

ENTRUSTABLE PROFESSIONAL ACTIVITIES: OVERVIEW

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. EPAs are designed to link competencies to clinical practice and make them feasible. 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 together, a richer understanding of family medicine emerges.

The EPAs and their associated subcompetencies and milestones can be used in a number of ways in resident education including resident evaluation, resident education plan 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.

What is an Entrustable Professional Activity (EPA)?

EPAs are tasks or responsibilities that can be entrusted to unsupervised execution by a trainee once he or she has obtained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcomes. They are intended to be representative of the work that family doctors do. EPAs are affected by several factors (BOX 1). A joint meeting of the AAFP, the ABFM, and the AFMRD defined 20 Family Medicine EPAs (see below).

How are EPAs, Competencies, Subcompetencies and Milestones related?

Competencies (e.g. systems-based practice) are the personal qualities or attributes of that are ascribed to effective physicians. Subcompetencies (e.g. SBP-2, emphasizes patient safety) are specialty-specific qualities or attributes of effective family physicians. Milestones are significant progressive developmental points within a subcompetency (e.g. "Understands and follows protocols to promote patient safety and prevents medical errors"). EPAs are concrete activities that allow programs to link the conceptual framework of the subcompetencies and milestones to specific actions that can be measured. Several subcompetencies can be assessed by each EPA (BOX 2).

Am I required to use EPAs?

Programs are not required to use EPAs, nor do they need to be reported to the ABFM or the ACGME. Programs do not need to require that all EPAs be achieved prior to graduation. Since each program is unique, the assessment of EPAs will probably look different in each program.

What are the benefits of using EPAs?

EPAs provide a useful description of observable activities that a program can use to assess residents' ability to perform the core business of family medicine. EPAs can be used in a variety of settings by family medicine and sub-specialty supervisors to assess specific activities that can be translated into achieving milestones, subcompetencies, and competencies.

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How can a program use EPAs in resident education?

EPAs can be used in a number of ways including evaluation, resident education planning and curriculum design. See the accompanying documents for further information on each of these areas.

What is the process of entrustment?

Each EPA has different levels of supervision (BOX 3). Programs must determine who is capable of “entrusting” and what mechanisms are required in order to entrust a resident for each level.

Where can I find more information about EPAs?

Information is available on the AFMRD website at <insert website here>. Other resources include:

- ten Cate O. Trusting graduates to enter residency: what does it take? JGME, March 2014
- ten Cate O. Competency-based education, entrustable professional activities, and the power of language. JGME, March 2013
- ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap

BOX 1: FACTORS AFFECTING ENTRUSTMENT DECISIONS

1. Attributes of trainee
2. Attribute of supervisor
3. Context (time of day, facilities available)
4. Nature of EPA (Rare and Complex versus Common and Easy)

BOX 2: EPA'S AND SUBCOMPETENCIES

EPA 3: Provide first-contact access to care for health issues and medical problems.

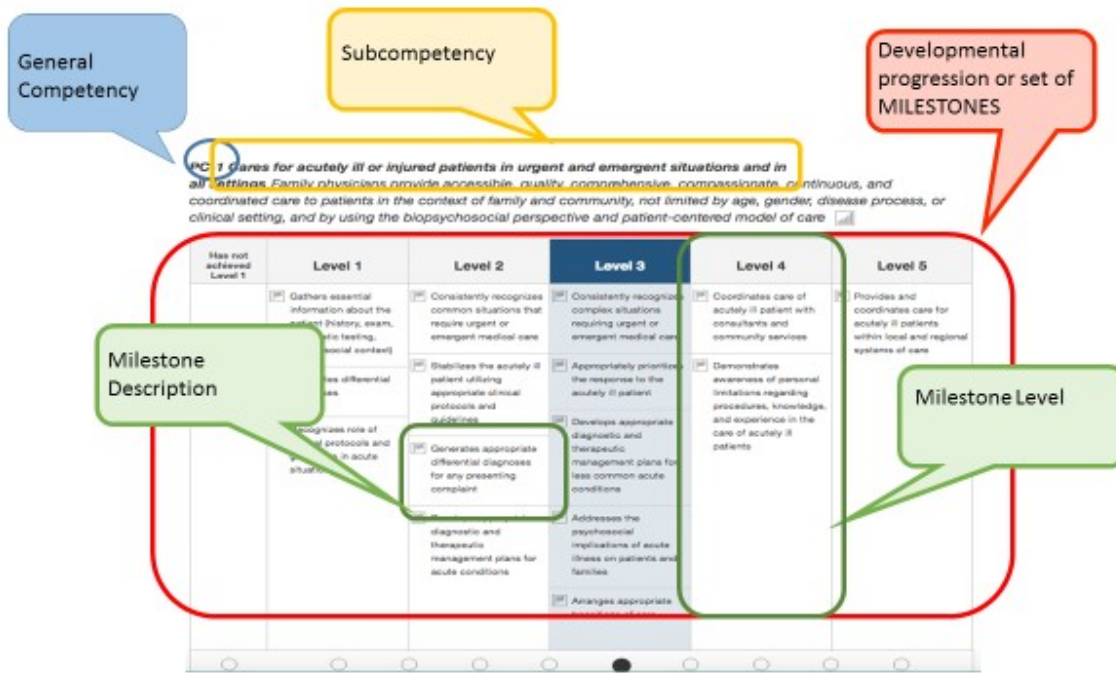
SUB-COMPETENCIES

ASSESSED: PC-1, PC-2, MK-2, SBP-1, SBP-4, PROF-3, COMM-1, COMM-2

BOX 3: LEVELS OF EPA ENTRUSTMENT

1. Observation only
2. Execution with direct, proactive supervision
3. Execution with direct, reactive supervision
4. Supervision at a distance and/or post hoc
5. Trainee supervises more junior colleagues

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EPAs for Family Medicine End of Residency Training

FIGURE 1: Relationship among competencies, subcompetencies, and milestones

1. Care for patients and families in multiple settings.
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.
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 interprofessional 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	-
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
PBL1	Lvl	-	-	Lvl	-	Lvl	Lvl	-	-	-	-	-	-	-	-	-	Lvl	-	-	-

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