

EPAs, Competencies and Milestones: Putting it all Together

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Disclosures

We have no financial or other Conflicts of Interest to disclose



Objectives

- Develop a working knowledge of EPAs and their relationship to competencies and milestones
- Apply that working knowledge to a specific example of a handover communication EPA
- Demonstrate the alignment of EPAs across the continuum



Standardizing the Language

- Domain of Competence
 - Six categories or areas (e.g., Patient Care, Medical Knowledge, PBLI, Communication, Professionalism, SBP)
- Competency
 - Complex tasks listed under each domain (e.g., under Patient Care-gather essential and accurate information) that involve knowledge, skills and attitudes
 - Address one's ability to do something



Standardizing the Language

- Milestones
 - Markers of performance along a developmental continuum for each of the competencies
 - Each marker describes the behaviors of the learner at a specific performance level (novice to master)
 - What behaviors does a novice demonstrate when “gathering essential & accurate information”?
 - What behaviors does an advanced beginner demonstrate when “gathering essential & accurate information”?



Example

Domain of Competence: Patient Care

Competency: Gathers essential and accurate information

Milestone: Relies on a **template** to gather information that is not based on the patient's chief complaint, often either **gathering too little or too much information** in the process. Recalls clinical information in the order elicited, with the **ability to gather, filter, prioritize, and connect pieces of information being limited** by and dependent upon analytic reasoning through basic pathophysiology alone. (Novice)



Setting the Stage

- We have a series of milestones for each of the 48 competencies that:
 - Inform us about learners at a granular level as we directly observe them
 - Provide substrate for formative feedback and a learning roadmap

BUT...



Setting the Stage

- Integrating the competencies & their milestones will help to assess whether learners can put it all together to deliver care

AND

- Clustering the milestones will help to make assessment more practical and meaningful



Introducing EPAs

- As a framework
- Competencies and their Milestones become the “building blocks” for the EPAs



EPAs

- Provide context for assessing Competencies/Milestones
- Complement assessment of competencies
 - Competencies: Focus on a single task but care delivery requires task integration
 - EPAs: Focus on integration of competencies needed to deliver care
 - Bring concept of Entrustment
 - Entrustment implies competence but uses a lens of supervision which is a more intuitive framework for clinicians



Entrustable Professional Activities (EPAs)

- Important routine care activities that define a specialty or subspecialty
- Observable and measurable
- Require an integration of competencies within and across domains to perform
- “Entrustable” refers to readiness to safely perform the activity without supervision
- Example EPA for a general pediatrician is “Care of the well newborn”

-From the work of ten Cate and Scheele



Important Distinctions

Competency

- Unit of assessment is the ability of an individual
- Context independent making assessment difficult
- Address the KSA of a specific task

EPA

- Unit of assessment is the outcome of the activity
- Embedded in a clinical context making assessment meaningful
- Address the KSA of multiple tasks or competencies that need to be integrated for care delivery



EPA

- Entrustment refers to the ability to safely and effectively perform a professional activity without supervision
- Brings trust and supervision into assessment which are intuitive for faculty working with trainees
- Entrustment decisions allow inference about a learner's competence
- Entrustment itself is a “yes-no” decision



Entrustment is Based On

- Ability or level of KSA
- Conscientiousness
- Telling the truth – absence of deception (truthfulness)
- Knowing one's limits (discernment)



Kennedy T et al. Point-of care assessment of medical trainee competence for independent clinical work. *Acad Med.* 2008;83(10 Suppl):S89–92



Getting to Yes on Entrustment: Levels of Supervision

- Direct Care
- Responsive Oversight
- Routine Oversight
- Backstage Supervision



Kennedy T, et al. Clinical oversight: Conceptualizing the relationship between supervision and safety. JGIM, 2007;22:1080-1085



EPA

Professional is a modifier of activities that refers specifically to:

- Area of practice (e.g., specialty)
- Scope of practice (e.g., profession)
- *Learner's place on the educational continuum*



EPA

The Activities:

- Represent the essential work that defines a discipline (in aggregate)
- Lead to a recognized outcome
- Should be independently executable within a given time frame
- Are observable and measurable units of work in both process and outcome
- Require integration of critical competencies and milestones



Identifying EPAs for a Specialty

- What does a general pediatrician do (or should she do) in everyday practice?
- Facilitate handovers to another health care provider
- Care for the well newborn
- Lead and work within interprofessional health care teams



List of General Pediatrics EPAs

1. Provide consultation to other health care providers caring for children
2. Provide recommended pediatric health screening
3. Care for the well newborn
4. Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting.
5. Provide a medical home for well children of all ages.
(Entrustment decisions for this EPA may require stratification by age group)
6. Provide a medical home for patients with complex, chronic, or special health care needs. (Entrustment decisions for this EPA may require stratification by age group)



List of General Pediatrics EPAs

7. Recognize, provide initial management and refer patients presenting with surgical problems
8. Facilitate the transition from pediatric to adult health care
9. Assess and manage patients with common behavior/mental health problems.
10. Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness (Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate).
11. Manage information from a variety of sources for both learning and application to patient care
12. Refer patients who require consultation



List of General Pediatrics EPAs

13. Contribute to the fiscally sound and ethical management of a practice (e.g. through billing, scheduling, coding, and record keeping practices)
14. Apply public health principles and quality improvement methods to improve care and safety for populations, communities, and systems
15. Lead an interprofessional health care team
16. Facilitate handovers to another healthcare provider either within or across settings
17. Demonstrate competence in performing the common procedures of the general pediatrician



EPA Worksheet

Step 1. EPA Title	
Step 2. Description of the activity	Brief overview and list of functions
Step 3. Map to Competency Domains	<input type="checkbox"/> Patient Care <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-Based learning & Improvement <input type="checkbox"/> Interpersonal & Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Personal & Professional Development <input type="checkbox"/> Interprofessional Collaboration
Step 4. Map to Critical Competencies	
Step 5. Curriculum	
Step 6. Entrustment Decisions	



Step 1: EPA Title

Facilitate handovers to another health care provider either within or across settings



Step 2: EPA Description/Rationale

- Healthcare system has increased in complexity
- Commensurate increase in number and complexity of handovers
- Within settings (e.g., hospital ER to inpatient)
- Between settings (e.g., home to hospital)
- Continuity of healthcare providers has decreased



Step 2: EPA Functions

- Information provider:
 - Communicate bi-directionally with patients, families and other caregivers re: plans and expectations across the transition
 - Navigate the information system (avoid errors of omission)
 - Communicate situation awareness, illness severity, action planning and contingency planning to other health care providers
- Information Receiver
 - Elicit clarifying information
 - Provide feedback to the information provider on any errors of omission or inaccurate information transmitted



Step 3: Judicious Mapping to Competency Domains

Patient Care

Medical Knowledge

Practice-Based Learning and Improvement

Interpersonal & Communication Skills

Professionalism

Systems-Based Practice

Personal & Professional Development



Step 4: Judicious Mapping to Competencies Within Domains

Patient Care

- Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient
- Provide transfer of care that insures seamless transitions




Interpersonal and Communication Skills

- Communicate effectively with physicians, other health professionals and health related agencies
- Maintain comprehensive, timely and legible medical record

Practice-based Learning and Improvement

- Incorporate formative evaluation feedback into daily practice
- Use information technology to optimize learning and care delivery



EPA: Facilitate Handovers	Milestone Series for a Given Competency		
Domains & Competencies	Milestone 1	Milestone 2	Milestone 3 ...etc
PC -Organize and prioritize -Provide transfer of care	Novice behaviors	Advanced beginner behaviors	Competent behaviors
ICS - Communicate with physicians, other health professionals and agencies -Maintain medical records			
PBLI -Incorporate feedback into practice -Use IT to optimize care			



Step 4A: Painting Pictures of Learners to Inform Assessment

Use table columns to construct expected behaviors of learners at different levels

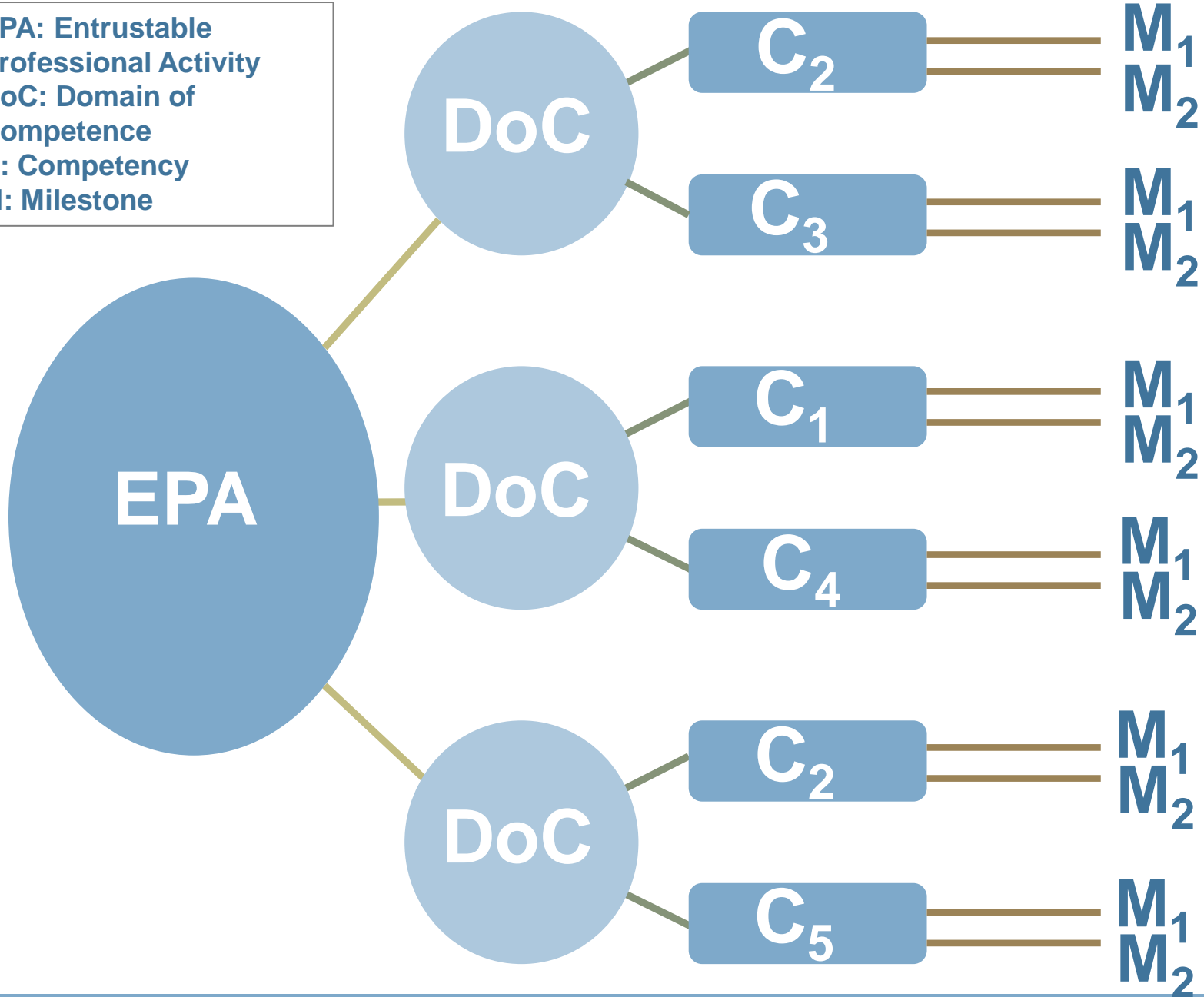


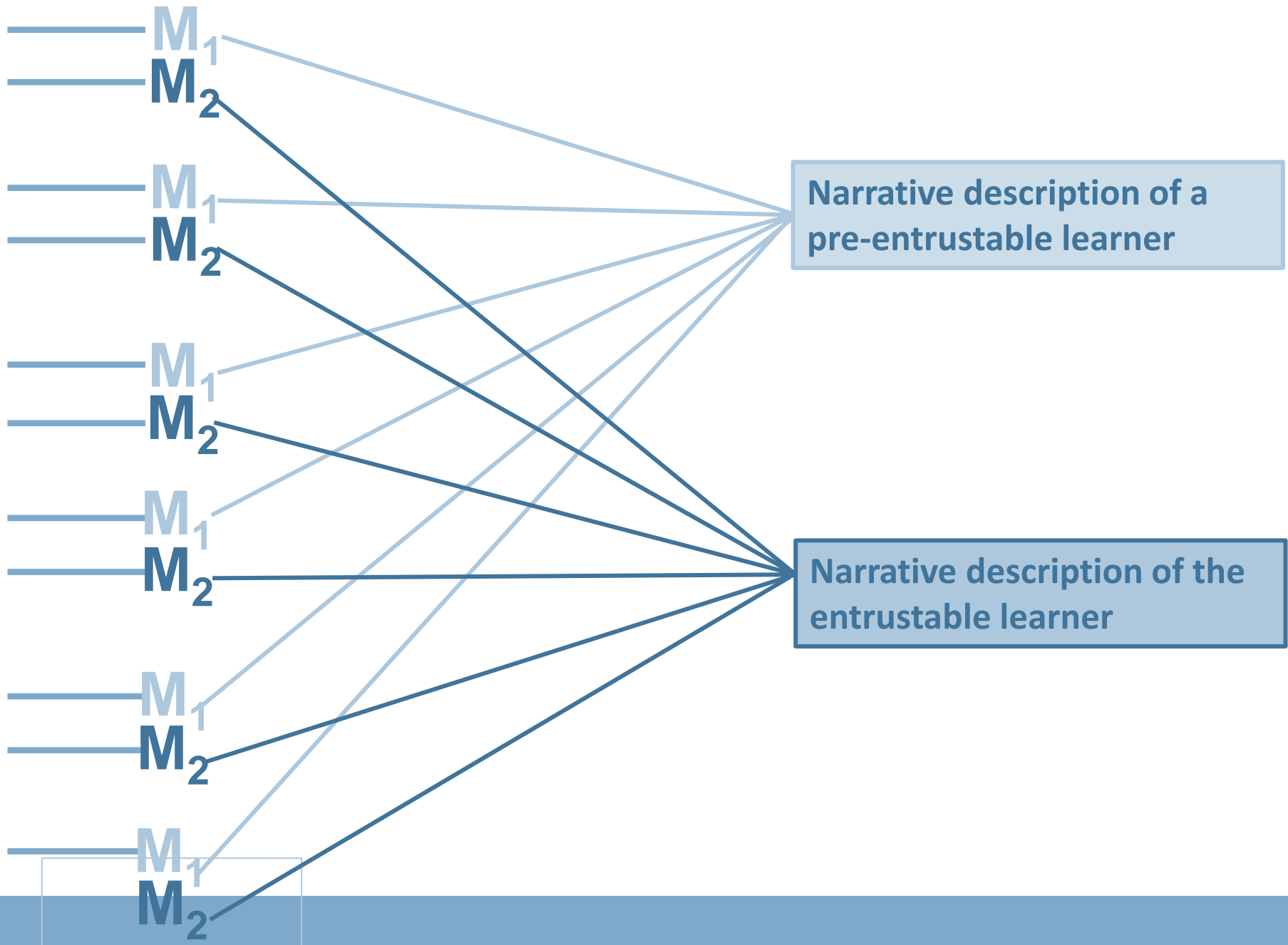
Step 4B: Creating Vignettes from the Expected Behaviors

- Use expected behaviors to develop vignettes that could be used for faculty development and vignette matching
- Ideal state: Create video scripts and videos from the vignettes



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





Step 5: Curriculum

- List specific knowledge, skills and attitudes that are needed
- Decide the how, when, why and who for **teaching and assessing** the EPA in your program



Step 6: Entrustment decisions

Decide who will make the entrustment decision and on what basis



Introducing the Core Entrustable Professional Activities for Entering Residency



Drafting Panel

- Timothy Flynn, Chair
- Stephanie Call
- Carol Carraccio
- Lynn Cleary
- Tracy Fulton
- Maureen Garrity
- Steve Lieberman
- Brenessa Lindeman
- Monica Lypson
- Rebecca Minter
- Jay Rosenfield
- Joe Thomas
- Mark Wilson

AAMC Staff:

- Carol Aschenbrener
- Bob Englander



Rationale

- Graduate Medical Education Competencies well established
- Gaps identified between:
 - Expectations of programs directors and entering resident skills
 - What residents do without supervision and what they have been documented as competent doing without supervision
- International focus on transitions



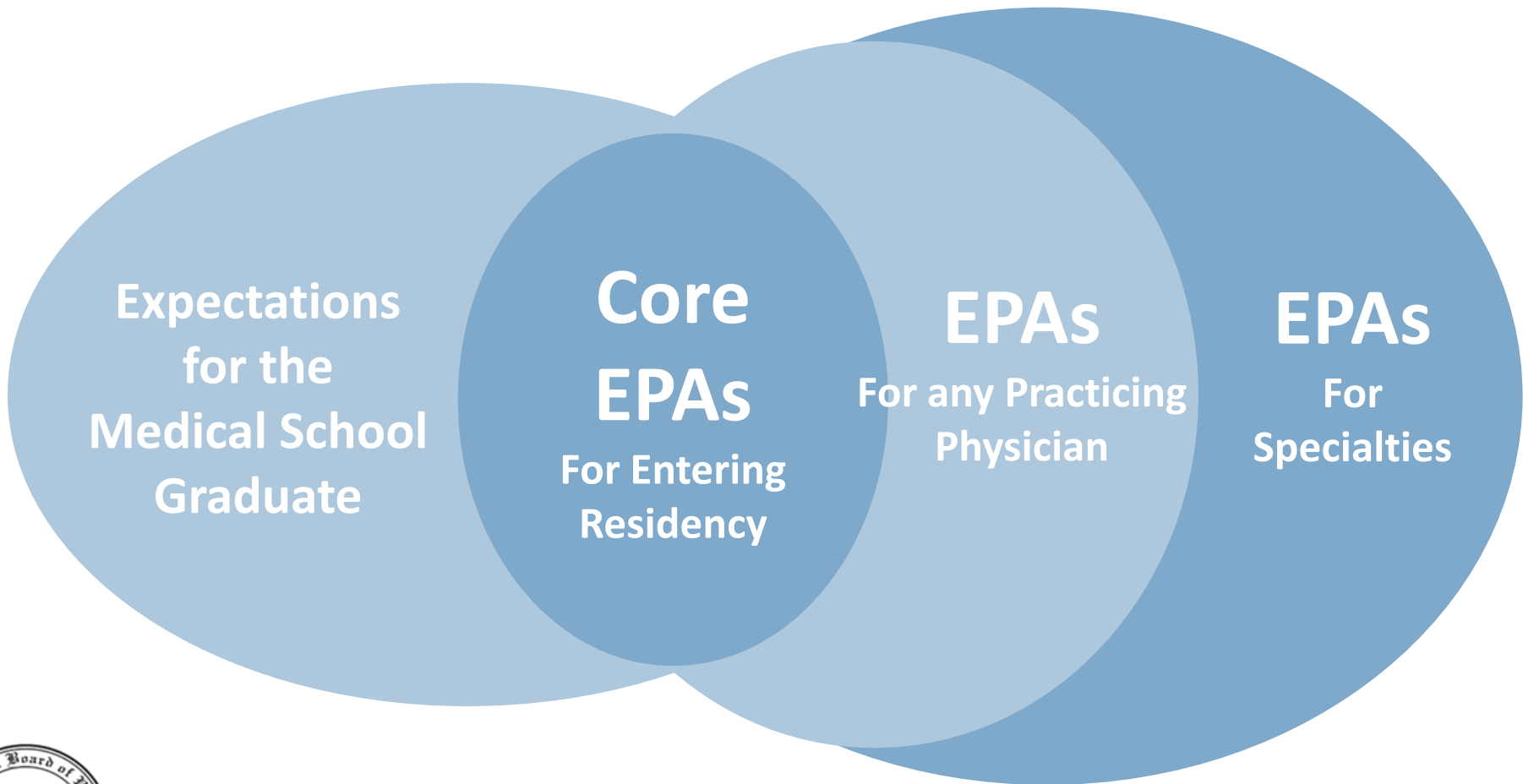
What this Project is Not!

A mandate

An external assessment

An accreditation standard





Core EPAs for Entering Residency

- 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



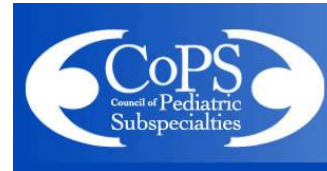
Core EPAs for Entering Residency

- 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



www.mededportal.org/icollaborative/resource/887





Beyond Residency: EPAs for Subspecialties



EPAs for Subspecialties

- Phase 1: Accomplishments
 - Selected 5 EPAs that cross the generalist/specialist role
 - Identified and mapped 2 common subspecialty EPAs
 - Lead within the profession
 - Scholarship
- Phase 2: Work within subspecialty communities
 - Identifying subspecialty specific EPAs (3-6 per subspecialty)
 - Mapping EPAs to competencies/milestones
 - [Developing curricula](#)



Phase 3: Assessment of EPAs

- Collaborative Work
 - CoPS
 - APPD Fellowship Directors
 - APPD LEARN
- Level of performance that equates with entrustment



EPAs Directly Aligned Across the Continuum

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



EPAs as Building Blocks Across the Continuum

Core EPAs for entering residency

- Gather a history and perform a physical examination
- Prioritize a differential diagnosis following a clinical encounter
- Recommend and interpret common diagnostic and screening tests
- Enter and discuss orders/prescriptions

Pediatric EPAs

- Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting

Sub-specialty EPAs

- Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings



Summary: Why EPAs?

- Make sense to faculty, trainees and the public
- Make assessment more practical by clustering competencies and their milestones into meaningful professional activities
- Add meaning to assessment by focusing on integration of competencies in the context of care delivery
- Add “trust” to the assessment conversations
- Align what we assess with what we do
- Align education across the continuum



Milestones + EPAs

Both Are Critical for Assessment

Competencies & Milestones: A Granular Approach (Telephoto)

- 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 (Panoramic)

- Integrate competencies within a clinical context and assess clusters of behaviors that allow one to carry out a professional activity (e.g., provide care for a well newborn)
- Map to competencies & milestones - vignette matching



In the Words of David Leach on Assessment....

“[It is] dependent on an integrated version of the competencies, whereas measurement relies on a speciated version of the competences. The paradox cannot be resolved easily. The more the competencies are specified, the less relevant to the whole they become.”



Questions/Comments

