A Model to Incorporate EPAs & Competencies into Clerkship Evaluations

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Abstract

Osteopathic medical schools are now challenged to document student achievement of 13 Core Entrustable Professional Activities for Entry into Residency as well as 7 or more Core Competencies. The EPAs provide more concrete skills that can be assessed by clinical preceptors, and many preceptors find an entrustability scale more intuitive than Likert scale numbers. Behavioral anchors are helpful in performance assessment, but the practicality of asking preceptors to evaluate large numbers of items with verbal descriptors is uncertain. This poster describes a new assessment instrument designed to assess student performance and entrustability on all the EPAs, categorizing them under the AACCVM Core Competencies. Results of pilot testing will be presented, with discussion of advantages, disadvantages, and issues surrounding the potential for full implementation in 2018-2019.

Objectives

1. Describe a model of incorporating EPAs into routine clerkship performance evaluations.
2. Discuss advantages and disadvantages of evaluating all EPAs on clinical rotations.
3. Discuss results of initial pilot testing of a proposed new evaluation system.

Methods

- A committee of faculty categorized the 13 Core EPAs for entry into residency (CEPAERs) under the 7 Osteopathic Core Competency domains for medical students.
- An evaluation rubric was created for each EPA, with behavioral anchors for student performance based on the AAMC Toolkits for the 13 CEPAERs.
- Due to uncertainty regarding measurement of observed performance vs. assessed entrustability, the decision was made to include scales of performance and entrustability for each EPA.
- Published entrustability scales were considered; the original Ottawa scale was selected, with the first 4 levels considered appropriate for medical student assessment.
- The pilot instrument was shared with clinical faculty. While they were very positive about the EPA items and behavioral anchors, they were uncomfortable with the number of questions.
- A matrix was created to enable evaluation of all 7 competencies on each clerkship, and multiple measurements of each EPA over the course of the clinical years (see Table 1).
- Selected EPA-based evaluation questions were pilot tested on 3 clerkships by adding them to the existing competency-based end-of-rotation evaluation instrument.
- Correlation between competency ratings and EPA-based items was tested using a standard Pearson two-tailed bivariate correlation.
- Participating clinical faculty were also surveyed for their opinions on the new items.

Discussion and Conclusion

Overall means and standard deviations for the pilot EPA questions were similar to the corresponding competency domain (see Table 2). However, with the exception of Family Medicine, there was little significant correlation between the questions, especially for IM and Surgery clerkship data. This may be due to the items not measuring the same constructs or measuring them in different ways. We postulate that the competency-based questions are very vague, with no anchors to the 1-5 Likert-scale (1-unsatisfactory to 5-outstanding) compared to the EPA items which have detailed descriptors for each numerical choice (see Tables 2a & 2b).

For Family Medicine, however, both sets of performance and entrustability EPA questions correlated significantly (at the 0.05 level or better; see Table 2c) with the corresponding competency domain of Interpersonal and Communication Skills (ICS). This could be due to the fact that FM was the only clerkship which tested the ICS competency domain. The addition of other competency domain EPA questions to the evaluation will assist in identifying whether the trend of significant correlation between EPA questions and competency questions continues.

A short 3-question survey was sent to the 28 preceptors who participated in the pilot study. Only 5 surveys were returned, with only one short, but valuable comment: “Performance and entrustability questions seem to reflect actual student performance and seem to be the best way to evaluate students.” Due to the small sample size and limitations of the collected data, another round of more robust pilot testing is necessary. We plan to update the preceptor evaluations to include several more EPA questions across multiple competency domains moving forward in the upcoming 2018-2019 academic year.

References


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