#B1 Oral Innovations: EPAs

Time: 1100 – 1230
Location: MR 112 – P1

#B1.1 (26)
Developing and implementing Entrustable Professional Activities: the significance of context

Josephine Boland (Ireland)
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Mark Knox (Ireland)

Background
Entrustable Professional Activates (EPAs) offer a promising framework for the design and implementation of competency based medical training. EPAs have been adopted by postgraduate training bodies in Ireland, both in Anaesthesia and in Radiology and in the first postgraduate year that is internship.

Purpose
The purpose of the EPA development was to provide a framework for articulating – to varying extents – activities, competences, proficiency levels for successive milestones and criteria for successful achievement of an EPA, including work-based assessment.

Interventions
The processes of developing EPAs, while context-contingent, generally included convening working groups, designing a bespoke EPA template, prioritising and drafting EPAs and consulting with stakeholders including trainees. It involved aligning competences with the Domains of Good Professional Practice, mandated by the Irish Medical Council, curriculum mapping and assessment blueprinting.

Results/applications
Draft EPAs were developed, for internship and for priority areas in the postgraduate programmes. Our experience highlights the significance of context in terms of training programme, specialty area, stakeholder interests, resourcing, timing and receptivity to change. The significance of context reaffirms the need to localise curriculum development models in practice. Design of WBA tools needs to be congruent with the concept of entrustment which is central to the concept of EPAs.

Future Directions
Validation of EPAs, with stakeholders, is an essential but potentially lengthy process. In the meantime, however, draft EPAs provide a valuable basis to support the design and piloting of work based assessment, for both formative and summative assessment. These are the tools, rather than the EPAs, which will have most meaning, significance and implications in the clinical environment.

#B1.2 (62)
Implementing Entrustable Professional Activities (EPAs) in Undergraduate Medical Education: Early Lessons from the Association of American Medical Colleges Core EPA Pilot

Kimberly Lomis (USA)

Background
Given both the increased recognition in the US of gaps in the performance of early residents, and the recent implementation of competency-based approaches in graduate medical education, the Association of American Medical Colleges (AAMC) commissioned a project focused on improving the transition from undergraduate to graduate medical education (UME to GME).

Purpose
The vision of the pilot is to optimize safe and effective patient care by ensuring that each graduate from our medical schools is prepared for core initial duties as an intern. Interventions In 2014 the AAMC published a list of 13 Core Entrustable Professional Activities expected upon the transition from UME to GME in the US. Ten US schools were convened develop best practices for implementation. This pilot group is in its third year of collaboration around the overarching concepts of curriculum, assessment, entrustment, and faculty development, as well as focused efforts specific to each EPA.

Results/applications The pilot group has generated guiding principles that it encourages institutions implementing the EPA framework to follow in order foster consistent standards throughout the US. The group has developed a tool to support a systems-based approach to implementation. Challenges in implementation specific to UME, and potential solutions, have been identified. Early implementation is underway at the pilot sites.
Future directions The pilot group has defined key questions to address in implementation. Sites will compare the amount of performance evidence that they are able to compile on individual students and discuss their confidence in that evidence. By sharing findings among institutions, the group will explore what interventions in curriculum, assessment, faculty development, feedback, and remediation best support the entrustment process. These factors will determine the potential under current U.S. structures to entrust graduating medical students in Core EPAs, and will identify critical elements of the entrustment model applicable in other settings.

#B1.3 (11b)
The Development of EPAs for Psychiatry in the U.S.: Methodological and Strategic Lessons

John Young (USA)

With the emergence of the competency- and milestone-based education, training programs have been challenged to develop new assessment programs. The AAMC and a number of GME specialties in the US have embraced Entrustable Professional Activities (EPAs) as such a framework. In October, 2014, the American Association of Directors of Psychiatry Residency Training, charged a task force to develop EPAs for psychiatry in the US. The task force convened in May, 2014, and has been engaged in this work since that time.

The task force reviewed the literature on EPAs and discussed what process would best yield the desired outcome of producing a proposed list of essential, clear, and representative EPAs for Psychiatry. The task force concluded that the proposed EPA titles would be constructed best via four phases:

- Phase 1: literature review by Task Force members who then developed an initial list of proposed EPAs. Iterative nominal group process reduced the list from 65 to 25 EPAs.
- Phase 2: Series of consultations with international experts in EPAs. Reduced EPAs to 14.
- Phase 3: Modified Delphi survey of 40 US experts in psychiatric medical education. Survey participants were original members of the ACGME Psychiatry Milestones Work Group and current members of the Executive Council of AADPRT. Quantitative data includes essentialness and clarity. Written comments were also collected. The EPAs further revised.
- Phase 4: Dissemination of proposed EPA Titles for psychiatry for more general feedback.

The presentation will describe a process that has integrated scholarly methods with practical input from key stakeholders to enhance the validity, including ecological validity, of the proposed EPAs. The session will also describe several strategies that have emerged to manage the differences in local educational and clinical values and priorities that can in turn affect how EPAs are defined.

#B1.4 (13b)
Individualized Competency-Based Training with EPAs: Four Year Experience of Training Physician Assistants

Frauke Wiersma (Netherlands)

Background: EPAs (Entrustable Professional Activities) have been introduced as the workplace training backbone for PAs (physician assistants) at the University of Applied Sciences Utrecht.

Purpose: This retrospective study evaluated the use of EPAs in the training program of PAs University of Applied Sciences Utrecht.

Material and Method: We analyzed data of 119 students, who enrolled in the training program for PA at the University of Applied Science Utrecht in the years 2010, 2011, 2012 and 2013. We analyzed the number of EPAs per student at the start of the program and the number at the end of the program. We evaluated how many EPAs were replaced during the training period and we searched for the reason why the change was made.

Results: In total, data of 101 students was suitable for evaluation. Excluded were sixteen students who quitted the program prematurely and also excluded were two students from 2013 with study delay. The mean number of EPAs per student at the start was 6.6 (range 4-12) and at the end was 6.8 (range 3-13), respectively. During the program average 1.5 EPAs were altered per student (range 0-13). Reasons for change were most frequently; extension of the EPA package during training (n=9), not proficient enough at the planned moment of the entrustment decision (n=9) and procedures not suitable for PA alone at closer look (n=6).

Conclusion: During the PA program 2010-2013 an average 1.5 EPA changed. This flexibility of the EPA concept enables changes in the individualized course of a student, according to the competency-based nature of the educational program.

Keywords: EPA, PA, individual workplace education.
#B1.5 (3b)
From Dream to Reality: Realizing time-variable, competency-based advancement from UME to GME

Robert Englander (USA)

The Education in Pediatrics Across the Continuum project began as an idea in 2008. This novel approach sought to take students form early in medical school through residency to readiness to sit for the Board certifying examination based on competency assessment rather than time. We are now on the verge of our first cohort of students progressing from UME to GME in a time-variable manner based on entrustment to perform the Core EPAs for Entering Residency without direct supervision and meeting their medical school’s graduation requirements. This presentation would describe the origin of the concept and then explore the planning, design and implementation phases including challenges and lessons learned.

#B1.6
Individualising Postgraduate Medical Training in the Netherlands using Entrustable Professional Activities and Summative Entrustment Decisions

Marieke Bolk & Auk Dijkstra (Educationalists, Dutch Association of Medical Specialists)

In the Netherlands competency-based postgraduate medical training has been redesigned with entrustable professional activities (EPAs) and summative entrustment decisions to be more individual and flexible. This presentation shows animations and tools used in the project.

In 2013, the Dutch Ministry of Health, Welfare and Sports came to an agreement with the consortium of all University Medical Centres and other Teaching Hospitals to redesign the general structure of postgraduate medical training, which is predominantly financed through government funding. In order to realize individualization, the principle of a fixed training time of postgraduate medical training has been left in the Netherlands. The legislation has been adjusted accordingly. This redesign includes more flexible, individualized and competency-based pathways.

To arrive at this objective, entrustable professional activities and their certification through summative entrustment decisions for decreasing levels of supervision, have been proposed as a major backbone structure for all programs. Since 2015 all programs have been exploring this model, assisted by a national government funded project Individualising Postgraduate Medical Training. This project is executed by the Dutch Association of Medical Specialists. Supported by a team of several educationalists, almost all medical specialties in the Netherlands are rebuilding their curriculum and training methods using mainly EPA’s as building blocks. Meetings, workshops and master classes have been organized to provide explanations about all related concepts and to gain support among clinical teachers and residents. There’s a supportive website where one can download several tools and job-aids. Recently animated videos which help to clarify the new concept, have been added to the toolbox. Two videos have been translated in English and constitute the major part of this presentation.

At this moment three medical specialties are testing EPA-based learning and summative entrustment decision-making in practice. The project is monitoring these trials and by the end of 2016 the results will be presented. This will help other specialties to learn and to optimize their flexible, individual and EPA-based curriculum.

Ten Cate e.a. AMEE Guidelines for Competency-based Workplace Curriculum Development based on Entrustable Professional Activities – a Matrix Mapping Approach Medical Teacher. 2015.