**Emerging Trends in the Development and Assessment of EPAs**

**Background / Context**

The landscape of assessment is changing exponentially as organizations and institutions begin to develop, use and refine EPA-related assessment tools and processes. Better understanding is needed if medical educators are to stay abreast of emergent trends. Updates gathered from recent EPA professional conferences are presented along with an overview of research on clinical performance assessments that can be used to support EPA assessment planning.¹

Emergent trends in EPAs and assessment planning fall into four general categories:
1. Trends in clinical performance assessment
2. Trends in entrustability
3. Trends in assessment scale development
4. Trends in nested EPA construction

**Trends in Clinical Performance Assessment**

- Each medical school has a unique operational context, mission, curricular structure, etc. so EPA development and assessment cannot be “one size fits all”
- Research on EPA-specific assessment tools remains in its infancy – however, medical schools can use existing research findings to get a jumpstart on creating EPA assessment plans in a way that builds on best practices in clinical performance assessment
- The existing research literature contains many clinical performance assessment tools that can be used to inform the development of EPA assessments. See, for example:


**Trends in Entrustability**

- Assessment must include all critical elements in order to protect patient safety
- Ensuring that trainees are trustworthy requires entrustment decisions based on qualities such as: integrity, willingness, reliability, capacity, humility²,³

- **Competence or Ability** (skillfulness and experience)
- **Integrity** (truthfulness, benevolence)
- **Willingness or Reliability** (conscientiousness, stable behavior)
- **Capacity or Humility** (observe own limits, willing to ask help)

- Response scales found in the existing clinical assessment literature tend to assess ability level/competence of trainees¹,³
- Assessment tools must go beyond elements traditionally regarded as easiest to assess³

**Trends in Assessment Scale Development**

Entrustability scales are referred to as supervisory or co-activity scales. No one scale will work for all EPAs or situations. Scales should be selected, developed and used that make sense to the supervisor and to the evaluators.

Two types of entrustability scales currently noted in the literature:

1. **Retrospective** – Prompt the supervisor to document what was observed and what level of supervision was required – gather multiple observations to show decreased need for supervision (entrustment evidence)
   - What was observed and what level of supervision was required by the supervisor/trustor?
   - Did the supervisor have to step in and take over completion of the task … or, did the learner require prompting from time to time? … or, could the trainee have performed independently without the supervisor present?

2. **Prospective** – Prompt the supervisor to decide what the learner is ready to do as part of a future activity
   - Is the learner only ready to observe? (e.g., early medical student who cannot attend the operating room because proper aseptic techniques have not yet been taught)
   - Is the learner ready to do this activity with indirect supervision and a post-activity review? (e.g., without the supervisor present)

**Trends in Nested EPA Construction**

One challenge of curriculum building by means of EPAs and use of EPAs in daily practice is finding a balance between holistic EPAs that are too broad to assess, and competencies/milestones that are abstract and often lack relevant context.⁶

- **Nested EPAs** are proposed as a way of creating smaller, sub-EPAs that feed into larger overarching EPAs.⁷,⁸

**Different Types of Nesting**

Nested EPAs can be developed to feed into larger EPAs in many different ways.

**Overarching EPA:**

- Gather a history and perform a physical examination.

**Nesting by components**

1. Gather a history
2. Perform a physical examination (PE)

**Nesting by separating content**

1. Perform a neurologic H&P
2. Perform a gynecologic H&P
3. Perform a pediatric H&P
4. Perform a psychiatric H&P
5. Etc.

**Nesting by variables**

1. Able to indicate and provide care around a caesarean section, including the procedure itself
2. Able to indicate and provide care around a vacuum extraction, including the procedure itself

**Conclusions**

- The landscape of EPA assessment is changing exponentially as medical schools begin to develop, implement and refine assessment tools and processes.
- Medical educators must remain attentive to emergent trends as the construction and assessment of EPAs become more fully conceptualized within the profession.

**References**