ENTRUSTABLE PROFESSIONAL ACTIVITIES: INDIVIDUAL RESIDENT EDUCATION PLANS

Background

Entrustable Professional Activities (EPAs) are the next step in Competency-Based Graduate Medical Education (CBGME). The core competencies, sub-competencies and milestones for family medicine are seen as too long and theoretical for practical use in evaluation and curricular design. (Reference Ten Cate JGME March2013 page6-7). EPAs are designed to link competencies to clinical practice and make them feasible. (IBID). The power of EPAs is their clarity in describing the activities of our profession and the linking or mapping to competencies. See the EPA overview document for further background on EPAs.

The use of EPAs in CBGME is challenging because the competencies, subcompetencies and milestones came first from the Accreditation Council for Graduate Medical Education (ACGME) and the EPAs were developed later through Family Medicine for American's Health. There was no natural connection between these two major components of CBGME, competencies and EPAs. While challenging, once these two different ways of thinking and speaking about our specialty are married together, a richer understanding of family medicine emerges.

The EPAs and their associated subcompetencies and milestones can be used in a number of ways in resident education including resident evaluation, resident education plan and curriculum planning. This paper will address methods for using EPAs in the design, implementation and evaluation of residency curriculum. Please see the other papers from the taskforce for a more detailed overview of the EPAs and their other uses in residency education.

Entrustable Professional Activities as a Tool for Development of Individual Resident Education Plans

The Family Medicine Entrustable Professional Activities describe the activities that each family physician should be able to perform without supervision at the time of graduation from residency training. The use of EPAs for learners connects the competencies with practice, and assesses learners in performance of clinical activities rather than broad competency domains.[1] This type of clinical assessment might match the language received from some preceptors and community physicians and thus be a useful tool for linking feedback and resident educational plans. Residents can use the EPAs to visualize the end results expected in clinical performance, which may be particularly motivating.

Learning Plans for Residents Requiring Remediation:

Clinical Competency Committees can review feedback, evaluations and milestones to find particular instances where the EPAs can be useful tools for developing individual education plans and remediating residents as necessary.

1. Outside evaluators may provide comments or assessments that align more closely with an EPA than a milestone or curricular learning objective.
    For example: A frustrated attending may write, *"This resident should not practice OB!"*
        Steps for developing an individual education plan
    a. Find the corresponding EPA(s)
        In this example, EPA 11: (Manage prenatal, labor, delivery and postpartum care)
    b. Identify milestones to which the EPA is mapped on the "Subcompetency with Milestone Level" grid (page 4-5 of this document).

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> *EPA 11 maps to multiple milestones, [learning plan example](#).*

   c. Review the last CCC assessment of milestones for this learner.
   d. Compare the above milestones and note which EPA-associated milestone scores are below that expected for entrustment for independence for the EPA.
   e. Make these unmet milestones the focus of the learning plan.
   f. Review the Global Evaluation Methods suggested for that EPA to ensure that you are utilizing multiple assessment techniques.

2. Reverse-mapping of the EPAs in learning plans allows the faculty advisor and CCC to visualize the consequences of inadequate performance in particular subcompetencies or milestones.
   A resident may be performing lower than expected in SBP-4 and was rated as "does not meet" expectations for subcompetencies at Level 3 (Engages the appropriate care team…, and Assumes responsibility for seamless transitions of care). In an advisor meeting or semi-annual meeting, this is reviewed with reverse mapping to show that this will affect their performance in multiple EPAs (EPA 1,2, 5,7,8,9,11,12,13,14,15,19.)
      a. Review the subcompetencies and milestones in which this particular learner has not demonstrated adequate performance
      b. Use the "EPAs to Subcompetency and Milestone Level" map to determine which EPAs would include that milestone
      c. Review the list of Family Medicine EPAs with the resident, highlighting how current performance places them at risk of being unable to fulfill their desired professional role in the future.

Learning Plans for On-track or High-functioning Residents:

Traditionally programs preferentially develop learning plans for residents requiring remediation. However, EPAs and associated milestones provide an opportunity for high-functioning residents to develop learning plans with aspirational goals for future practice. Residents can visualize future practice activities and work with their faculty to devise a learning plan to help them achieve entrustability. This process uses reverse mapping to the subcompetencies and milestones, but with particular focus on the higher level milestones (level 4 and 5) as developmental achievements for a learning plan and resident attainment. This will also help faculty to avoid the "halo effect" and recognize previously unidentified learning needs.

Steps for developing learning plan for on-track and high-functioning residents:

1. Resident identifies their future practice plan
   For example: wants to work in advocacy and address health disparities–
2. Identify EPA(s) related to these goals
   In this example primarily EPA 18 (Advocate for patients, families, and communities to optimize health care equity and minimize health outcome disparities) *and includes some of 16 (Use data to optimize the care of individuals, families and populations).*
3. Map these EPAs to subcompetencies and milestones using map (page 4-5 of this document).

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4. Compare the above milestones and set EPA-associated milestone goals 1-2 levels above current performance. *Learning plan example*
5. Make these stretch milestones the focus of the learning plan. See separate document for using EPAs in curriculum development.

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1Ten Cate, O. Entrustment as Assessment: Recognizing the Ability, the Right, and the Duty to Act. *JGME*, May 1, 2016: 261-262.

Entrustable Professional Activities

Subcompetency with Milestone Level