Core Entrustable Professional Activities for Entering Residency (CEPAER)

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Guiding Principles

- Keep the focus on health care needs of the public
- Target these activities as a “core” not a “ceiling”
- Supplement, not supplant, mission or specialty-specific graduation competencies required by schools/regulatory bodies and promoted by specialty societies
- Create a “product” that facilitates development of faculty as teachers and assessors
- Make assessment the key driver at every step
Ideal Assessment System Provides:

- Ongoing low stakes formative assessment for continual improvement
- Summative assessment required for graduation
- Confidence that graduates are capable of performing at a predetermined level on Day 1 of residency
- A given foundation upon which program directors can begin to build on Day 1 of residency
Conceptual Framework

Two overarching frameworks considered:

- Competencies
- Entrustable Professional Activities
WHY EPAs?

- Enhance meaning for faculty, trainees and the public by embedding abstract competencies into a clinical context
- Unit of assessment is care delivery which is how we observe trainees in the workplace
- Make assessment more practical by clustering and integrating competencies
Why EPAs?

- Can be mapped to competencies and their milestones with the benefit of a comprehensive look at a learner
- Explicitly add the notions of trust and supervision into the assessment equation
- Aligns with current work in GME (Both specialty and sub-specialty in pediatrics)
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
CEPAER Q Sort Exercise

Identifying the Gaps between Expected Performance and Actual Performance of Residents on Day 1 of Residency

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1= EPA with the Largest Gap Between Expectations on Day 1 and Residents’ Abilities to Perform without Direct Supervision

5= EPA with the Smallest Gap Between Expectations on Day 1 and Residents’ Abilities to Perform without Direct Supervision
Reflections