



# Advancing the Frontier of Learner Assessment

2015 Fall APPD Meeting

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# Objectives

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- Develop a working knowledge of EPAs
- Explain the added value to trainee assessment of integrating EPAs with Competencies/Milestones to create a program of learner assessment
- Illustrate how EPAs bridge the continuum of education, training and practice
- Discuss new initiatives related to EPAs



Develop a working knowledge of EPAs



# Entrustable Professional Activities (EPAs)

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- Major AND routine care activities that define a specialty, subspecialty or a profession
- Observable and measurable units of work
  - Care of the well newborn
  - Assess and manage patients with common behavior/mental health problems
- Bring the concept of entrustment (readiness to practice without supervision) to assessment discussions

-From the work of ten Cate and Scheele



# Getting to Yes on Entrustment: Levels of Supervision

Not ready to practice:

- Observe only

Can practice with:

- Direct Supervision
- Indirect Supervision

Ready for:

- Unsupervised Practice





# Integrating EPAs with competencies and milestones for program of learner assessment



# Important Distinctions

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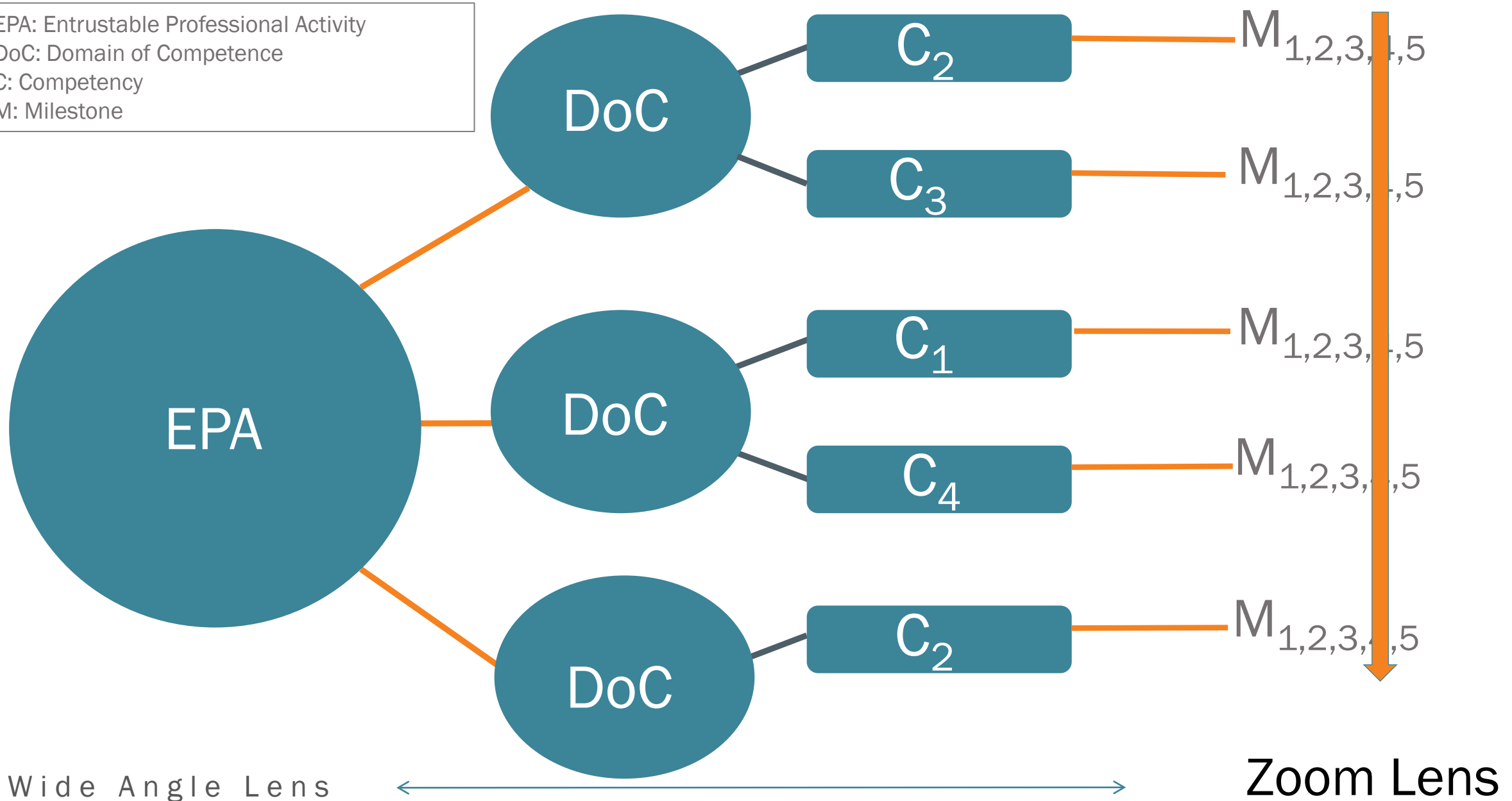
## Competencies

- Unit of assessment is the ability of a trainee (*perform a newborn exam*)
- Context independent; assessment is dependent on context
- Address the KSA of a specific task

## EPAs

- Unit of assessment is the outcome of the activity (*safely care for a newborn*)
- Embedded in a context making assessment meaningful
- Address the KSA of multiple tasks/competencies requiring integration for care delivery

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







# EPAs Without Competencies and Milestones: What's Missing?

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- Shared mental model
- Rich substrate for formative feedback



# Competencies and Milestones Without EPAs: What's Missing?

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- Context- “gathering essential and accurate information” on who? in what setting”?
- The focus on a trainee’s ability to integrate the competencies in care delivery



## Milestones + EPAs Both Are Critical for Assessment

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- Competencies & Milestones: A Granular Approach (zoom lens)
  - Assess how well a learner can accomplish some small part of a professional activity (e.g., a complete and accurate physical examination of a newborn)
- EPAs (integration of competencies): A Holistic Approach (wide angle lens)
  - Integrate competencies within a clinical context and assess clusters of milestone behaviors that allow one to carry out a professional activity (e.g., provide care for a well newborn)



# EPAs as a bridge across the educational continuum



## AAMC Sets Out to Cross the UME – GME Divide



### **Core Entrustable Professional Activities for Entering Residency**

*Faculty and Learners' Guide*



## AAMC's Rationale for Initiating This Project

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- Graduate Medical Education Competencies were well established but...
- Gaps identified between:
  - Expectations of programs directors (PDs) & skills of entering residents
  - What residents do without supervision and what they have been documented as competent doing without supervision
  - What faculty say they would not let a new resident do unsupervised and what they do on call



## Core EPAs for Entering Residency

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- 1) Gather a history and perform a physical examination
- 2) Prioritize a differential diagnosis following a clinical encounter
- 3) Recommend and interpret common diagnostic and screening tests
- 4) Enter and discuss orders/prescriptions
- 5) Document a clinical encounter in the patient record
- 6) Provide an oral presentation of a clinical encounter
- 7) Form clinical questions and retrieve evidence to advance patient care



## Core EPAs for Entering Residency

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- 8) Give or receive a patient handover to transition care responsibility
- 9) Collaborate as a member of an interprofessional team
- 10) Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
- 11) Obtain informed consent for tests and/or procedures
- 12) Perform general procedures of a physician
- 13) Identify system failures and contribute to a culture of safety and improvement





## General Pediatric EPAs

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- Work on developing these began during the work on Milestones
- List was reviewed by APPD membership on two occasions and revisions made based on feedback
- Feedback also sought and received from Olle ten Cate
- Current list of 17 EPAs





# EPAs for Subspecialties

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- Common Subspecialty EPAs
  - Five EPAs that cross the generalist to subspecialist role
  - Two common subspecialty EPAs developed by subspecialists
- Subspecialty Specific EPAs
  - Each community developed and vetted its own subspecialty specific EPAs
  - Range of 3-6 subspecialty specific EPAs per discipline



# Information for Program Directors

## Entrustable Professional Activities for General Pediatrics

View the first iteration of Entrustable Professional Activities, 17 in total. These will continue to be a work-in-progress and will be studied in order to know what improvements will be needed in the future.



GEN PEDS EPAS

## Entrustable Professional Activities for Subspecialties

View the first iteration of Entrustable Professional Activities for Subspecialties. These will continue to be a work-in-progress and will be studied in order to know what improvements will be needed in the future.



SUBSPECIALTY EPAS

## Residents and Fellows Evaluation and Tracking

Get details on faculty's role in evaluating, tracking and verifying residents and fellows training.



READ MORE

## FOR PROGRAM DIRECTORS

MOC FOR YOUR RESIDENTS

SUBSPECIALTY CLINICAL  
TRAINING & CERTIFICATION  
INITIATIVE

PROGRAM DIRECTORS LISTING

MEMO TO PROGRAM  
DIRECTORS

DOCUMENT ARCHIVE

RESEARCH PUBLICATIONS



PUBLICATIONS

WORKFORCE BOOK



DATA BOOK

<https://www.abp.org/entrustable-professional-activities-epas>



## Example: EPAs Directly Aligned Across the Continuum

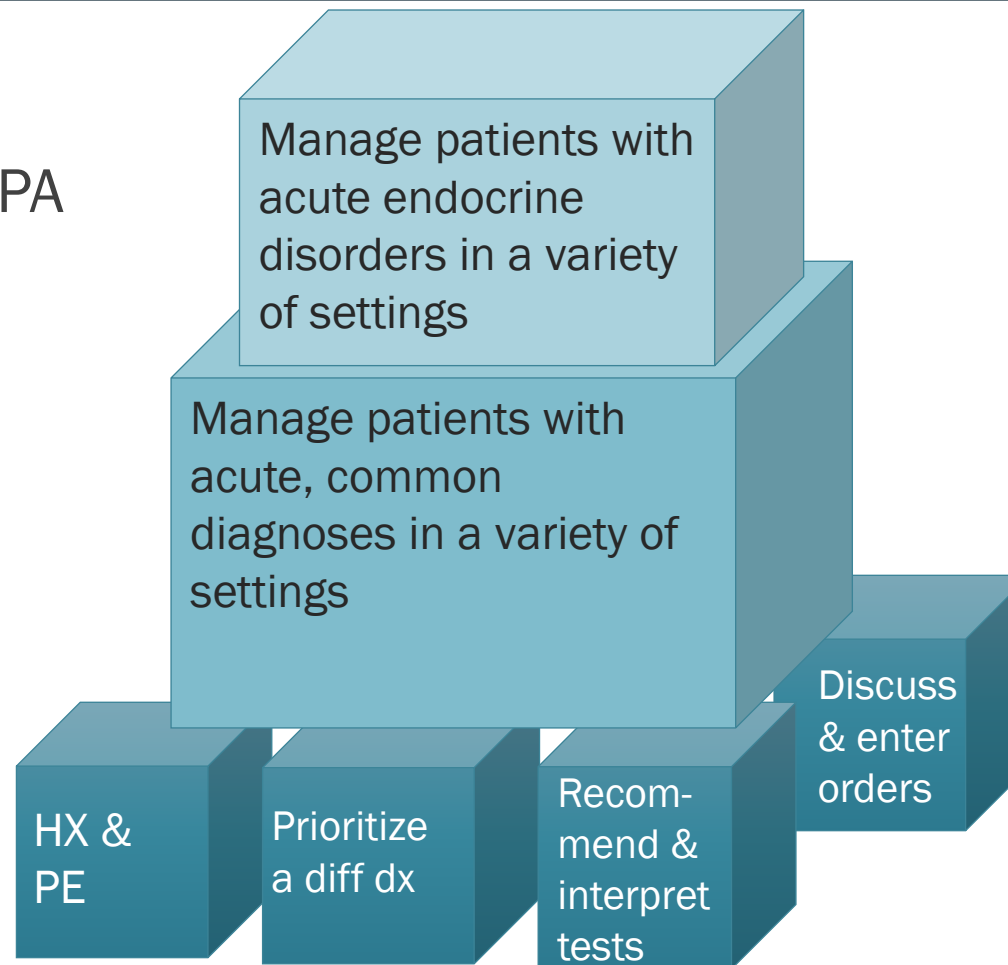
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- Core EPA for Entering Residency
  - Collaborate as a member of an interprofessional team
- General Pediatrics EPA
  - Lead an interprofessional team
- Subspecialty EPA
  - Lead an interprofessional team



## Example: EPAs as Building Blocks Across the Continuum

- Subspecialty EPA
- Residency EPA
- Student EPAs





So where are we now?

# EPA Worksheet

Step 1. EPA Title	
Step 2. Description of the activity	Brief overview and list of functions
Step 3. Map to Competency Domains	<ul style="list-style-type: none"><li>___ Patient Care</li><li>___ Medical Knowledge</li><li>___ Practice-Based learning &amp; Improvement</li><li>___ Interpersonal &amp; Communication Skills</li><li>___ Professionalism</li><li>___ Systems-Based Practice</li><li>___ Personal &amp; Professional Development</li><li>___ Interprofessional Collaboration</li></ul>
Step 4. Map to Critical Competencies	PC1, MK2, PBLI 4, 5, SPB 2
Step 5. Curriculum	
Step 6. Entrustment Decisions	



## Step 5. Curricular Components of EPAs

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### What they are

- 3-5 page document
- Curricular components such as KSA to address functions
- A scope of practice for the EPA based on prevalence & morbidity
- Guidelines for seeking consultation or making referrals
- A collaborative effort between the gen peds team & the subspecialty teams for EPAs that transcend the generalist/subspecialist roles

### What they are not

- A comprehensive curriculum
- Guidelines for teaching or assessment strategies
- Inclusive of all dx within the specialty or subspecialty
- A set of requirements for when to refer (context matters!)
- Another set of documents developed in isolation which lack seamless transitions from residency to fellowship





## Step 6. EPA Studies on Entrustment

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- Subspecialty Study of 5 Common EPAs
  - Led by CoPS; all 14 subspecialties represented with about 173 programs participating
  - Comparing performance level for entrustment using supervision scales with performance levels on competencies/milestones mapped to EPA
- General Pediatrics EPA study
  - ABP partnering with APPD LEARN
  - Looking at expectations for behaviors that equate with entrustment decisions (both a priori and during authentic workplace assessment)
  - Following a cohort to determine progression of performance/need for supervision over time



Where do we go from here?

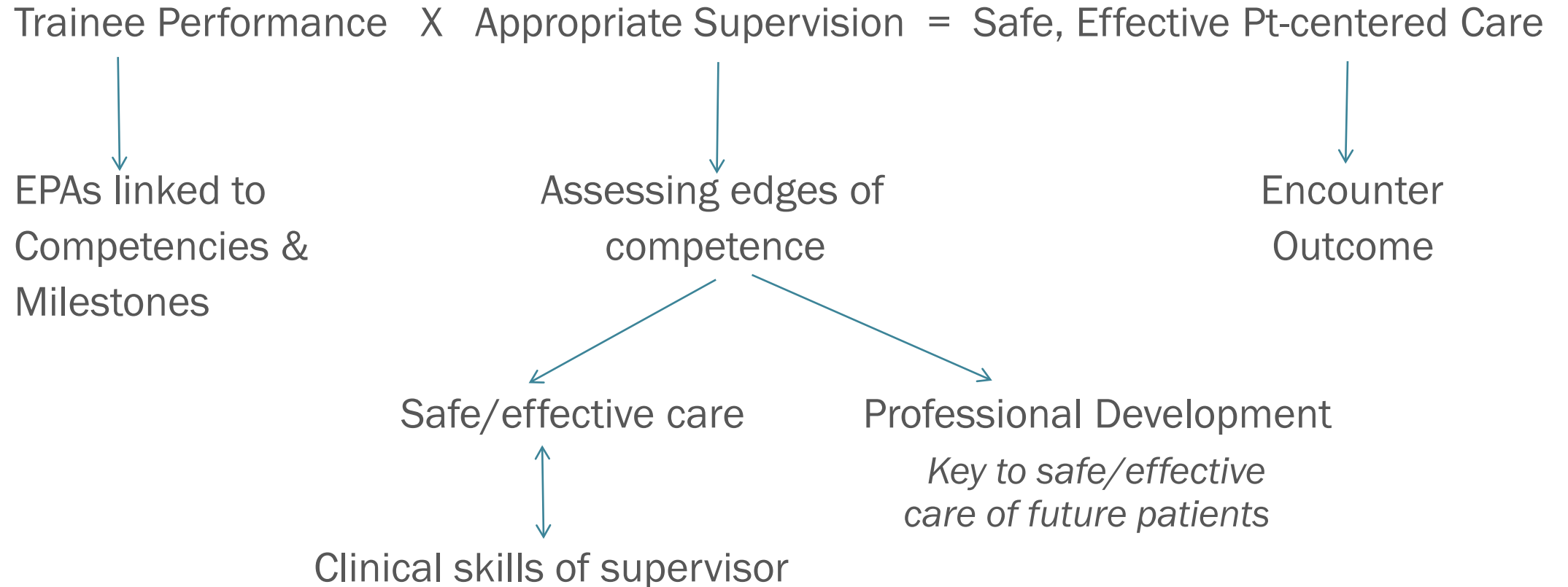


## Completing the Continuum: Forwarding EPAs into the First MOC Cycle

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- If residents graduate at a level of indirect supervision can we develop learning activities to help them advance to entrustment during MOC?
- If someone graduates with an entrustment decision and is at the competent level for a number of the competencies/milestones within an EPA, can we use the first cycle of MOC to help them advance towards expertise if this is an important area of practice for that individual?

# Accountable Assessment for Care Quality & Supervision (AACQS)





# Questions/Comments

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