Entrustable Professional Activities as a Tool for Curriculum Development

Roger Garvin MD, FAAFP
Joyce Hollander-Rodriguez, MD

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Poll Question #1

Use of EPAs is required by:

A. AAFP
B. AFMRD
C. ABFM
D. ACGME
E. Not required

Goals

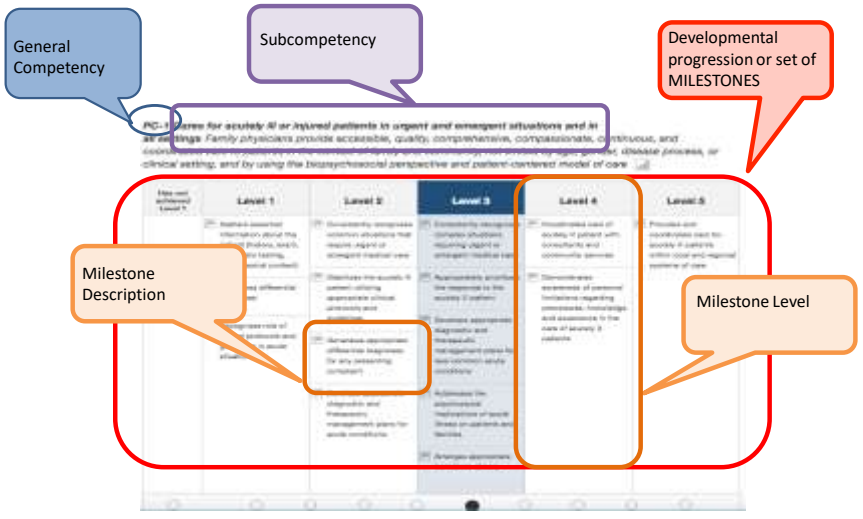
- As a result of this session attendees will:
  - Understand the place of EPAs in competency based graduate medical education
  - Use EPAs and associated documents to assess individual components of program curriculum
  - Use EPAs and associated documents to develop new program curriculum components

What's The Point?

- Competency-based GME moves from
  - Curriculum driving assessment to
  - Outcomes driving curriculum and assessment

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



Why EPAs?

- Practical framework for assessment of competencies
  - Competencies: Focus on a single ability but care delivery requires integration of abilities
  - EPAs: Focus on integration of competencies needed to deliver care
- Bring the concept of entrustment to workplace-based assessment
  - Entrustment implies competence but uses a lens of supervision which is a more intuitive framework for clinicians

What is an EPA?

- Important routine care activities that define a specialty or subspecialty
- Observable and measurable
- Require an integration of competencies within and across domains to perform
- “Entrustable” refers to readiness to safely perform the activity without supervision

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

EPAs and Competencies:

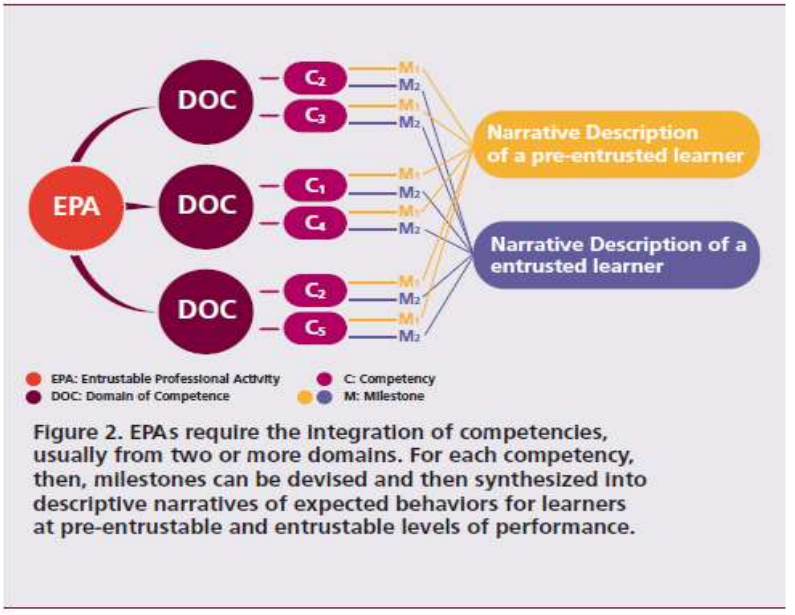


Figure 2. EPAs require the integration of competencies, usually from two or more domains. For each competency, then, milestones can be devised and then synthesized into descriptive narratives of expected behaviors for learners at pre-entrustable and entrustable levels of performance.

Entrustment is Context Dependent

- Trainee Factors:
  - Fatigue
  - Entrustability
- Supervisor:
  - Lenient vs Strict
  - FM vs Non-FM
- Care Setting:
  - Outpatient 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

Enablers of Entrustability

- Ability - level of knowledge, skills, attitudes
- Conscientiousness
- Truthfulness – truth telling and absence of deception
- Discernment - Knowing one's limits and seeking help

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 Subcompetency

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 o	completes	Professiona	demonstrat	Maintain e	develops re	Communic	Relationsh	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 w	-	-	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 outp	-	-	-	-	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 subcompetencies

Two Types of Entrustment

- Ad hoc – day to day entrustment of a resident to perform a clinical task
- Summative – a formal decision to entrust a resident with a clinical task. Can rely on multiple information sources.

Entrustment Data Sources

- Rotation Evaluations
- FMC 360 Evaluations
- FM Preceptor Evaluations
- Resident patient panel data
- Chart Review
- Direct Observation
- Referral pattern review
- Resident Portfolio
- Behavioral 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	

Poll Question #2

I would rate my attitude toward EPAs at this point as:

A. Pre-contemplative but at least I came to your session
B. Contemplative – thinking about it but not committed to making changes
C. Ready to make change – tell me more!
D. Already using EPAs – interested in refining process

EPAs in Curriculum Review/Design

Poll Question #3

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

A. To a great extent
B. To some extent
C. A little
D. We are not using EPA language in curriculum review or design

EPAs for Curriculum Development

- Program Evaluation
  - Annual Program Review
  - Exit Interviews
  - Graduate Surveys
- Curricular Goal Statements and Mapping
- Streamlining Curriculum: overlaps and gaps
- Defining Program Priorities

Program Evaluation – Annual Program Review

- Example: EPA 6 – *Evaluate and manage undifferentiated symptoms and complex conditions*
  - Program Review Finding: 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 certain subcompetencies:
  - 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.
- Faculty develop curriculum to address these particular areas in the context of patients with undifferentiated symptoms

Program Evaluation – Exit Interviews

- Graduating residents
  - Self-evaluation using EPAs
  - Faculty/CCC evaluation at time of milestones
- Review patterns to identify potential gaps in curriculum
- Example: *EPA 16 - Use data to optimize the care of individuals, families and populations.*

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

Graduate Survey Example

- EPA 19 - *Provide leadership within interprofessional health care teams*
- Sample survey questions:
  - How comfortable are you with your training in leadership?
  - Do you provide leadership in healthcare teams? In what settings?
    - Clinic, hospital, nursing home, other.

EPAs as Curriculum Goal Statements

- EPAs are statements of areas of physician work
  - function well as goal statements for curriculum.
- Use subcompetencies and milestones mapped to that EPA as the objectives for that area of curriculum.

- Milestone language in curricular goals and objectives documents may seem arbitrary.
- EPA to subcompetency mapping adds clarity to the process.

Process Example for Curriculum Creation

1. EPA title and brief description
2. Map to subcompetencies – from the complete EPA Document
3. Incorporate milestone language into specific measurable goals for curriculum
4. Identify educational strategies for achieving goals

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: Map to Subcompetency and Milestones

Competency Domain	Subcompetency	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 from milestones (too broad):
  - 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.

Step 4: Specific Objectives and Educational Strategies

- Modify milestone language to be specific measurable objectives:
  - Identify specific community characteristics that impact patients' health by submitting a community health assessment for one subpopulation seen in your practice panel.
- Identify educational strategies to achieve this objective

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 curricular overlap requiring coordination.
- Example: EPA which is a specific skill but occurs in multiple settings
  - 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

Activity: EPAs for Curriculum Development

Which strategy for using EPAs in curriculum development are you most likely to use in your program: *(describe to a neighbor)*

1. Program Evaluation
   - Annual Program Eval
   - Grad Survey
   - Exit Interview
2. Curricular Goal Statements and Mapping
3. Defining Program Priorities
4. Streamlining Curriculum – gaps and overlaps

Poll Question #4:

Which strategy for using EPAs in curriculum development are you most likely to use in your program:

1. Program Evaluation (Annual Program Eval, Grad Survey, Exit Interview)
2. Curricular Goal Statements and Mapping
3. Defining Program Priorities
4. Streamlining Curriculum – gaps and overlaps

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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