

# Workshop Designing EPAs

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## *Program and objective*

13.30	Welcome and acquaintance	plenary
13.40	Introduction and instruction	plenary
14.10	Writing EPAs	group work
14.50	Debrief and discussion	plenary
15.10	End	

Objective: Thorough understanding of EPAs

## ***Elaborated EPA definition***

- part of essential professional work in a given context
- requires adequate knowledge, skill and attitude, generally acquired through training
- leads to recognized output of professional labor
- usually confined to qualified personnel
- independently executable within a time frame
- observable and measurable in process and outcome
- reflects one or more domains of competence to be acquired

## **Supervision and permission**

1. Observe, not act
2. Direct supervision (present in the room, proactive)
  - a. Co-activity: excute together
  - b. Supervisor observes; takes over if needed
3. Indirect supervision (not present; quickly available; reactive)
  - a. All findings checked
  - b. Key findings checked
  - c. No findings checked (only on indication)
4. Unsupervised practice – only clinical oversight
5. Permission to supervise junior learners

## 7-item format of EPA description

1	<b>Title of the EPA</b>
2	<b>Specification and limitations</b>
3	<b>Most relevant domains of competence</b>
4	<b>Required experience, knowledge, skills, attitude and behavior for entrustment</b>
5	<b>Sources of information to assess progress and ground a summative entrustment decision</b>
6	<b>Entrustment for which level of supervision is to be reached at which stage of training?</b>
7	<b>Expiration date</b>

### 1. *Title of the EPA*

- Short
- Avoid skill terminology
- Avoid adjectives related to proficiency

Ask yourself:

- Can a trainee be scheduled to do this?
- Can an entrustment decision for unsupervised practice be taken and documented?

## ***2. Description and limitations***

To serve universal clarity, include everything necessary to specify:

- What is included (sufficient detail for learners)
- What limitations apply (patient age and severity; context restrictions)

## ***3. Knowledge, skill, attitude, experience***

- What KSA are necessary to execute the EPA?
- What are prerequisite experiences (prior rotations?)
- What are prerequisite exams?
- What resources are helpful (books, chapters, e-learning, skills course)?

Clarity helps to set expectations

#### ***4. Most relevant domains of competence***

- Which competencies, roles, subcompetencies, apply most to his EPA?
- Not not tick all, but the most relevant ones
- These may serve for assessment or feedback

#### ***5. Sources of information to assess progress***

- See overview of tools (later)
- Minimum standards for enrustment at Level 3 or Level 4 may be stated

### ***6. Entrustment for which supervision level at which stage is expected?***

- Estimate when full entrustment, i.e. unsupervised practice (level 4), or indirect supervision (level 3) is expected to be reached on average
- Acknowledge the flexible nature of this timing
- All expected entrustment moments together can shape the workplace curriculum

### ***7. Expiration date***

- Determine how long a period of non-practice after a summative entrustment decision for level 4 (unsupervised practice) leads to loss of trust and lowering to Level 3 (indirect supervision required)

## ***Pitfalls in designing EPAs***

“EPAs have become a label de jour for virtually everything”\*

Remember:

- If you cannot envision a pivotal moment of permission to act unsupervised, this is probably *not* an EPA
- EPAs are *broad* units of professional practice, suitable for certification

\*From 2015 email conversation with an early adopter

## ***Tools for assessment of EPAs***

1. Knowledge tests
2. Simulation
3. Short practice observations
4. Case-based discussions
5. Long practice observation
6. Products

All scorings should relate to estimated level of supervision required (*Can I leave this learner alone?*)

## ***Knowledge tests***

Formats can be:

- Pre-rotation knowledge test as entry requirement
- Progress test with summative moment(s)
- Collective written tests
- Individual e-assessment tests

## ***Simulation***

- For all truly critical procedures, simulation with required attainment level may serve as entry requirement
- Ad-hoc simulation tests during rotations may be asked
- Standardized patient simulations tests for non-technical skills



### ***Short practice observations***

10-15 minute observations with short report, and often feedback conversation

- Observed patient consultation (e.g. miniCEX)
- Observed procedural skill (e.g. DOPS)
- Observed surgery (e.g. OSATS)
- Observed presentation for group (e.g. a CAT)
- Observed teaching session for nursing or students
- Observed participation in multi-disciplinary meeting

### ***Case-Based Discussions in four steps***

10-15 minutes oral (or telephone) discussion, following an EPA

1. Student explains what has been done
2. Student must relate to background knowledge (anatomy, physiology, tests, treatment)
3. Ask: Which risks of complications was the student aware of?
4. Ask: What if the patient had been 'different' for any reason (culture, language, medical history, unexpected findings, mental or physical abnormality etcetera)

## ***Long practice observation***

- Assigned observation over period of time (week to months)
- Focus on other than medical knowledge and skill, often professional behavior
- Can be multi-source information (clinicians, other trainees, nursing, physical therapist, dietician) MSF
- Patients can be included in MSF, but 'long' is often not applicable

## ***Products***

Any 'artifact' that learner has produced that can be shared among assessors

- Discharge letters
- Management plan
- Entries in EHR
- Written patient report

<b><i>Routine check-up of the stable adult patient</i></b>		
2 Specification and limitations	1. Measuring vital functions: pulse, breathing, temperature, blood pressure, saturation: by hand and with devices 2. Explaining all actions to the patient 3. Reporting results to care givers (orally and/or written) Limitations: only with circularory stable patients $\geq$ 18 year old	
3 Relevant competency domains	<input checked="" type="checkbox"/> Medical expert <input checked="" type="checkbox"/> Communicator <input checked="" type="checkbox"/> Collaborator <input type="checkbox"/> Manager	<input type="checkbox"/> Health advocate <input type="checkbox"/> Scholar <input type="checkbox"/> Professional
4 Required experience knowledge, skills, attitude, behavior before entrustment	<u>Knowledge:</u> Basic anatomy; normal and abnormal values, interpretation; estimation of consequences <u>Skills:</u> 2nd year med school skills test passed <u>Attitude:</u> Aware of critical nature of adequate report	
5 Sources of information for assessment	Short practice observations of all acts, 3 case-based discussions	
6 Level & expected moment of entrustment	Level 3a (indirect supervision, all findings checked) after 2 weeks of first clerkship	
7 Expiration	One year after non-practice	

<b><i>Resuscitation of the multiple trauma patient in the Emergency Room</i></b>		
2	Resuscitation of trauma patients of all age groups, in the Emergency Room. Active participation in the trauma team. Assessment and control of vital functions. Pain management in trauma patients. No limitations	
3	<input checked="" type="checkbox"/> Medical expert <input checked="" type="checkbox"/> Communicator <input checked="" type="checkbox"/> Collaborator	<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Health advocate <input type="checkbox"/> Scholar <input type="checkbox"/> Professional
4	Trauma mechanisms & pathophysiology; Organization of trauma care; Collaboration in the trauma team; Trauma diagnoses & treatment; Primary & secondary survey; Trauma airway management; Emergency IV <sup>1</sup> & IO <sup>2</sup> access; Emergency thoracostomy; Hemorrhage / massive transfusion; Emergency Room registration procedures	
5	5 SPOs and 5 trauma CBDs (different days and assessors), incl. trauma airway management, emergency IV & IO access and emergency thoracostomy; LPO over >3 weeks (MSF); 2 trauma simulator achievement tests passed	
6	Level 4 (unsupervised practice) in PGY 4 of anesthesiology training	
7	Six months after non-practice	

## ***Instruction***

- Form groups around the table
- Take 5 minutes to decide upon one EPA
- Take the rest of the time to elaborate the full EPA in Hand-out 1

Use handout 2 (ACGME subcompetencies) to fill in the most relevant domains of competence