

ENTRUSTABLE PROFESSIONAL ACTIVITIES: RESIDENT EVALUATION

Background

Entrustable Professional Activities (EPAs) are the next step in Competency Based Graduate Medical Education (CBGME). The core competencies, subcompetencies and milestones for family medicine are seen as too long and theoretical for practical use in evaluation and curricular design. (Reference Ten Cate JGME March2013 page 6-7). EPAs are designed to link competencies to clinical practice and make them feasible. (IBID). The power of EPAs is their clarity in describing the activities of our profession and the linking or mapping to competencies. See the EPA overview document for further background on EPAs.

The use of EPAs in CBGME is challenging because the competencies, subcompetencies and milestones came first from the Accreditation Council for Graduate Medical Education (ACGME) and the EPAs were developed later through Family Medicine for American's Health. There was no natural connection between these two major components of CBGME, competencies and EPAs. While challenging, once these two different ways of thinking and speaking about our specialty are married, a richer understanding of family medicine emerges.

The EPAs and their associated sub-competencies and milestones can be used in a number of ways in resident education, including resident evaluation, the development of resident education plans and curriculum planning. This paper will address methods for using EPAs in the design, implementation and evaluation of residency curriculum. Please see the other papers from the taskforce for a more detailed overview of the EPAs and their other uses in residency education.

EPAs as a Tool for Resident Evaluation

What is the goal of utilizing EPAs for resident evaluation?

EPAs collectively define a type of care that the residency graduate can be trusted to deliver to the public. EPAs provide an integrated assessment of competencies and milestones by offering an opportunity for resident evaluation focusing on performance in real-world activities that require specific competencies.

Evaluations can easily incorporate EPA language, particularly utilizing the levels of O. ten Cate outlined in Table 1 below. These evaluations are more easily completed and can directly map to specific milestones. Entrustment at level 4 suggests achievement of specific milestones.

EPAs lend themselves well to the final summative evaluation for each resident. Mapping EPAs to milestones, and incorporating EPA language in evaluation tools demonstrates formative support for the final summative evaluation.

What does this look like in practice?

- 1) EPA wording with levels of supervision integrated into specific evaluations such as
 - a. EPA 5 (Provide care that speeds recovery from illness and improves function) as the specific wording in a patient satisfaction survey. See example below.
 - b. EPA 16 (Use data to optimize the care of individuals, families and populations) as the specific wording in a journal club evaluation. See example below.
- 2) A more familiar way to think of entrustment is Miller's hierarchy of competence. Table 1
- 3) Conversely, EPA attainment can also be evaluated through a mapping of milestones on evaluations to an EPA (link to map)
 - a. EPA 3 (Provide first-contact access to care for health issues and medical problems). To reach entrustment level 4 the following competencies should met

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be at the following minimum levels: PC1 milestone level 4; PC2 milestone level 4; MK2 milestone level 4; SBP1 milestone level 3; SBP4 milestone level 3; PROF3 milestone level 4; COMM2 milestone level 4; COMM3 milestone level 3

- b. Recommended evaluation types are rotation evaluations from continuity clinic, ER/UC rotations, and inpatient family/adult/pediatrics rotations.

Table 1

Levels of Entrustment for EPA's (ten Cate)	Miller's Pyramid (hierarchy of competence)
1. Observation without execution, even with direct supervision	KNOWS
2. Execution with direct, proactive supervision	KNOWS HOW
3. Execution with reactive supervision, i.e., on request and quickly available	SHOWS HOW
4. Supervision at a distance and/or post hoc	DOES
5. Supervision provided by the trainee to more junior colleagues	

EPAs for Family Medicine End of Residency Training

The Entrustable Professional Activities are:

1. Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
2. Care for patients and families in multiple settings.
3. Provide first-contact access to care for health issues and medical problems.
4. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages.
5. Provide care that speeds recovery from illness and improves function.
6. Evaluate and manage undifferentiated symptoms and complex conditions.
7. Diagnose and manage chronic medical conditions and multiple co-morbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.
10. Perform common procedures in the outpatient or inpatient setting.
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
14. Manage care for patients with medical emergencies.
15. Develop trusting relationships and sustained partnerships with patients, families and communities.

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16. Use data to optimize the care of individuals, families and populations.
17. In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.
18. Advocate for patients, families and communities to optimize health care equity and minimize health outcome disparities.
19. Provide leadership within inter-professional health care teams.
20. Coordinate care and evaluate specialty consultation as the condition of the patient requires.

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Subcompetency with Milestone Level

EPA Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
PC1 Cares for acutely ill patients	-	Lvl 3	Lvl 2-	-	Lvl 2-	-	-	Lvl 4	Lvl 2-	-	Lvl 3	Lvl 3	Lvl 4	Lvl 3-	-	-	-	-	-	-	
PC2 Cares for patients with chronic conditions	Lvl 4-	-	Lvl 2-	-	Lvl 3-	-	Lvl 3	Lvl 3-	-	-	-	Lvl 5-	-	-	Lvl 3-	-	Lvl 3-	-	Lvl 4-	-	
PC3 Disease prevention and health promotion	Lvl 4	Lvl 4-	-	Lvl 4-	-	-	Lvl 3-	-	-	-	Lvl 3-	-	-	-	Lvl 3	Lvl 4	Lvl 3	Lvl 3	Lvl 3	Lvl 3-	
PC4 Manages unclear diagnoses	Lvl 4-	-	-	-	Lvl 3	Lvl 4-	-	Lvl 4-	-	-	-	-	-	-	Lvl 4-	-	-	-	-	Lvl 3	
PC5 Performs appropriate procedures	-	-	-	-	-	-	-	-	-	Lvl 4	Lvl 4	Lvl 4-	-	Lvl 4-	-	-	-	-	-	Lvl 4	
MK1 Performs appropriate procedures	-	-	-	-	-	Lvl 4-	-	-	-	Lvl 4	Lvl 4-	-	-	Lvl 4-	-	-	-	-	-	-	
MK2 Applies critical thinking	-	Lvl 2	Lvl 2	Lvl 3-	-	Lvl 4	Lvl 3	Lvl 3	Lvl 4-	-	Lvl 2	Lvl 4-	-	-	-	Lvl 4	Lvl 3-	-	-	-	
SBP1 Cost conscious care	-	Lvl 3	Lvl 2-	-	Lvl 3	Lvl 4-	-	-	-	-	-	-	Lvl 3-	-	-	Lvl 2-	-	-	-	Lvl 3/4	
SBP2 Emphasizes patient safety	-	Lvl 2-	-	-	-	-	Lvl 3-	-	-	Lvl 4	Lvl 2-	-	Lvl 4	Lvl 4-	-	Lvl 3-	-	-	-	Lvl 4-	
SBP3 Advocates for individual and community health	-	-	-	Lvl 3-	-	-	-	-	-	-	-	-	-	-	-	Lvl 3-	-	Lvl 4-	-	-	
SBP4 Coordinates team based care	Lvl 3	Lvl 3	Lvl 2-	-	Lvl 3-	-	Lvl 3	Lvl 3	Lvl 3-	-	Lvl 3	Lvl 3	Lvl 3	Lvl 4	Lvl 3-	-	-	-	-	Lvl 4	Lvl 2

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EPA Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
PBL2 Self-Directed learning	Lvl 4-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Lvl 4-	-	-	-	-	
PBL3 Improves systems	Lvl 4-	-	-	Lvl 3-	-	-	Lvl 3-	-	-	Lvl 2-	-	-	-	-	-	Lvl 3-	-	-	-	-	
Prof1 Completes process of professionalization	Lvl 4	Lvl 2-	-	-	-	Lvl 4-	-	-	-	-	-	Lvl 2	Lvl 2-	-	Lvl 4-	-	Lvl 2-	-	-	-	
Prof2 Professional conduct and accountability	-	-	-	-	-	-	-	Lvl 2-	-	-	Lvl 2-	-	Lvl 4-	-	Lvl 4-	-	-	-	-	Lvl 4-	
Prof3 Demonstrates humanism	Lvl 4	Lvl 3	Lvl 3	Lvl 3	Lvl 4	Lvl 4	Lvl 4	Lvl 3-	-	-	Lvl 3	Lvl 3	Lvl 3-	-	-	-	-	Lvl 3	Lvl 2-	-	
Prof4 Maintain emotional, physical and mental health	Lvl 4-	-	-	-	-	Lvl 4-	-	-	Lvl 4-	-	Lvl 4-	-	-	-	-	-	-	-	-	Lvl 3-	
C1 Develops relationships with pts and families	Lvl 4	Lvl 4	Lvl 2	Lvl 3	Lvl 3	Lvl 3	Lvl 3	Lvl 3	Lvl 4-	-	-	Lvl 4	Lvl 4-	-	Lvl 3	Lvl 4-	-	Lvl 4-	-	-	
C2 Communicates effectively with pts and families	-	-	Lvl 3	Lvl 4	Lvl 4	Lvl 4	Lvl 3	Lvl 3	Lvl 3-	-	-	Lvl 4	Lvl 4	Lvl 4	Lvl 3-	-	Lvl 3	Lvl 2-	-	-	
C3 Relationships within Medicine	-	-	-	-	-	-	Lvl 3-	-	-	-	Lvl 4-	-	Lvl 4	Lvl 4-	-	-	-	-	-	Lvl 4	Lvl 2
C4 Use Technology	Lvl 4	Lvl 3-	-	-	Lvl 3-	-	Lvl 4-	-	-	Lvl 2	Lvl 2-	-	Lvl 3-	-	Lvl 4	Lvl 2-	-	-	-	-	

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Patient Satisfaction Survey

Evaluator: _____

Evaluation of: _____

Date: _____

1. What has the resident done to really satisfy you?

2. Has the resident done anything to disappoint you?

No	Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes

3. If yes, please provide details.

4. Do you have any suggestions for how the resident could improve as a communicator?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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5. if yes, please provide details.

6. Is there anything else you would like to share with us about they resident's communication with you?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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7. If yes, please provide details

8. What was your overall impression of the resident?

9. Did the resident provide care that helped speed your recovery from illness and improved your function?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Family Medicine - Grand Rounds Evaluation (EPA)

Evaluator: _____

Evaluation of: _____

Date: _____

Thank you for attending the Family Medicine Grand Rounds presentation at UCLA Santa Monica Hospital. Your feedback is valued, please take a moment of your time to evaluate the speaker below.

1. On a scale of 1 to 5, please rate how well the program provided you information or strategies that you can apply to your practice. (1 = strongly disagree; 5 = strongly agree)*

1	2	3	4	5
<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/> Agree	<input type="checkbox"/>	<input type="checkbox"/> Strongly Agree

2. This program taught me new important information and/or verified important information for me. (1 = strongly disagree; 5 = strongly agree)*

<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/> Agree	<input type="checkbox"/>	<input type="checkbox"/> Strongly Agree
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3. Please list 3 changes that you will make in your practice as a result of your participation in this course. *

4. How well did grand rounds meet objectives?*

1	2	3	4	5	N/A
<input type="checkbox"/> Inadequate	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior	<input type="checkbox"/> N/A

5. Please rate the overall quality of the presentation(s).*

<input type="checkbox"/> Inadequate	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Superior	<input type="checkbox"/> N/A
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7. How would you rate your confidence in caring for patients with this or related conditions prior to this presentation?*

1	2	3	4	5
<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Some	<input type="checkbox"/> Good	<input type="checkbox"/> High

8. How would you rate your confidence in caring for patients with this or related conditions following this presentation?*

<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Some	<input type="checkbox"/> Good	<input type="checkbox"/> High
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9. Do you feel any part of this course was promotional and not educational? If your answer is yes, please explain your reasons.*

Yes	No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

10. Issues in cultural and linguistic competency (e.g., difference in prevalence, diagnosis, treatment in diverse populations, linguistic skills, pertinent cultural data) were adequately addressed in this activity.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments:

11. Uses data or evidence to optimize care of individuals, families or populations through the presentation.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What topics would you like to see covered in future grand rounds?

Additional comments:
