Core Entrustable Professional Activities for Entering Residency (CEPAER)

AAMC Spring Meetings Update 2014

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Drafting Panel

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## Rationale

<table>
<thead>
<tr>
<th>Graduate Medical Education Competencies well established</th>
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<td>Gaps identified between:</td>
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<td>Expectations of Program Directors and Entering Resident Skills</td>
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<td>What residents do without supervision and what they have been documented as competent doing without supervision</td>
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International focus on transitions

Conversations at 2012 AAMC and AMEE meetings suggested the time is ripe!
Develop a clear, concise list of what graduating medical students should be entrusted to do without direct supervision on DAY ONE of residency
“Fair Process”

- September 2012: Annual Meeting 2012
- December 2012: January 2013
- Spring 2013: June 2013
- June-July 2013: July 2013
- August-October 2013: October 2013
- AAMC Annual Meeting 2013: November-December 2013
- January-February 2014: Spring 2014: Final Product

Process/Timeline to Date
Guiding Principles

Primary motivation is to meet the health needs of the public

Expected secondary outcome is increased confidence among residents, patients, and program directors re: what the resident can do on entry to residency

These activities are a “core” not a “ceiling”

These activities will supplement, not supplant, mission-specific or specialty-specific graduation competencies at individual schools or those promoted by Specialty Societies or Boards
Guiding Principles

Success will depend on faculty development in teaching and assessing these activities and their component competencies.

Assessment must be considered through every step of this process.

Ideal assessment system:
- repeated low stakes formative assessment
- summative assessment (entrustment decision?) required for graduation
What this Project is not!

- A mandate
- An external assessment
- An accreditation standard
Conceptual Framework

Two frameworks considered:

- Competencies
- Entrustable Professional Activities
Conceptual Frameworks: Benefits

**EPAs**
- Make sense to faculty, trainees, and the public
- Represent the day-to-day work of the professional
- Situate competencies and milestones in the clinical context in which we live

**Competencies**
- Have been the basis for assessment in the GME space for a decade
- In the aggregate define the “good physician”
**Conceptual Frameworks: Benefits**

**EPAs**
- Make assessment more practical by clustering the milestones into meaningful activities
- Explicitly add the notions of trust and supervision into the assessment equation

**Competencies**
- Already have a good literature base on assessment in the “traditional” domains (medical knowledge and patient care)
- Have established or developing milestones of performance for at least the GME years
Conceptual Frameworks: Disadvantages

EPAs

- Relatively recent introduction in the literature
- Little operationalization of the concept worldwide
- Original concept designed for the residency-to-practice transition

Competencies

- Are abstract
- Are granular: not the way we think about or observe learners
Final Conceptual Framework

The Drafting Panel delineated a set of activities that entering residents should be expected (entrusted) to perform on day one of residency without direct supervision.
Entrustable Professional Activities

• Entrustment in this case refers to the ability to effectively perform a professional activity without direct supervision.

• Brings trust and supervision into assessment which are intuitive for faculty working with trainees.

• Entrustment decisions allow inference about a learner’s competence.
Entrustable Professional Activities

• 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
Core EPAs
For Entering Residency

EPAs
For any Practicing Physician

EPAs
For Specialties

Expectations for the Medical School Graduate
The Relationships of EPAs, Competencies and Milestones

- Each EPA “mapped” to its critical competencies using a sorting technique to prioritize
- Milestones established for the pre-entrustable and entrustable learner for each competency
- Expected behaviors for the pre-entrustable and entrustable learner delineated based on the milestones
- Vignettes created to illustrate the expected behaviors for the pre-entrustable and entrustable learner
EPA: Entrustable Professional Activity
DOC: Domain of Competence
C: Competency
M: Milestone
Narrative description of a pre-entrustable learner

Narrative description of the entrustable learner
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
Contents of the Complete Final Document Online (for Curriculum Developers)

Full details for each EPA (description, critical competencies, milestones, expected behaviors and vignettes)

Appendix A: Bulleted list of behaviors for the pre-entrustable and entrustable learner for all EPAs

Appendix B: List of competencies used in the mapping process

Appendix C: Grid of EPAs mapped to their critical Competencies
Contents of the Faculty Manual

For each EPA:

• Title
• Description
• List of expected behaviors, narrative of expected behaviors, and vignette describing the pre-entrustable learner
• List of expected behaviors, narrative of expected behaviors, and vignette describing the entrustable learner
Next Steps

• Determine key questions to be answered through a pilot study of the EPAs

• Recruit pilot schools and begin design phase with the 2014-2015 academic year

• Beta-testing with shared knowledge through the iCollaborative website
Questions/Comments