Breakdown of EPAs - Residency

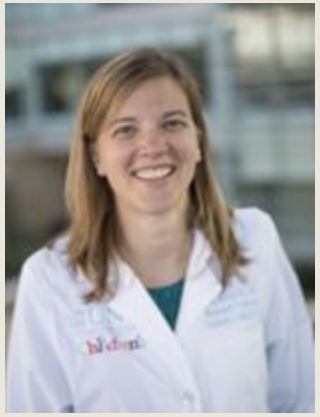
EPA Education Series, Session 2



Sanaz Devlin
Eastern Virginia Medical School at Old Dominion University



Patty Hobday
University of Minnesota



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University of North Carolina

Sep '24 — **Session 1:** CBME and new ACGME requirements: A program reframe

Oct '24 — **Session 2:** Breakdown of EPAs (Residency and Fellowship)

Nov '24 — **Session 3:** EPAs: Getting Started

Jan '25 — **Session 4:** Equity in EPA Assessment

Feb '25 — **Session 5:** Faculty and Learner Development

Mar '25 — **Session 6:** Reassessing the Assessment System

CBME Components:

1. Outcomes competency framework
2. Progressive sequencing of competencies
3. Learning experiences tailored to competencies
4. Teaching tailored to competencies
5. Programmatic assessment

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Nov '24 — **Session 3:** EPAs: Getting Started — 3-5

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Mar '25 — **Session 6:** Reassessing the Assessment System — 1-5

CBME Components:

1. Outcomes competency framework
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Objectives

By the end of this session, you will be able to:

1. Understand the core components of an EPA
2. Be able to describe common pitfalls in initial EPA interpretation
3. Move toward a shared mental model for assessment of EPAS using the supervision scales
4. Begin to examine your program's curriculum, recognizing current opportunities for incorporation of EPA assessment and areas for further curriculum development

Crosswalking EPAs to Milestones– Update

- One of the key outcomes from the Crosswalk Study is developing a system that can “crosswalk” EPAs to Milestones
  - They now have final data and models for this
  - Extraordinary ability to take EPAs and produce Milestones

- The system to do this will be made available to APPD member programs
  - *For first ACGME reporting cycle–Crosswalk sites only*
  - *2nd ACGME cycle this academic year or next year– Everyone else*

Lessons learned or pitfalls

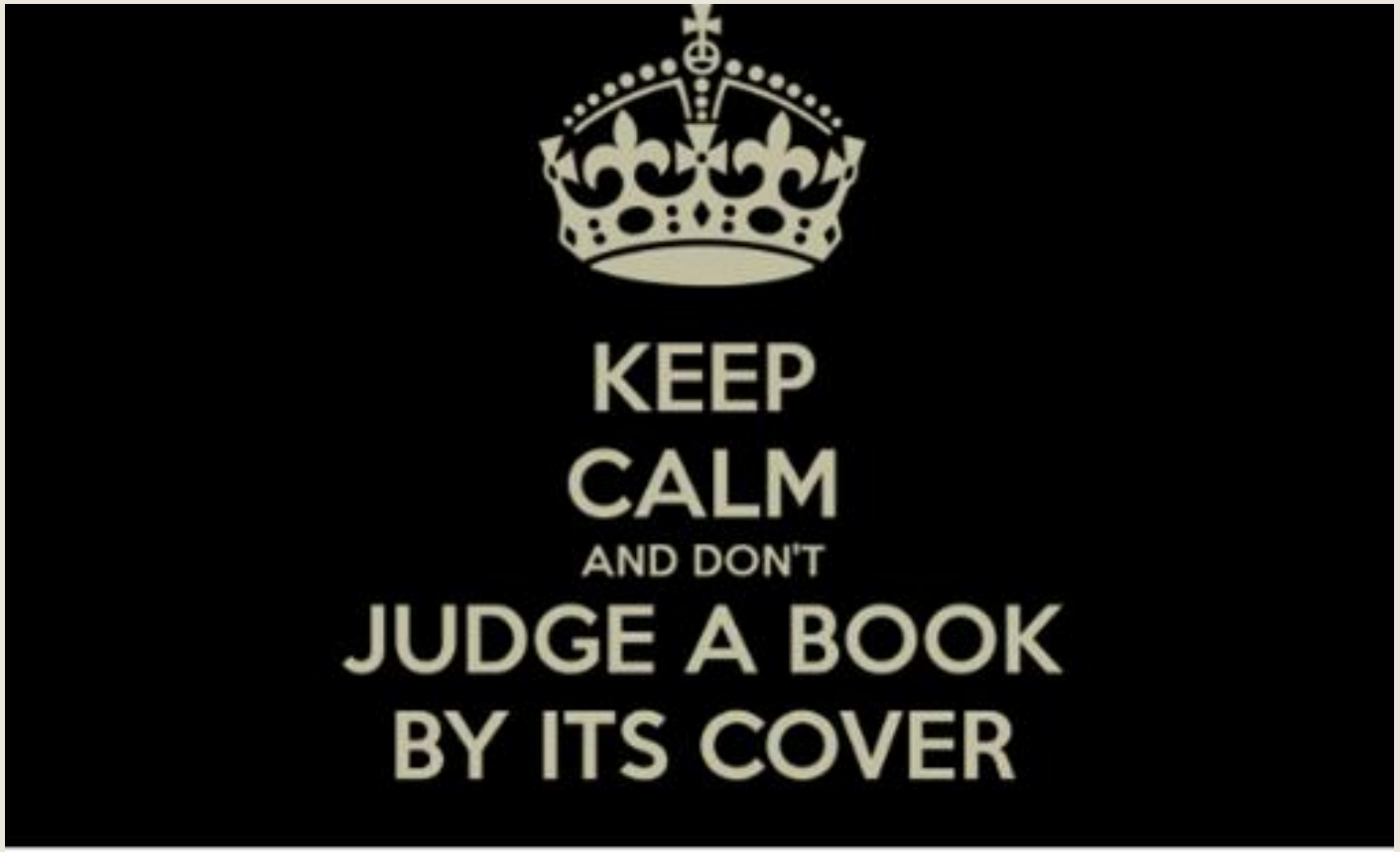


Photo by manu schwendener on Unsplash

Lessons learned or pitfalls

- KNOW the EPA–with a shared mental model
- UNDERSTAND the supervision scale–with a shared mental model

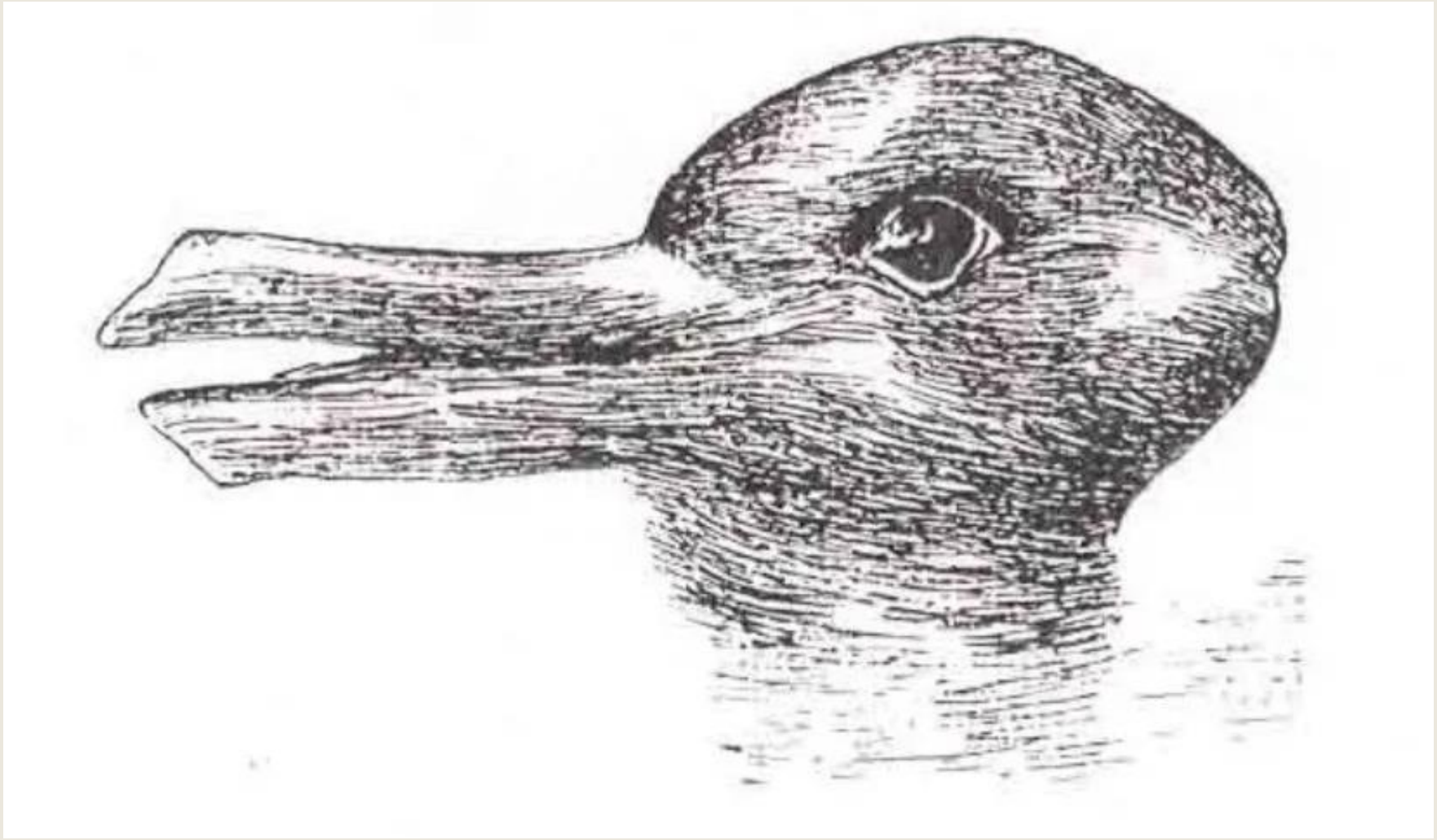
Don’t judge a book by its cover…



Know the Gen Peds EPA

https://harrisrichard.com/2017/05/21/judge-a-book-by-its-cover-and-dont-feel-bad-about-it/

Multiple ways to view the same thing…



https://www.illusionsindex.org/i/duck-rabbit

What the Gen Peds EPA covers

EPA 1: Provide consultation to other health care providers caring for children

Curricular components supporting the functions of EPA 1

EPA 2: Provide recommended pediatric health screening

Curricular components supporting the functions of EPA 2

EPA 3: Care for the well newborn

Curricular components supporting the functions of EPA 3

ABP Gen Peds EPAs

What the Gen Peds EPA covers

Context for the EPA

Rationale: Pediatricians must be able to anticipate and manage the health and medical needs of the normal term and late preterm newborn, as well as manage those newborn medical conditions that do not require an intensive care nursery prior to hospital discharge. They should also be able to manage those conditions that evolve or emerge at home during the neonatal time period.

Scope of Practice: This document is intended to address the scope of knowledge and skills of the generalist in a community practice with access to support from a neonatologist. As such it focuses on common problems that a generalist should manage with the understanding that the generalist will recognize his/her own limitations and seek additional assistance from a neonatologist as needed. Ideally, care from the generalist would begin during the perinatal period with a prenatal visit to the pediatrician to begin anticipatory guidance for parents, especially new parents. Care of the normal newborn begins at delivery and continues through the 28th day of life. The patient population includes both term newborns (37 weeks 0/7 days of gestation to 41 weeks 6/7 days) and late pre-term newborns (34 weeks 0/7 days through 36 weeks 6/7 days). Scope of practice will change with context and may include delivery room care. Those practicing in more rural areas may be called upon to resuscitate and stabilize premature infants < 34 weeks of age.

What the Gen Peds EPA covers

Curricular Components That Support the Functions of EPA 3: Care for the Well Newborn

1. Performing a physical examination to look for normal variations, abnormal signs, and congenital anomalies
    - Determines the general state of the infant ("well" versus "sick" newborn)
    - Distinguishes normal variations from abnormal findings
    - Interprets physical exam findings in the context of the maternal history and family history
    - Synthesizes clinical findings into a unified diagnosis where possible
2. Identifying and applying key evidence-based guidelines for care of the newborn
    - Develops an answerable clinical question
    - Searches the literature for evidence focusing on the highest-grade evidence available
    - Interprets the evidence in light of its gate
    - Applies the evidence to the care of the patient given the particular context for that patient

ABP Gen Peds EPAs

Supervision Scale

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   - 2a. As a coactivity with the supervisor
   - 2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervisor immediately available
   - 3a. ALL findings double checked by supervisor
   - 3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
5. Trusted to execute without supervision
   - 5a. Not yet ready to also supervise others in the execution of this EPA*
   - 5b. Also trusted to supervise others in the execution of this EPA*

**Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA*

Supervision Scale

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision and discussion of information conveyed for selected simple and complex cases
4. Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5. Trusted to execute without supervision

    5a. Not yet ready to also supervise others in the execution of this EPA*

    5b. Also trusted to supervise others in the execution of this EPA*

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Supervision Scale

*Where supervision means:
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EPA 10: Resuscitate, Initiate Stabilization of the Patient, and Then Triage to Align Care with Severity of Illness

WHAT SKILLS COME TO MIND FOR ASSESSMENT?

WHAT AREAS WOULD BE IDEAL FOR ASSESSMENT?

EPA 10: Resuscitate, Initiate Stabilization of the Patient, and Then Triage to Align Care with Severity of Illness

Description of the Activity

Managing patients with acute and severe illness is a core activity of a pediatrician.

The specific functions which define this EPA include:

- Recognizing the severely ill patient requiring resuscitation
- Patient care skills reflecting the ability to prioritize and act in rapid sequence, including an assessment, targeted history and physical and initiation of emergency treatment
- Resuscitation of a patient with acute decompensation and potential impending systemic failure requires initiation of medical therapy as well as prescribing or performing invasive procedures. These activities will vary by settings, resources, and the expertise of the practitioner/team
- Demonstrating effective communication skills in managing a severely ill patient
- Embracing the importance of and engaging in reflection after resuscitation
- Knowing when to seek help
- Transitioning care to another provider after initial stabilization

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Judicious Mapping to Competencies Critical to Entrustment Decisions*

PC 3:	Organize and prioritize care
PBLI 2:	Reflective practice and commitment to personal growth
ICS 2:	Interprofessional and team communication
P 1:	Professional behavior
P 2:	Ethical principles
P 4:	Well-being
SBP 3:	System navigation for patient-centered care

Context for the EPA

Context for the EPA

Rationale: A pediatrician must be able to distinguish between severely ill and unstable patients who require rapid intervention from those with an acute illness but are otherwise stable.

Scope of Practice: Any pediatrician must be prepared to evaluate children with an acute illness who may be severely ill. It is critical for the generalist to recognize the patient who is at risk for further decompensation and deterioration without urgent intervention, such as resuscitation, fluid therapy and/or oxygen. The pediatrician should recognize the need for assistance from colleagues in emergency medicine or critical care medicine during the care of such patients. These decisions will be impacted by the resources and expertise available to the pediatrician as they triage the patient. Care of such patients can range from the newborn period through young adulthood. Generalists may care for children in a variety of practice settings: the ambulatory office, the urgent care clinic, the hospital, or the emergency department. Generalists practicing in more rural areas with delayed access to critical care resources may need greater procedural skills to care for such children. The variety of contexts in which a generalist may practice is beyond the scope of this document. This document is intended to address the scope of knowledge and skills of the generalist in a community practice with access to support from a pediatric emergency medicine or critical care physician.

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Entrustment Supervision Scale

Competencies and Milestones

Can he control the handlebars?



Can he use the breaks?



Can he independently secure his helmet?







Can he follow traffic laws and road signs?

EPA



Can he safely ride a bike?

- Recognize ill patient
- Rapidly prioritize and act
- Resuscitation
- Effective communication
- Reflection
- Ask for help
- Transitioning care

Entrustment: Resuscitate, Stabilize, and Triage without Supervision



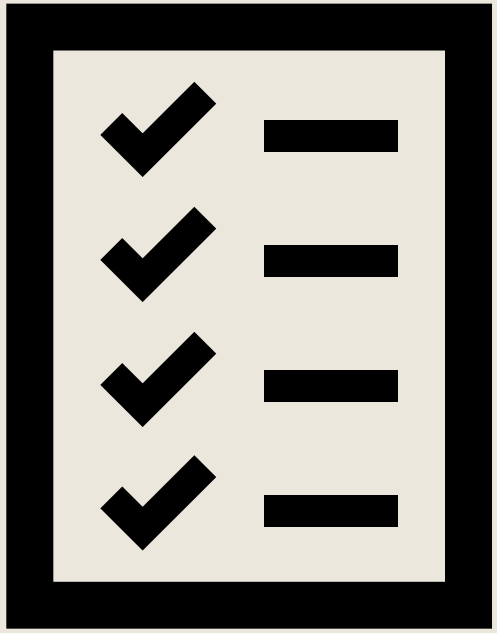
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How to approach an EPA



Don’t judge a book by it’s cover

Shared mental model

Integration

Curriculum | *Assessment*



EPA 15: LEAD AN INTERPROFESSIONAL HEALTHCARE TEAM

Entrustable Professional Activities

EPA 15 for General Pediatrics

EPA 15: Lead an Interprofessional Health Care Team

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with supervisor occasionally present to provide advice
4. Trusted to execute without supervisor present but requires coaching to improve member and team performance
5. Trusted to execute without supervision to improve member and team performance

    5a. Not yet ready to also supervise others in the execution of this EPA

    5b. Also trusted to supervise others in the execution of this EPA

    **Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA*

Description of the Activity

A prerequisite for entrustment to *lead* an interprofessional health care team is entrustment to *collaborate* as a member of an interprofessional team, a Core EPA for Entering Residency.

PGY - 1's

Is this assessed in intern year?

Practicing pediatricians must often serve in the role of leader of an interprofessional health care team caring for individuals or populations of patients.

The specific functions which define this EPA include:

- Establishing a shared vision, goals, expectations, and outcome measures
- Engaging other team members in a way that utilizes their specific roles and capabilities, eliciting and valuing the perspective and contributions of others
- Demonstrating situation awareness by:
    - Monitoring individual team member's performance to enable oversight and management of currentand evolving situations
    - Balancing autonomy and supervision of team members by assigning/delegating unsupervised work to team members that aligns with their knowledge, skills, and attitudes (KSA) and supervising work of team members that is designed to expand their KSA
- Monitoring team performance and providing feedback
- Recognizing and managing the social cues, emotional responses as well as the personal and professional needs of team members
- Role modeling as the team leader
- Teaching to the needs of the team members, including patients and families

Judicious Mapping to Competencies Critical to Entrustment Decisions*

ICS 1:	Patient- and Family-Centered Communication
ICS 2:	Interprofessional and Team Communication
SBP 3:	System Navigation for Patient-Centered Care- Coordination of Care

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DOES MY CURRENT CURRICULUM TEACH THE SKILLS NECESSARY FOR THIS EPA?

Entrustable Professional Activities
Curricular Components Supporting EPA 15 for General Pediatrics

Curricular Components That Support the Functions of EPA 15: Lead an Interprofessional Health Care Team

1. Establishing a shared vision, goals, expectations, and outcome measures
    - Understands the broader connectivity of the different professions and their complementary nature
    - Clarifies roles, goals, expectations, and outcomes measures and enables team members to perform optimally
    - Allows team members to routinely engage in decision-making and sets expectations for others to take ownership in care
    - Creates a foundation of open communication and consensus-building within the team
2. Engaging other team members in a way that utilizes their specific roles and capabilities, eliciting and valuing the perspective and contributions of others
    - Seeks and demonstrates awareness of the unique contributions (knowledge, skills, and attitudes) of other health care professionals on the team and seeks their input for appropriate issues
    - Determines the optimal strategies for interaction and coordination among teammates to best achieve the team goals
    - Recognizes that quality patient care occurs most often in the context of the interprofessional team
    - Offers coaching and performance improvement as needed
    - Adapts and shifts roles and responsibilities as needed to achieve team goals
    - Makes measured decisions is the absence of consensus
3. Demonstrating situation awareness
    - Monitors individual team member's performance to enable oversight and management of current and evolving situations
    - Balances autonomy and supervision of team members by delegating work to team members that aligns with their KSA and supervising work of team members that is designed to expand their KSA
4. Monitoring team performance and providing feedback
    - Initiates problem-solving techniques and frequently provides feedback to other team members
    - Acknowledges accountability for the outcomes of the team's work
    - Engages in closed-loop communication to ensure the correct message is understood by all team members
5. Recognizing and managing the social cues, emotional responses as well as the personal and professional needs of team members
    - Anticipates team members' individual needs
    - Proactively assists team members coping with stress and change

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Entrustable Professional Activities
Curricular Components Supporting EPA 15 for General Pediatrics

- Actively seeks feedback and initiates adaptations to help the team function more effectively in changing environments

6. Role modeling as the team leader
    - Serves as a role model for others in leading an interprofessional team in their work
    - Allows goals of the team to supersede any personal goals, resulting in the ability to assume the role of leader or follower, as needed
7. Teaching to the needs of the team members, including patients and families
    - Advocates effectively for the team with faculty, staff, families, patients, and others
    - Educates and interacts with patients and families in a way that satisfies them (i.e., patient/family-centered), in addition to being learner-centered in the education of team members



Leadership skills

Setting goals and expectations

Giving and receiving feedback

Communication skills



Residents as educators

Assessing learners

Teaching

- Bedside / rounds
- Different levels of learners

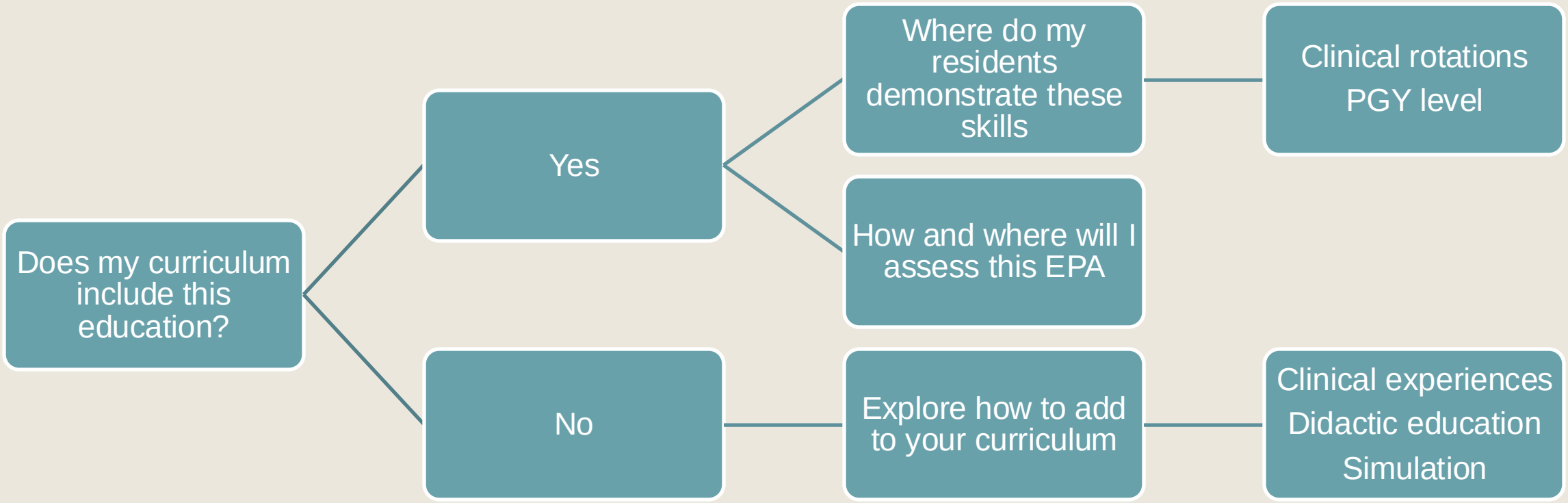
Coaching and mentoring



Interprofessional education

Awareness of unique contributions

Understands broader connectivity of professions


Does my curriculum include this education?
Yes
No
Where do my residents demonstrate these skills
How and where will I assess this EPA
Explore how to add to your curriculum
Clinical rotations
PGY level
Clinical experiences
Didactic education
Simulation

Assessment and Entrustment

Where are the opportunities?

Sequencing

Integrate EPA's into assessment early and often





Session 2.5!

Breakdown of EPAs:

Fellowship: TBD

Session 3!

EPAs: Getting Started

Residency

11/12/24, 4pm ET/1pm PT

Your homework for Session 3: Choose 2 EPA and think about when/where/how to assess that EPA

Gen peds:

https://www.abp.org/content/entrustable-professional-activities-general-pediatrics

Peds subs:

https://www.abp.org/content/entrustable-professional-activities-subspecialties

In case you missed it…

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Assignments

1: EPA Review, ABP website

2: Choose 2 EPA and think about when/where/how to assess within your curriculum

3:

4:

5:

6:

THANK YOU FOR JOINING US!