Breakdown of EPAs: Fellowships

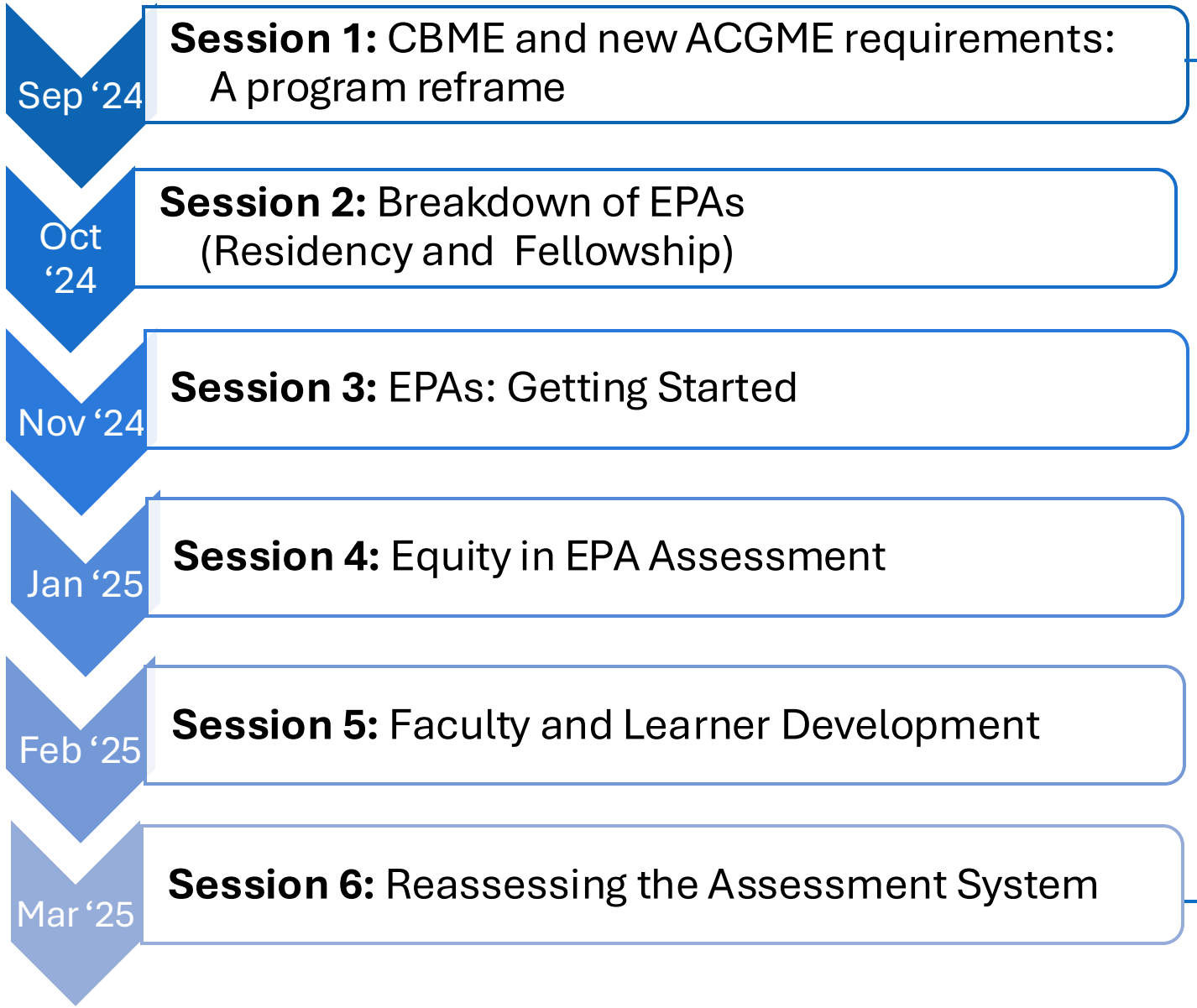
EPA Education Series: 2B

Mackenzie S. Frost, MD MEd

Jennifer King, MD, PharmD

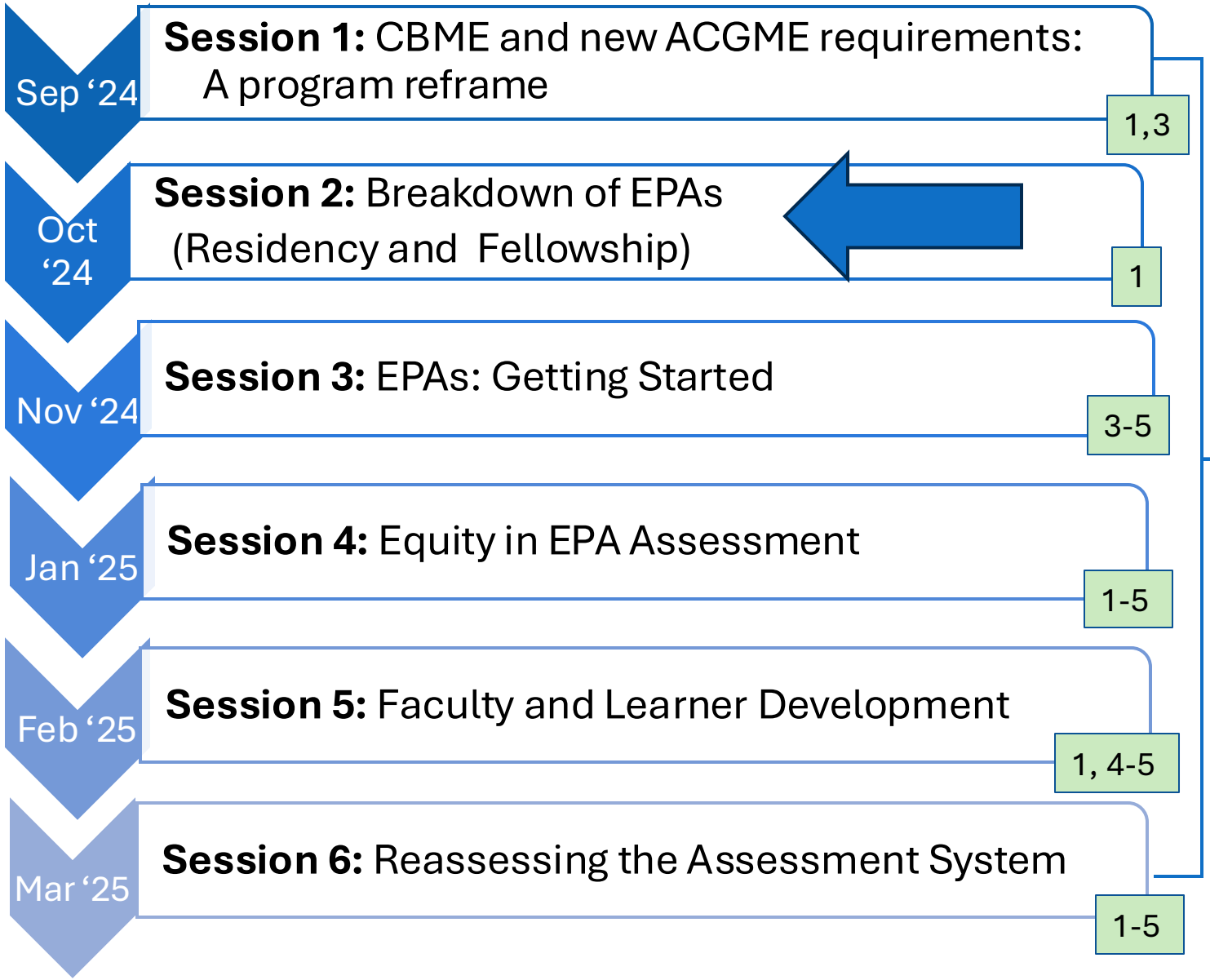
Welcome from the Assessment Learning Community!





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



CBME Components:

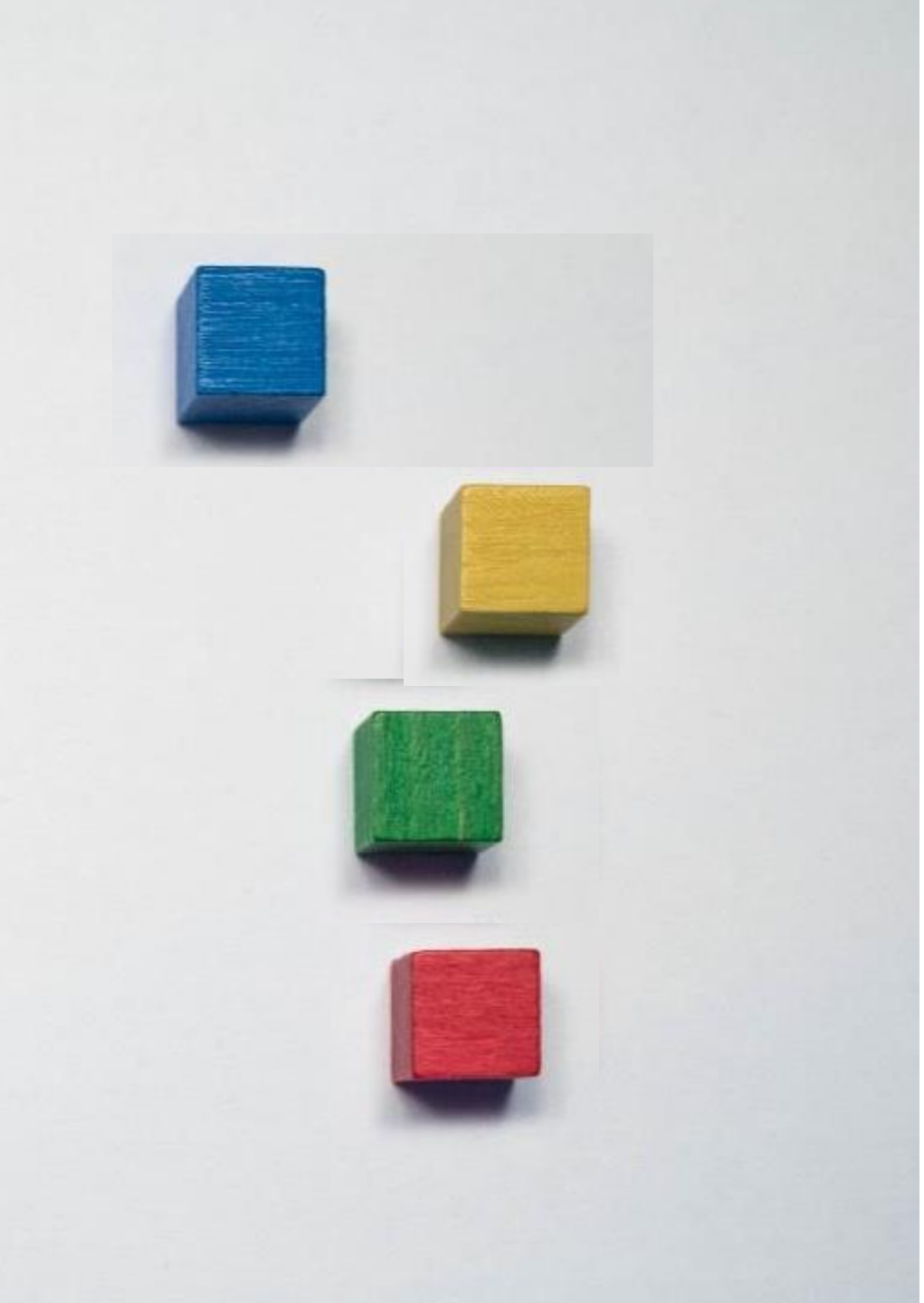
1. Outcomes competency framework
2. Progressive sequencing of competencies
3. Learning experiences tailored to competencies
4. Teaching tailored to competencies
5. Programmatic assessment

Goals and Objectives

- Describe the “Anatomy of an EPA” for subspeciality pediatrics
- Develop a shared understanding of the EPAs both general and subspecialty specific including context and key components
- Relate EPAs to ACGME milestones

Our Current Approach to Assessment is Primarily Based on Competencies and Milestones

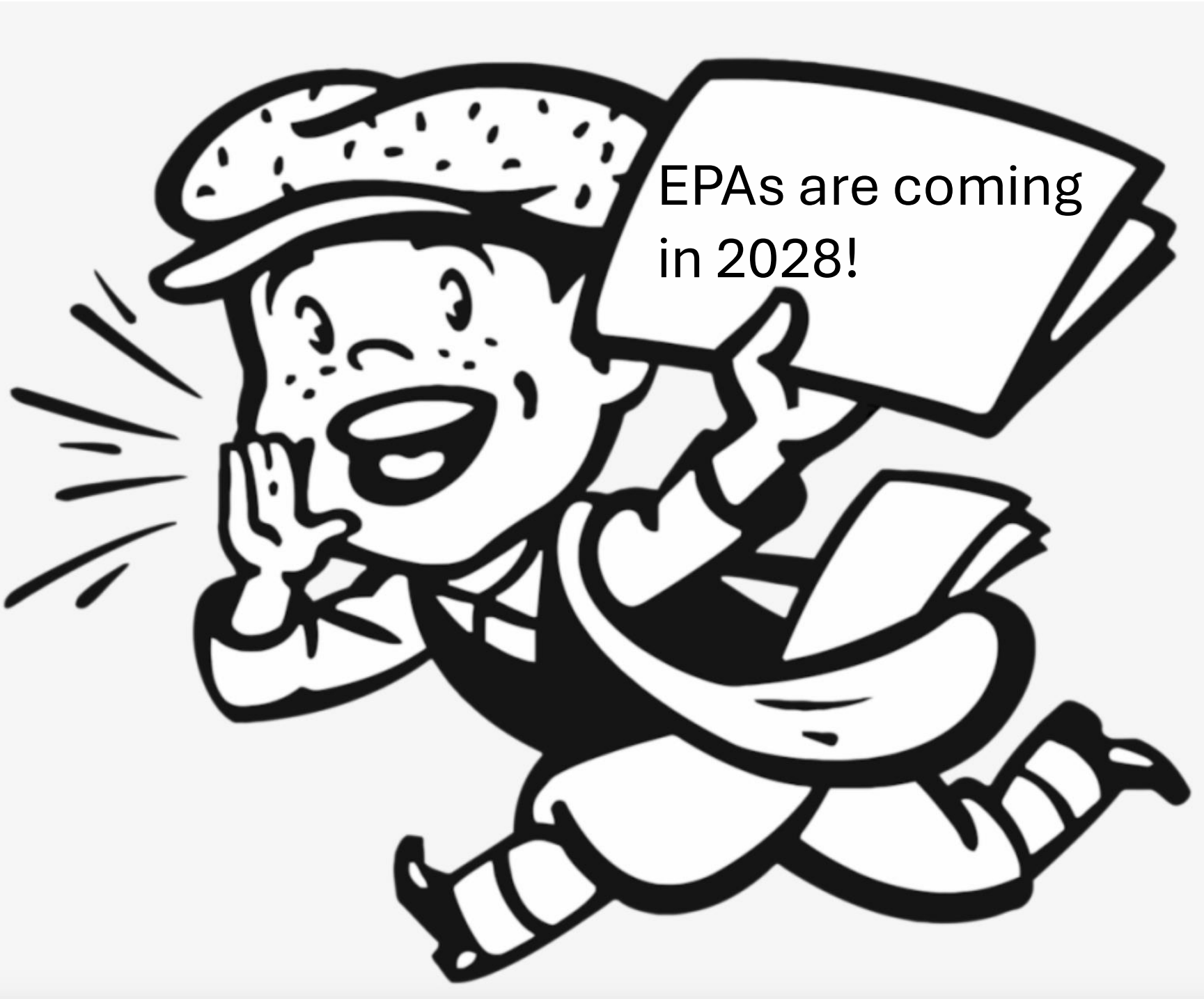
Patient Care 3: Organize and Prioritize Patient Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Completes tasks for an individual patient, when prompted	Organizes patient care responsibilities by focusing on individual (rather than multiple) patients	Organizes and prioritizes the simultaneous care of patients with efficiency	Organizes, prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility; anticipates and triages urgent and emergent issues	Serves as a role model and coach for patient care responsibilities
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐



Milestones are Not Designed to Stand Alone for Assessment

- Competencies focus on **specific behaviors of individuals,** but care delivery requires the integration of those tasks

- **Lack of context** for competencies and milestones makes assessment difficult


EPAs are coming
in 2028!

Competency Based Medical Education (CBME)



Outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners across the continuum that uses **competencies or observable abilities**



The goal of CBME is to ensure that all learners achieve the desired patient-centered outcomes during their training

Entrustable Professional Activities (EPA)

- Observable, routine activities that a general pediatrician or subspecialist should be able to perform safely and effectively to meet the needs of their patients
  - **Core EPAs describe the essential activities needed for practice**
  - Supplemental EPAs have also been developed to address a range of issues and inform these core EPAs

“Everyday Pediatrician Activities”

What does that actually mean?

Does she wear her seatbelt appropriately?

Can she work the brakes?

Can she parallel park the car?

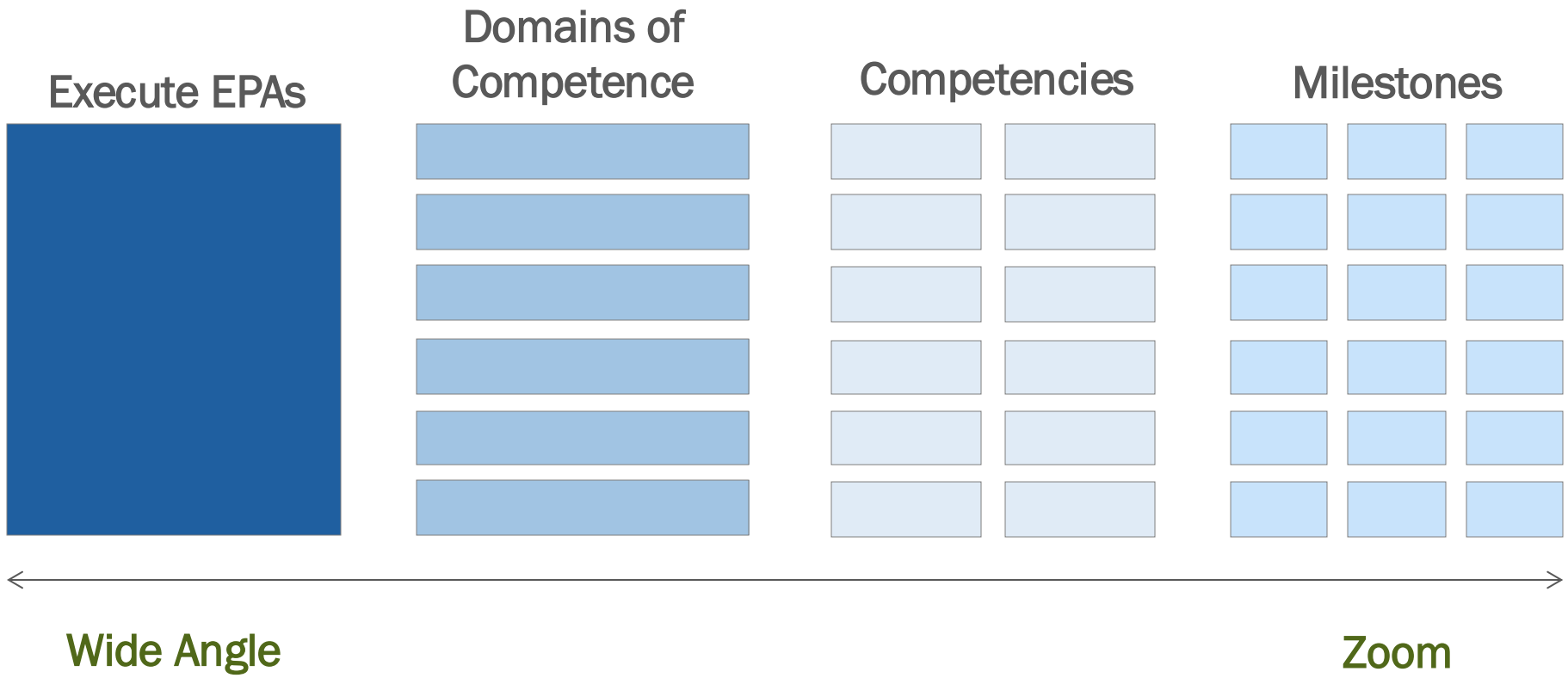


Does she know the appropriate traffic laws?

Can she manage distractions when behind the wheel?

Do I trust her to drive the car?

EPAs, Competencies, and Milestones: All Are Critical to Assessment in a CBME Framework





Entrustable Professional Activities Address Gaps Created by the Current Approach to Assessment

- Observable, important, and routine activities **that patients need** (e.g. Provide recommended pediatric health care screening)

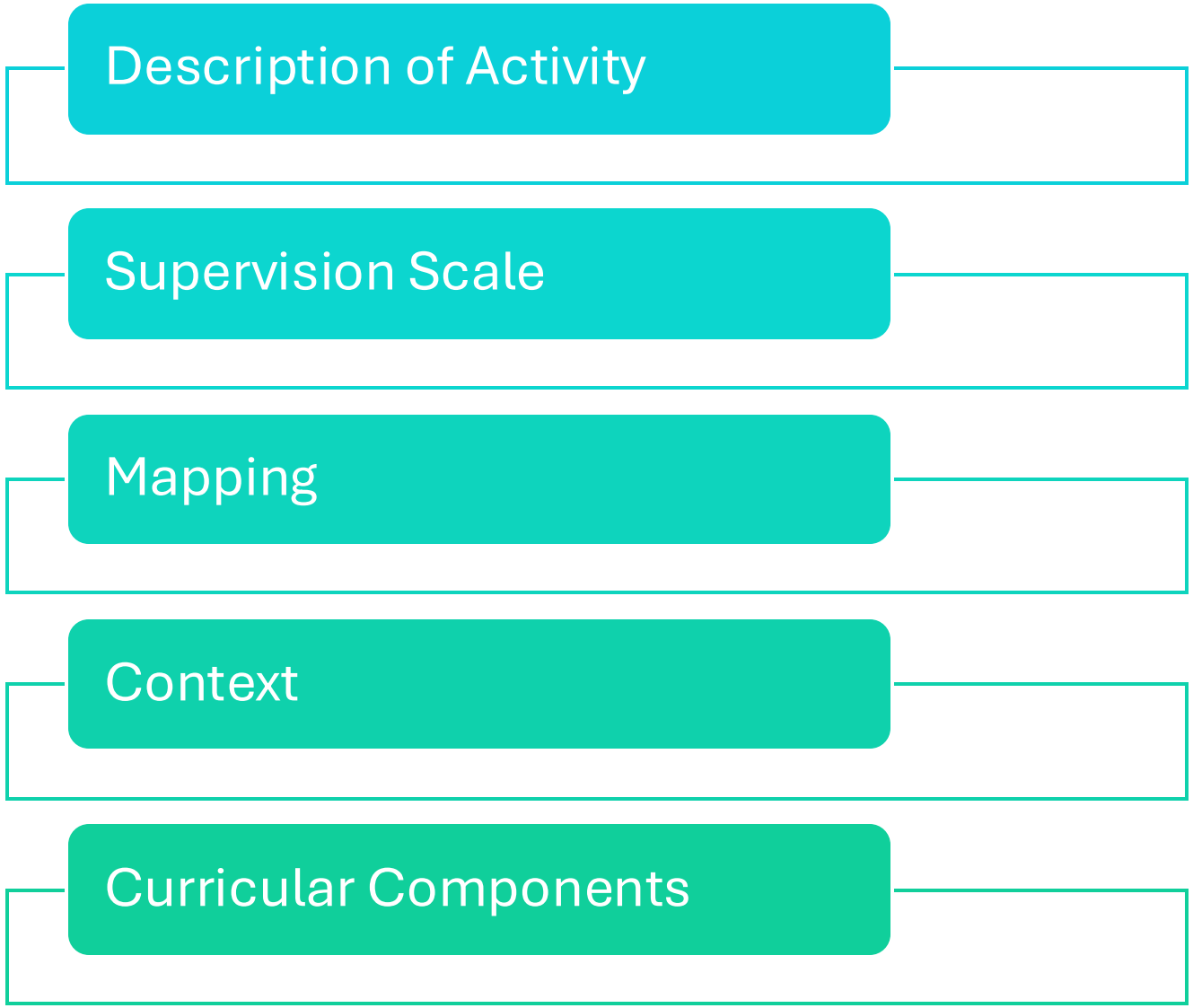
- **Integrate competencies and milestones** in a meaningful care delivery bundle **in a clinical context**

- *EPAs have been created for General Pediatrics and **all Subspecialties***

In Graduate Medical Education, the targeted question becomes:

“Is this learner ready to be trusted to perform this critical professional activity without supervision?”

Anatomy of an EPA



Description of Activity

Entrustable Professional Activities
EPA for All Pediatric Subspecialties

EPA: Lead an Interprofessional Health Care Team

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.

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:

1. Establishing a shared vision, goals, expectations, and outcome measures
2. Engaging other team members in a way that utilizes their specific roles and capabilities, eliciting and valuing the perspective and contributions of others
3. Demonstrating situation awareness
    - Monitoring individual team member's performance to enable oversight and management of current and 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
4. Monitoring team performance and providing feedback
5. Recognizing and managing the social cues, emotional responses as well as the personal needs of team members
6. Role modeling as the team leader
7. Teaching to the needs of the team members, including patients and families

Supervision Scale

Entrustable Professional Activities

EPA for All Pediatric Subspecialties

EPA: 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*

Mapping – Domains of Competence and Competencies

Entrustable Professional Activities

EPA for All Pediatric Subspecialties

EPA: Lead an Interprofessional Health Care Team

Judicious Mapping to Domains of Competence

- ✓ Patient Care
  Medical Knowledge
- ✓ Practice-Based Learning and Improvement
- ✓ Interpersonal & Communication Skills
  Professionalism
- ✓ Systems-Based Practice
- ✓ Personal & Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

PC 12:	Providing role modeling
PBLI 8:	Developing teaching skills
PBLI 9:	Educating others
ICS 2:	Demonstrating insight into emotion
ICS 4:	Working as a member of a health care team
SBP 5:	Working in interprofessional teams
PPD 4:	Adjusting to change
PPD 6:	Provide leadership to improve care

**Based on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.*

Curricular Components

Entrustable Professional Activities

Curricular Components Supporting EPA for All Pediatric Subspecialties

Curricular Components That Support the Functions of the EPA: 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

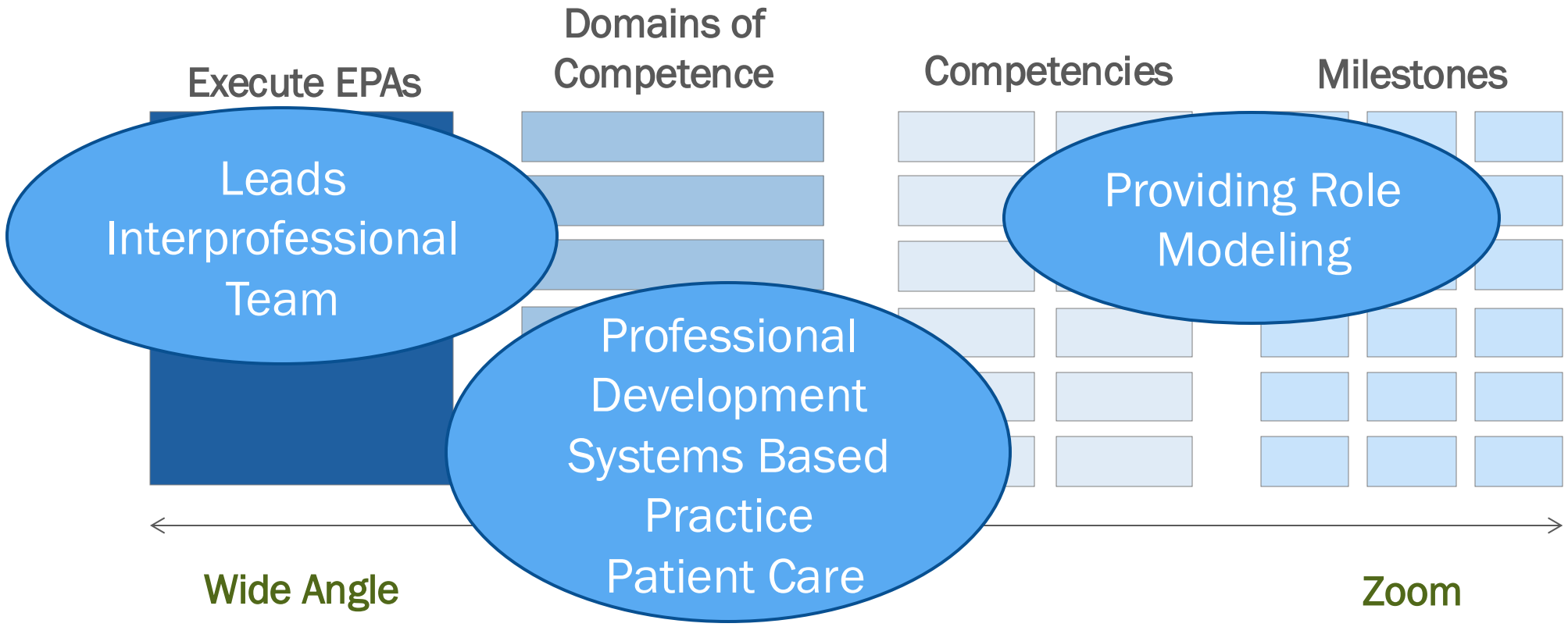
3. Demonstrating situation awareness
    - Monitors individual team member's performance to enable oversight and management of current and evolving situations
    - Balances autonomy and supervision of team members by delegating work to team members that aligns with their KSA and supervising work of 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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EPAs, Competencies, and Milestones: All Are Critical to Assessment in a CBME Framework



Pediatric Subspecialty EPAs

7 common EPAs for all subspecialties

At least 3 Subspecialty Specific EPAs

Core EPA for Subspecialties

- Provide consultation to other health care providers caring for children and adolescents and refer patients requiring further consultation to other subspecialty providers if necessary
- Contribute to the fiscally sound, equitable and collaborative management of a health care workplace
- Use population health strategies and quality improvement methods to promote health and address racism, discrimination and other contributors to inequities among pediatric populations
- Lead an interprofessional health care team
- Facilitate handovers to another health care provider either withing or across settings
- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge
- Lead within the subspecialty profession

EPAs for Neonatology

Management patients with acute, common single system diseases in an inpatient setting

Manage patients with complex, multisystem diseases in the NICU

Provide care to patients in the NICU with surgical problems in collaboration with pediatric and subspecialty surgeons

Provide resuscitation and stabilization of neonates and infants that aligns care with severity of illness

Management of neonatal care systems

EPAs for Hematology/ Oncology

- Manage patients with hematology-oncology conditions, whether acute or chronic, simple or complex, in an ambulatory, emergency or inpatient setting
- Enroll and treat patients on clinical research trials
- Provide a medical home for patients with hematologic, oncologic or stem cell transplant needs
- Introduce and facilitate the integration of palliative care for patients with advanced disease
- Demonstrate competence in performing and interpreting common procedures of a pediatric hematologist/oncologist
- Facilitate the transition of care

EPAs for Critical Care Medicine

Acute management of the critically ill patient, including those with underlying chronic disease

Manage and coordinate care in pediatric critical care units for optimal patient outcomes

Management of patients at the end of life

EPA-Milestone Navigator

- The Council of Pediatric Subspecialties (CoPS), the Association of Pediatric Program Directors (APPD), and the American Board of Pediatrics (ABP) collaborated to align the ACGME Milestones 2.0 with pediatric common and subspecialty-specific entrustable professional activities (EPAs)
  - Working groups from 15 pediatric subspecialties
  - Modified Delphi process involving online surveys and virtual meetings to map the EPAs to the Milestones
  - The final mappings, after internal review and approval by the working groups, define the expected Milestone behaviors for different levels of supervision for a given EPA

https://www.abp.org/dashboards/epa-milestone-navigator

EPA to Milestone Mapping

To view the Milestone ratings associated with a given EPA and Supervision Level, please use the filters below.

Subspecialty: Neonatal-Perinatal Medicine

Type: Specific to Subspecialty / Common to All Subspecialties

EPA: 4

EPA Level of Supervision: 3

Reset Filters

EPA PDF | EPA Curricula PDF | Milestones PDF

Neonatal-Perinatal Medicine

Type: Common to All Subspecialties
EPA #4: Lead an Interprofessional Health Care Team
EPA Supervision Level: Trusted to execute with supervisor occasionally present to provide advice

Subcompetency	Subcompetency Abbreviated	Subcompetency Description	Milestone Level	Milestone Description
Interpersonal and Communication Skills	ICS2	Interprofessional and Team Communication	2	-Clearly and concisely requests consultation by communicating patient information -Participates within the interprofessional team
Professionalism	P1	Professional Behavior	2	-Demonstrates professional behavior with occasional lapses -Demonstrates accountability for patient care as a neonatologist, with guidance

https://www.abp.org/dashboards/epa-milestone-navigator

EPA to Milestone Mapping

To view the Milestone ratings associated with a given EPA and Supervision Level, please use the filters below.

Subspecialty
Neonatal-Perinatal Medicine

Type
- (•) Specific to Subspecialty
- ( ) Common to All Subspecialties

EPA
1

EPA Level of Supervision
3

Reset Filters

Neonatal-Perinatal Medicine

EPA PDF | EPA Curricula PDF | Milestones PDF

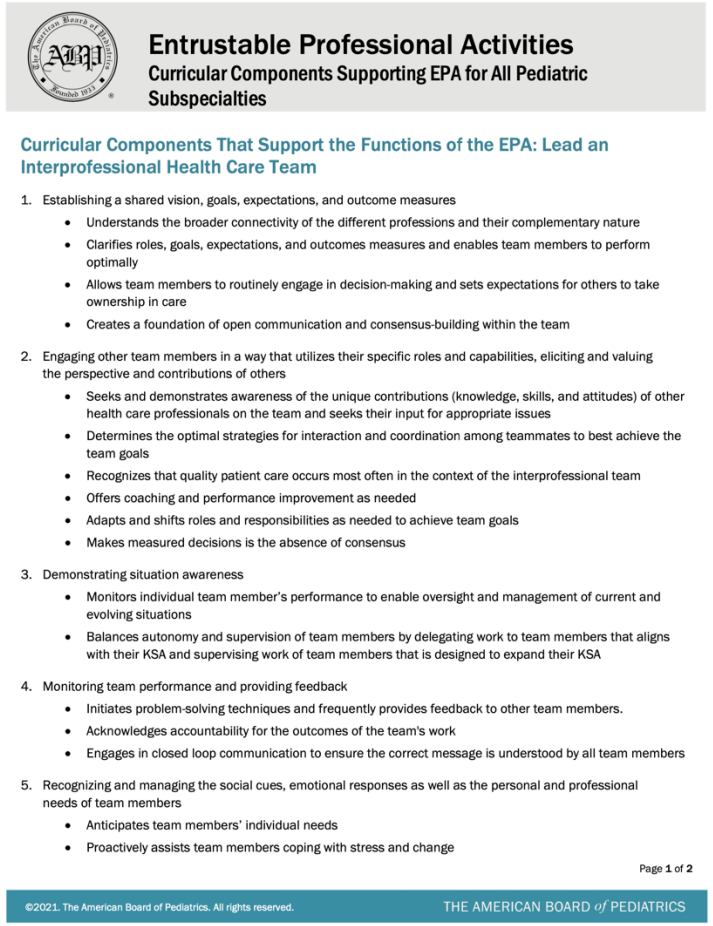
Type: Specific to Subspecialty
EPA #1: Management patients with acute, common single system diseases in an inpatient setting
EPA Supervision Level: Trusted to execute with indirect supervision for most simple and some complex cases

Subcompetency	Subcompetency Abbreviated	Subcompetency Description	Milestone Level	Milestone Description
Interpersonal and Communication Skills	ICS1	Family-Centered Communication	2	-Establishes a therapeutic relationship in straightforward encounters -Adjusts communication strategies as needed to mitigate barriers and meet family expectations
				-Demonstrates knowledge of maternal-fetal and neonatal pathophysiology

Opportunities during EPA Implementation

Assessment

Curriculum



Entrustable Professional Activities
Curricular Components Supporting EPA for All Pediatric Subspecialties

Curricular Components That Support the Functions of the EPA: 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
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   - Anticipates team members' individual needs
   - Proactively assists team members coping with stress and change

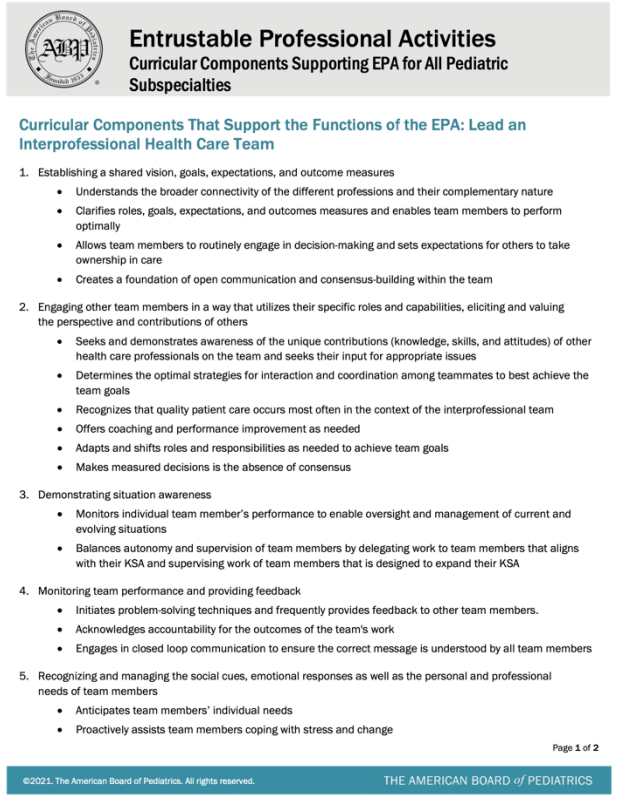
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Feedback

Opportunity Alert! Curriculum Approach A

- Are there gaps in your current leadership curriculum that need to be addressed?



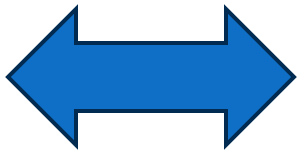
Entrustable Professional Activities
Curricular Components Supporting EPA for All Pediatric Subspecialties

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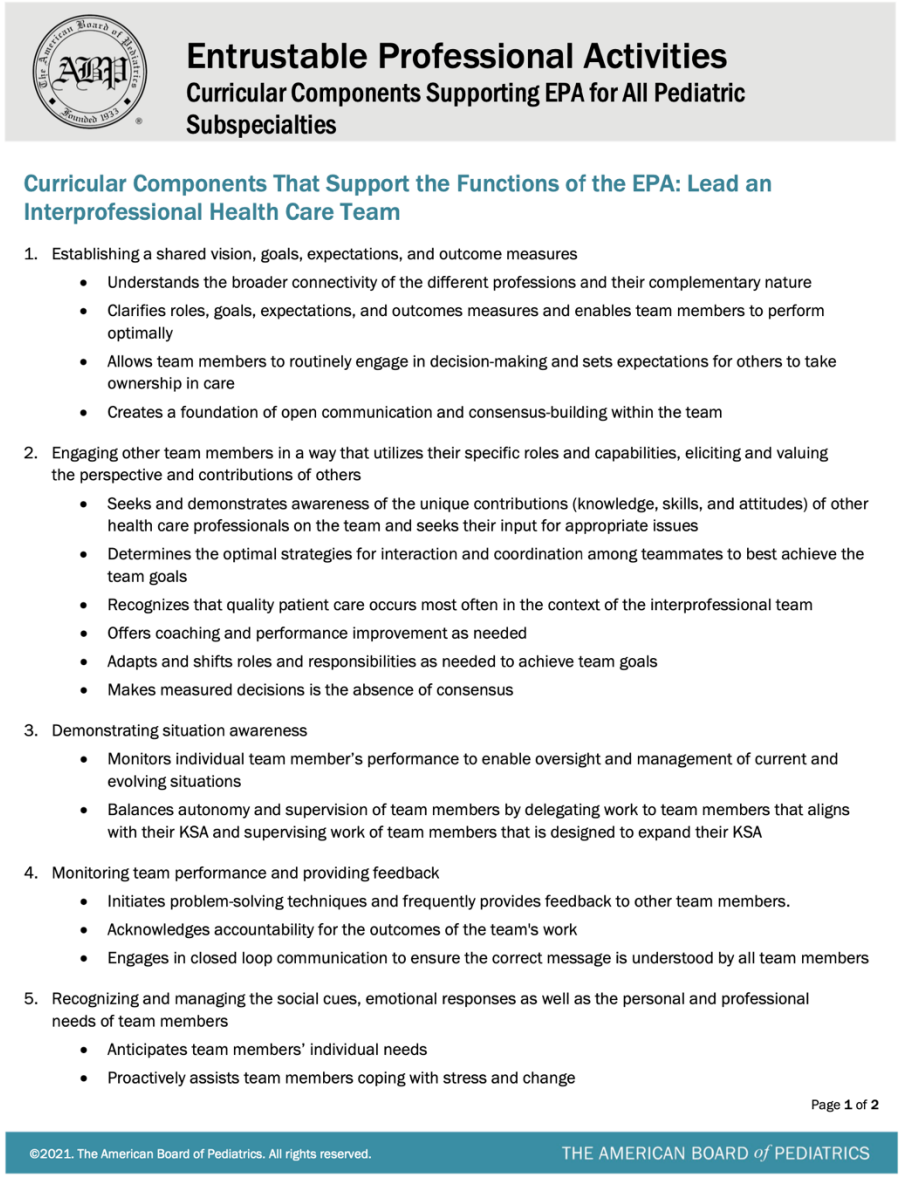
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Opportunity Alert! Curriculum Approach B

- But wait…. I don't have a formal curriculum on leading an interprofessional team. Where do I start if I want to create one??



Entrustable Professional Activities

Curricular Components Supporting EPA for All Pediatric Subspecialties

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

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Entrustable Professional Activities

EPA for All Pediatric Subspecialties

EPA: Lead an Interprofessional Health Care Team

Description of the Activity

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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:

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6. Role modeling as the team leader
7. Teaching to the needs of the team members, including patients and families

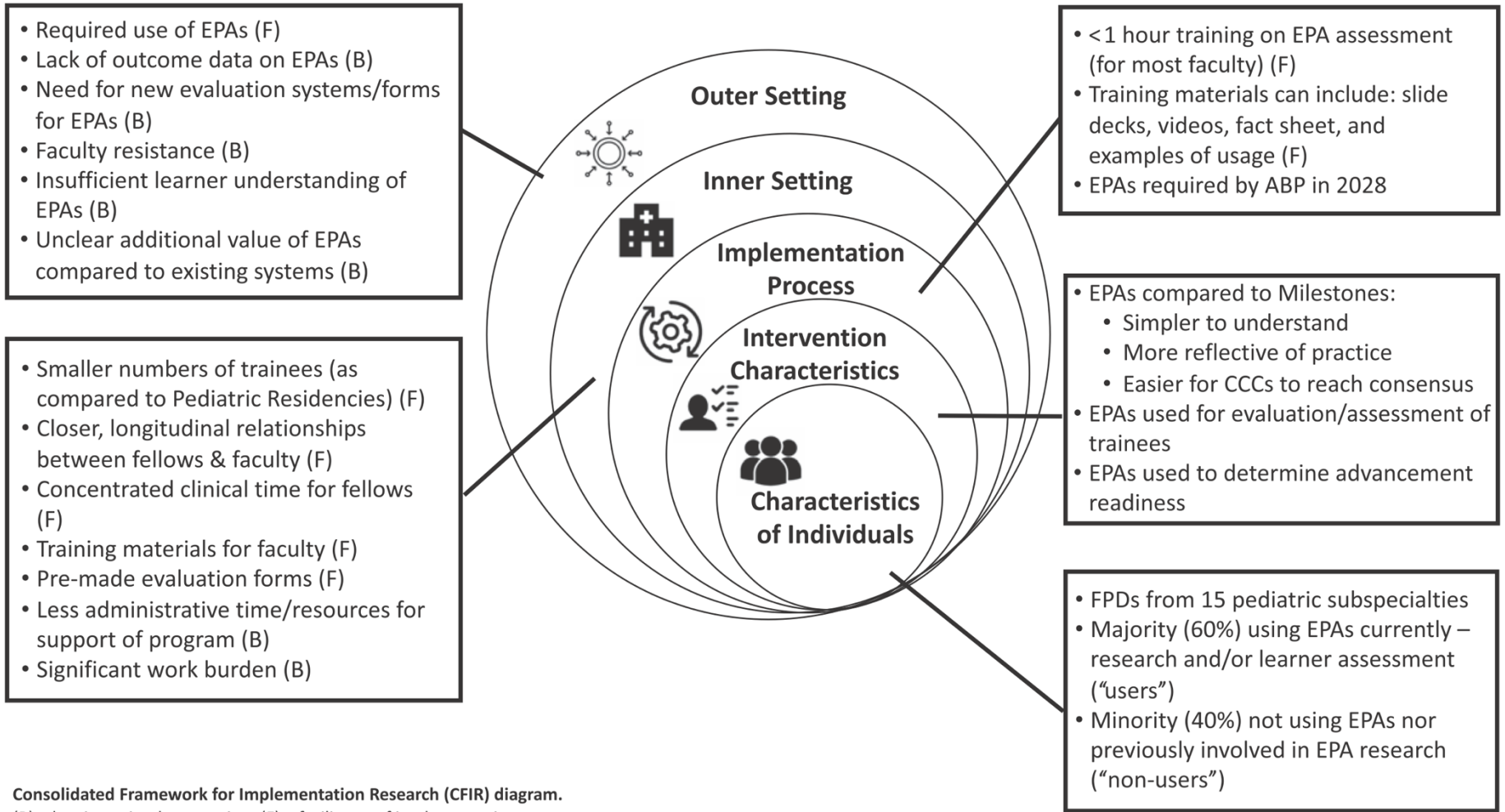
Opportunity Alert! Feedback Framework

Use the description of the activity as a framework for feedback that gives concrete actionable items for improvement.

> Pediatrics. 2024 Jun 1;153(6):e2023065024. doi: 10.1542/peds.2023-065024.

Implementing Entrustable Professional Activities in Pediatric Fellowships: Facilitating the Process

- Survey of PDs from 15 pediatric subspecialties
  - 59.8% EPA users
  - 40% EPA nonusers
- Both groups reported barriers and facilitators to implementation



Consolidated Framework for Implementation Research (CFIR) diagram.
(B) – barrier to implementation; (F) – facilitator of implementation
EPAs: entrustable professional activities; FPDs: Fellowship program directors; CCC: Clinical competency committee; ABP- American Board of Pediatrics

FIGURE 1
Relationship of results to the CFIR domains.

Langhan et al. Pediatrics June 2024 153 (6)

A Programmatic Approach to EPAs in Fellowship

Jennifer King

Jennifer.c.king@vumc.org

Overall Goals:

1. Ensure fellows ready for multiple domains of independent practice
2. Ensure program supports and allows fellows to develop knowledge and skills necessary for independent practice
3. Improve the quality and quantity of written feedback
4. Identify trainees early on with specific learning needs
5. Better inform high stakes decisions made by CCC
6. Foster master adaptive learning behaviors
   - Fellow's faculty coaches have access to assessments

Our approach:

- Program leadership reviewed and aligned who best able to assess EPAs
  - Lead within subspecialty and engage within scholarly activity –SOC
  - Use Population Health and QI Methodology- QI mentors
  - 2-3 subspecialty specific EPAs and 3 common EPAs – supervising clinical faculty
- Faculty and fellows surveyed to identify comfort and understanding of EPAs and milestones
- Faculty and fellow development
- Review of quality and quantity of feedback associated with EPA based assessments
- Programmatic Improvement

Facilitate handovers to another healthcare provider either within or across settings

The functions required of this activity include:

Conveying this information to the other healthcare provider:

-Engaging in bidirectional communication of plans and conveying family and patient preferences

-Preparing for a handover by reviewing the medical record and updating the written tool to avoid errors of omission

-Communicating situation awareness, illness, severity, patient summary, using a template to improve reliability of information transfer

Receiving information from the other healthcare provider:

-Summarizing the information heard, asking questions when needed to clarify information and fill any perceived gaps

-Restating key action items to ensure understanding

-Providing feedback to the individual initiating handover on any problems/errors that occurred, including inaccurate information transmission

Indicate the level of supervision for this activity based on your observations:

◯ Level 1: Trusted to observe only
◯ Level 2: Trusted to execute with DIRECT supervision and coaching
◯ Level 3: Trusted to execute with INDIRECT supervision with verification of information after the handover for most simple and some complex cases
◯ Level 4: Trusted to execute with INDIRECT supervision with verification of information after the handover for selected complex cases
◯ Level 5: Trusted to execute without supervision

Please describe any specific examples to support the level chosen and actions the fellow can take to progress to the next level: _____

Specific Example:

- Level 4: Trusted to execute with **indirect supervision** with verification of information after the handover for select cases
- *Dr. X is able to very efficiently provide key information in a succinct manner during handover. Furthermore, s/he also communicates the severity of illness so those who are new to caring for the patient to understand what s/he is most concerned about. S/he provides anticipatory guidance where appropriate. I noted that s/he asked if the receivers of her/his handovers required clarification or had questions, demonstrating s/he has incorporated prior feedback into practice. S/he still requires some discussion and clarification for very complex patients, and this is area that s/he will continue to grow as their critical care knowledge base grows.*

Impact of EPA WBA



Significant increase in compliance on ACGME survey re: satisfied with faculty member's feedback



Completion rates for service feedback increased from 50% to 80%

SOC Assessment

- **LEAD WITHIN THE SUBSPECIALTY PROFESSION**
- **ENGAGE IN SCHOLARLY ACTIVITY THROUGH DISCOVERY, APPLICATION, AND DISSEMINATION OF NEW KNOWLEDGE**

Programmatic Improvement:

EPA: Contribute to the fiscally sound, equitable, and collaborative management of a health care workplace

Curricular components supporting the functions of the EPA

Programmatic Improvement:

Entrustable Professional Activities

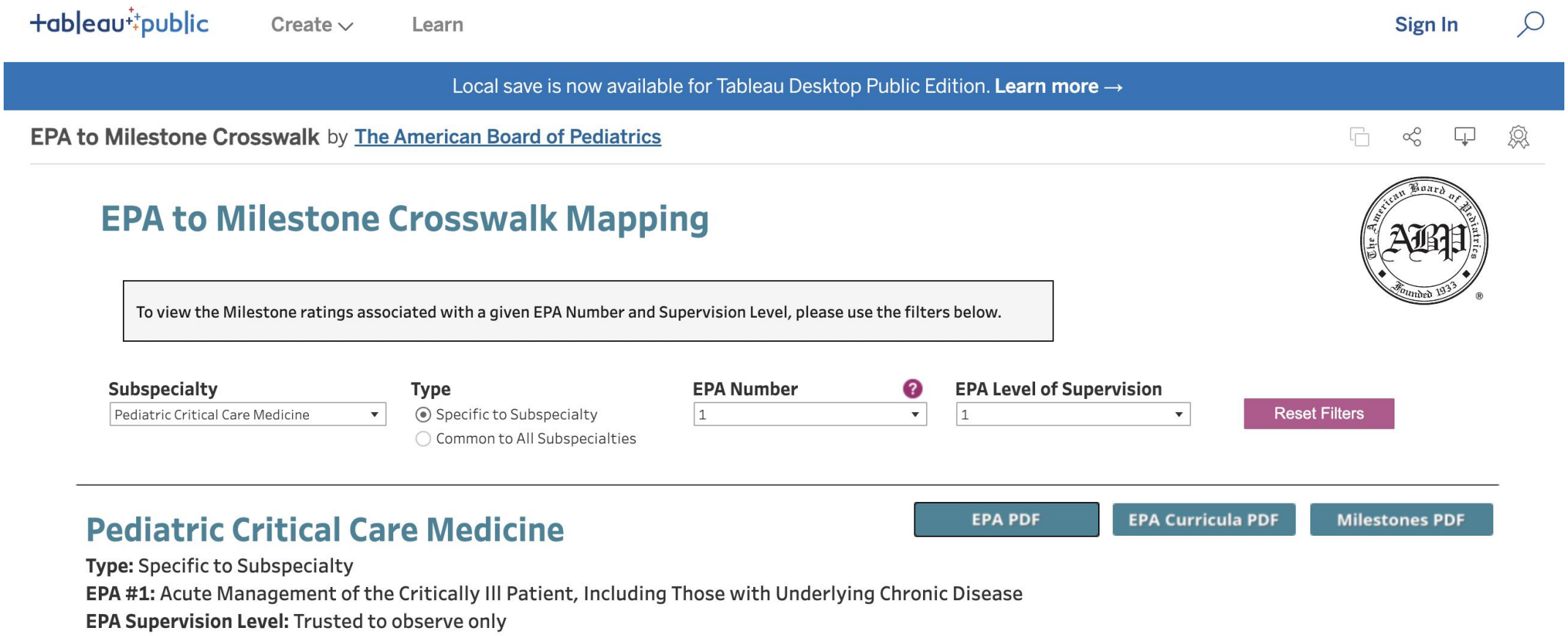
Curricular Components Supporting the EPA for All Subspecialties

Curricular Components That Support the Functions of the EPA: Contribute to the Fiscally Sound, Equitable, and Collaborative Management of a Health Care Workplace

1. Utilizing a working knowledge of current health care payment systems and billing requirements relevant to practice
    - Develops familiarity with public and private payer systems and understands a local payer mix
    - Documents appropriately, completely, and in a timely manner to serve the needs of the patient, as well as complying with billing and proper coding of diagnoses (ICD) and procedures (CPT)
    - Integrates principles of population health, local payment systems/climate, and needs of children in the community
    - Practices timely and compliant bill submission

2. Engaging and working with the interprofessional practice team to improve processes to deliver efficient and fiscally sound health care to children
    - Identifies opportunities to participate in process improvement that benefits patients, such as streamlining documentation, patient scheduling and access, and office efficiency
    - Demonstrates accountability to patients and colleagues within the team practice and outside agencies, consultants, and health care systems
    - Facilitates access to resources and effectively utilizes them within the system to assist patients, through support services, durable medical equipment, and appropriate referrals, etc.
    - Practices with cost conscientiousness and communicates with the team to clearly define goals of the health care workplace, facets that need improvement, and rationale. Maintains awareness of financial considerations while optimizing care of children
    - Maximizes high value care for patients and families. Stays mindful of the costs to the families and works within the system to minimize unnecessary expense to families

Better Inform CCC:



Impact and Next Steps:



Well received by faculty and fellows

Newer faculty specifically highlighted EPA format helped them frame feedback discussions



CCC better equipped to make decisions regarding advancement



Evaluate quality of written feedback



Further faculty development and program improvement efforts



Session 3

EPAs: Getting Started!

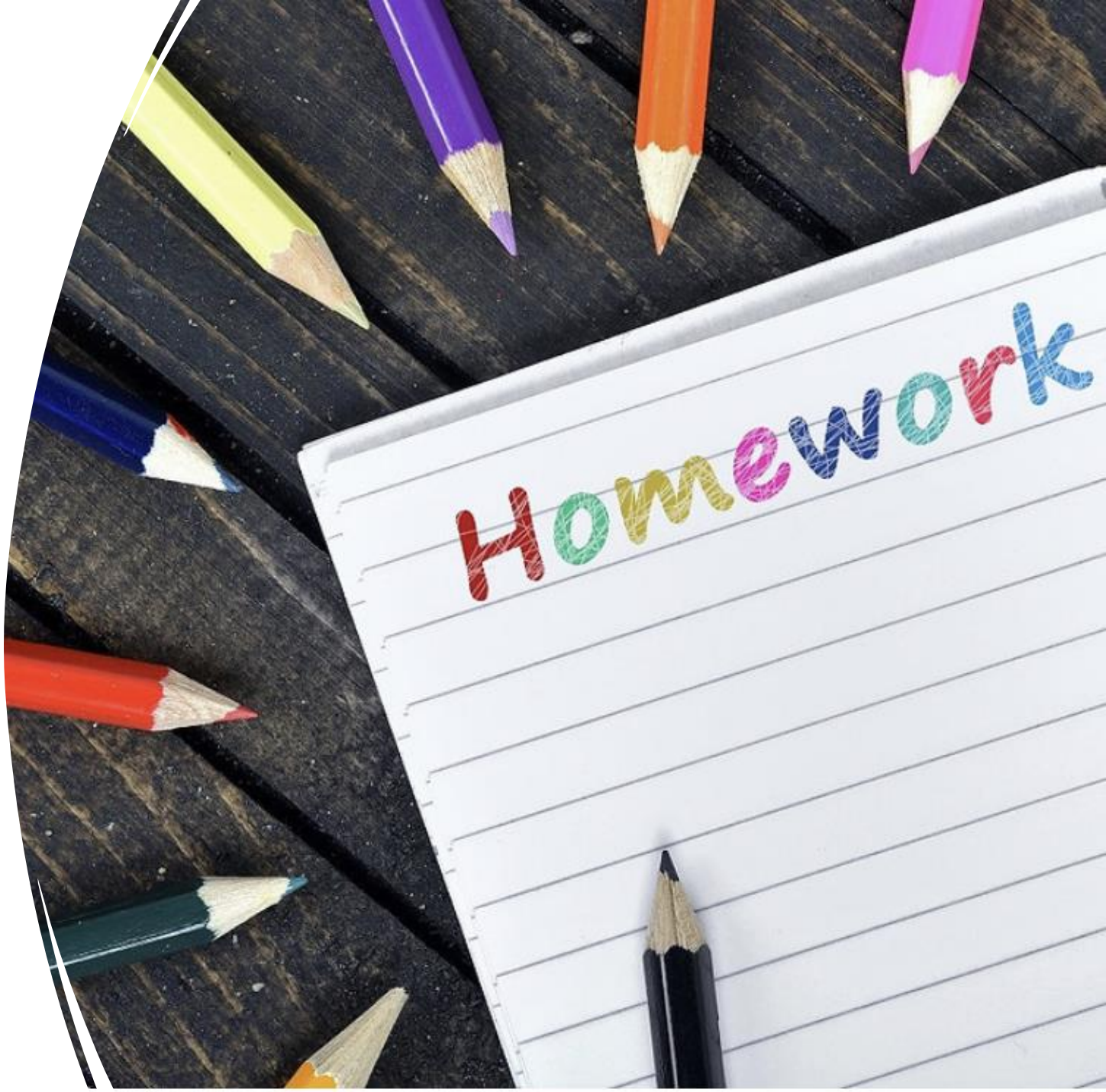
11/12/2024

4 – 5 PM EST

- Identify key practical steps to starting and building an EPA-based assessment system
- Determine when/where/how to assess EPAs within the curriculum

Homework before the next session

- As you think about implementing EPAs, can you identify:
  - Stakeholders
  - Facilitators of implementation
  - Barriers to implementation
    - Ways to overcome



Join us for the rest of our series!

- 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 — **Nov 12th, 4 – 5 pm EST**
- Jan '25 — **Session 4:** Equity in EPA Assessment
- Feb '25 — **Session 5:** Faculty and Learner Development
- Mar '25 — **Session 6:** Reassessing the Assessment System