

Family Medicine Advanced Outpatient Clerkship and EPAs (Entrustable Professional Activities)

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WRITE Retreat

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Disclosures

None

*Neither I, nor an immediate family member (parent, sibling, spouse, partner, or child), has any financial relationship with or interest in any commercial interest connected with this presentation.



Objectives

Explain why EPAs are being incorporated into medical school education

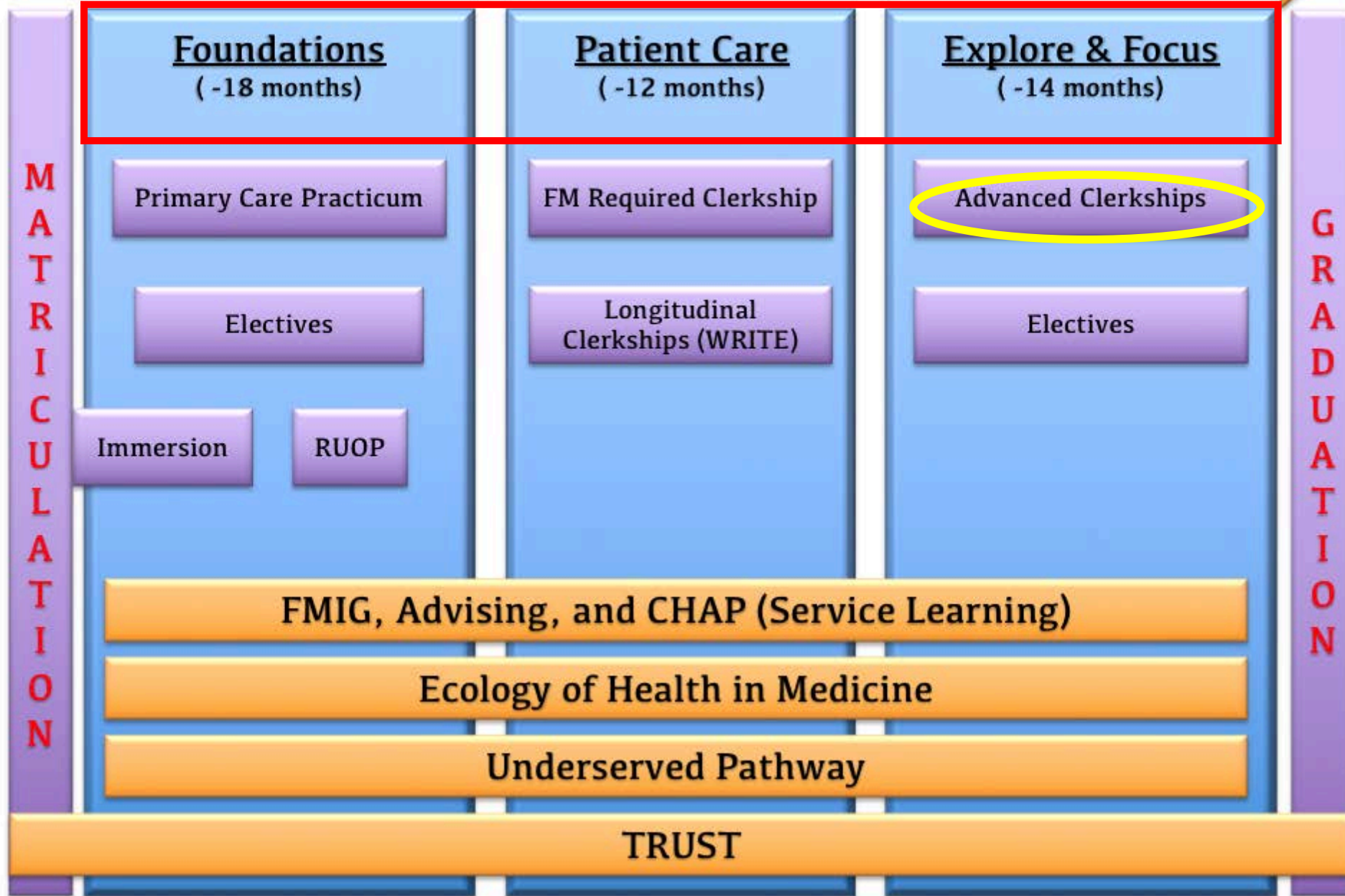
Explain what APCs and AOCs are

Describe two ways to use EPAs effectively in the AOC clerkship



What are AOCs
and where did
they come from?

Family Medicine in the new UWSOM Curriculum



APC clerkships

Most FM APCs (other than Sub-Is) are very active experiences primarily in the outpatient setting.



Some FM APCs:

FAMED 671	P-Social and Structural Determinates of Health
FAMED 701	P-WRITE Advanced Outpatient Clerkship
FAMED 702	Advanced Family Medicine Outpatient Clerkships Fircrest

Sub-Is

All FM Sub-Is are at residency sites. FM sub-Is can be mostly inpatient, mostly outpatient, or a mix.



There are currently 25 FM Sub-I sites

AOC

Goals and objectives (see handout)

GOALS:

- 1. Take on primary responsibility for patient care with appropriate supervision**
- 2. Refine core clinical skills**
- 3. Improve clinical reasoning and expand medical knowledge**
- 4. Work as an integral part of the clinic team**

Welcome

- Overview of the UWSOM “New Curriculum”
- Contacts

Advanced Patient Care (APC) Clerkships:

- APC Requirements
- FM Sub-Internships

APC Clerkships: Goals and Objectives

APC Site Director Role and Responsibilities

- Educator Role and Responsibilities

APC Site Administrator Role and Responsibilities

Setting Goals and Providing Feedback

- GLEAM
- Daily Feedback Cards
- Use of EPAs (Appendix A)
- PRIME model

Evaluations and Grading

- How to Complete E*Value Comments
- Medical Student Evaluation of APC Clerkship

Valuable Teaching Resources

- STFM Teaching Physician
- Aquifer (formerly MedU) Cases

Letter of Recommendation Tips

UWSOM Medical Student Policies

- UWSOM Medical Student Work Hour Policy
- UWSOM Absentee Policy
- Implicit Bias in the Learning Environment
- Student Wellbeing
- Student Mistreatment

Appendix A

- Entrustable Professional Activities (EPAs)
- Observed Critical Functions

FM APC
Educator and
Admin Guide
(pdf)



What are EPAs
and where did
they come from?

Residency program directors expressed increasing concern that medical school graduates are not prepared for residency



In 2014, the AAMC established the 13 Core EPAs for Entering Residency

AAMC's 13 Core Entrustable Activities for Entering Residency²

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility
9. Collaborate as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Entrustable Professional Activity

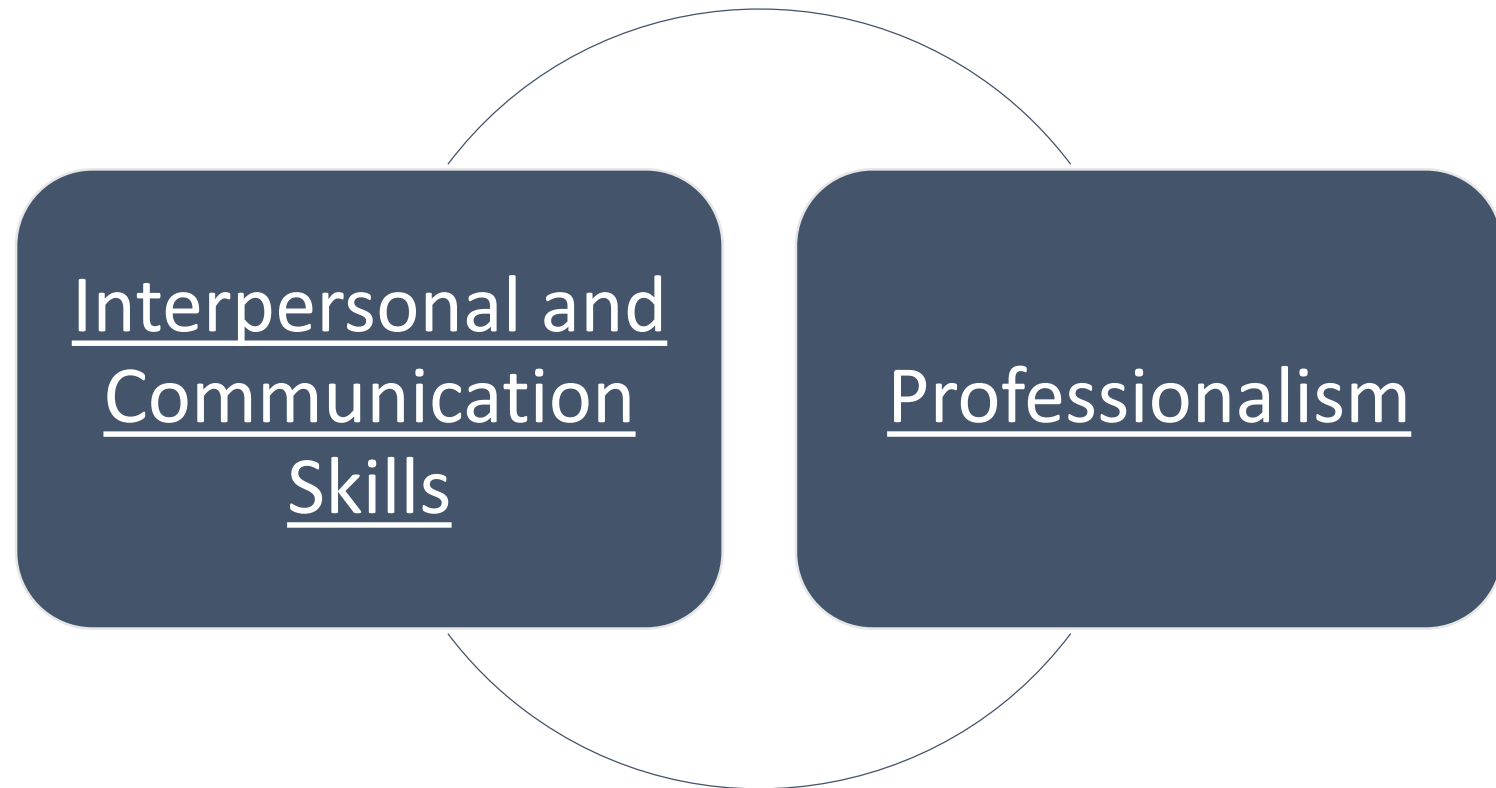
- EPAs are units of professional practice; tasks or responsibilities that trainees are entrusted to perform once they have attained sufficient specific competence.
- EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions.
- Each EPA has critical functions that constitute an EPA

*two
competencies
are
foundational
to all EPAs*

Learners should have these before any entrustment decision is made:

- 1) trustworthiness*
- 2) self-awareness of limitations that leads to appropriate help-seeking behavior*

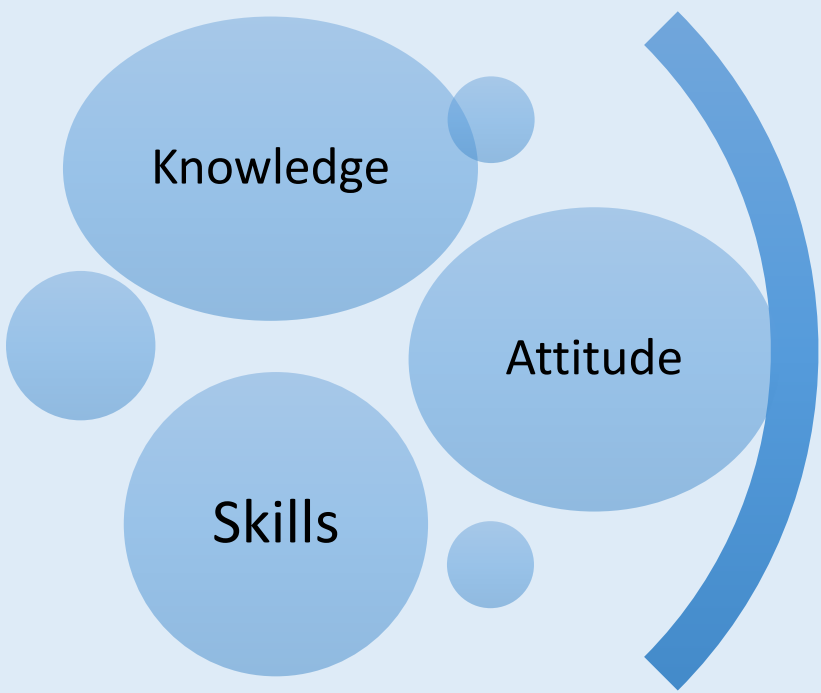
These two competencies are integrated throughout the EPAs



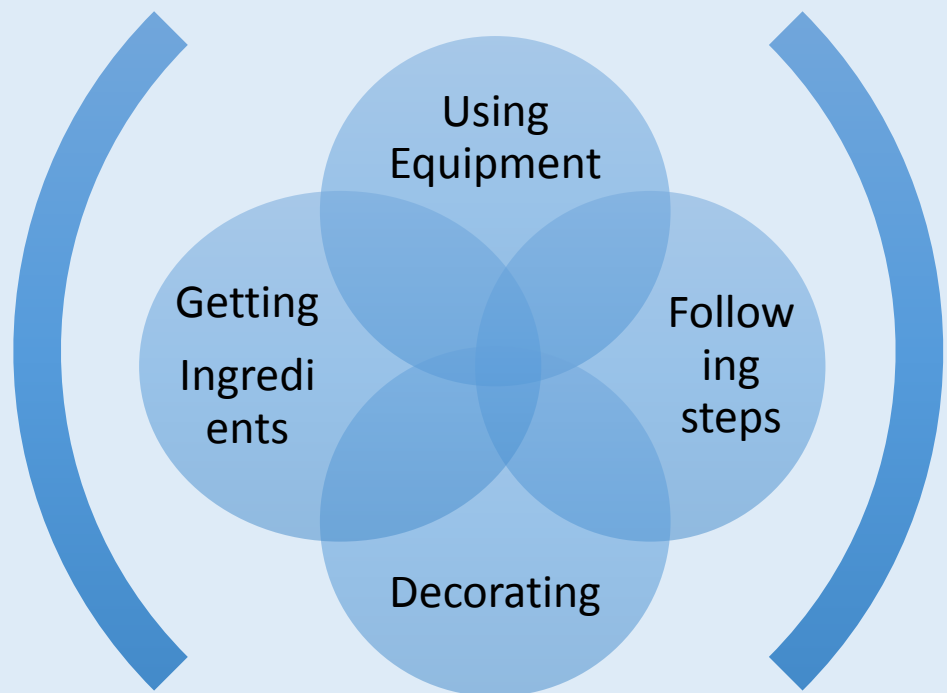
A different kind of example

Credit: Amanda Kost

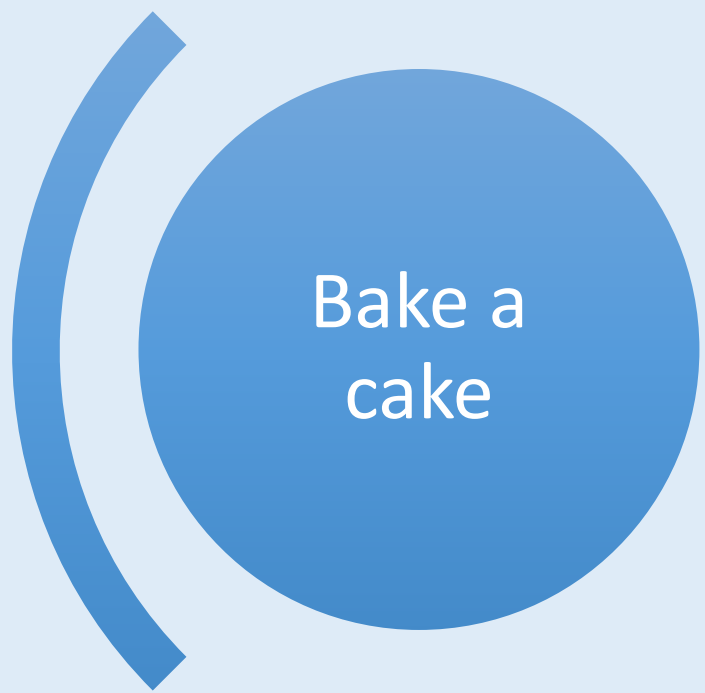




Curricular Elements



Competencies



Entrustable Activity

Curricular
Elements

Knowledge

- Measuring solids vs liquids
- How to judge banana ripeness

Skills

- Reading the recipe
- Using a hand-mixer
- Separating yolks from whites

Attitudes

- Being generous about sharing cake
- Using the kitchen with others

Critical
functions of
baking a
cake

Choose the
right kind of
cake to bake
for the right
occasion

Read
instructions

Follow the
instructions
without
making
modifications

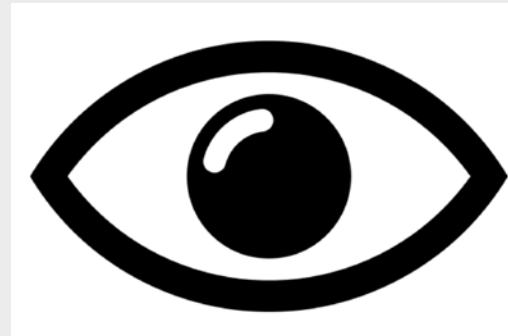
Shares
appropriately

Yes, I can trust
them to make
a cake



Why pay attention to critical functions?

- Maybe learner used a mix instead of baking from scratch
- Did they actually do all the measuring or did someone help?
- Maybe they skipped some steps and were lucky that it turned out ok
- Did they actually share it or did they bring it work and eat it all themselves?



Or....

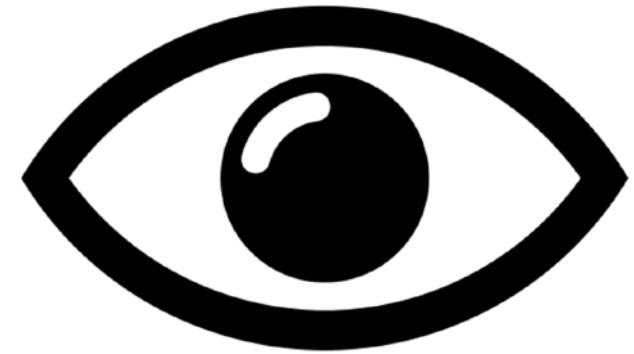
Can use them
to figure out
what can be
improved



never/ rarely	some- times	mostly/ always	N/A or not observed	Observed Critical Functions for EPA 5: Document a clinical encounter in the patient record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter, organize, and prioritize information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthesize information into a cogent narrative.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record a problem list, working and differential diagnosis and plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comply with requirements and regulations regarding documentation in the medical record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record documentation so that it is timely and legible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document patient preferences to allow their incorporation into clinical decision making.

EPAs 1-6

ENTRUSTMENT ASSESSMENT



No	Hesitant			Yes
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the Student Entrustable?				
1 = "I had to do the activity myself" (student un				
2 = "I had to talk student through the activity"				
3 = "I had to direct the student from time to time				
4 = "I needed to be available just in case" or "I r				
5 = "I did not need to be there" or "I did not nee				
EPA 1: Gather a history and perform a physical examination Number of observations: _____				
EPA 2: Prioritize a differential diagnosis following a clinical encounter Number of observations: _____				
EPA 3: Recommend and interpret common diagnostic and screening tests Number of observations: _____				
EPA 4: Enter and discuss orders and prescriptions Number of observations: _____				
EPA 5: Document a clinical encounter in the patient record Number of observations: _____				
EPA 6: Provide an oral presentation of a clinical encounter Number of observations: _____				

idance)
input"

Entrustment Scale in Context*

1= Observation. ***“Watch Me Do This”***

2= Active Demonstration. ***“Let’s Do This Together”***

3=Perform with Direct Observation/Supervision. ***“I Will Watch You”***

4= Perform Independently with Supervision.

“You Go Ahead, and I Will Double-check All of Your Findings”

5= Trust with verification.

“You go Ahead, and I Will Double-check Key Findings”

* Adapted from Modified Chen Scale

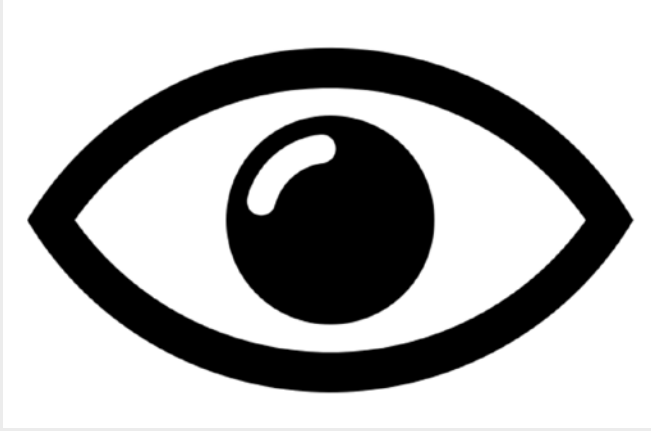
WRITE AOC is
ideal for EPAs

AAMC says....

“The *ideal* implementation and assessment system will give students many opportunities to practice with repeated, low-stakes formative assessments, culminating in entrustment decisions”

Tips:
Beginning
AOC

- Have student use EPA form for self-assessment
- Review where they see themselves at, and where you see them
- Identify areas to work on together



Tips: Observations

- Break them up- don't have to see everything at once
- Make sure you do observe what you agreed to work on
- Have your colleagues or experienced staff fill out **critical functions** if they watch student work/interact with patients

Tips:
Mid & end-of-
rotation
feedback
Evaluations

- Review EPA form with student again at mid and end-of rotation
- When you need to fill out comments sections of grading form in E*Value, this form can help you remember what student did well (and what they can work on)

Please share your
advice

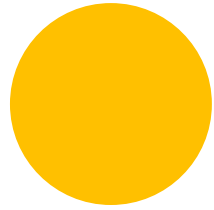
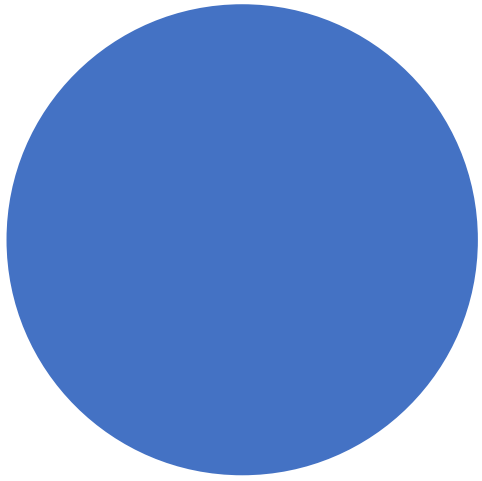


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Questions or
comments?

