

EPAs: Promises and Challenges

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ASL presentation

1

WHAT IS YOUR EXPERIENCE WITH EPAS?

2

Anatomy of an EPA

Entrustable Professional Activity (EPA): EPAs are *units of professional practice*, defined as tasks or responsibilities that trainees are *entrusted to perform unsupervised* once they have attained sufficient specific competence. EPAs are *independently executable, observable, and measurable* in their process and outcome, and, therefore, suitable for entrustment decisions.

Expectations for the Medical School Graduate | Core EPAs for Entering Residency | EPAs for any Practising Physician | EPAs for Specialists

Credit: John Dalrymple, MD, Professor, Harvard Medical School

3

How is an EPA different from a Competency?

- EPA translate competency into clinical practice...not an alternative
- Competencies are descriptors of physicians...EPAs are descriptors of work
- EPAs usually require multiple competencies

Credit: John Dalrymple, MD, Professor, Harvard Medical School

4

How Do EPAs Relate to Competency?

Table 1.1: EPA and competencies as two dimensions

Competency domains	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6
Medical expert	xxx	xxx	xxx	xxx	x	xx
Communicator	xxx	xxx	xxx	xx	xxx	xxx
Collaborator	x	xxx	xxx	xxx	xxx	x
Scholar	x	x	xx	xxx	x	x
Leader	x	x	x	xxx	x	xxx
Health advocate	x	x	xx	xxx	xxx	xxx
Professional	xx	x	x	x	xxx	xxx

Note: EPA 1: performing a venipuncture; EPA 2: performing an appendectomy; EPA 3: hand-over at morning report after night shift; EPA 4: developing and implementation of a patient management plan; EPA 5: chairing a multidisciplinary meeting; EPA 6: requesting an organ donation. Competencies in this domain are (x) helpful, (xx) expected, or (xxx) indispensable.

5

WHAT IS TRUST?

Implies some level of risk or vulnerability by the supervisor who is subject to or dependent upon future action of the trainee in situations where the trainee can not be observed or controlled.

Mayer RC, Davis JH, Schoorman FD. An integrative model of organizational trust. Acad of Manage R. 1995;20(3):709

6

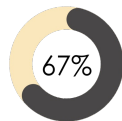
ENTRUSTMENT

Prospective entrustment decisions describe what a trainee **COULD DO** based on a compendium of previous observations, discussions and work products

7

TRUST – SUPERVISOR FACTORS

- Perceived trainee features
- Supervisor's willingness to delegate responsibility
- Complexity and perceived risks of the EPA
- Context: time of day, single vs. multiple person task, etc.
- Relationship of trustor with trustee



8

Ad Hoc Entrustment Decisions

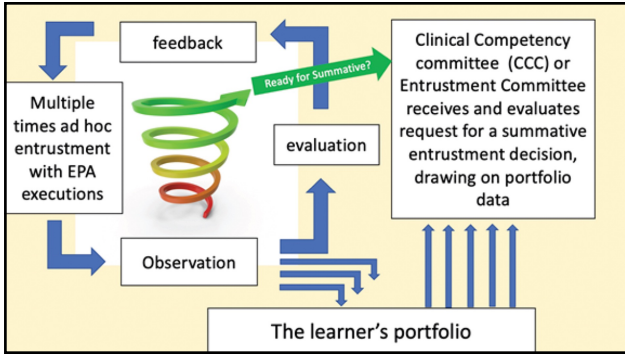
Table 1.2: Trainee features as ingredients for A RICH entrustment decision.

Agency	Sufficiently self-confident, proactive toward work, team, safety, development
Reliability	Being conscientious, predictable, accountable, responsible
Integrity	Being truthful, benevolent, patient-centered
Capability	EPA-specific knowledge and skill, experience, adaptive expertise
Humility	Observing own limitations, willingness to ask help, receptive to feedback

Table 1.3: A standard framework of levels of clinical supervision.

Supervision level	Explanation
1. Observation only	The trainee is allowed to be present and observe, not to enact an EPA
2. Direct supervision	The trainee is allowed to execute the EPA with direct or proactive supervision; a supervisor must be physically present
3. Indirect supervision	The trainee is allowed to execute the EPA with a supervisor quickly available if needed, signifying indirect, reactive supervision
4. Unsupervised practice	The trainee is allowed to work unsupervised; a supervisor may be reachable in a phone call, but not quickly present
5. Supervising a junior	The trainee may act as a supervisor for a junior trainee for this EPA

9



10

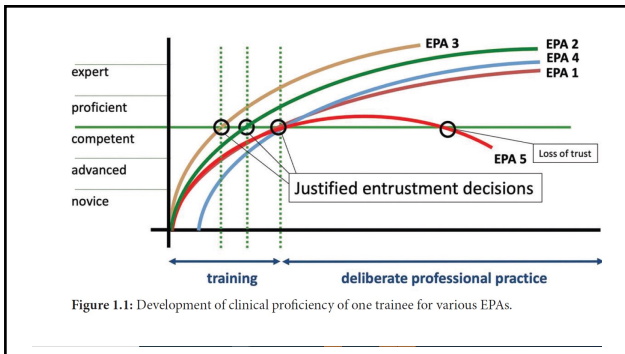


Figure 1.1: Development of clinical proficiency of one trainee for various EPAs.

11

The 13 EPAs from AAMC

EPA	Description	M1/ 2	M3	M4
1A	Gather a history	X	X	X
1B	Perform a physical exam	X	X	X
2	Prioritize a Ddx	X	X	X
3	Recommend and interpret common tests		X	X
4	Enter and discuss orders and prescriptions			X
5	Document a clinical encounter	X	X	X
6	Provide an oral presentation	X	X	X
7	Form clinical questions and retrieve evidence to advance patient care		X	X
8	Give or receive a handoff to transition care responsibility			X
9	Collaborate as a member of an inter-professional team		X	X
10	Recognize a patient requiring urgent/emergent care			X
11	Obtain informed consent for tests and/or procedures			X
12	Perform general procedures of a physician		+/-	X
13	Identify system failures and contribute to a culture of safety and improvement			X

12

PROMISE 2: assessment process

- Compliance with Accreditation
- Identify a struggling learner
- Includes voices not always heard
- Potential to increase autonomy



Murillo, et al (update) Comparing high and low EPA Assessment Completers: Insights to improve EPA implementation

16

CHALLENGE 1: COMPLETION

<https://try.uscf.edu/epa>

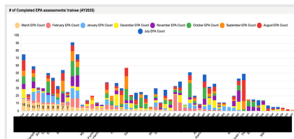


EPA Assessment Form for General Surgery

Residents:

Faculty/fellow to complete the form after case or patient encounter (consult or clinic) with resident

Goal: Residents should have 2 completed forms each week

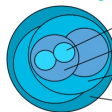


17

CHALLENGE 2: FLATLINE



The nesting principle surgical example



EPA for MS-3 clerkship student:

- closure of skin

EPA for sub-intern:

- Driving the camera

EPA Junior resident:

- Laparoscopic entry into abdomen

EPA Senior resident:

- Full appendectomy

more advanced stages of training, small EPAs become subsumed within broad EPAs . . .

18

CONCLUSION

- EPAs are a way to implement competency-based education
- EPAs can help meet accreditation expectations
- EPAs can provide rich data for assessment decisions
- Learners and faculty must be motivated!

22

THANK YOU

23
