EPAs are coming: Is YOUR program ready?

The Remix

Suzie Reed, David Stewart, Meg Kihlstrom, Jen Di Rocco

What's ahead

- Intro to EPAs
- Tales from the Battlefield
- Open Q & A

Learning Objectives:

- Appreciate the rationale of competency-based medical education (CBME) and entrustable professional activities (EPAs)
- Utilize strategies for implementation from other programs using EPAs
- Troubleshoot EPA implementation in own program with APPD peers

Who are we?
YOUR Assessment LC



Why are we here?

Entrustable Professional Activities:

Ever heard of them?

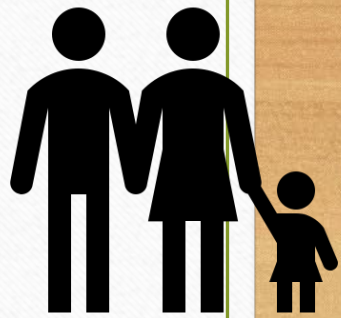
Ever used them?

Got plans for June 2028??

CBME is Patient-Focused and Learner-Centered

CBME is Patient-Focused

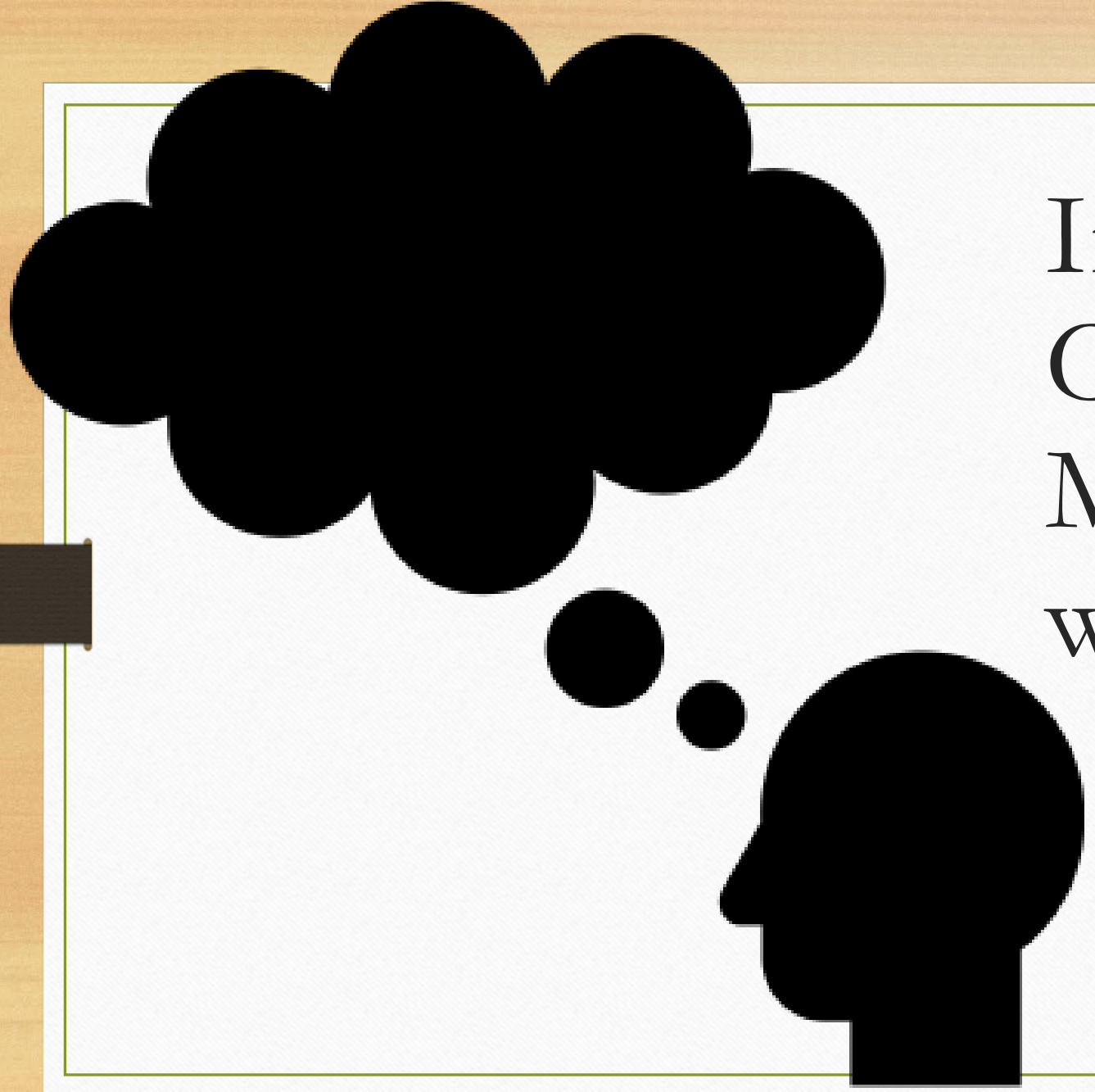
- CBME begins by defining the desired patient outcomes
- These patient needs are then used to develop the knowledge, skills and attitudes needed for a pediatrician





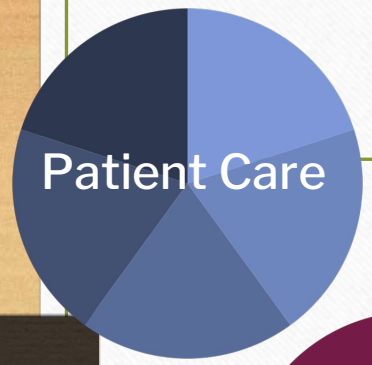
CBME is Learner-Centered

- Individual trainee strengths and areas of growth are identified
- Curricula can then be individualized and include opportunities for coaching, mentoring, and continued growth



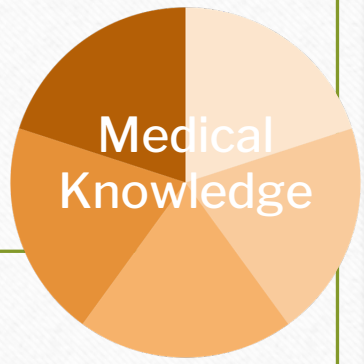
If we have Competencies and Milestones, why do we need EPAs?

Milestones Leave Gaps in Assessment and Create an Incomplete Picture







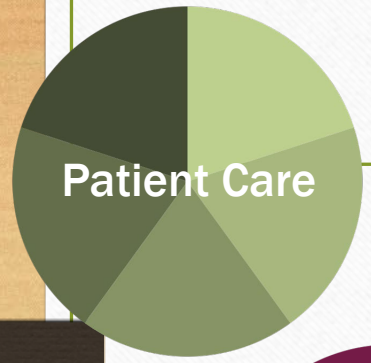


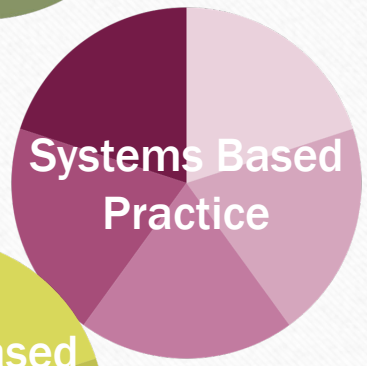




- Competencies and Milestones focus on **small, isolated tasks** but care delivery requires the integration of all those tasks
- Assessment of competencies and milestones is difficult without **context**

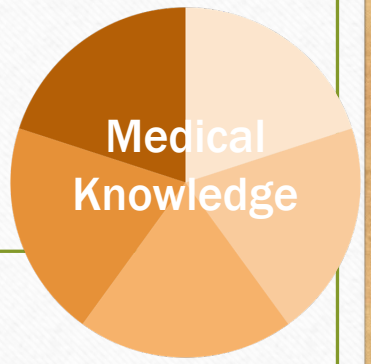
EPAs Bring Together the Competencies and Focus on Activities that Patients Need







EPAs







A Non-Medical Example of an EPA

Competencies and Milestones

EPA

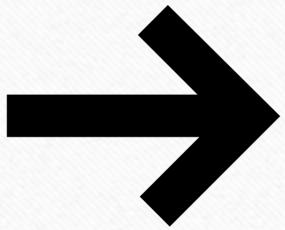
Can they control the steering wheel?

Can they use the gas pedal?



Are they able to maneuver road changes?

Can they use the turn signals?





Can they safely drive a car?

Entrustable Professional Activity (EPA) Framework

Developed by the pediatrics community in partnership with the ABP

17 EPAs for General Pediatrics

7 EPAS Common to all Subspecialties

3-6 EPAs for Each Specific Subspecialty

Anatomy of an EPA

EPA 3: Care for the Well Newborn

Supervision Scale for This

1. Trusted to observe o
2. Trusted to execute w
   - 2a. As a coactivity
   - 2b. With the super
3. Trusted to execute w
   - 3a. ALL findings d
   - 3b. KEY findings d
4. Trusted to execute u
   phone), findings revi
5. Trusted to execute w
   - 5a. Not yet ready t
   - 5b. Also trusted to

   **Where supervisio*
   and further trainee

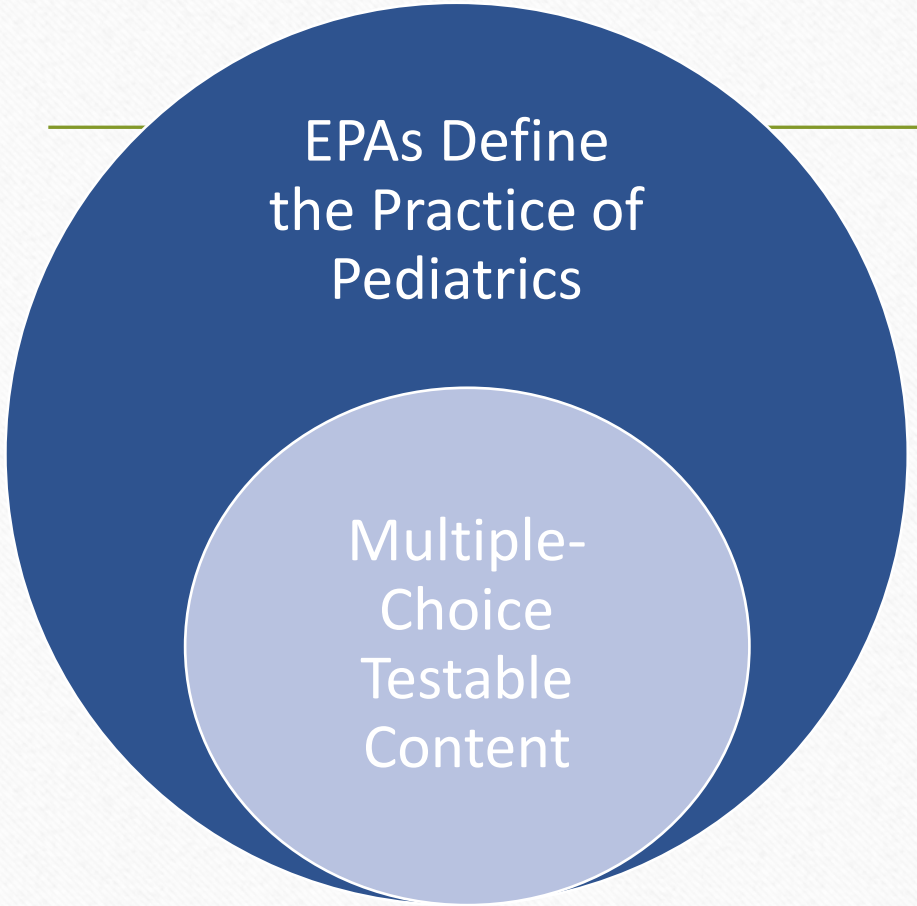
Description of the Activity

Care of the well newborn in the immediate perinatal period will occur predominantly in the newborn nursery. Scope of practice for this EPA includes well full-term and late pre-term infants. A pediatrician is also expected to manage the common problems that occur in these newborns.

The specific functions which define this EPA include:

- Performing a physical examination to look for normal variations, abnormal signs and congenital anomalies
- Identifying and applying key evidence-based guidelines for care of the newborn
- Providing routine care, as well as addressing common problems that develop within the first 28 days of life
- Using judgment to know when common problems can be handled at home, and arrange for discharge and follow up
- Assessing maternal/family readiness to care for the infant post discharge
- Transitioning care to the community practitioner
- Demonstrating confidence that puts new parents at ease

EPAs Define the Practice of Pediatrics



- EPAs were defined by the pediatric community and *represent the activities that patients and families expect and need from their physicians*
- Only a subset of the knowledge essential to being a pediatrician or subspecialist can be tested in a multiple-choice format

At the end of training:

"Is this learner ready to be trusted to perform this professional activity without supervision?"

Unfortunately, the answer to this question right now is often 'no'

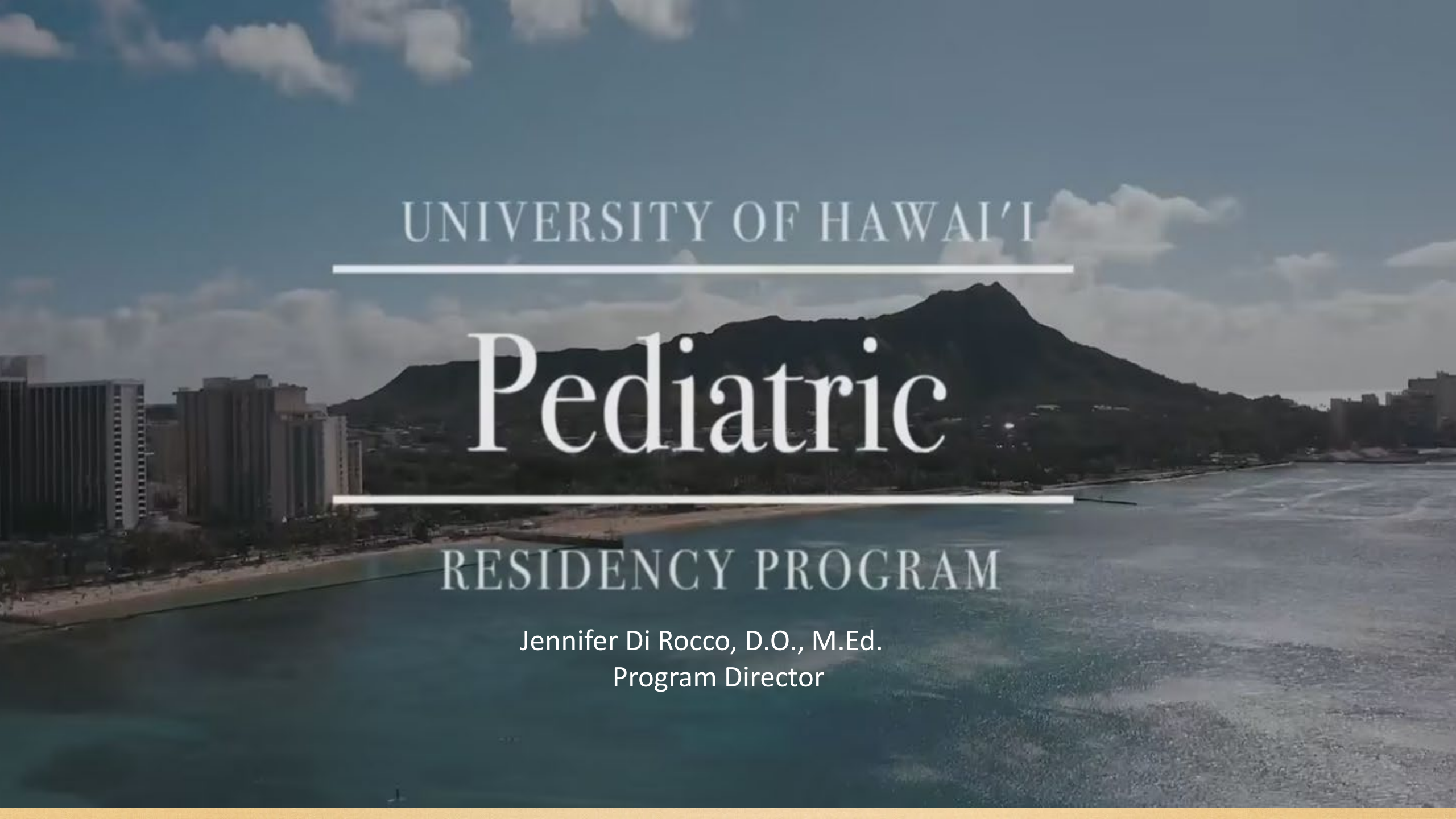
Schumacher, et al. *JAMA Network* 2020



Integrating EPAs into assessment early and often facilitates addressing ***both*** individual learning gaps and curricular issues at the program level

Tales from the Battlefield: Learning from each other





Jennifer Di Rocco, D.O., M.Ed.
Program Director

My disclosures:

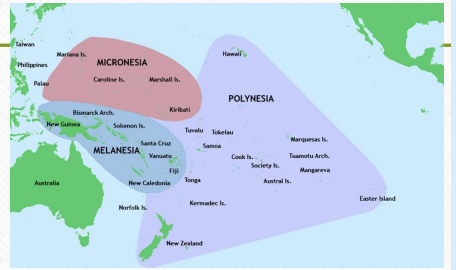
- No real disclosures
- Our program is in the Crosswalk Study
- I was one of the authors of the revised ACGME Milestones 2.0 and feel the need to profess my belief in the utility of milestones and of EPAs for different purposes ☺

Where we are:



Program Stats

- 8 categorical pediatric residents per year (24 total)
- Clinical work environment at Kapi`olani Medical Center for Women and Children
  - Main tertiary care referral center for Pacific Basin
- Three distinct continuity clinic sites in three different health systems
- Resident IEUs designed with faculty committee input
- ~70 pediatric faculty
  - All core rotation directors sit on our PEC
  - Many rotation directors also sit on our CCC



BY THE NUMBERS*

General Information

Beds	253
Admissions	14,562
Clinical Trials	304
Births	5,784
Women's Center Procedures	57,790
Critical Care Transports	438
ER Visits	37,893

Staff

Employees	1,414
Physicians	702
Volunteers	311

*FY22 (July 1, 2021-June 30, 2022)



Evaluation Evolution

- New Innovations platform
- Evaluations have incorporated front-line Milestones
  - Faculty adept at interpreting and assessing residents using Milestones
  - Dispersed across core rotations
  - Ability to assign Milestones Q6 months was reasonably completed

EPA Deets





- Who needs to know?
  - Front line faculty evaluators
  - Rotation Directors
  - CCC members
- How were these introduced?
  - Faculty meeting "snippets"
  - General concept of EPAs, specific with varying examples, repetition and then finally aha! of some core faculty. 1:1 assignments/CCC EPA champions, with lots of ongoing discussion as we get used to these
- Where do these live in the curriculum?
  - Used what we knew with milestones spreadsheet: rotation directors given first pass for approval, tried it out with frontline EPAs in evaluations
  - PDSA return to see how info has been coming in throughout the year and how might be better assessed
  - CCC members championed one EPA to argue for better assessment

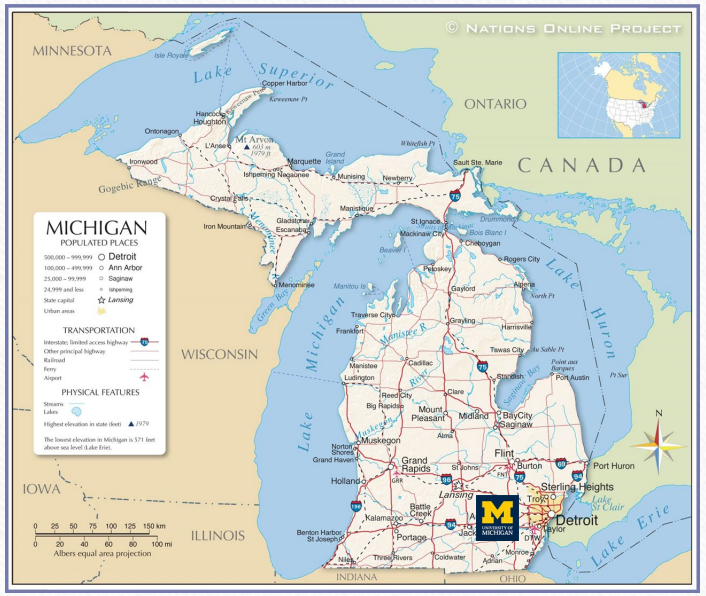
Where we are now

- Most of the faculty can say they have heard of EPAs
- Our CCC is becoming more confident in levels of entrustment when comparing performance across classes (it's hard not to do this)
- Some of the EPAs have helped us recognize where we have gaps in our curricula and this has *slowly* informed contemplative change


MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
PEDIATRIC RESIDENCY
PROGRAM
David A. Stewart, MD
Associate Program Director

My disclosures

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- I was NOT one of the authors of the revised ACGME Milestones 2.0, but I still need to profess my belief in the utility of milestones and of EPAs for different purposes ☺





MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Program Stats

UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

C.S. MOTT CHILDREN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH

- >100 residents in total
  - 22 categorical pediatrics per year
  - 4 child neuro per year
  - 2 pediatric genetics per year
  - 8 med-peds per year
- Clinical work environment at C.S. Mott Children's Hospital
  - Tertiary care referral center for the state
  - 346 beds
  - 62,400,000 nails used to install the drywall
- Nine distinct continuity clinic sites
- >250 pediatric faculty

Evaluation Evolution

- MedHub platform
- Previously had evaluations that utilized directly-observable behaviors
  - Frequency of these behaviors informed Milestones
  - (No direct Milestone assessments in 1.0)
  - With launch of Milestones 2.0, decided to "blow up" our assessment system and build from scratch, incorporating EPAs as well
- Mapped EPAs to Milestones
  - PD/APDs owned 2-3 EPAs to judiciously map

EPA Deets

- Who needs to know?
  - CCC members
  - >250 front line faculty assessors
- How introduced?
  - No real faculty development (yet) for assessors
  - Designed assessment form to be "self-explanatory"
    - Re-worked EPA scales to be more intuitive
    - Separated supervisory items from Milestone items

Select the LEVEL OF SUPERVISION that best describes the current performance of this resident for each Entrustable Professional Activity listed. Choose the "Between" button if a resident is almost performing at the next level, but not yet consistently.

Understanding that we can all be influenced by unconscious bias, please keep your assessment specifically focused on behaviors and actions you observed during the time you worked with this resident.

	'I had to do' - Requires complete or extensive guidance	'I had to talk them through' - Able to perform some tasks but requires significant direction	'I had to direct them from time to time' - Demonstrates some independence but requires intermittent assistance	'I needed to be available' - Independence but may need assistance with nuances of complex or unusual patients/situations	I did not need to be there' - Can safely perform task with complete independence

Collapse

Manage patients with acute, common diagnoses in an inpatient setting*	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ N/A
Assess and manage patients with common behavior/mental health problems*	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ N/A
Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness*	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ Between	☐	☐ N/A

EPA Deets

- Who needs to know?
  - CCC members
  - >250 front line faculty assessors

- How introduced?
  - No real faculty development (yet) for assessors
  - Designed assessment form to be "self-explanatory"
    - Re-worked EPA scales to be more intuitive
    - Separated supervisory items from Milestone items
  - CCC educated on EPAs and how to interpret the aggregate data

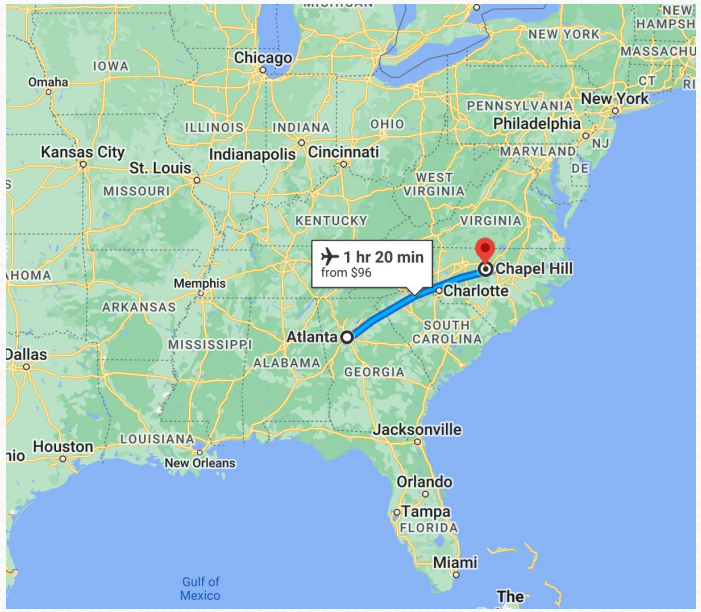
- Where in curriculum?
  - Every clinical rotation
  - Rotation Lead chose relevant EPAs/Milestones for their assessment form
  - PDSA through CCC and rotation leads

UNC Pediatric Residency Program



My disclosures

- Our program is in the Crosswalk Study
- I was NOT one of the authors of the revised ACGME Milestones 2.0 but appreciate the revisions and agree about the utility of milestones and EPAs for different purposes ☺





Program Stats

- 92 residents in total
  - 17 categorical pediatrics per year
  - 4 primary care per year
  - 2 child neuro per year
  - 1 preliminary intern per year
  - 6 med-peds per year
- Clinical work environment at 3 locations:
  - University of North Carolina Children's Hospital
  - 2 community hospitals in Raleigh and Greensboro
- One continuity clinic site
- ~250 pediatric faculty

- Total beds: 150
- Outpatient visits in 2012: 96,269
- Facility: Hospital-within-hospital
- Critical care beds:
  - 48-bed Level IV NICU
  - 10-bed Level III NICU
  - 20-bed PICU

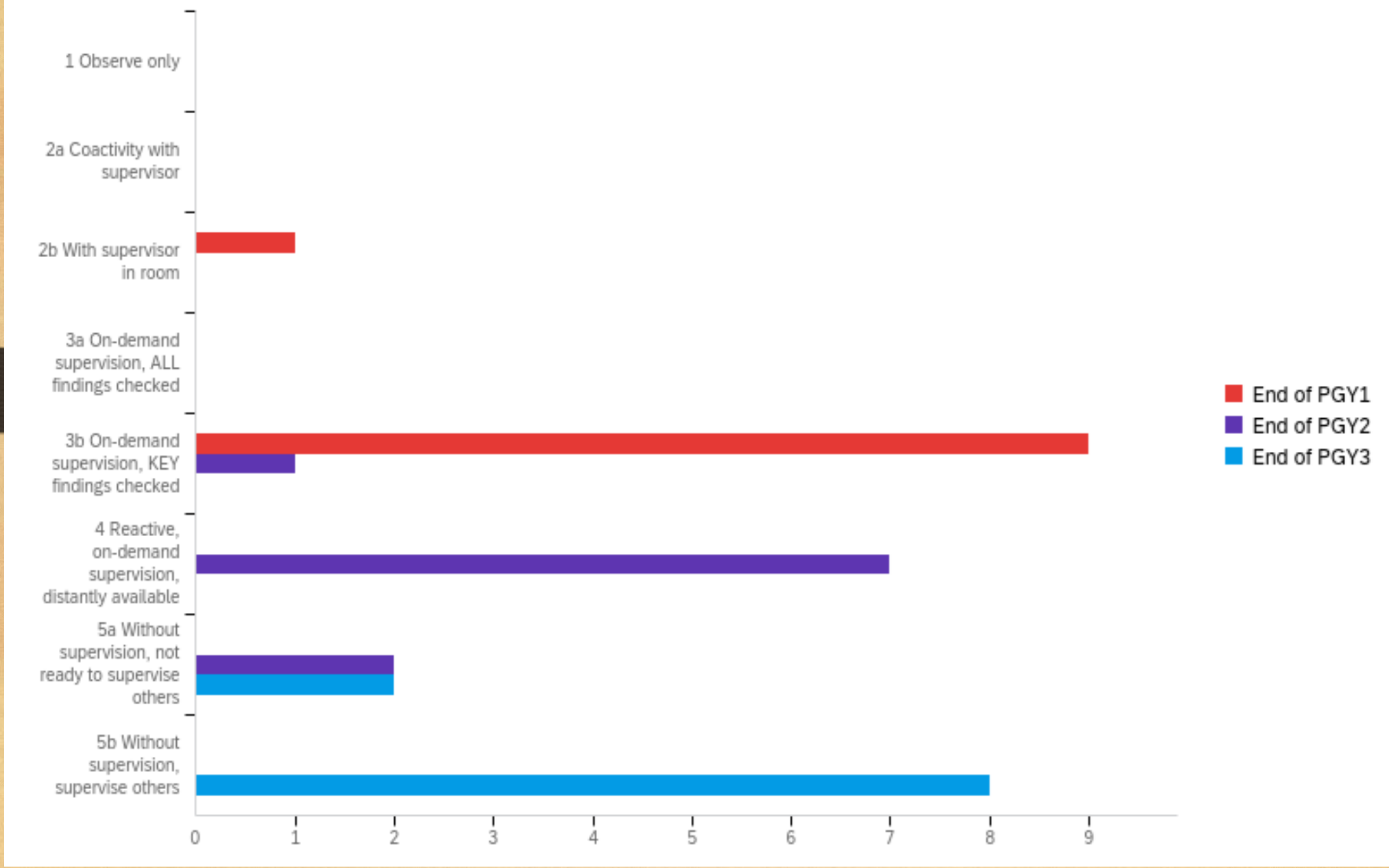
Evaluation Evolution

- MedHub platform
- Most evaluations incorporate front-line Milestones
  - Faculty variably adept at interpreting and assessing residents using milestones
  - Mapped across core rotations
  - Each resident evaluations reviewed twice annually at monthly CCC meetings to assess progression and milestone assignment
- Transitioning to EPAs with participation in Crosswalk study

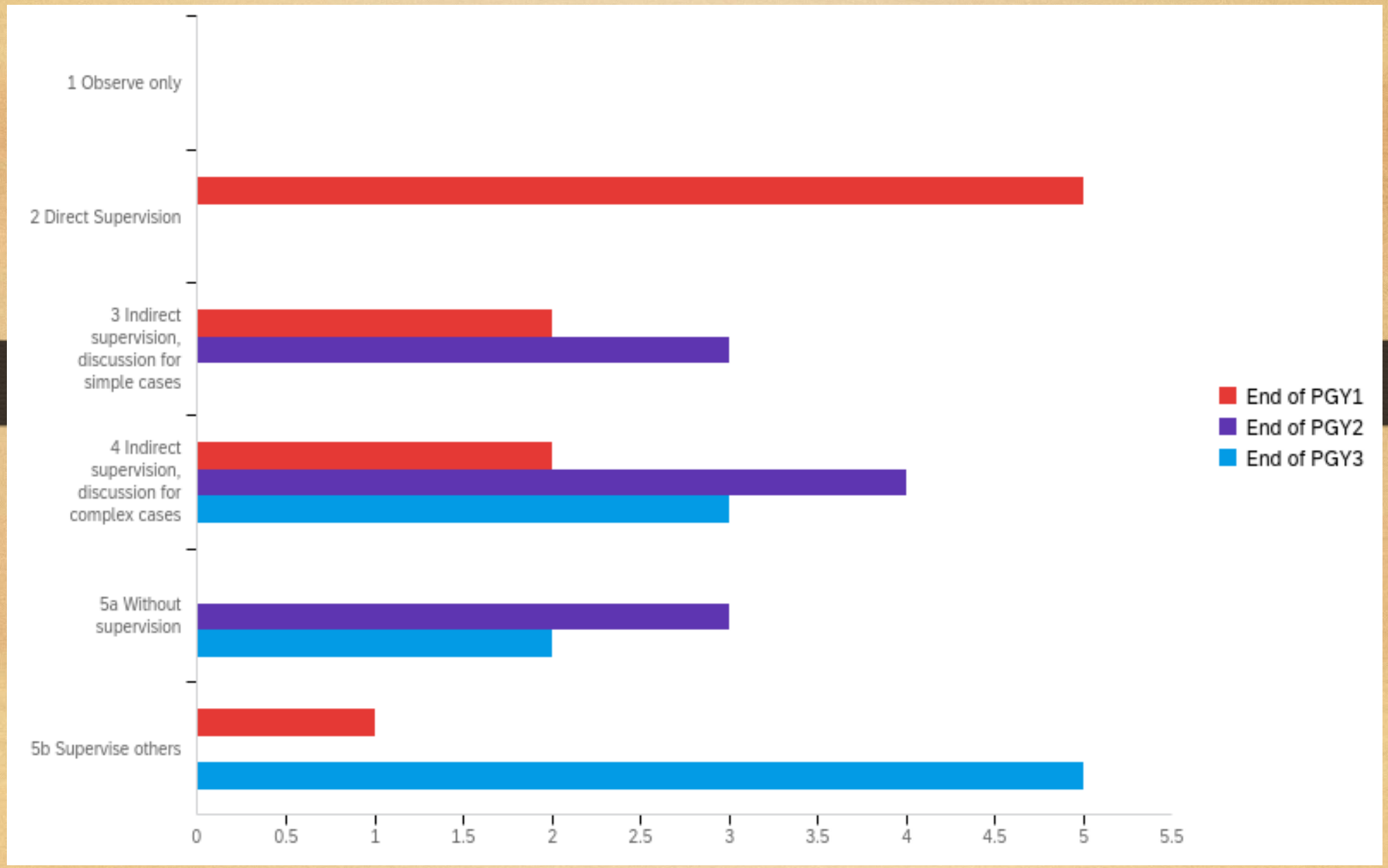
EPA Deets

- Who needs to know?
  - Mainly CCC members
  - Some rotation directors/frontline assessors
- How introduced?
  - Education at CCC meetings
  - Individual sessions with faculty on rotations
  - Survey of CCC members to determine ideal EPA level at end of each training year
- Where in curriculum?
  - 3 controlled settings initially
    - Newborn Nursery, Continuity Clinic, and Development Behavior Rotation
  - Combination of Milestones + EPAs

EPA 5: Provide a Medical Home for Well Children of All Ages



EPA 15: Lead an Interprofessional Health Care Team



Triumphs + Lessons Learned

- SMALL bites to start
- Leaning on core faculty wisdom that already exists for CBME

- Positive side effect of necessary curricular changes
- EPAs are “easier” to assess
- Single shorter assessments inform both Milestones and EPAs
- Patterns in aggregate data congruent with learners developing
- CCC making evaluations based on data
- Survey data to establish baseline – maps fairly well to established expectations for milestones
- Useful for evaluation of resident remediation

Challenges

- Some EPAs harder to directly assess (e.g., EPA 17)

- Still searching for "correct" mapping of Milestones and EPAs
- Some assessment systems may inappropriately influence certain Milestone data
- Difficulty in assessing upper level residents vs interns
- Not all rotations are experienced by each resident year
- Concept of forward thinking of entrustment vs what was observed/allowed
- Education of faculty evaluators to use a new scale

Questions and Discussion
More learning from each other!



Thank you!

