

Family Medicine Entrustable Professional Activities (EPAs)

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All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

Objectives

- Inform residency programs of the rationale and development process of the EPAs.
- Discuss the EPAs and their connection to / distinction from milestones and ACGME requirements.
- Identify opportunities to advance program level adoption and assessment of EPAs.

Are you aware of the EPAs for FM?

Background of EPAs

- STFM.org: “Entrustable Professional Activities for Family Physicians”.
- Olle ten Cate. “Nuts and Bolts of Entrustable Professional Activities.” Journal of Graduate Medical Education: March 2013, Vol. 5, No. 1, pp. 157-158.
- Shaughnessy AF, Sparks J, Cohen-Osher M, Goodell KH, Sawin GL, Gravel J. “Entrustable Professional Activities in Family Medicine.” Journal of Graduate Medical Education 2013;5(1):112-118. doi:10.4300/JGME-D-12-00034.1.
- ten Cate O, Scheele F. “Competency-based postgraduate training: can we bridge the gap between theory and clinical practice?” Acad Med. 2007;82(6):542–547.
- ten Cate O. “Entrustability of professional activities and competency-based training.” Med Educ. 2005;39(12):1176–1177.

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Nuts and Bolts of Entrustable Professional Activities

Olle ten Cate, PhD

The Challenge
The entrustable professional activity (EPA) concept allows faculty to make competency-based decisions on the level of supervision required by trainees. Competency-based education suggests standardized levels of proficiency to guarantee that all learners have a sufficient level of proficiency at the completion of training.^{1,2} Collectively, the competencies (ACGME or CanMEDS) constitute a framework that describes the qualities of professionals. Such a framework provides generalized descriptions to guide learners, their supervisors, and institutions in teaching and assessment. However, these frameworks must translate to the world of medical practice. EPAs were conceived to facilitate this translation, addressing the concern that competency frameworks would otherwise be too theoretical to be useful for training and assessment in daily practice.

What is Known
Trust is a central concept for safe and effective health care. Patients must trust their physicians, and health care providers must trust each other in a health care environment. Health care

What is Included in a Full EPA Description?
An EPA must be described at a sufficient level of detail to state expectations and guide supervisor's assessment and entrustment decisions (see Appendix for guidelines).

How Do EPAs Relate to Milestones?
Milestones, as defined by the ACGME, are stages in the development of specific competencies. Milestones may be a supervisor's EPA decisions (eg, direct progressive supervision versus distant supervision). The Pediatric Milestone Project provides examples of how milestones may be linked to entrustment decisions.³

What Do Entrustment Decisions Require?
Entrustment decisions involve clinical skills and abilities as well as more general facets of competence, such as understanding one's own limitations and knowing when to ask for help. Making entrustment decisions for unsupervised practice requires observed proficiency, usually on multiple occasions.
In practice, entrustment decisions can be affected by 4 general conditions, 4 of which are not under the control of the trainee: (1) time, (2) resources, (3) supervision, and (4) structural support. In the clinic

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Entrustable Professional Activities for Family Physicians

The Family Medicine for America's Health Board of Directors developed entrustable professional activities for family medicine.

What are Entrustable Professional Activities (EPAs)?
EPAs are the critical activities that constitute a specialty and the elements that experts and society consider to belong to that specialty. EPAs are observable and

What are EPAs?

- Critical activities and elements that experts and society consider to belong to that specialty.
- Define the knowledge, skills, and attitudes that resident physicians must have before they graduate.
- Way to translate core competencies into the well-defined activities that physicians are expected to do as part of their practice of medicine.
- independently executable, observable, and measurable in their process and outcome

EPAs for Family Medicine End of Residency Training

- Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
- Care for patients and families in multiple settings.
- Provide first-contact access to care for health issues and medical problems.
- Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
- Provide care that speeds recovery from illness and improves function.
- Evaluate and manage undifferentiated symptoms and complex conditions.
- Diagnose and manage chronic medical conditions and multiple co-morbidities.
- Diagnose and manage mental health conditions.
- Diagnose and manage acute illness and injury.
- Perform common procedures in the outpatient or inpatient setting.

EPAs for Family Medicine End of Residency Training

- Manage prenatal, labor, delivery and post-partum care.
- Manage end-of-life and palliative care.
- Manage inpatient care, discharge planning, transitions of care.
- Manage care for patients with medical emergencies.
- Develop trusting relationships and sustained partnerships with patients, families and communities.
- Use data to optimize the care of individuals, families and populations.
- 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.
- Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
- Provide leadership within interprofessional health care teams.
- Coordinate care and evaluate specialty consultation as the condition of the patient requires.

Who Developed the EPAs?

- The Family Medicine for America's Health Board of Directors developed entrustable professional activities for family medicine.

What is Family Medicine for America's Health?

- Collaboration between the eight leading family medicine organizations in the US to drive continued improvement of the U.S. health care system and demonstrate the value of true primary care.
- The collaboration includes:
 - American Academy of Family Physicians
 - American Academy of Family Physicians Foundation
 - American Board of Family Medicine
 - American College of Osteopathic Family Physicians
 - Association of Departments of Family Medicine
 - Association of Family Medicine Residency Directors
 - North American Primary Care Research Group
 - Society of Teachers of Family Medicine

How do EPAs relate to competencies and milestones?

How Do EPAs Differ From Competencies?

- EPAs are not an alternative for competencies, but a means to translate competencies into clinical practice.
- **Competencies** are descriptors of **physicians**, **EPAs** are descriptors of **work**.
- EPAs usually require multiple competencies in an integrative, holistic nature.

TABLE 1 EXAMPLES OF EPAs RELATED TO THEIR MOST IMPORTANT ACGME COMPETENCY DOMAINS

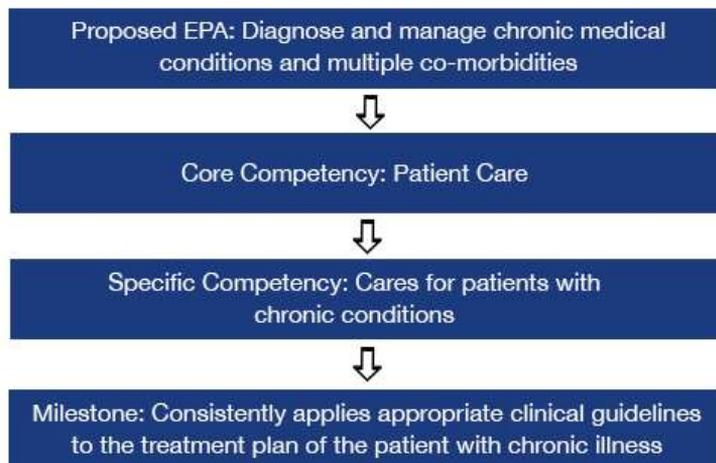
Illustrative EPAs	ACGME Competencies					
	MK	PC	ISC	P	PBLI	SBP
Performing an appendectomy	*	*				
Executing a patient handover	*	*	*			*
Designing a therapy protocol	*				*	
Chairing a multidisciplinary meeting		*	*	*		*
Requesting organ donation			*	*		
Chronic disease management		*	*	*		*

Abbreviation: EPAs, entrustable professional activities; ACGME, Accreditation Council for Graduate Medical Education; MK, Medical Knowledge; PC, Patient Care; ISC, Interpersonal Skills and Communication; P, Professionalism; PBLI, Practice-Based Learning and Improvement and SBR, Systems-Based Practice.

How do EPAs differ from competencies?

- Milestones are stages in the development of specific competencies.
- EPAs are broader and more general than the Milestones.
- EPAs integrate competencies and the Milestones.
- "EPAs are not an alternative for competencies, but a means to translate competencies into clinical practice."

An example of how EPAs integrate with the Milestones and competencies



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How will EPAs be used?

- Goal is to incorporate the EPAs into residency training.
- All graduates of family medicine residency programs may not include all of the EPAs in their personal practice.
 - The goal of training is for the graduate to be prepared for comprehensive, longitudinal care, even though some may not practice in that manner.

How will EPAs be Used?

- No reporting requirement to RC-FM (unlike milestones)
 - internal medicine and pediatrics formally use EPAs as part of their Milestones
- However, EPAs can (and should) be used on an individual program basis as part of assessment systems.

Discuss ways programs can incorporate the EPAs into residency training.

EPA Task Force and Next Steps

During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.



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