Entrustable Professional Activities

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Ready for independent practice. . . or not?

“The expanding essential knowledge, skills and attitudes required of attending physicians can be discovered through careful observations and descriptions of activities of physicians in their real world practice environments”.

<table>
<thead>
<tr>
<th>Competency domains ➔</th>
<th>Medical knowledge</th>
<th>Patient care</th>
<th>Interpersonal skills &amp; communication</th>
<th>Professionalism</th>
<th>Practice-based learning &amp; improvement</th>
<th>Systems-based practice</th>
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<tbody>
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<td>EPA examples</td>
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<td>Consulting new ambulatory patients</td>
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<td>Providing first treatment of mild traumas</td>
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<td>Initiating cardio-pulmonary resuscitation</td>
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<td>Discussing medical errors with patients</td>
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http://southdaviskids.com/are-your-kids-making-one-of-these-10-common-tooth-brushing-mistakes/
Exercise 1: Create an EPA

• **Title:**
  Make it short; avoid words related to proficiency or skill. Ask yourself: Can a trainee be scheduled to do this? Can an entrustment decision for unsupervised practice for this EPA be made and documented?

• **Description**
  To enhance universal clarity, include everything necessary to specify the following: What is included? What limitations apply? Limit the description to the actual activity. Avoid justifications of why the EPA is important, or references to knowledge and skills.

• **Domains of Competence**
  Which competency domains apply? Which subcompetencies apply? Include only the most relevant ones. These links may serve to build observation and assessment methods.

• **Required Knowledge, Skills, and Attitudes (KAS)**
  Which KSAs are necessary to execute the EPA? Formulate this in a way to set expectations. Refer to resources that reflect necessary or helpful standards (books, a skills course, etc).
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Exercise 2: How to assess the EPA

• Information to assess progress
  Consider observations, products, monitoring of knowledge and skill, multisource feedback.

• When is unsupervised practice expected?
  Estimate when full entrustment for unsupervised practice is expected, acknowledging the flexible nature of this. Expectations of entrustment moments can shape an individual workplace curriculum.

• Basis for formal entrustment decisions
  How many times must the EPA be executed proficiently for unsupervised practice? Who will judge this? What does formal entrustment look like (documented, publicly announced)?
Level of Supervision

- Providing supervision to juniors
- Acting unsupervised
- Acting with supervision available in minutes
- Acting with direct supervision
- Observing the activity
EPAs for CA 1 in Anesthesia

**EPA 1:** Preoperative assessment of an adult ASA 1/2 patient for a low complexity intervention

**EPA 2:** Basic airway management in a fasted, adult patient without expected difficult airway

**EPA 3:** Anesthesia induction of a fasted, adult ASA 1/2 patient without expected difficult airway for a low complexity intervention

**EPA 4:** Postoperative prescriptions for an adult ASA 1/2 patient after a low complexity intervention

**EPA 5:** Intraoperative care of an adult ASA 1/2 patient for a low complexity intervention
Intraoperative care of an adult ASA 1/2 patient for a low complexity intervention

Description:

- “Intraoperative” is defined as the period between the beginning of the operation and the end of the operation.
- This EPA includes all forms of general anesthesia (GA) such as total intravenous anesthesia or balanced anesthesia using airway devices such as mask, the laryngeal mask or tracheal tube) as well as analgesic sedation, and all forms of regional anesthesia (RA)
- Anticipated blood loss <500ml
Intraoperative care of an adult ASA 1/2 patient for a low complexity intervention

Knowledge, Skills, and Attitudes

• knows the workplace and organizes it tidily and ergonomically
• uses drugs and blood products with the appropriate indication and in a safe manner
• adjusts the fluid management according to the patient’s needs and the requirements of the intervention
• uses devices safely (e.g. ventilator, perfusion pump, etc.)
• communicates effectively in a team
• adheres to local hygiene regulations
• gets timely assistance (knows the limits of his or her expertise)
Relationship of EPA, Competencies and Milestones

Entrustable Professional Activity

- Knowledge for Practice
  - KP 3
  - KP 4
- Practice-Based Learning and Improvement
  - PBLI 1
  - PBLI 3
  - PBLI 6
  - PBLI 7
  - PBLI 9
- Interpersonal and Communication Skills
  - ICS 2
- Personal and Professional Development
  - PPD 1
  - PPD 5

Milestone

Adapted from Aschenbrener 2014
References


• Marty, Adrian P et al. “All in - Development of Nested EPAs for PGY1 in Anesthesiology with early stakeholder involvement.” (in Preparation)