Identifying Subspecialty EPAs

Council of Pediatrics Subspecialties
Pediatric Academic Societies Meeting
May 5, 2013

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I have no conflicts of interest to declare and nothing to disclose
Objectives

- Engage in a team-based learning exercise around “entrustable professional activities” EPAs

- Discuss the work that has begun on subspecialty EPAs and how CoPS can support and facilitate that work
BEFORE WE BEGIN...

I have a very good understanding of EPAs and how they can be used in the evaluation of fellows.

A. Strongly Agree
B. Agree
C. Disagree
D. Strongly Disagree
“Collective learning is visible when a group’s shared knowledge and ability is influenced or improved as a consequence of their interaction.”

1) Take an individual test using an audience response system

2) Have those that got the correct answer highlight the reasons for choosing a particular answer

3) Engage in open discussion to enhance the learning of the entire group
A) Narrative descriptions of performance that integrate behaviors across competencies
B) Provide substrate for formative feedback & remediation
C) Provide a roadmap for learners
D) Behavioral descriptors that span the continuum from novice to master
E) Context independent

All of the following statements about the Pediatric Milestones are true EXCEPT:
All of the following are characteristic of EPAs EXCEPT:

A) Represent a single domain of competence
B) Represent the essential work that defines a discipline
C) Are observable
D) Are context dependent
E) Map to competencies and their milestones
QUESTION 3

Identifying EPAs for a subspecialty is best accomplished by

A) Defining the competencies of a subspecialty
B) Examining the clinical rotations of a fellow in that subspecialty
C) Reviewing the curriculum for subspecialty training
D) Delineating the day-to-day activities of a practitioner in that subspecialty
E) Determining the responsibilities of a fellow within an ACGME accredited fellowship program
EPAs, competencies and milestones can help move us towards

A) Fixed length-variable outcome programs
B) Fixed outcome-variable length programs
C) Fixed length-fixed outcome programs
D) Variable length-variable outcome programs
E) None of the above
QUESTION 5

Advantages of EPAs include

A) Provide a framework for continuous learning after completion of training
B) Lead to a recognized result
C) The activity outcome is dependent on both the individual and the learning environment
D) The same EPAs can apply to a number of specialties and/or subspecialties
E) All of the above
Which of the following is NOT a necessary ingredient for a learner to be entrusted with an EPA?

A) Repeated observation of the learner
B) Ability of the learner to practice without supervision
C) Direct observation of a learner engaged in the EPA
D) A single supervisor making all the entrustment decisions
E) Likelihood of the learner’s ability to perform the EPA safely
Entrustment decisions should be based on

A) The outcome of the EPA that has been carried out
B) A standardized checklist
C) The clinical context in which the EPA is performed
D) A and B
E) A and C
Challenges to using EPAs for assessment include all of the following **EXCEPT:**

A) Developing individual EPAs that are “big” enough to represent the integration of competencies

B) Developing EPAs that are “small” enough to be independently executable within a time frame

C) EPAs that overlap specialties

D) Judiciously mapping EPAs to competencies, critical for entrustment decisions

E) Ensuring that the list of EPAs covers all ACGME competencies in the mapping process
QUESTION 9

Which of the following is NOT a “value-added“ of using an EPA model?

A) EPAs frame competencies in a clinical context
B) EPAs provide a granular approach to competency assessment
C) EPAs can provide a set of criteria for transition to practice
D) EPAs add the element of level of supervision to assessment
E) Entrustment decisions allow inference about a learner’s competence
Which of the following taxonomies goes from most broad to most narrow?

A) EPA, Competency, Milestone, Domain of Competence
B) Domain of Competence, EPA, Competency, Milestone
C) Domain of Competence, Competency, EPA, Milestone
D) EPA, Domain of Competence, Competency, Milestone
E) EPA, Milestone, Competency, Domain of Competence
The Good Doctor: Putting It All Together

- Identify core activities
- Describe their functions
- Judiciously map to domains & competencies critical to entrustment decisions
- Develop a curriculum G & O that support the KSA to perform the functions
Role of the ABP

- Support a collaborative and consistent approach to identifying EPAs for subspecialties

- Phase 1:
  - 2 Day meeting in March 2013
  - 2-3 representatives from each subspecialty
    - One member from ABP Subspecialty Subboard
  - Train the trainers model
EPAs for Subspecialties

- Three Broad Categories
  - Span the generalist/subspecialist role
  - Common to all subspecialties
  - Subspecialty-specific
EPAs That Span the Generalist-Subspecialist Role

- Provide consultation for and ask for consultation from other health care providers caring for children
- Contribute to the fiscally sound and ethical management of a practice
- Apply public health principles and improvement methodology to improve care for populations, communities and systems
- Lead and work within interprofessional teams
- Facilitate handovers to another healthcare provider either within or across settings
EPAs Common to All Subspecialties

- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

- Lead within the subspecialty profession
Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

Functions:
  1. Critical analysis of one’s own work as well as the work of others
  2. Assimilation of new knowledge, concepts, and techniques related to the field of one’s practice
  3. Formulation of clear and testable questions from a body of information/data to advance research
Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)

- Functions
  4. Conducting high quality research in the clinical, education, or laboratory environment
  5. Application and integration of new knowledge
  6. Dissemination of ideas and information into oral and written forms of communication for the benefit of stakeholders that include the patients, the public, trainees, colleagues and other health professionals
  7. Demonstration of ethical principles and practices in conducting scholarly activities
Scholarly Activity Highlights

- Focus is on activities rather than product
- Broad definition of scholarship beyond hypothesis driven research
- Teaching will be aligned with patient care EPAs as an authentic context
Leadership

- Lead within the subspecialty profession

- Functions
  1. Advocate for subspecialty-related health issues recognizing vulnerabilities unique to these subspecialty populations
  2. Educate the public about subspecialty disorders using evidence based knowledge
Leadership

- Lead within the subspecialty profession

3. Contribute to the discipline’s shared vision for system change, through collaboration and implementation of national action plans and practice guidelines

4. Mentor the next generation of subspecialists

5. Contribute to the development of the subspecialty profession (e.g. joining professional society, national committees)
Generalist EPAs moved to subspecialty-specific

- Facilitate the transition from pediatric to adult health care

- Demonstrate competence in performing procedures
Three Sub-categories

- Care for patients with acute ______ problems

- Provide care for patients with chronic ______ problems

- Care for patients who require________________
  (e.g. transplantation, ECMO…)
Next Steps

- **Phase II:**
  - Identify subspecialty specific EPAs
  - Engage local and subspecialty communities in conversations about EPAs
  - As a parallel process, the community will develop curricula to address the functions of each EPA
  - ABP will function as a resource for process and outcomes
CoPS Role
ACGME Timeline

- Spring 2014: Review Committee confirms subset of milestones for reporting to ACGME
- July 2014: Programs begin tracking fellow milestone performance
- December 2014: First report of fellow milestone achievement to ACGME
EPA Timeline

- Spring 2013- Begin faculty development for subspecialists at individual institutions

- Spring 2013- Engage subspecialty communities in discussions of EPAs

- Early summer- draft list of subspecialty specific EPAs

- Fall 2013- working list of subspecialty specific EPAs
EPA Timeline

- Engage communities in developing curricula (goals and objectives) to address the EPA functions

- Early 2014 - complete the mapping of the EPAS to domains of competence, competencies and milestones