



EPA Assessment at MWU/CCOM: A Two Tier Approach M. Lechner, MS, RN; B. Longenecker, DO, MS, FACOEP, FACEP

It is a widely held belief that decisions of entrustment and progress toward this goal should include multimodal assessment information from multiple assessors. In order to assess our students' progress toward the goal of entrustability, we opted for a two pronged approach:

- 1) Using the clinical rotation evaluation form
- 2) Periodic assessment of skills in a controlled testing environment.

CLINICAL ROTATION EVALUATIONS

Our prior competency based clinical rotation evaluation form has been redesigned into a task based format with an accompanying rubric founded on the AAMC and AACOM discussions of pre-entrustable vs. entrustable behaviors.

ASSESSMENT OF SKILLS

We have developed three independent assessment courses, distributed across the OMS 3 and OMS 4 years.

1. Fall OMS 3 –Expansion of an existing 8 station OSCE to include oral case presentations, assessed by a core group of faculty and residents using a binomial assessment tool. In a separate experience, students are asked to read patient case scenarios, develop admission orders and write appropriate outpatient prescriptions. (EPA 1, 4, 5, & 6)
2. Spring OMS 3-- Direct observation and assessment of common medical procedures: insertion of IVs, NG tubes, and Foley catheters, as well as Bag-Valve-Mask ventilation, again assessed through use of a binomial check sheet. (EPA 12)
3. Spring OMS 4—multimodal assessment including:
 - A) A written examination assessing interpretation of common laboratory, radiographic and ECG findings
 - B) An OSCE assessment of students' ability to obtain informed consent
 - C) Standardized sign over of a patient case to an assessor functioning as the physician assuming care
 - D) A simulation in which students must identify that their patient is unstable and initiate care/seek help to stabilize the patient and then function as a member of the interprofessional team performing resuscitation. (EPA 8, 9,10, & 11)

IMPLEMENTATION, RESULTS TO DATE

- The new clinical rotation evaluation form initiated in June, 2016.
 - Slight decrease average score from 96% to 95%.
 - We identified trends for several students with weaknesses in a specific EPA that crossed multiple rotations/specialties
- New components in fall Assessment:

Admission Orders		Prescription Writing		Oral Presentations	
Mean	Range	Mean	Range	Mean	Range
84%	40%-100%	88%	65%-100%	86%	58%-99%

FUTURE DIRECTIONS:

- Implementation of:
 - Procedural skills assessment in April and May.
 - Assessment of interpretation of diagnostic testing June 2017
 - OMS 4 OSCE and simulations (as described) March 2018
- Analysis of assessment tools used for oral presentation and order/prescription writing for inter-rater variability with refinement as needed.
- Faculty development in use of the refined scoring tools.
- Asynchronous faculty development session for core clinical rotation preceptors regarding the use of the EPA anchored evaluation form.
- Alterations to evaluation formats for use in OMS 1 and OMS 2 clinical lab skills stations and OSCEs to reflect pre-entrustable and entrustable behavior.
 - This will allow for additional opportunities to assess progress of our students over time in a controlled format with assessment by multiple clinicians trained in the use of our evaluation tools.

REFERENCES

Association of American Medical Colleges. Core Entrustable Professional Activities for Entering Residency: Curriculum Developer's Guide. 2014

Association of American Colleges of Osteopathic Medicine. Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency. 2016

Association of American Medical Colleges. Core EPAs Guiding Principles. <https://www.aamc.org/initiatives/coreepas/guiding-principles/>. Viewed 11/21/16