question

In my program we are using EPA language in final summative evaluations or reference letters :

1. To a great extent
2. To some extent
3. A little
4. We are not using EPA language these documents

EPAs as Summative Evaluation

- Use EPAs in graduates' final evaluations.
- Omission of EPAs not achieved leaves a clear picture of entrustability
- Useful for:
  - future program directors providing residency verifications from these files
  - Employers

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Social Q & A

Please…

Complete the session evaluation.

Thank you.

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