EPAs a Predoctoral Pilot
AACOM Annual Conference 2016

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OBJECTIVES
At the end of this session, learners will be able to:

• Recognize which EPAs are already integrated into each school’s clinical curriculum.
• Identify which EPAs can be efficiently measured in the predoctoral setting.
Entrustable Professional Activities (EPA)

In an effort to ensure our graduates’ readiness for residency, we created a pilot program to identify which EPAs were appropriate and possible in the undergraduate level at our school.
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<th>Entrustable Professional Activities (EPA) PILOT PROJECT</th>
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<tbody>
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<td>1</td>
<td>Gather a history and perform a physical</td>
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<td>2</td>
<td>Prioritize a differential diagnosis following a clinical encounter</td>
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<td>3</td>
<td>Recommend and interpret common diagnostic and screening tests</td>
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<td>4</td>
<td>Enter &amp; discuss orders &amp; prescriptions</td>
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<td>5</td>
<td>Document a clinical encounter in the patient record</td>
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<td>6</td>
<td>Provide an oral presentation of a clinical encounter</td>
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<td>10</td>
<td>Recognize a patient requiring urgent or emergent care and initiate evaluation and management</td>
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<td>12</td>
<td>Perform general procedures of a physician</td>
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<td>7</td>
<td>Form clinical questions &amp; retrieve evidence to advance patient care</td>
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<td>8</td>
<td>Give or receive a patient handover to transition care responsibly</td>
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<td>9</td>
<td>Collaborate as a member of an inter-professional team</td>
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<td>11</td>
<td>Obtain informed consent for tests &amp;/or procedures</td>
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<td>13</td>
<td>Identify system failures and contribute to a culture of safety &amp; improvement</td>
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In June 2015, CCOM piloted a volunteer program

- ...to test the EPAs considered appropriate for rising fours.
- We had 17 student volunteers
Over 3 days

• Conducted in the MWU Clinical Skills Center (CSC).

• 12 stations, standardized to ensure that each student had the same experience.

• Graded by CCOM clinical faculty and/or SP.
Each one of our 17-volunteers

- Engaged in three unique patient couplets under timed testing conditions:
  - patient history and physical interaction
  - lab and imaging interpretation
  - presentation to an attending
- Multi-station skills lab
- Imaging & rhythm strip identification
Three patient cases

• One medical, one surgical, and one psychiatric, each 20 minutes long.

• See the patient

• Review the labs and write a SOAP Note

• Give an oral report to one of our faculty

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Oral presentations with lots of help!
Imaging and rhythm strip identification

- 1\textsuperscript{st}, 2\textsuperscript{nd} & 3rd degree heart block
- Atrial fib & flutter
- V-tach
- Common fractures, curvatures and masses
Two stations tested clinical skills

- Insertion of an IV catheter
- Insertion of interrupted sutures
What we discovered.

- Cases: results very similar to MS3 OSCEs
- Imaging: quite successful, but too few items
- Skills: Practiced under supervision, but never objectively tested
- Student global scores: average=83%
Student Impressions
Strengths & Weaknesses

• Well organized
• Liked the case variety
• Enjoyed oral presentations with feedback
• Great to have specific checklists—uniformity of grading.

• Each station too long
• Students want more feedback (formative)
• Suture stations weren’t well defined (sterile vs non-sterile).

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Opportunities & Challenges

• Chance to determine where student may need more help.

• Increased faculty involvement in testing

• This is a good opportunity for the students to be more prepared for the actual world of seeing real patients

• “Was a bad time of year to do this, since boards are coming up and it took study time away”.

• “Very busy rotation schedule.”
Challenges

• Determining the best time to test the students’ during clinical curriculum was our first hurdle.
  • 4th year students, are frequently away from the home campus for rotations and interviews.
  • Too early in the 3rd year could result in poor student performance.

• Interrater reliability and objectivity among our faculty was a challenge. Despite bimodal checklists with clearly explained criteria, we discovered that increased faculty education was needed.
Clinical Performance Assessment (CPA), During Fall of MS 3 year

Already in place:

Asynchronous learning material
An 8-station OSCE.

• 14-minute patient encounter
• 9-minute SOAP writing exercise
• limited verbal feedback
Expand what is in place

During the MS 3 CPA course, add

• 2-3 cases will end with a verbal report to an attending
• 2-3 cases will require writing prescriptions &/or entering orders
During the MS 4 year

• Increase the skills station to include:
  • suturing, IV insertion, Foley insertion, NG tube placement and ABGs
• During Integrated Clinical Activities (ICA), Block 1, students on campus will take a test on rhythm strips, EKGs, x-rays and CTs. (50-100 items)

• Include more sophisticated EPAs in an OSCE setting
  • Form and research clinical questions
  • Patient handover
  • Work with an inter-professional team
  • Obtain consent
  • ID system failures
References

- Nuts and Bolts of Entrustable Professional Activities, O. ten Cate, Journal of Graduate Medical Education, March 2013, p157-158.