The Core Entrustable Professional Activities for Entering Residency

Spring Update 2015
Background
Drafting Panel

- Timothy Flynn, Chair
- Stephanie Call
- Carol Carraccio
- Lynn Cleary
- Tracy Fulton
- Maureen Garrity
- Steve Lieberman
- Brenessa Lindeman
- Monica Lypson
- Rebecca Minter
- Jay Rosenfield
- Joe Thomas
- Mark Wilson

AAMC Staff:
- Carol Aschenbrener
- Bob Englander
Rationale

• Graduate Medical Education competencies well established

• Gaps identified between:
  • Expectations of Program Directors and the skills of entering residents
  • What residents do without supervision and what they have been documented as competent doing without supervision

• International focus on transitions
Understanding the Gap between Expectations and Residents’ Performance on Day 1:

Baseline data from the Program Directors and the Learners
<table>
<thead>
<tr>
<th>Task</th>
<th>GQ 4 or 5</th>
<th>Program Directors All or most</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gather a history and perform a physical examination</td>
<td>94.9%</td>
<td>88.4%</td>
</tr>
<tr>
<td>2. Prioritize a differential diagnosis following a clinical encounter</td>
<td>88.3%</td>
<td>66.2%</td>
</tr>
<tr>
<td>3. Recommend and interpret common diagnostic and screening tests</td>
<td>83.9%</td>
<td>66.0%</td>
</tr>
<tr>
<td>4. Enter and discuss orders/prescriptions</td>
<td>54.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td>5. Document a clinical encounter in the patient record</td>
<td>89.4%</td>
<td>80.2%</td>
</tr>
<tr>
<td>6. Provide an oral presentation of a clinical encounter</td>
<td>88.6%</td>
<td>81.2%</td>
</tr>
<tr>
<td>7. Form clinical questions and retrieve evidence to advance patient care</td>
<td>87.9%</td>
<td>63.8%</td>
</tr>
<tr>
<td></td>
<td>GQ 4 or 5</td>
<td>Program Directors All or most</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>8. Give or receive a patient handover to transition care responsibility</td>
<td>77.3%</td>
<td>54.8%</td>
</tr>
<tr>
<td>9. Collaborate as a member of an interprofessional team</td>
<td>91.9%</td>
<td>78.3%</td>
</tr>
<tr>
<td>10. Recognize a patient requiring urgent or emergent care, and initiate evaluation and management</td>
<td>82.9%</td>
<td>55.5%</td>
</tr>
<tr>
<td>11. Obtain informed consent for tests and/or procedures</td>
<td>79.9%</td>
<td>49.6%</td>
</tr>
<tr>
<td>13. Identify system failures and contribute to a culture of safety and improvement</td>
<td>67.1%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Procedure</td>
<td>GQ 4 or 5</td>
<td>Program Director’s All or most</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>12. Perform general procedures of a physician (IV line insertion, Phlebotomy, BVM ventilation, CPR)</td>
<td></td>
<td>24.2%</td>
</tr>
<tr>
<td>IV line insertion</td>
<td></td>
<td>39.8%</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td></td>
<td>43.6%</td>
</tr>
<tr>
<td>Bag-valve-make ventilation (BVM)</td>
<td></td>
<td>67.8%</td>
</tr>
<tr>
<td>Cardiopulmonary resuscitation (CPR)</td>
<td></td>
<td>62.9%</td>
</tr>
</tbody>
</table>
Project Charge

Develop a clear, concise list of what graduating medical students should be entrusted to do without direct supervision on DAY ONE of residency
Core EPAs for Entering Residency

EPAs for any Practicing Physician

EPAs for Specialties

Expectations for the Medical School Graduate
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: Pilot

• **Primary Goal**: *To demonstrate the feasibility of implementing the Core EPAs for Entering Residency framework in the path to graduation of MD candidates. Specifically, for each EPA we are trying to establish the required:*

  • **Curriculum**
  • **Assessment**
  • **Entrustment (including the UME to GME handoff)**
  • **Faculty Development**
The Ten Pilot Schools

- Columbia University College of Physicians and Surgeons
- Florida International University
- Michigan State University
- New York University
- Oregon Health & Science University
- University of Illinois College of Medicine
- University of Texas Health Sciences Center at Houston
- Vanderbilt
- Virginia Commonwealth University
- Yale University
Next Steps: Beta Testing

• Much of what we learn will come from Beta-testing in the field

• We are partnering with institutions outside the pilot to create a community of practice

• Goal is to share lessons learned in implementing the Core EPAs

• Core EPAs listserv coming soon...stay tuned
Next Step: AAMC Medical Education Meeting

THE 2015 AAMC MEDICAL EDUCATION MEETING
November 10–12, Baltimore, Maryland
Questions/Reflections