Core Entrustable Professional Activities for Entering Residency

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After this session, participants should be able to:

- Name the 13 Core EPAs for Entering Residency proposed for medical students
- Describe the pathway to entrustment in the Core EPAs
- Discuss the guiding principles of the AAMC’s Core EPA Pilot
- Consider how to apply the Core EPA framework to curriculum and assessment in their home institutions
"Well, yes, it's a routine procedure—if you routinely have someone slice open your body with sharp instruments and then fiddle with your insides."
Core Entrustable Professional Activities for Entering Residency

Timothy Flynn et al 2014

Charge: To delineate those activities that all entering residents should be expected to perform on day 1 of residency without direct supervision, regardless of specialty.

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** and 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
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 / emergent** care and initiate evaluation / 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
EPA

Key Functions

Relevant Domains of Competency

Behavioral Descriptions

Mapping to Physician Competency Reference Set (PCRS)

Description of Pre-Entrustable Behaviors

Description of Entrustable Behaviors

Learner Vignettes

The "Pre-Entrustable" Learner

The "Entrustable" Learner
2014 Graduation Questionnaire

“How confident are you in your current ability to perform the following activities?”

2014 Program Director Survey

“Considering only the PGY1 residents in your program who are 2014 graduates of LCME-accredited U.S. medical schools, please indicate how many residents you are confident were prepared to do the following without direct supervision in the first week of residency.”

- History & Physical (1)
- Differential (2)
- Labs & Tests (3)
- Orders & Rx (4)
- Documentation (5)
- Presentations (6)
- Reasoning & EBM (7)
- Handoffs (8)
- Interprofessional (9)
- Urgent Care (10)
- Informed Consent (11)
- Procedures (12)
- Quality Improvement (13)

Graduating Students (n=13,423)
Program Directors (n=503)
Vision: To optimize safe and effective patient care by ensuring that each graduate from our medical schools is prepared for core initial duties as an intern.

Aims: To share lessons learned regarding the framework of the Core EPAs in order to optimize this approach and foster its propagation throughout UME institutions.
   To facilitate the transition from UME to GME via valid assessments of student knowledge, skills, and trustworthiness in the EPAs.

Institutions:
- Columbia University
- Florida International University
- Michigan State University
- New York University
- Oregon Health & Science University
- University of Illinois
- University of Texas
- Vanderbilt University
- Virginia Commonwealth University
- Yale University

Term: 5 Years (2014 - 2019)
### Institutional EPA Teams
(4 core members)

<table>
<thead>
<tr>
<th>EPA</th>
<th>Institutions</th>
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</thead>
<tbody>
<tr>
<td>1. Gather a history and perform a physical examination</td>
<td>Columbia, Yale, UT Houston</td>
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<tr>
<td>2. Prioritize a differential diagnosis following a clinical</td>
<td>NYU, Yale, Michigan</td>
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<tr>
<td>encounter</td>
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<tr>
<td>3. Recommend and interpret common diagnostic and screening tests</td>
<td>VCU, Illinois, Michigan</td>
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<tr>
<td>4. Enter and discuss orders and prescriptions</td>
<td>Vanderbilt, OHSU, VCU</td>
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<td>5. Document a clinical encounter in the patient record</td>
<td>Columbia, Yale, VCU</td>
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<td>6. Provide an oral presentation of a clinical encounter</td>
<td>Columbia, Yale, OHSU</td>
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<td>7. Form clinical questions and retrieve evidence to advance</td>
<td>NYU, FIU, Vanderbilt</td>
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<tr>
<td>patient care</td>
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<td>8. Give or receive a patient handover to transition care</td>
<td>VCU, Illinois, UT Houston</td>
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<tr>
<td>responsibility</td>
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<td>9. Collaborate as a member of an interprofessional team</td>
<td>NYU, FIU, OHSU</td>
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<td>10. Recognize a patient requiring urgent / emergent care and</td>
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<tr>
<td>initiate evaluation / management</td>
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<td>11. Obtain informed consent for tests and/or procedures</td>
<td>FIU, Vanderbilt, Illinois</td>
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<tr>
<td>12. Perform general procedures of a physician</td>
<td>Columbia, UT Houston,</td>
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<td></td>
<td>Michigan</td>
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<tr>
<td>13. Identify system failures and contribute to a culture of</td>
<td>NYU, Illinois, UT Houston</td>
</tr>
<tr>
<td>safety and improvement</td>
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</tr>
</tbody>
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### Committees
- **Steering Committee** (plus Exec Committee)
- **Curriculum/Assessment Concept Group**
- **Entrustment Concept Group**
- **Faculty Development Concept Group**
- **Publication & Presentations Committee**
• Employ a **systematic** approach to map educational opportunities and assessments for each EPA

• Explicitly measure the attribute of **trustworthiness** in addition to the specific knowledge, skills and attitudes required for each EPA

• Create a **longitudinal view** of each learner’s performance via, at minimum, aggregated performance evidence; and consider the added value of longitudinal relationships and formal coaching structures in informing entrustment decisions

• Gather **multi-modal performance evidence** from multiple assessors about each learner for each EPA

• Include **global professional judgments** about entrustment of each learner in the body of evidence that supports entrustment decisions

• Ensure a process for **formative feedback** along the trajectory to entrustment to provide opportunities for both remediation and potential acceleration of responsibilities

• Create a process to render and maintain formal entrustment decisions by a trained group (entrustment committee) that reviews performance evidence for each student

• Ensure that each learner is an **active participant** in the entrustment process: aware of expectations, engaged in gathering and review of performance evidence, and generating individualized learning plans to attain entrustment

• Adhere to entrustment thresholds that are **standardized across institutions**, as currently described in the CEPAER Curriculum Developer’s Guide
Trustworthiness

- Discernment
- Truthfulness
- Conscientiousness

(Kennedy TJ et al Acad Med 2014)
Levels of supervision (Chen et al)

Practice without supervision

Practice with on-demand supervision

Practice with full supervision

Not allowed to practice

Pre-clinical

Observe

Early clinical (core clerkships)

Perform as co-activity with supervisor

Perform with supervisor present and ready to step in

Perform alone with supervisor revisiting entire history with patient

Perform alone with supervisor revisiting key elements with patient

Late clinical (sub-internships)

Graduate / intern

Perform with distant supervision

Perform without supervision

Entrustment

Proposed checkpoints
• Need standardized curriculum for each activity
• Need multiple points of assessment and feedback throughout the curriculum
• Need coaching for all students to facilitate more accurate reflection
• Need remediation tools for students who are not progressing adequately
• Need final summative assessment after the match