EPAs for Entering Residency: Challenges and Progress in Osteopathic UGME

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Pam Basehore, EdD, FNAOME, Rowan University SOM
Session Topics

• Competencies, EPAs and Milestones

• Strategies for Implementation

• Lessons Learned from a COM: Use of a Change Model to Advance EPAs

• Progress in Osteopathic UGME
Competencies, EPAs, Milestones, OH MY!

• **Competencies** for UGME set knowledge, skill, attitude and performance expectations for graduating students
  • *Describe people*

• **Milestones** allow assessors to know a learner’s stage of development toward competency.

• **Entrustable Professional Activities (EPAs)** are essential units of work – observable and measurable in the clinical environment.
  • *Describe work*
  • *Integrate multiple competencies*

[ten Cate, 2005]
Let’s try this~
Competency, milestone or EPA?

• Wear a bicycle helmet correctly.
• Put on a helmet and adjust the straps correctly.
• Select the correct size helmet.
• Ride a bicycle safely.
Let’s try this~
Competency, milestone or EPA?

• Wear a bicycle helmet correctly. **Competency**
• Put on a helmet and adjust the straps correctly. **Milestone**
• Select the correct size helmet. **Milestone**
• Ride a bicycle safely. **EPA**

• Professionalism, Patient Care, Interpersonal Communication
• Enter prescription information accurately in EMR
• Evaluate indications and contraindications to a treatment
Possible EPA: Manage care of patients with acute common diseases across multiple care settings.

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### PC1. History (Appropriate for age and impairment)

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acquires a general medical history</strong></td>
<td>Acquires a basic psychiatric history including medical, functional, and psychosocial elements</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Acquires a comprehensive psychiatric history integrating medical, functional, and psychosocial elements</td>
<td>Efficiently acquires and presents a relevant history in a prioritized and hypothesis driven fashion across a wide spectrum of ages and impairments</td>
<td>Gathers and synthesizes information in a highly efficient manner</td>
</tr>
</tbody>
</table>

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Entrustment

• Can the student perform the task (EPA) in the clinical setting without supervision?

• Requires:
  • Multiple assessments / multiple evaluators

• Factors:
  • Competence
  • Truthfulness
  • Conscientiousness
  • Knowledge of one’s own limitations

[Kennedy et al., 2008]
Strategies for Implementation

Elaine Soper, PhD, West Virginia SOM
Basic Curriculum Development

How will we get there?

How will we know we’ve arrived?

Where are we going?

Robert Mager, 1972
Where Are We Going?

What Are The EPAs?
• AAMC Documents on EPAs
• The AACOM Document on EPAs

Are We Teaching Them?
Are We Measuring Them?
How Will We Get There?

We will all use different paths...
How Will We Get There?

- Start with the behaviors for each EPA
  - Does this work for your curriculum?
  - Do a curriculum map, what are you teaching now?
  - What and where are you assessing now?

- What needs to be added?
  - Identify what needs to be added
  - Where would it fit best in your curriculum
  - With your curriculum’s structure...
    - what’s the best way to teach it?

- What Faculty Development is needed at each step?
How Will We Know We’ve Arrived?

It’s an assessment!

• It’s hard to assess if you haven’t gotten all the facts – knowing things will change
• But, we can start with where we are and what the literature and CAPEAR are doing
  • Compare to what our school is doing
• BUT MOST IMPORTANTLY... share among the osteopathic schools how they are teaching and measuring the EPAs
So, Implementation in a Nut Shell

Know where you’re going... How you will get there... and How you will know you’re arrived.

• Keep on top of the latest literature – things will change
• Keep on top of the latest teaching and assessment strategies in the literature – they will expand immensely

Merge it into your curriculum like any other new content...

• This will be different depending on your school’s curriculum format, curriculum committee’s, etc.

Share with your osteopathic sister schools

• The more we see what others are doing, the more each school can get inspired for their own curriculum
  • Especially on the osteopathic portions!
• We’re not out to come up with one sole curriculum, but we all can learn from each other
Use of Change Model

Machelle Linsenmeyer, EdD, FNAOME, West Virginia SOM
Lessons Learned from WVSOM

- Have a global process or plan - beyond the assessment plan
  - Kotter’s Change Management
Step 1

- Create Urgency
## Step 2: Form a Powerful Coalition

<table>
<thead>
<tr>
<th>EPA and Portfolio Advisory Committee</th>
<th>Associate Dean for Clinical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Associate Dean for Assessment and Educational Development</td>
</tr>
<tr>
<td></td>
<td>Chair of Clinical Sciences</td>
</tr>
<tr>
<td></td>
<td>Chair of Biomedical Sciences</td>
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<td>Chair of Biomedical Sciences</td>
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<td></td>
<td>Chair of OPP</td>
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<tr>
<td></td>
<td>Director of the Clinical Sciences Center</td>
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<td></td>
<td>Assistant Dean for Preclinical Education</td>
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</tbody>
</table>
Step 3: Create a Vision of Change

- Assess the organization and environment
  - Where can EPAs be assessed across the continuum?
  - Where will data for assessment be collected?
  - What is being done in OSCEs that could feed into assessment?
  - What is being done in skill labs?

- Analyze stakeholders
  - Survey program directors to determine expectations in their specialty that could inform EPAs

- Think about trustworthiness
  - Determine elements that will support entrustment

- Tools to be used
  - Portfolios
Step 4: Communicate the Vision

- Faculty Development
  - Hold workshops for faculty, staff, administrators, SWC Deans, preceptors, etc.
  - Create buy-in for the vision and plan
  - Field questions
- NOTE: If done properly, faculty will have been involved through the entire process by helping identify areas in the curriculum that provide evidence for assessment of EPAs
- Student training
  - Discuss at orientation
  - Communicate elements and activities that are related to assessment of EPAs
Step 5: Remove Obstacles

- Evaluate possible obstacles
Step 6: Create Short Term Wins

- Identify strong partners and work closely with them
- Planning is critical—individuals need to see success
- Start small and progress to more difficult EPAs

### EPA 6: Provide an oral presentation of a clinical encounter

<table>
<thead>
<tr>
<th>2nd year clinical skills labs</th>
<th>Portfolio Submission</th>
<th>2nd year OSCE</th>
<th>Portfolio Submission</th>
<th>3rd year clinical rotations</th>
<th>Portfolio Submission</th>
<th>Exit Interview at graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are introduced to the SNAPPS method of giving an oral presentation</td>
<td>Students will reflect on their success at the basics of the SNAPPS method and identify areas for growth.</td>
<td>Students will be required to do an oral case presentation of two OSCE stations using the SNAPPS method.</td>
<td>Students will reflect on their improvement in doing a SNAPPS case presentation including what worked, what didn’t, and anything they will change</td>
<td>Oral presentations using the SNAPPS method will be required at least once a week and must be assessed by a clinical supervisor. Multisource evaluation will also be incorporated to get opinions of others on progress.</td>
<td>Students will be required every quarter to meet with the SWC Assistant Dean in the region to discuss their progress toward this EPA</td>
<td>All students will go through a final exit interview at graduation with a committee to assess their portfolios and readiness toward this EPA (all EPAs) for entering residency.</td>
</tr>
</tbody>
</table>
Step 7: Build on Change

• Develop continuous quality improvement steps in the process
  • What went well?
  • What didn’t go well?
  • What needs to be changed?
  • Set goals for moving forward with assessment of EPAs and develop of tools (e.g. portfolios)
Step 8: Anchor the change in Corporate Culture

- Ensure the change is seen in all areas of the organization
- Report successes and progress through committees (e.g. Curriculum Committee, Faculty Assembly, etc.)
- Share best practices not only internally but externally as well (e.g. with allopathic schools or other osteopathic schools)
  - Gather new tools and strategies for improving processes
- Report to stakeholders and key leaders
  - This will help keep the momentum going
Summary of Critical Success Factors

• Faculty Development
• Level of Trust
• Survey of Stakeholders
• Create a timeline, vision, strategy and follow it
• Include key players from important areas (e.g. clinical education center, clinical skills coordinator, regional assistant deans, etc.)
• Ensure faculty buy-in

What are other critical success factors you have found?
Progress in Osteopathic UGME

Pam Basehore, EdD, FNAOME, Rowan University SOM
Medical schools, as the initial step in a training continuum, are called to use EPAs to advance competency-based medical education and to think differently about assessment as a mechanism for determining entrustment decisions as students advance to the next level of training.
A bit about the process

2014
- AAMC
- Core EPAs for Entering Residency
- CEPAER Pilots

Summer 2015
- AACOM
  - Board of Deans approved EPA Steering Committee
  - Explore applicability of EPAs to osteopathic medical education

Fall 2015
- COM Liaisons
- Baseline survey

Winter 2015
- Iterative and inclusive process of adapting EPAs
Guiding Principles for Adaptations

<table>
<thead>
<tr>
<th>Competitiveness of students</th>
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<tbody>
<tr>
<td>Key Osteopathic Considerations</td>
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<tr>
<td>Seamless Use</td>
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</table>
Key Areas of Deliberation

• Integration or Add a Distinct EPA
• Which competencies – Core 7 or All
• Critical components of OPP
  • Patient-centered, holistic approach to care
  • Interrelationship of structure and function/structural exam and findings (somatic dysfunction, etc.)
  • OMT
Osteopathic Competencies/Milestones/EPAs Framework

To allow all colleges of osteopathic medicine to work toward a single set of standards which graduates must meet to enter residency, a common vocabulary must exist. Therefore, as related to these standards, competencies are observable characteristics or qualities of graduating students which integrate knowledge, skills, attitudes and behaviors. The progression of a student toward competence can be measured using milestones. Milestones describe the progression of a learner toward an expected level of proficiency in their competency development. Finally, entrustable professional activities (EPAs) are units of work, tasks or responsibilities, that graduating students can be entrusted to carry out. EPAs encompass integration of multiple competencies as shown in Table 1. AACOM has modified the functions proposed in the original work of the AAMC (Core Entrustable Professional Activities for Entering Residency Curriculum Developers’ Guide, 2014) to include pertinent distinctively osteopathic components, as appropriate.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Competencies (together describe expectations of a physician)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPA 1</strong>: Gather a history and perform a physical examination</td>
<td></td>
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</tbody>
</table>
*Functions include (but are not limited to):*  
a. perform a complete and accurate physical exam, including an osteopathic structural exam  
b. identify, describe and document abnormal physical exam findings including osteopathic structural findings (e.g. somatic dysfunction, TART, etc.) | Osteopathic Principles and Practices: Approach the patient with recognition of the entire clinical context; Use OPP to perform competent physical, neurologic, and structural exams.  
Patient Care: Gather accurate data related to the patient encounter.  
Professionalism: demonstrate awareness of issues of culture, religion, age, etc.  
Interpersonal Communication Skills: Establish the physician-patient relationship; conduct a patient-centered interview |
| **EPA 5**: Document a clinical encounter in the patient record |  
*Functions include (but are not limited to):*  
a. Filter, organize and prioritize information.  
b. Record documentation so that it is timely and legible.  
Patient Care: Record patient information in an accurate, organized, and logical manner appropriate to the clinical situation.  
Interpersonal and Communication Skills: Maintain accurate, comprehensive, timely and legible medical records. |

Assessed in different contexts and measured based on level of supervision and trust.  
Assessed using development milestones or levels of proficiency.
How to Use This Document

Contents

In this document, faculty will find the 13 EPAs adapted to better pertain to osteopathic medical education. These osteopathic EPAs describe what all osteopathic physicians should be expected to perform without direct supervision on day one of residency. EPAs are generalizable skills and required of all osteopathic residents regardless of any specific discipline. For each EPA, faculty will find the following sections:

- Description of the 13 EPAs with key functions
- List of most relevant domains of competence
- List of competencies within each domain, defined by both the ACGME and AOA, critical to entrustment decisions

Tables of milestones, narrative descriptions and vignettes can be found in the AAMC’s *Core Entrustable Activities for Entering Residency: Curriculum Developers Guide* and the AAMC’s *Core Entrustable Activities for Entering Residency: Faculty & Learners’ Guide*.

Using the Guide for Curriculum Design and Assessment

The EPA descriptions and the tables of competencies should serve as the basis for curriculum development, for both MD-granting as well as DO-granting medical schools. Schools intending to utilize these EPAs will need to address their implementation into the curriculum and their assessment. As schools incorporate EPAs and use this guide, the following questions may frame discussions about the school’s curriculum.

- Who will teach the content?
- What will be the content?
- Where will the teaching/assessment be conducted?
- When will the content be taught/assessed?
- How will the content be taught/assessed?
- Who will make the entrustment decision?
- How and when will that entrustment decision be made?

Using the Guide for Faculty Development

Faculty can use this guide as a reference for their own development in both pre-clinical as well as clinical settings. As faculty critically review course content and curriculum, incorporating EPAs will undoubtedly challenge faculty and help them expose new opportunities to engage learners. This document is designed for those involved in curriculum
EPA 2: Prioritize a differential diagnosis following a clinical encounter

1. Description of the activity

To be prepared for the first day of residency, all physicians need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis. Developing a differential diagnosis is a dynamic and reflective process that requires continuous adaptation to avoid common errors of clinical reasoning such as premature closure.

Functions

- Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
- Integrate information as it emerges to continuously update differential diagnosis.
- Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
- **Integrate musculoskeletal considerations that may lead to somatic dysfunction and somato-visceral findings as they may relate to disease or health promotion.**
- Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.
- Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
- Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.

2. Most relevant domains of competence

- Patient Care
- Knowledge for Practice
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Interprofessional Collaboration
- Personal and Professional Development
- **Osteopathic Principles and Practice**

3. Competencies within each domain critical to entrustment decisions

<table>
<thead>
<tr>
<th>AAMC Competencies:</th>
<th>AACOM Competencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 2, KP 4, PC 4, ICS 2, KP 2, PBLI 1, KP 3, PPD 8</td>
<td>OPP 4 (c), PC 2, OPP 4 (d), MK 1, OPP 4 (g), MK 2</td>
</tr>
</tbody>
</table>
EPA Resources

AAMC Core EPA listserv

To join, send a blank email to subscribe-coreepas@lists.aamc.org.

Original Resource Publication


Journal and Other Articles

The following articles have been posted to the Core EPA listserv. We have categorized the articles according to 1) Entrustment, 2) Faculty Development and 3) Curriculum, Implementation and Assessment realizing that many articles address more than one of these entities.
What have we learned from our schools?
EPA awareness within the COM (n=26)

- Leadership
  - Acutely aware (70%)
  - Aware (19%)
  - Minimally aware (11%)

- Curriculum Committee/Education Administration
  - Acutely aware (38%)
  - Aware (23%)
  - Minimally aware (30%)

- Faculty
  - Acutely aware (15%)
  - Aware (34%)
  - Minimally aware (50%)
Has your school discussed or made plans for integrating EPAs?

- Discussions
- Establishment of committees
- Curriculum Mapping
- Modified instruments
- Faculty development
- Pilot initiatives

![Integration of EPAs in progress chart]

- Yes
- No
Survey Results (cont’d)

- EPA Curriculum Mapping:
  - Yes: 10, No: 15

- Identified need for new curricular content:
  - Yes: 5, No: 20
Survey Results (cont’d)
New EPA Assessments

- Standardized patients (3)
- Clinical Preceptor form (1)
- Rubrics (2)
- Work-place based assessments (1)
- ePortfolios (6)
- Residency Director survey of graduates (1)
Common challenges at the school-level

1. **Faculty Development**: How do you get faculty buy-in? What kind of faculty development is required?

2. **Mapping**: Where and when in the curriculum are the EPA skills taught? What content is lacking?

3. **Assessment Methodology**: What assessments are needed to make entrustment decisions?

4. **Entrustment**: What levels of entrustment should we use? What will be the process and who will make entrustment decisions?
Sharing of Resources

• Resources
  • CAEPER listserv: subscribe-coreepaa@lists.aamc.org
  • Articles, conference proceedings, MedEdPORTAL iCollaborative
  • International Competency Based Medical Educators (ICBME) Collaborators
    http://www.royalcollege.ca/portal/page/portal/rc/resources/icbme/collaborators/webinar_series
  • AACOMmunities for EPAs - Sharing COM experiences
Sharing of ideas
EPA Steering Committee

Contact

• Co-Chairs
  • Pam Basehore - basehore@rowan.edu
  • Elaine Soper - esoper@osteo.wvsom.edu

• AACOM
  • Luke Mortensen – lmortensen@aacom.org
## Full list of all webinars in this series

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<th>GMT</th>
</tr>
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<tbody>
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<td>8:00 am</td>
<td>1:00 pm</td>
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<td>Wednesday, March 16, 2016</td>
<td>Jason Frank and Linda Snell</td>
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<td>Advancing CBME: a charter for clinician-educators</td>
<td>Wednesday, April 6, 2016</td>
<td>Carol Carraccio and Linda Snell</td>
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<tr>
<td>A Call to Arms: The controversy and rationale for CBME</td>
<td>Monday, May 9, 2016</td>
<td>Eric Holmboe, Jason Frank and Linda Snell</td>
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<td>Toward a shared language for CBME</td>
<td>Tuesday, September 6, 2016</td>
<td>Robert Englander and Jason Frank</td>
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<td>Entrustment decision making in clinical training</td>
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<td>Jocelyn Lockyer and Jason Frank</td>
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<td>Implementing CBME</td>
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<td>Markku Nousiainen and Jason Frank</td>
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<td>Evaluating CBME programs using outcomes harvesting</td>
<td>Wednesday, January 18, 2017</td>
<td>Elaine van Melle and Jason Frank</td>
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<td>Achieving the promise of CBME: Overcoming system challenges</td>
<td>Wednesday, February 8, 2017</td>
<td>Kelly Caverzagie and Jason Frank</td>
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<td>Updates in ICBME</td>
<td>* March 2017</td>
<td>Linda Snell and Jason Frank</td>
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