Entrustable Professional Activities (EPAs) for the Assessment of Early Medical Students

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Purpose

- To describe the development and ensuring content validation of UME entrustable professional activities (EPAs) for the transition to clerkship

Background: Problem

- An increasing emphasis on early clinical experiences
- Preceptors continue to face challenges
- An increasing emphasis on early clinical experiences

Background: EPAs

- EPAs are:
  - Essential professional tasks entrusted to qualified learners
  - Observable and measurable
  - Reflects important competencies
  - Essential professional tasks entrusted to qualified learners
  - Observable and measurable
  - Reflects important competencies

Methods: Five Phase Process

I. Identification of EPAs
- Determined student capabilities using 3 data sources
- Study on student activities in our student-run clinic
- Focus groups with pre-clerkship and clerkship students
- Semi-structured interviews with pre-clerkship preceptors
- Triangulated data to develop list of EPA/domain titles

II. Curricular Confirmation
- Mapped EPA domains to institutional expectations
- Pre-clerkship curriculum objectives
- Pre-clerkship clinical skills course competencies
- School’s graduation competencies
- Mapped for alignment to GME EPAs
- AAMC EPAs for core entry into residency (CEPAER)
- ABP EPAs for end of pediatric residency training
- AAIM EPAs for end of internal medicine residency training

III. EPA Description & Expert Consultation
- Adjusted EPA domain titles based on curricular mapping
- Developed full EPA descriptions for each domain/title
- Using iterative process
- In consultation with EPA expert (O ten Cate)

IV. Additional Evidence of Content Validity
- Collected via workshops
- Pre-clerkship clinical skills course directors
- Clerkship course directors
- Regional medical education conference in US
- In consultation with EPA expert (O ten Cate)
- Using iterative process
- International medical education conference in Canada with educators from US, Canada, Europe, and Asia

V. Finalization With Expert Review
- Workshop approach to content validation allowed rich discussion and fine tuning of EPA content
- Promoted discussion between pre-clerkship and clerkship faculty
- Fostered constructive conversations about student engagement in authentic workplace activities and contributions to patient care

Results: Proposed Pre-Clerkship EPAs

- Workshop participants
  - Agreed on level of supervision and tailored content accordingly
  - AIME pre-clerkship clerkship faculty
  - AAMC EPAs for core entry into residency (CEPAER)
  - ABP EPAs for end of pediatric residency training
  - AAIM EPAs for end of internal medicine residency training

Discussion/ Conclusion

- Provide the health care team with resources to improve an individual patient's care or collective patient care

Acknowledgements

UCSF pre-clerkship and clerkship course directors

Workshop participants

UCSF pre-clerkship and clerkship course directors

2014 Western Regional Group on Educational Affairs Annual Meeting in Honolulu, Hawaii

2014 Ottawa Conference in Ottawa, Canada

Supervision scale used in EPAs

- Level 1 – may observe, not allowed to practice activity
- Level 2 – may practice under reactive supervision
- Level 3 – may practice under proactive supervision
- Level 4 – may practice unsupervised
- Level 5 – may supervise activity


Methods: Five Phase Process

I. Identification of EPAs
- Phase 1
- Study on student activities in our student-run clinic
- Focus groups with pre-clerkship and clerkship students
- Semi-structured interviews with pre-clerkship preceptors
- Triangulated data to develop list of EPA/domain titles

II. Curricular Confirmation
- Phase 2
- Mapped EPA domains to institutional expectations
- Pre-clerkship curriculum objectives
- Pre-clerkship clinical skills course competencies
- School’s graduation competencies
- Mapped for alignment to GME EPAs
- AAMC EPAs for core entry into residency (CEPAER)
- ABP EPAs for end of pediatric residency training
- AAIM EPAs for end of internal medicine residency training

III. EPA Description & Expert Consultation
- Phase 3
- Adjusted EPA domain titles based on curricular mapping
- Developed full EPA descriptions for each domain/title
- Using iterative process
- In consultation with EPA expert (O ten Cate)

IV. Additional Evidence of Content Validity
- Phase 4
- Collected via workshops
- Pre-clerkship clinical skills course directors
- Clerkship course directors
- Regional medical education conference in US
- In consultation with EPA expert (O ten Cate)
- Using iterative process
- International medical education conference in Canada with educators from US, Canada, Europe, and Asia

V. Finalization With Expert Review
- Phase 5
- Workshop approach to content validation allowed rich discussion and fine tuning of EPA content
- Promoted discussion between pre-clerkship and clerkship faculty
- Fostered constructive conversations about student engagement in authentic workplace activities and contributions to patient care

Next steps

- Finalized EPAs implemented Fall 2014
- Additional validity evidence from use in student assessment

Work on this project was supported in part by the UCSF Academy of Medical Educators