



EPAs Webinar

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Entrustable Professional Activity

Definition

- Unit of professional practice (task) that can be fully entrusted to a trainee, once he/she **has demonstrated** the necessary competence to execute this activity unsupervised

Becoming competent

- Passing the threshold that allows for sufficient trust in the trainee to act unsupervised



Purpose

Ensure **trainees** receive sufficient support (training, exposure, assessment, feedback) to become competent in the main domains of their practice

Levels of supervision are adapted to **trainee's** needs

There is a stepwise and safe engagement of **trainees** in clinical practice – with a progressive (bounded) autonomy

Programs use assessment tools which are objective and meaningful

Trainees will graduate with a sufficient set of KSA to practice at a high and safe clinical level



Assumed trust vs. EPA



Ad-hoc decisions of entrustment occur daily in clinical education



Summative decisions of entrustment are based on **multiple structured** workplace **assessments** and focus on increased autonomy

SURGICAL PERSPECTIVES

Seniorization of Tasks in the Academic Medical Center: A Worrisome Trend

Ralph G Dacey Jr, MD, FACS, Thomas J Nasca, MD

For patient safety, residents receive less opportunity to execute true responsibilities for patient care

Poorly prepared for unsupervised practice

Patient safety jeopardized after training

Table 1. Examples of Seniorization of Tasks in the Academic Medical Center

In trying to improve adherence to Surgical Care Improvement Project (SCIP) measures to remove bladder catheters in postoperative patients, a senior hospital administrator demands that attending surgeons (not surgical residents) be required to write the order to have catheters removed immediately after the operation.

The Centers for Medicare and Medicaid Services (CMS) requires that attending physicians personally sign orders to admit a patient to the hospital. A resident's signed order is not sufficient, even though that resident may have evaluated that patient in the emergency department and had been instructed to admit the patient.

A neurosurgery attending physician—not a resident—at a children's hospital is required to make the request for any MRI with conscious sedation done overnight.

Concerned about “inappropriate” requests for consultation, the ophthalmology service requires that requests for consultation on inpatients occur from attending to attending.

In attempting to decompress busy emergency departments and enhance timely decision making, a policy is established to have all communication about patient care occur between attendings.

Cardiology establishes a policy in which their consulting fellows—at night—will discuss their recommendations only with “an attending,” not a resident.

At a major trauma center, attendings—not residents—are responsible for obtaining written informed consent before a patient can be brought to the operating room.

QUALITY AND PATIENT SAFETY

Can I leave the theatre? A key to more reliable workplace-based assessment

J. M. Weller^{1,2*}, M. Misur², S. Nicolson², J. Morris³, S. Ure⁴, J. Crossley⁵ and B. Jolly⁶

EDITORIAL

Annals of Surgery, 2018

Entrustable Professional Activities

The Future of Competency-Based Education in Surgery May Already Be Here

Jacob A. Greenberg, MD, EdM and Rebecca M. Minter, MD



The philosophy of workplace-based assessment: *Retrospective (competence)* or *Prospective (EPA)*?

**Does the trainee
show mastery of the
content, taught in
courses and
rotations?**



**Is the trainee
ready to assume
the expected
responsibilities in
future?**



End of training
Graduation



Building and implementing EPAs

General rules

Each (sub)specialty defines EPAs that are best suited to ensure the trainees' appropriate progress through training.

The number of EPAs for a specialty is determined by the Specialized Specialty Committee (NIHS)

The prerequisites for entrustment/ decreased supervision progression must be clearly defined and made available to trainees and faculty



Building and Implementing EPAs

NIHS

- Database
- Electronic log system
- Logistic support
- Program quality assessment



Scientific Committees

- Build EPAs
- EPAs maintenance



Implementing EPAs Institution level



DIO/GMEC

- Conduct training: faculty and trainees
- Create and implement an EPA policy common to all PGME programs
- Oversee implementation

Hospital administration

- Oversee the implementation of EPA policy throughout Sponsoring Institution and its participating sites
- EPA system is representing the privileging activities at the PMGE level



Implementing EPAs Program level





EPA implementation PD

1. Contribution to EPA building and maintenance through NIHS Scientific Committee
2. Implementing a curriculum built around EPAs
3. Maintain a transparent platform of implementation
4. Distribute all needed information to faculty and trainees
 - **Create an EPA policy specific to program**





EPA implementation Faculty



1. Supervision

2. Faculty assessments (formative):

- Should insure multiple information: (assessors, events, clinical environments)
- Must provide **immediate meaningful feedback** to the trainee.
 - Receiving feedback at multiple moments in time will help trainees progress faster.
 - Help faculty to gain a better understanding of how they can provide residents with targeted support.
- Document and submit the EPA assessment form



EPA implementation Trainees



Acknowledge all
aspects regarding
EPA



Request/obtain an
**assessment form or
documentation** for
all supervised
activities as
applicable to EPAs



Ask for (if not
voluntarily
provided)
immediate
feedback



Maintain the
clinical activities
record through
logbooks after
entrustment



Actively follow
their progression
towards
entrustment



EPA implementation Coordinators



Maintain assessment
records



Prepare the EPA targeted
assessments and present
them to CCC meetings



Maintain the updated
correspondence before and
after CCC meetings



Maintain a record of CCC
meeting minutes





EPA implementation CCC



1. CCC summative assessment:

Shall consider the level of proficiency for each observed encounter and the number of events executed at a certain level of supervision.

2. Propose to PD the level of entrustment for each EPA

3. Report negative gaps between the projected and achieved entrustment for each EPA/trainee

4. Analyze and propose to PD the advancement into next training level



EPA implementation

PD close circle



Based on CCC meeting recommendations **PD will ultimately decide** upon level of entrustment for each EPA/trainee



The summative evaluation and final PD decision must be communicated and discussed with trainees



All negative gaps must be analyzed, and a remediation plan must be formulated and implemented as needed



Severe and/or multiple negative gaps, which are not remediated as planned, could be used as a basis for discussion for non promotion or even dismissal from the training program



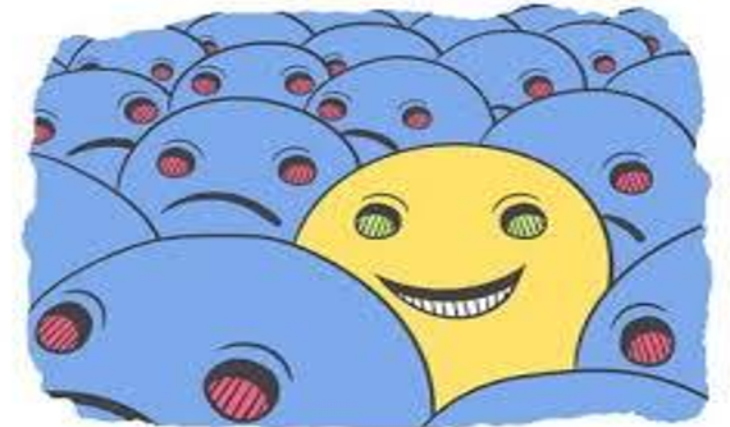
Final EPA report to trainee file, transparent to NIHS



Task 1: 1 minutes

At each table identify one Program Director.

Rest of participants will be faculty and members of CCC





Building EPAs

Volume and case mix

The volume of all EPAs shall be sufficient to cover all (majority) aspects of (sub)specialty including:

- **Variety of pathology** (including age-specific particularities)
- **Variety of skills** (cognitive, surgical and nonsurgical procedural)
- **Variety of encounters** (acute vs chronic, stable vs critical)



Task 2: 1 minutes

Please share the printed EPA and assessment forms.

There are more assessment forms for same EPA





For each EPA, there shall be clearly determined:

- Description of **Key function(s)**
- **Assessment tools** including clinical environment variables
- **Basis for formal entrustment decision** (number of documented achieved encounters needed for entrustment)
- **Expected PGY level** for entrustment
- **Knowledge Skills Attitudes/milestones** needed for entrustment level





Performing focused history and physical exam, formulating a diagnosis, initiating investigation plan and presenting findings, across clinical settings for initial and subsequent care



Key Features:

This EPA focuses on clinical assessment of new patients as well as follow-up assessments, in any care setting.

It includes performing the relevant history and physical examination, diagnosing, and planning investigations.

It includes completing clinical documentation, which may be an admission history, progress or discharge notes, as well as orders.



Performing focused history and physical exam, formulating a diagnosis, initiating investigation plan and presenting findings, across clinical settings for initial and subsequent care



Assessment Plan:

Direct observation or case review by supervisor

Assessment form collects information on:

- Settings: ER, inpatient
- Type of patient visit: new patient, focused follow-up.
- Case mix: respiratory, cardiac, abdominal, renal, metabolic, other (write in)



Performing focused history and physical exam, formulating a diagnosis, initiating investigation plan and presenting findings, across clinical settings for initial and subsequent care



Basis for formal entrustment decision:

Collect 5 observations of achievement.

- At least 3 new patient visit
- At least 3 different presentations (case mix)
- At least 3 different assessors



Performing focused history and physical exam, formulating a diagnosis, initiating investigation plan and presenting findings, across clinical settings for initial and subsequent care



When is unsupervised practice expected to be achieved:
PGY 1

- Design a clear path of clinical achievements for learners
- Identify learners on track and outliers (faster, slower)
- Alert learners which are not on track
- Allow PD to organize sufficient and timely support for residents in need

Assessment form

1. Assessment data (clinical environment and variables)
2. KSA/milestones with relevant level of execution

EPA	Level of competence				
	1 Observation without execution even with direct supervision	2 Execution with direct supervision	3 Execution with reactive supervision i.e., on request quickly available	4 Supervision at Distance and/or post hoc	5 Trusted to perform without supervision Can supervise junior colleagues
EPA # 1 Cognitive	Has knowledge	Performed task under full supervision	Performed task under moderate supervision	Performed task with conditioned independency	Previous + Can teach and supervise
EPA # 2 Surgical/ Nonsurgical procedural	Assisted Has knowledge	Performed procedure with major/essential involvement from supervisor	Performed procedure with minimal/ nonessential or no involvement from supervisor	Can perform without supervisor present	Can perform without supervisor present Can teach and supervise

Assessment form

1. Assessment data (clinical environment and variables)
2. KSA/milestones with relevant level of execution
- 3. Summary**
- 4. Message to CCC (feedback and reporting events)**

Based on this observation overall:

1	2	3	4	5
Observation without execution even with direct supervision	Execution with direct supervision	Execution with reactive supervision i.e., on request quickly available	Supervision at Distance and/or post hoc	Trusted to perform without supervision. Can supervise junior colleagues



Task 3

Complete the assessment forms for the following trainees.

- <https://www.youtube.com/watch?v=5i1cWqAABb8>
- <https://www.youtube.com/watch?v=z6g8M2koswU>
- <https://www.youtube.com/watch?v=E4mtNrOLKgo>
- <https://www.youtube.com/watch?v=l6TqSwlDtoY>
- https://www.youtube.com/watch?v=W1RY_72O_LQ



Task 3: CCC

Is the CCC semiannual meeting with EPA on agenda.



Which of the following trainees shall not be granted trust for the discussed EPA:

1. T 1: Completed 80% (4/5 cases) volume at level 4/5
2. T2: Completed 150% (8/5 cases) volume at level 3/4
3. T3: Completed 100% volume at level 4 and documented safety/professionalism severe issues (inadequate communication)
4. T4: Completed 100% volume with level 4 but case mix is incomplete
5. T5: All 5 assessment were documented by same faculty member
6. T6: Did not complete the requirements but is already in a PG level higher than EPA (PGY3)



Task 4: PD

After the CCC semiannual meeting with EPA on agenda.



CCC discussed and granted trust for all residents in situations below. **Which are the red flags? Why?**

1. Completed 80% volume at level 4/5
2. Completed 150% volume at level 3/4
3. Completed 100% volume at level 4 and documented safety/professionalism severe issues
4. Completed 100% volume with level 4 but case mix is incomplete
5. All assessment were documented by same faculty member
6. Did not complete the requirements but is already in a PG level higher than EPA

EPA reporting

Trainee file

EPA	Level of confidence - entrustment						PGY level	Date of entrustment
	0 Not yet assessable	1 Trusted to observe only	2 Act under direct supervision	3 Act under indirect supervision i.e on request and quickly available	4 Act with oversight supervision or post hoc	5 Trusted to perform independently without supervision Fellow can supervise junior trainees		
EPA 1 Title:							PGY x	dd/mm/yy
							PGY x	dd/mm/yy
							PGY x	dd/mm/yy
							PGY x	dd/mm/yy
							PGY x	dd/mm/yy
							PGY x	dd/mm/yy



Task 5

Complete **feedback list** for each encounter with this trainees

- <https://www.youtube.com/watch?v=DmOKjdMdJ28>
- https://www.google.com/search?q=bad+handoff+trauma&rlz=1C1GCEU_enAE969AE969&oq=bad+h andoff+trauma&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIHCAEQABjvBTIHCAIQABjvBTIKCAMQABiABBiiB DIKCAQQABiABBiiBNIBCDc3MjRqMGo0qAIAsAIA&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:d6fdec88,vid:vyMfH9VSyd8,st:0
- https://www.google.com/search?q=bad+handoff+trauma&rlz=1C1GCEU_enAE969AE969&oq=bad+h andoff+trauma&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIHCAEQABjvBTIHCAIQABjvBTIKCAMQABiABBiiB DIKCAQQABiABBiiBNIBCDc3MjRqMGo0qAIAsAIA&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:6995d95c,vid:Ga1ySY8cHYM,st:0

