

Teaching Tips

Volume 6 Issue 3 March 2015

Department of Family & Social Medicine Faculty Development E-Newsletter

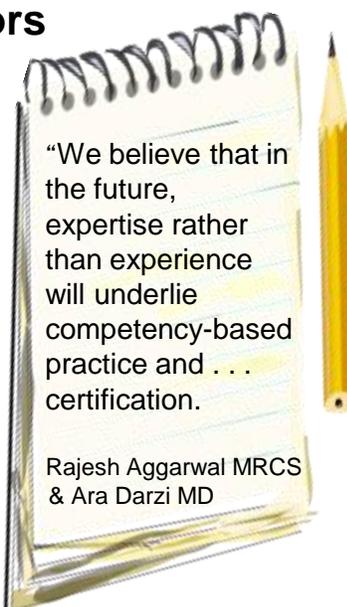


Entrustable Professional Activities : Part 2 - Descriptors

Competency-based education and training requires educators to set benchmarks of achievement(s) in skills and behaviors for pre-specified tasks. Entrustable Professional Activity (EPA): Descriptors of work - EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform **unsupervised** 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. EPAs translate competencies into clinical practice. The following table provides guidelines for developing a few EPA descriptions.

EPA	<i>Gather a history and perform a physical examination</i>	<i>Prioritize a differential diagnosis following a clinical encounter</i>	<i>Recommend and interpret common diagnostic and screening tests</i>
Description	Perform an accurate complete or focused history and physical exam in a prioritized, organized manner and with respect for the patient.	Integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis.	Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting.
Required Knowledge, Skills, and Attitudes (KSAs) (examples, not comprehensive)	<ul style="list-style-type: none"> Demonstrate patient-centered interview skills (attentive to patient's verbal and nonverbal cues, social determinants of health, and need for services; seeks conceptual context of illness). Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic). 	<ul style="list-style-type: none"> Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations. Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis. Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan. 	<ul style="list-style-type: none"> Recommend a first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance. Provide a rationale for the decision to order tests. Interpret the results of basic diagnostic studies (both lab and imaging); know common lab values (e.g., electrolytes).
Most relevant domains of competence	PC; KP; PBLI; ICS; PPD	PC; KP; PBLI; ICS; PPD	PC; KP; PBLI; SBP
When is unsupervised practice expected	End of Family Medicine clerkship	End of 3rd year of medical school	End of 4th year of medical School
Means to assess progress	Observation, demonstration, interactive supervision, supervised teaching of peers and juniors		

Competencies: PC = Patient Care, KP = Knowledge for Practice, PBLI = Practice-Based Learning and Improvement, ICS = Interpersonal Skills and Communication, P = Professionalism, SBP = Systems-Based Practice, IC = Interprofessional Collaboration, PPD = Personal and Professional Development



"We believe that in the future, expertise rather than experience will underlie competency-based practice and . . . certification.

Rajesh Aggarwal MRCS & Ara Darzi MD

References / Resources:

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