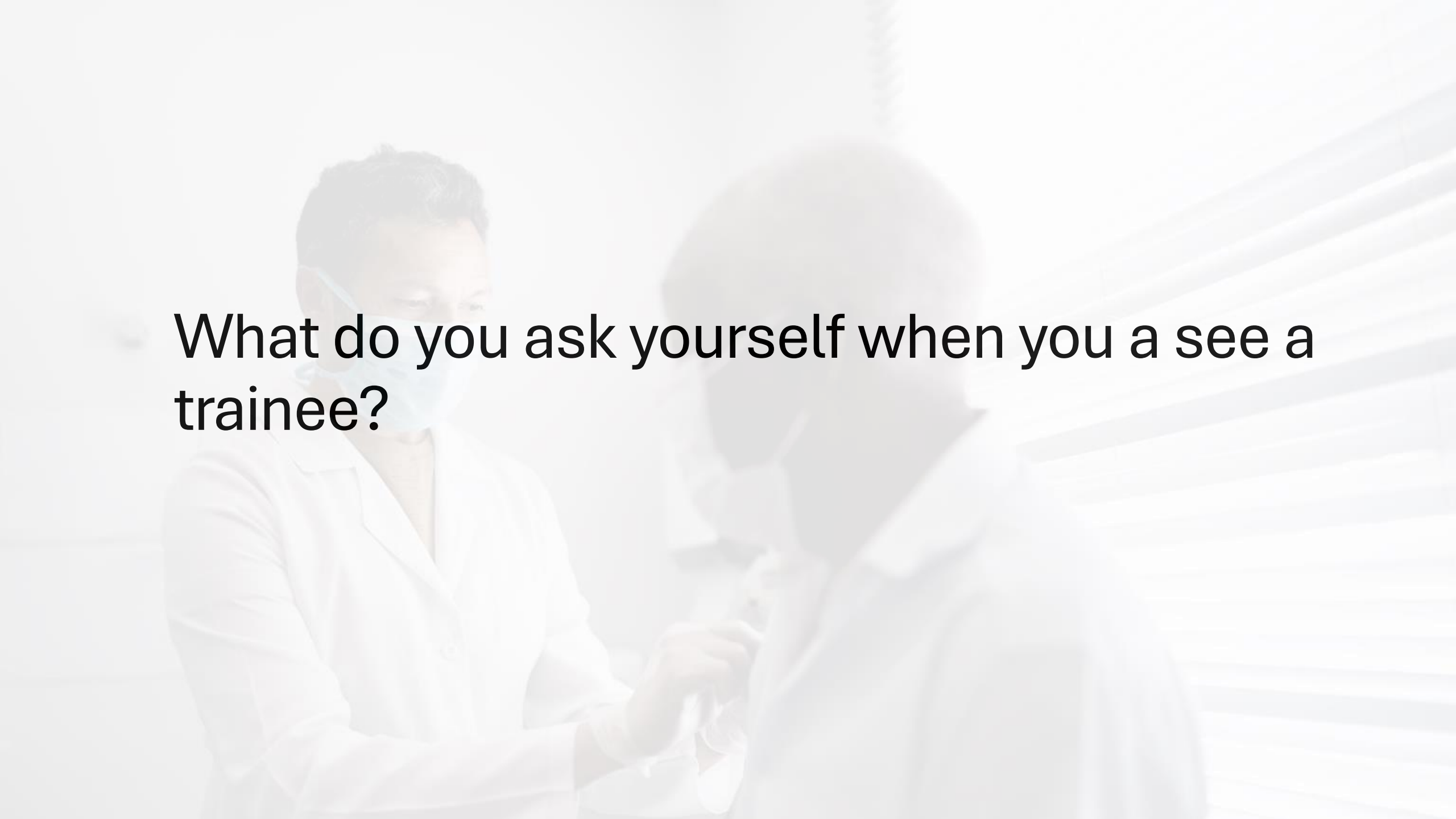
EPA Implementation

Orientation
for
Faculty

National Institute for Health Specialties - UAE

Overview

- What is an EPA
- Why do we need EPAs
- How EPAs differ from Competencies and milestones
- Core characteristics of EPAs
- Levels of supervision
- Entrustment decisions
- Trainee and Faculty Roles
- Struture of EPA- Where do you find it?
- Policies for promotion



What do you ask yourself when you a see a trainee?

Terminology of E-P-A

Entrustable

- Acts that require trust by
  - Colleagues
  - Patients
  - Society

Professional

- Confined to an occupation with extra-ordinary qualification and rights

Activities

- **Tasks** that must be done

What is an EPA?

An EPA is

- a **unit of professional practice** (task or bundle of tasks)
- that can be fully **entrusted** to an individual,
- once they have **demonstrated** the necessary competence to execute them **unsupervised**.

Why do we need EPAs?

EPAs

- Help identify and **assess** the **real tasks** that doctors must do.
- Convert **competencies** into **day-to-day activities**
- Assess readiness for **"independent"** practice

What do doctors ask themselves?

Can I allow them to do this procedure?

Can I trust them to do it while I do other things?

Can I leave this theatre?

Core Principles of EPAs

EPAs are

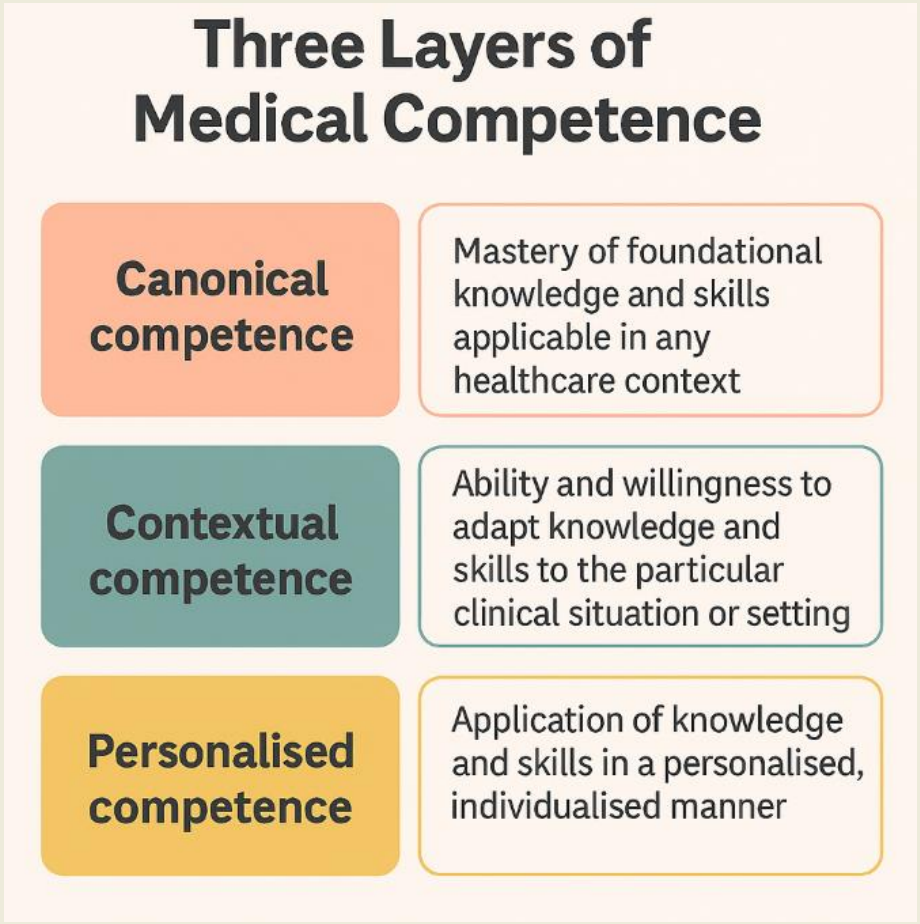
- **Real questions** asked by doctors
- **Real-life** clinical situations
- Decisions of trust differs with **context**

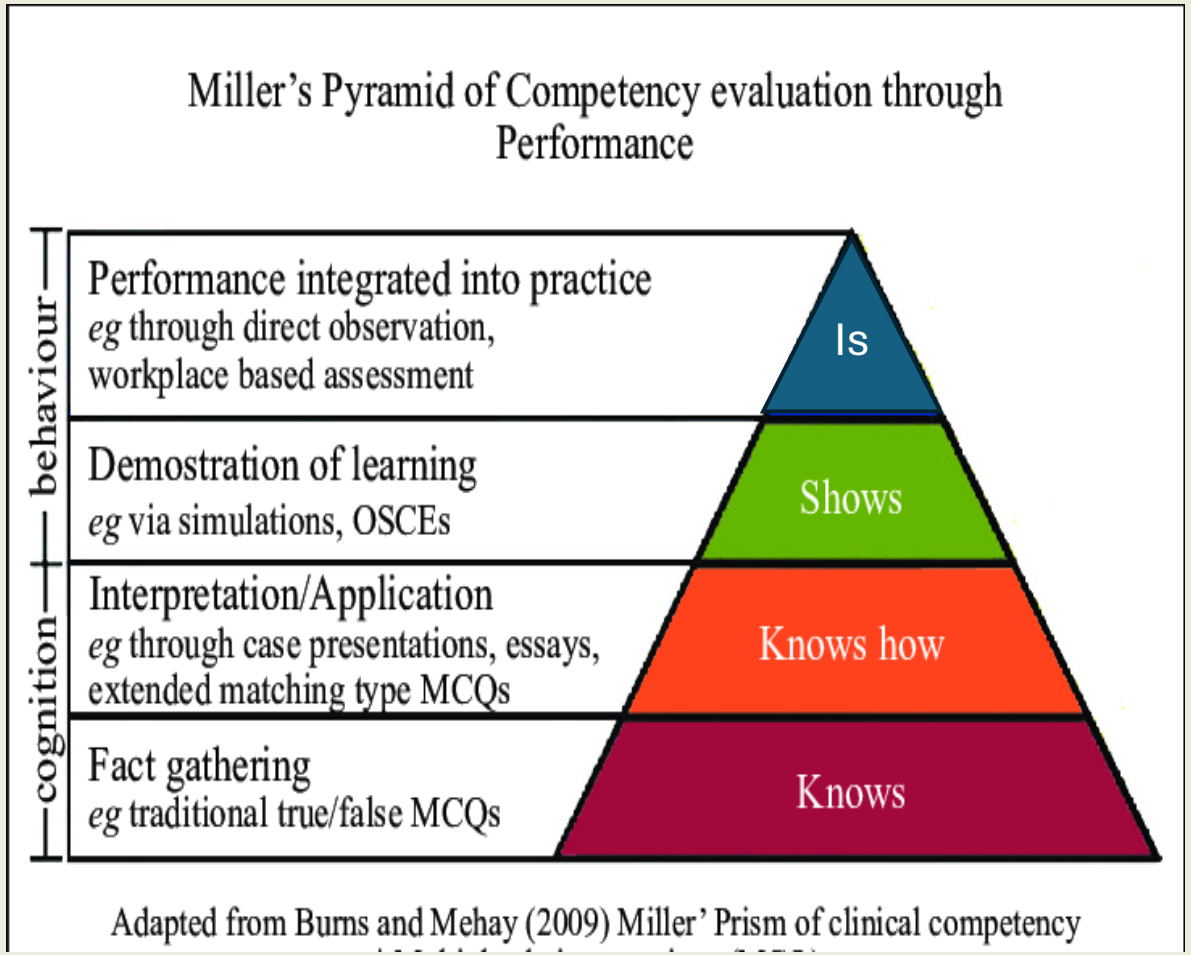
Example

- A teenager boy who just got a driving license….
  - *Would you trust him to drive you to work one day?*
  - *Would you trust him to drive your kids on a long trip to Dubai?*

Entrustment is contextual and differs based on the **task, trainee** & **environment**.

Layers of Medical Competence





Olle Ten Cate 1, Natasha Khursigara-Slattery 2, Richard L Cruess 3, Stanley J Hamstra 4 5, Yvonne Steinert 3, Robert Sternszus 6
Med Educ. 2024 Jan;58(1):93-104. doi: 10.1111/medu.15162. Epub 2023 Jul 16.
Medical competence as a multilayered construct

Examples of Competence

- **Knowing (Canonical Competence)**
- **Doing (Contextual Competence)**
- **Being (Personalised Competence)**

- Basic concepts of CPR
- Actually performing CPR
- Leading a code team

- Knowing when and WHICH to give antibiotics
- Prescribing the correct one
- Being professional under pressure

Core Principles of EPAs contd.

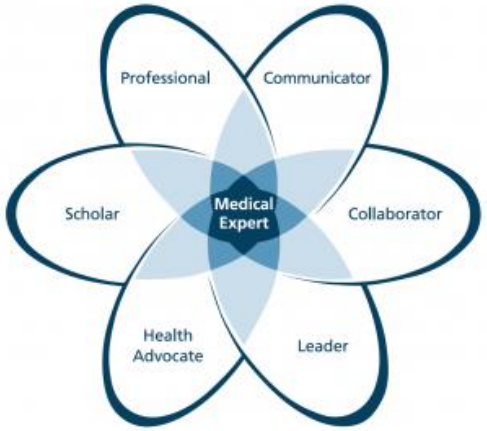
Each EPA :

- Is observable, and measurable
- Covers **multiple** competencies
- Has many **tasks** to be assessed
- Is an actual **decision**
- Assesses progression over time

"Not pass-fail decisions"

The six ACGME Core Competencies are as follows:

- Practice-Based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-Based Practice
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism



CanMEDS

Types of assessment

Formative Assessment

- Every day
- By the faculty/trainer
- It is formative with feedback for improvement
- Cumulative

Summative Assessment

- At 3-6 months intervals.
- The CCC and the PD will review the overall results
- Decisions to **grant entrustment**.

Competencies vs EPAs

Competencies

- **Person descriptors**
- Includes KSAV

- Content expertise,
- health system knowledge,
- communication ability,
- management ability,
- professional attitude,
- scholarly skills

EPAs

- **Work-descriptors**
- Essential tasks of practice

- Discharge patient,
- counsel patient,
- lead family meeting,
- design treatment plan,
- insert central line
- **Manage Resuscitation**

EPAs vs Milestones

EPAs

- Work-descriptors

Essential tasks of Practice

- can be learnt, taught, performed, and assessed in real and simulated practice.

- Discharge patient,
- counsel patient,
- Manage rescusitation

Milestones

- **Components** of EPA/Comp

- Specific measurable and observable **steps**
- Required to fully demonstrate EPA achievement

- Interpret Cardiac rhythm,
- initiate high quality CPR,
- coordinate arrest cart retrieval

Real-Life Examples of EPAs

Med Internship:	• EPA 1: Gather a history and perform a physical examination
Pediatrics:	• EPA 1: Performing and presenting a basic history and physical examination
Internal Medicine:	• EPA 1: Performing histories and physical examinations, documenting and presenting findings, across clinical settings for initial and subsequent care
Anesthesia:	• EPA 1: Performing preoperative assessments; monitoring; and postoperative transfer of care of healthy adult patients for non-complex surgical procedures
Emergency Medicine:	• EPA 1: Manage a low acuity, low complexity “stable patient

HOW DO YOU ASSESS?

Five Levels of Supervision

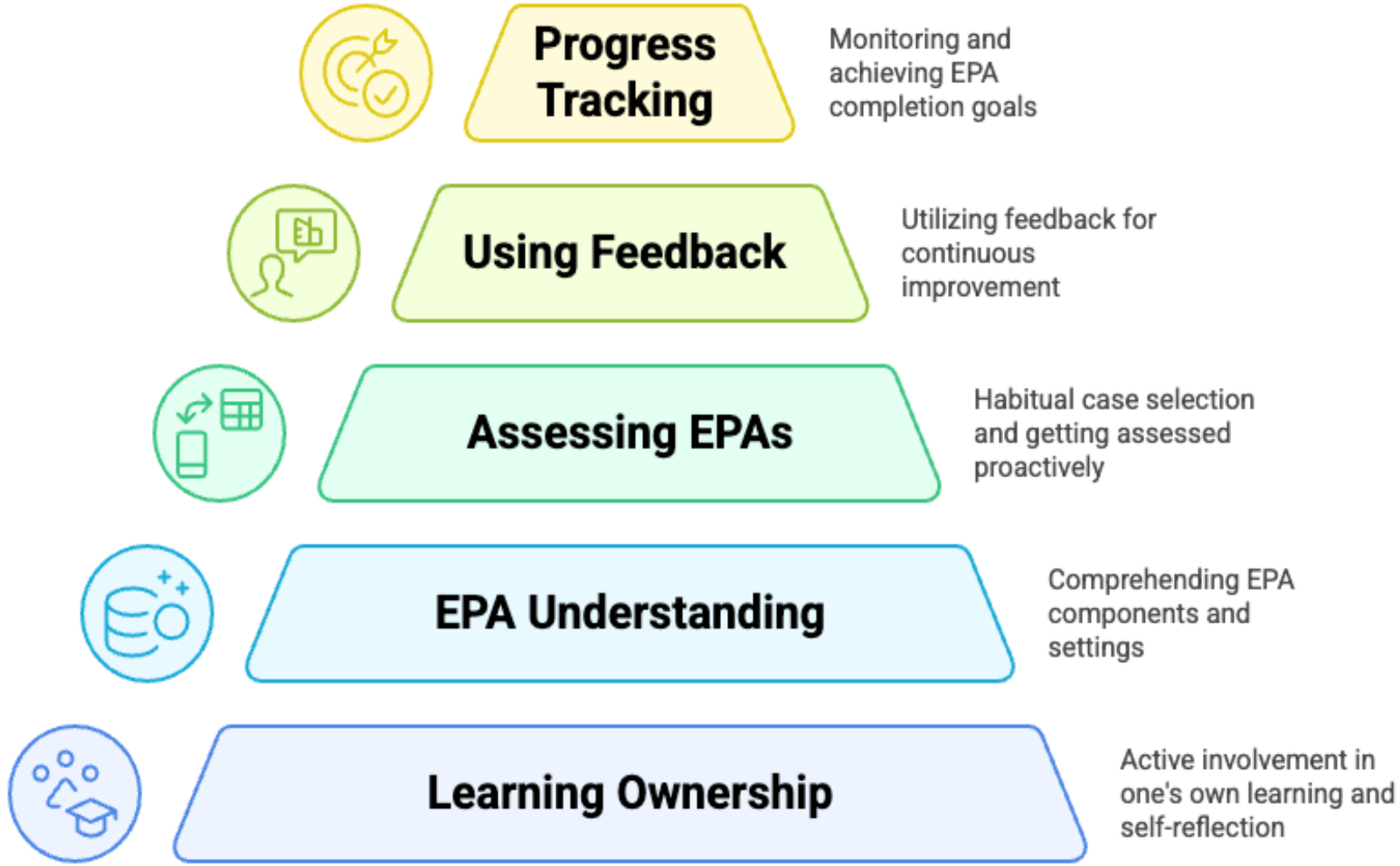
WHAT DO THEY MEAN?

- 1️⃣ Level 1 – Not allowed to practice (only observe).
- 2️⃣ Level 2 – Allowed to practice under direct supervision.
- 3️⃣ Level 3 – Allowed with indirect supervision (supervisor available).
- 4️⃣ Level 4 – Allowed to practice independently.
- 5️⃣ Level 5 – Trusted to supervise others.

Levels of Supervision:

Based on this observation overall:				
1 **Observation** without execution even with direct supervision	2 Execution with **direct** supervision	3 Execution with **reactive** supervision i.e., on request quickly available	4 Execution with Supervision at **Distance** and/or post hoc	5 Trusted to perform without supervision. Can supervise junior colleagues
Milestones associated with this EPA:				
Has knowledge 1	Performed task under full supervision 2	Performed task under indirect supervision i.e on request and quickly available 3	Performed task with conditioned independence 4	Previous + Can teach and supervise 5

Trainee Responsibilities:



Made with Napkin

Faculty role -Educator

1. Educating trainees on the components of EPA

- components and tasks
- diverse patient settings that vary by age, complexity, urgency, and context.

2. Reinforcing strategies for implementation of EPA

- How to adapt same EPA to outpatient clinic, emergency room, or ICU.
- How to document progression through stages.
- Motivate to demonstrate **skills explicitly**

3. Role-model constructive feedback & Motivation:

- Accept feedback, even criticism, and use it constructively.
- **Motivate** high level of workplace efficiency.
- Ensure safe environment

Faculty role –Assessor and Mentor

1.Assessment and Scoring:

- Observing how each step is performed, focusing on all components or N/A

2.Verbal and written narrative Feedback:

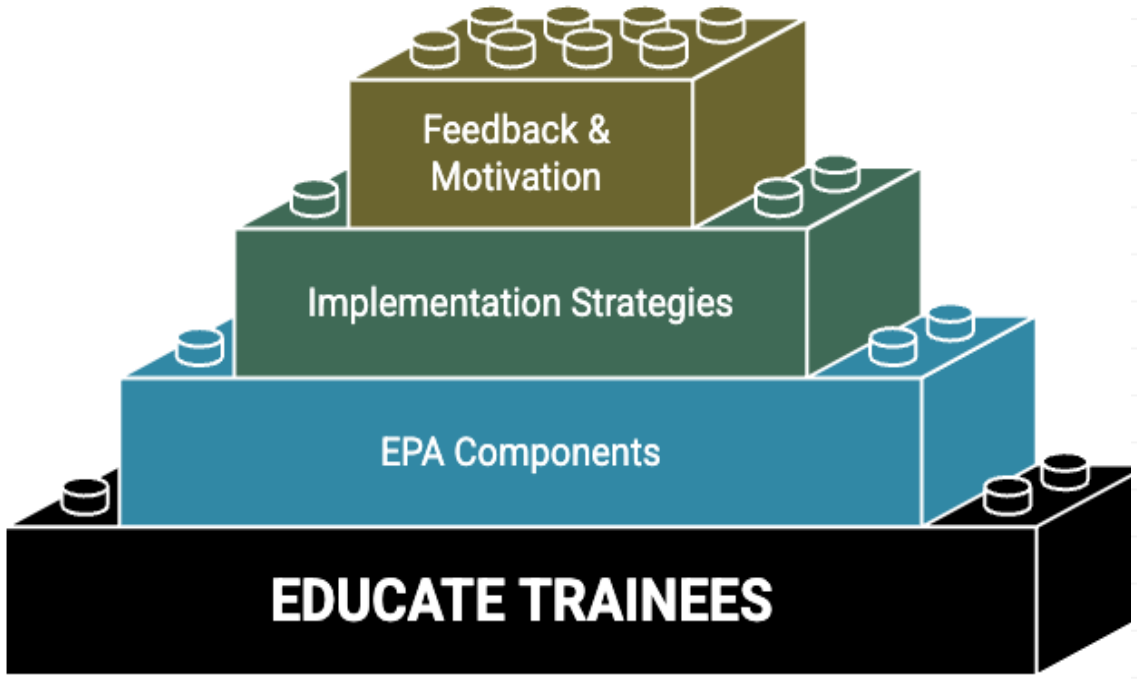
- Constructive narrative feedback **verbally and written** in the portfolio.
- The goal is improvement and not perfection on the first attempt.

3.Authenticate entry into e-Portfolio:

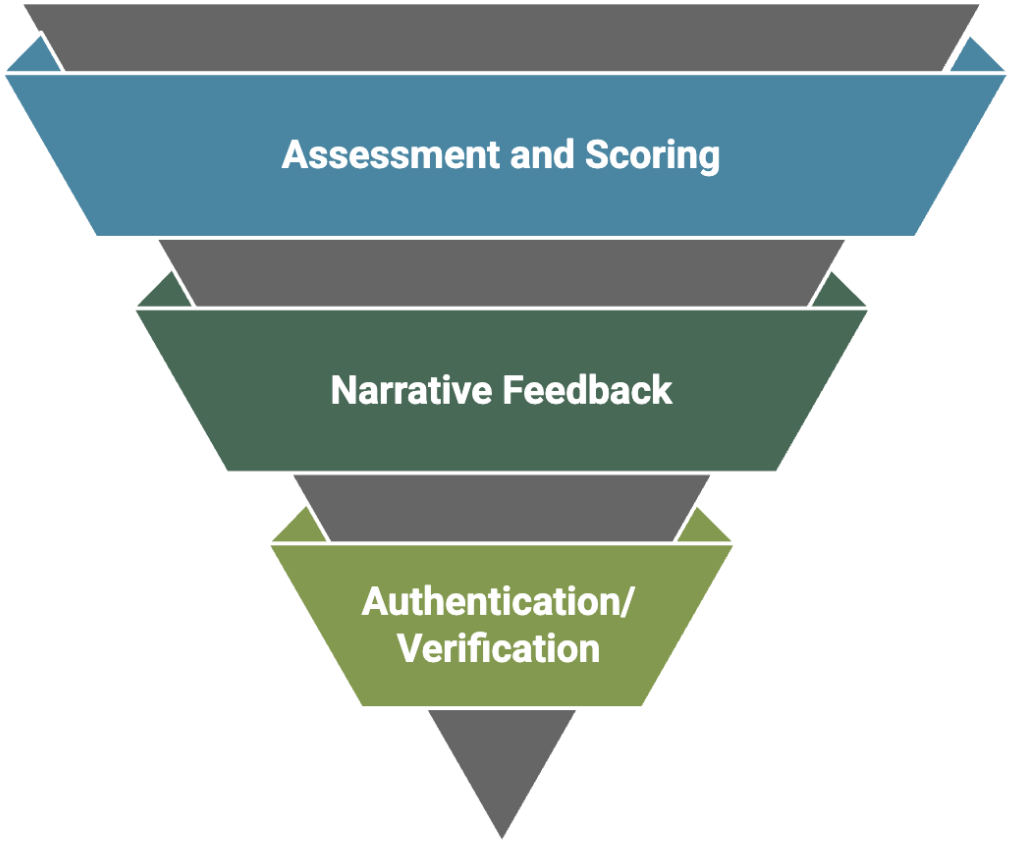
- Integrate into daily clinical practice
- Verify all assessments - honest, timely, and detailed

Faculty Role

Educator Role of Faculty



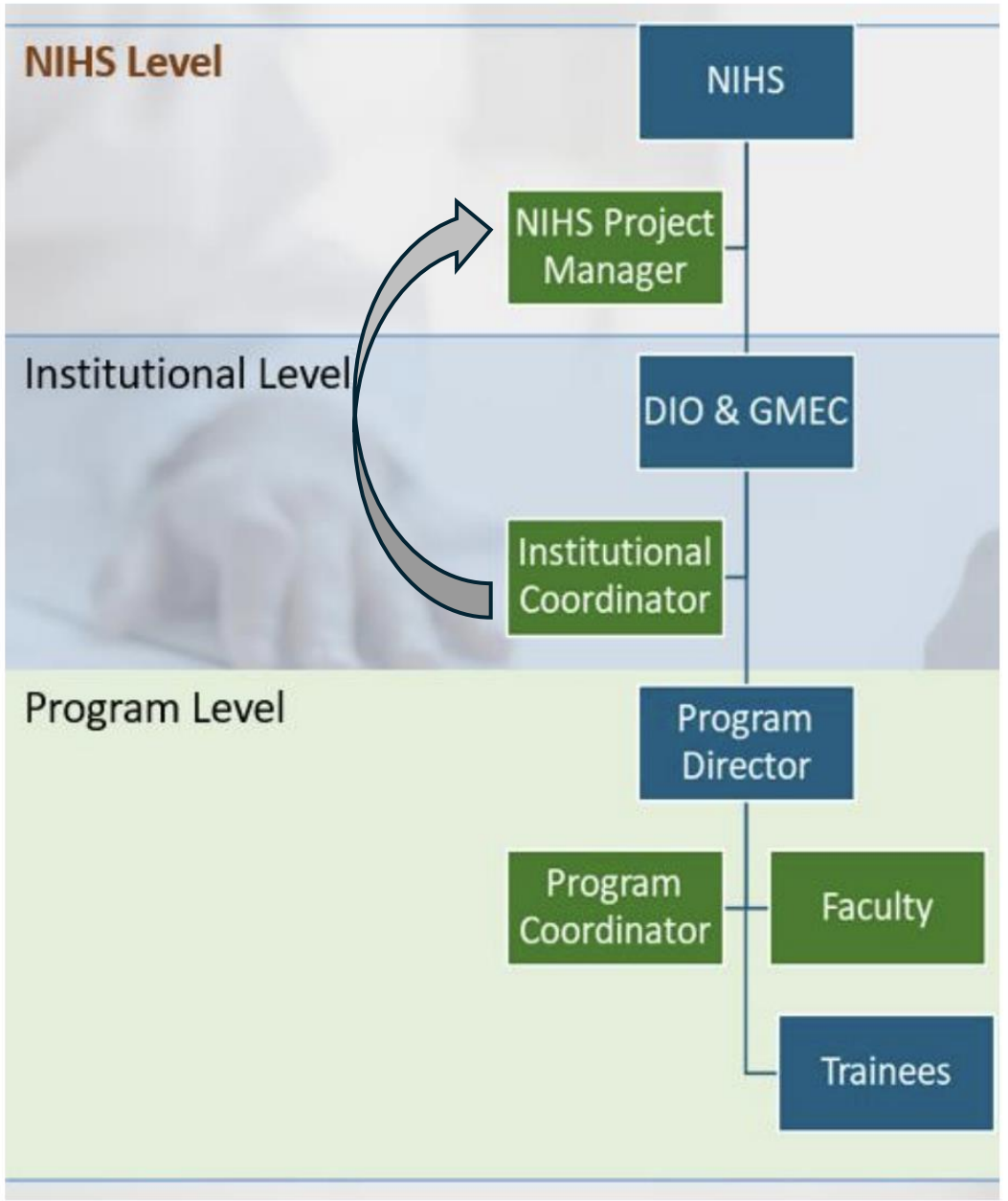
Assessor Role of Faculty



The **Principal contact person** (usually the institutional Coordinator) is the sole point of contact with the NIHS.

The programs should provide the Trainees with the following:

1. E-Portfolios and Systems
2. Guidelines and Manuals
3. Training Opportunities
4. Mentorship Programs
5. Policies, Regulations and EPAs in Trainee folder



Roles and Responsibilities in ePortfolio management

Liaise between NIHS and programs

Institutional Coordinators

Plan resources, monitor data and make decisions

Program Directors

Register and manage program details and communication

Program Coordinators

Process of EPA Assessment

Who Initiates assessment?

- TRAINEES and
- FACULTY
  - *Best to encourage learners to take additional responsibility for directing their learning and assessment.*

Type of Observations

- **Direct** (e.g., observation of a trainee performing a knee exam)
  - optimal but not always feasible
- **Indirect** (case review or notes review or telephonic discussion and chart review)
  - can also provide valuable ratings and specific constructive feedback

How to identify the EPA?

- The task of that day
  - Just ask yourself “What is appropriate for this stage from these tasks“

Who can assess?

- Faculty can complete the EPA observation form
- If approved by the PD, a senior resident can be a supervisor.
- Later on, in multisource feedback, nurses and other interprofessional staff

Process of EPA Assessment

Who fills the first part of the form?

- The trainee fills the Type, setting, conditions in EPA form and hands to the supervisor
- The supervisor scores the trainee tasks and overall score

Which parts are scored by faculty?

- The faculty scores on each milestone and then gives the overall score and comments
- Discusses and provides verbal feedback
- Include Constructive suggestion and praise

When do you Sign off?

- The supervisor signs off and hands over to the trainees immediately
- Or sends an email to oneself for later

How many observations

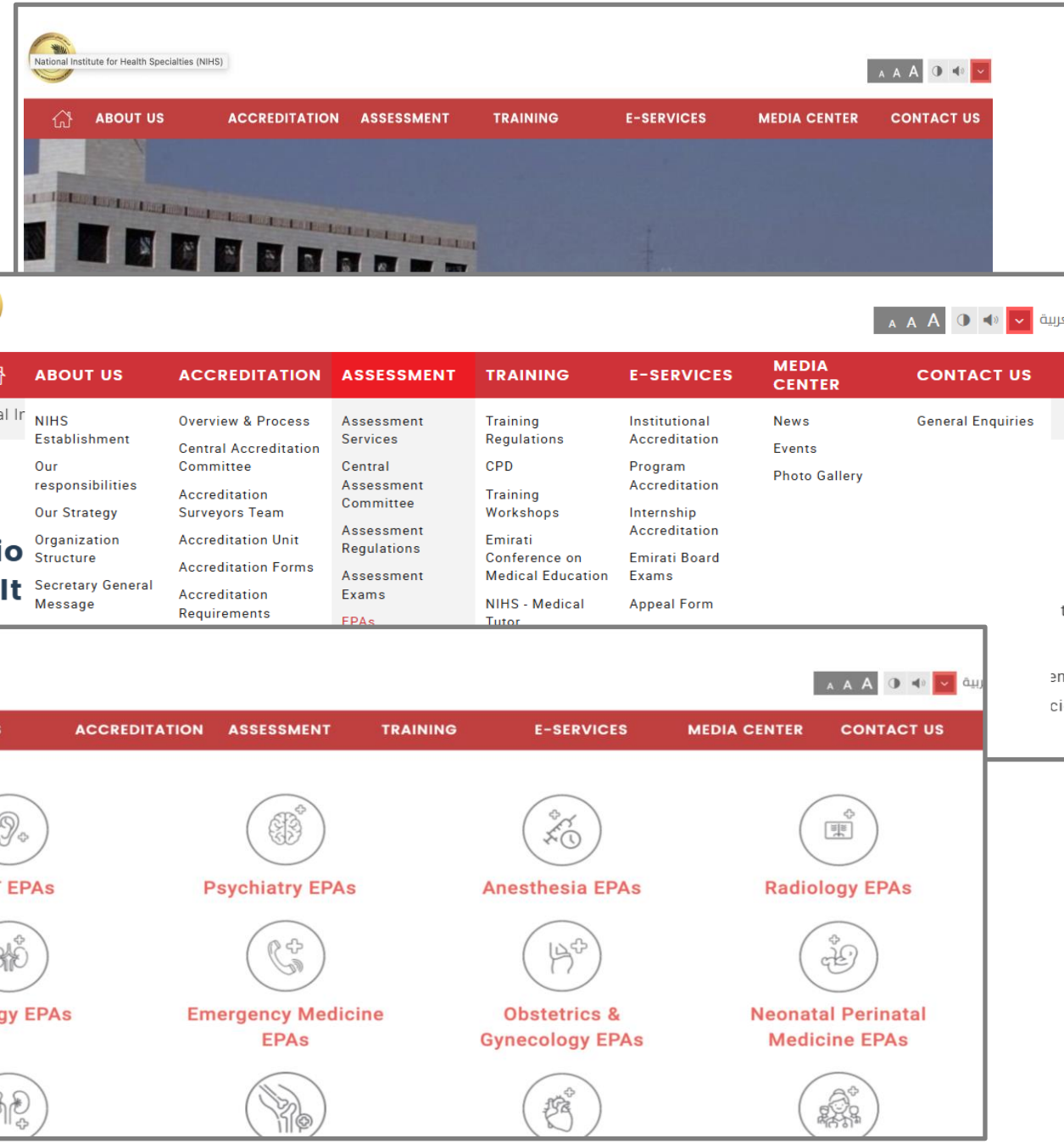
- The listed number is a EPA document on website
- CCC can over-ride the numbers

How do faculty fit observations in practice?

- In the workweek, all the small little tasks which are observed form the EPAs.
- If faculty and trainee are working in parallel, it may require adjustment to gather data on performance

How to view the EPA document

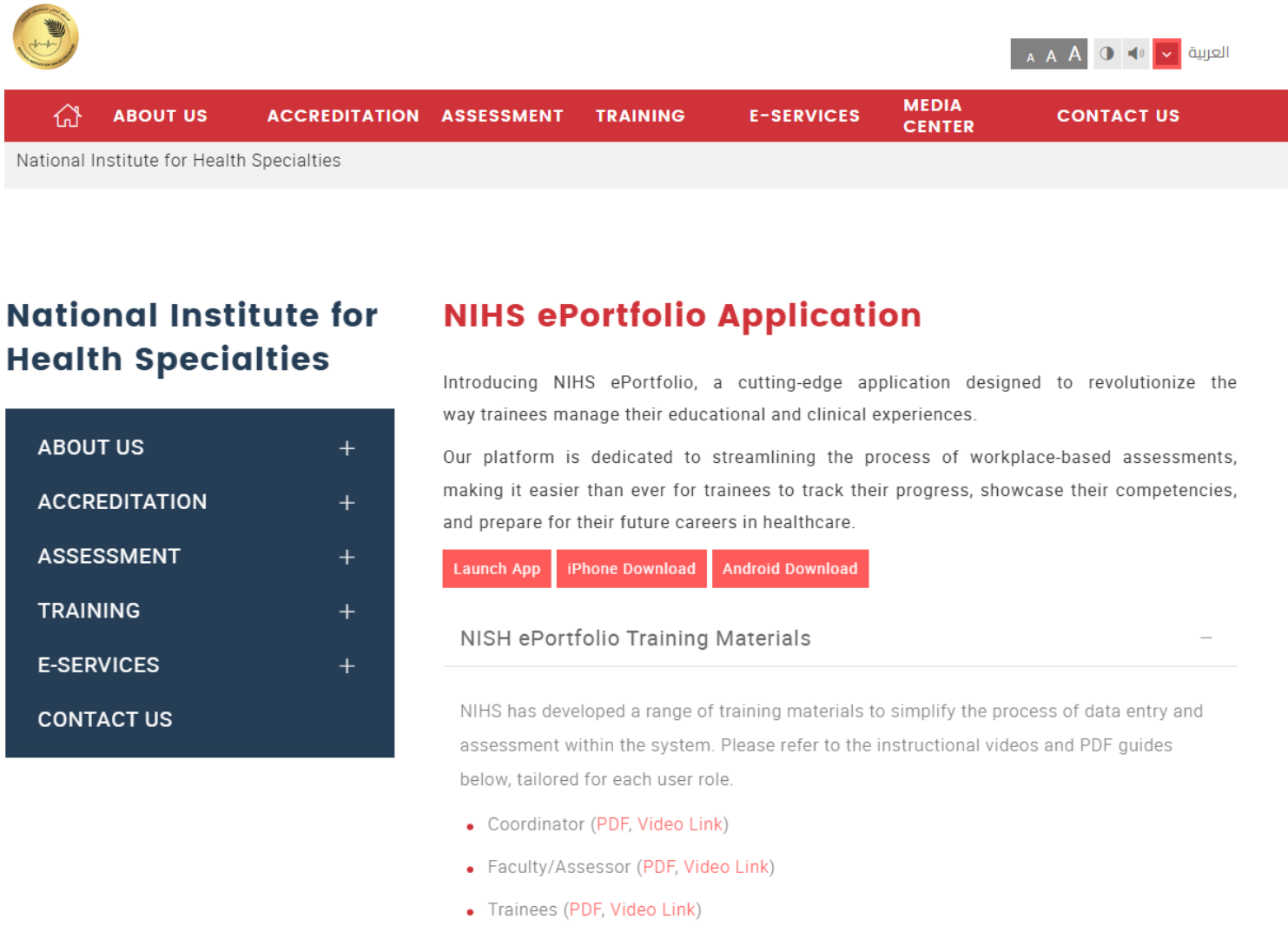
- NIHS.uaeu.ac.ae
  - >Assessment
  - >EPAs
  - >Guidelines
  - >Entrustable Professional Activities (EPA) Documents
  - >Select your specialty



Where can you find the information on EPAs?

- EPA Document
  Contents
  - Key features
  - Assessment Plan Direct or Indirect
  - Basis of Entrustment
  - When to achieve- ech EPA
  - Mapping with Competencies

- EPA forms are visible on e-portfolio



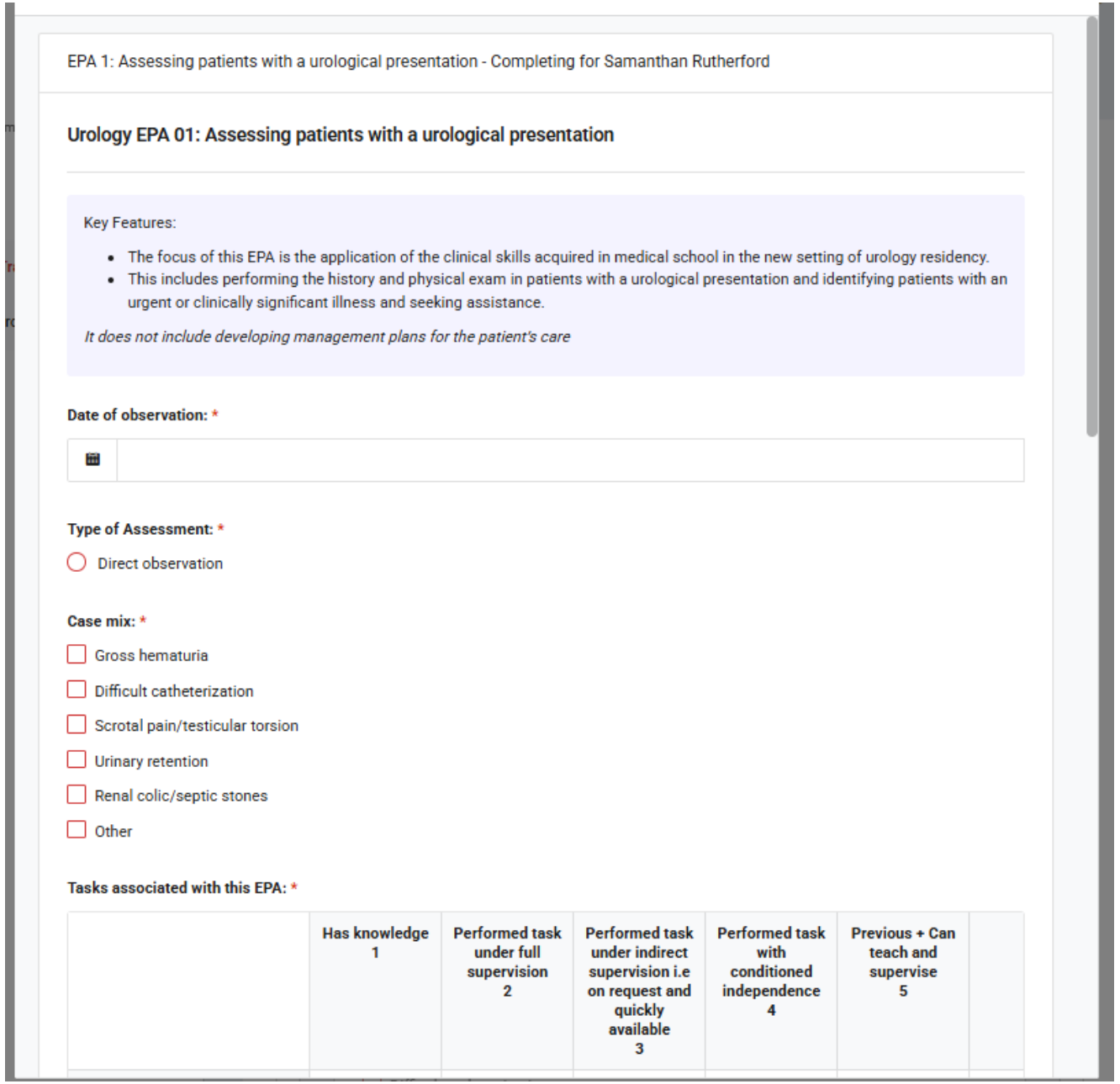
Structure of the form

EPA Title — *Will be pre-filled*

Key features — *Will be pre-filled*

Date of Observation:	.....		
❑ Type of Assessment: ❑ Direct observation	❑ Settings: ❑ Urgent ❑ Emergent ❑ Consultative	❑ Condition: ❑ Acute ❑ Chronic	❑ Case mix: ❑ Internal Medicine ❑ Surgery ❑ Pediatrics ❑ Ob & Gyn ❑ Family Medicine ❑ Psychiatry

Online version of the form - Example1



EPA 1: Assessing patients with a urological presentation - Completing for Samanthan Rutherford

Urology EPA 01: Assessing patients with a urological presentation

Key Features:

- The focus of this EPA is the application of the clinical skills acquired in medical school in the new setting of urology residency.
- This includes performing the history and physical exam in patients with a urological presentation and identifying patients with an urgent or clinically significant illness and seeking assistance.

It does not include developing management plans for the patient's care

Date of observation: *

Type of Assessment: *

- ○ Direct observation

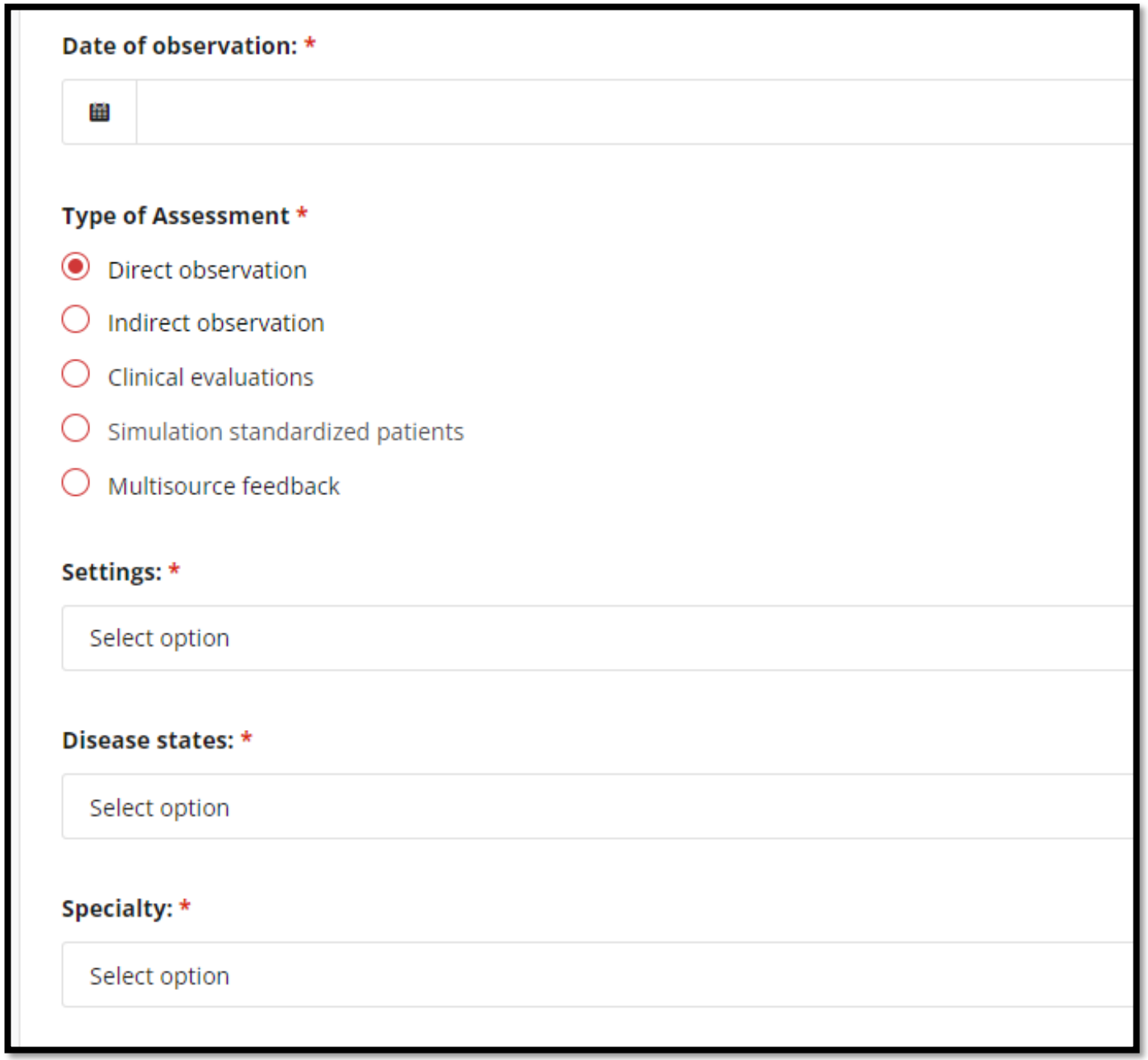
Case mix: *

- ☐ Gross hematuria
- ☐ Difficult catheterization
- ☐ Scrotal pain/testicular torsion
- ☐ Urinary retention
- ☐ Renal colic/septic stones
- ☐ Other

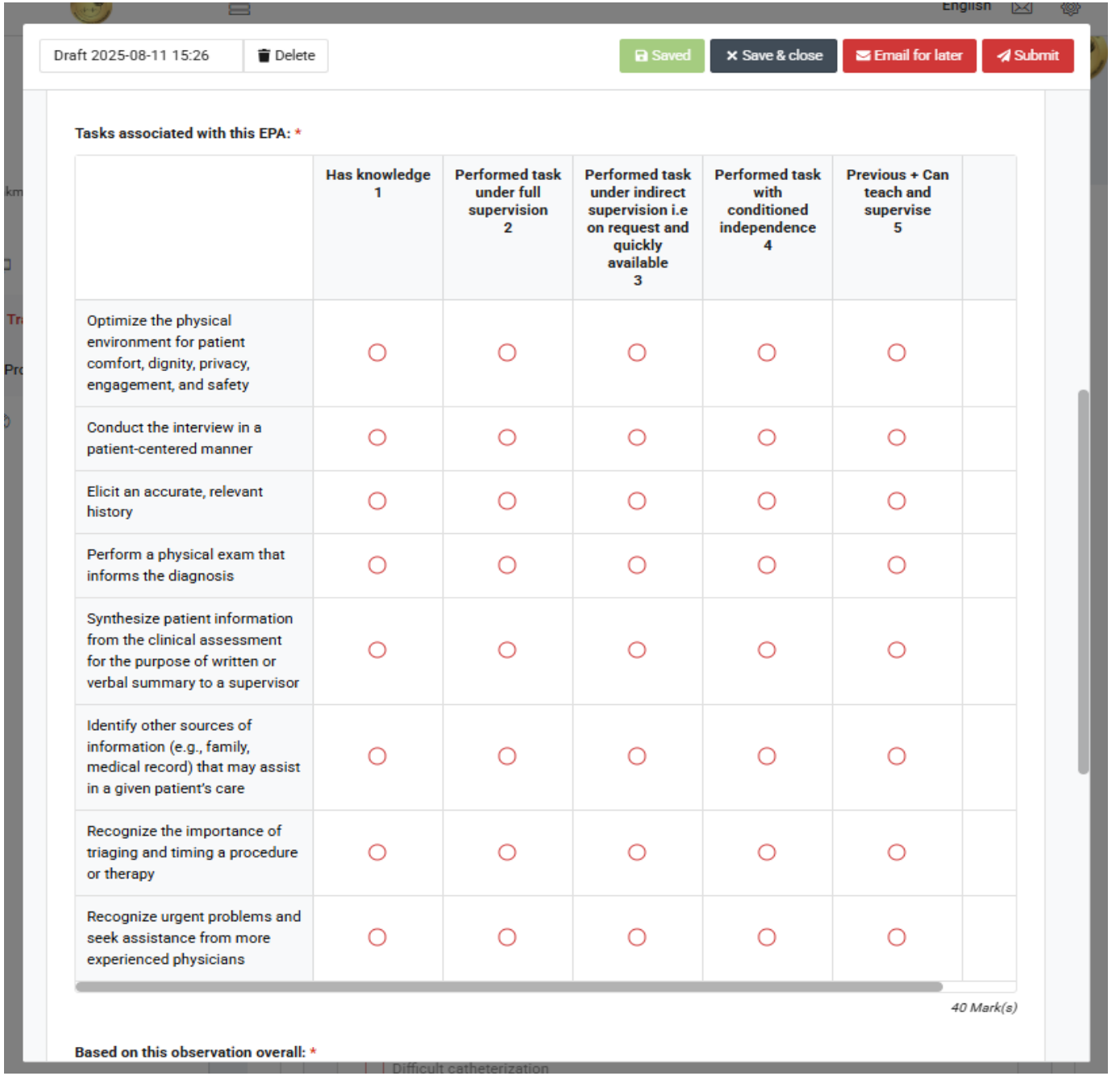
Tasks associated with this EPA: *

	Has knowledge 1	Performed task under full supervision 2	Performed task under indirect supervision i.e on request and quickly available 3	Performed task with conditioned independence 4	Previous + Can teach and supervise 5	

Online version of the form – Example 2



Next section in the Online version



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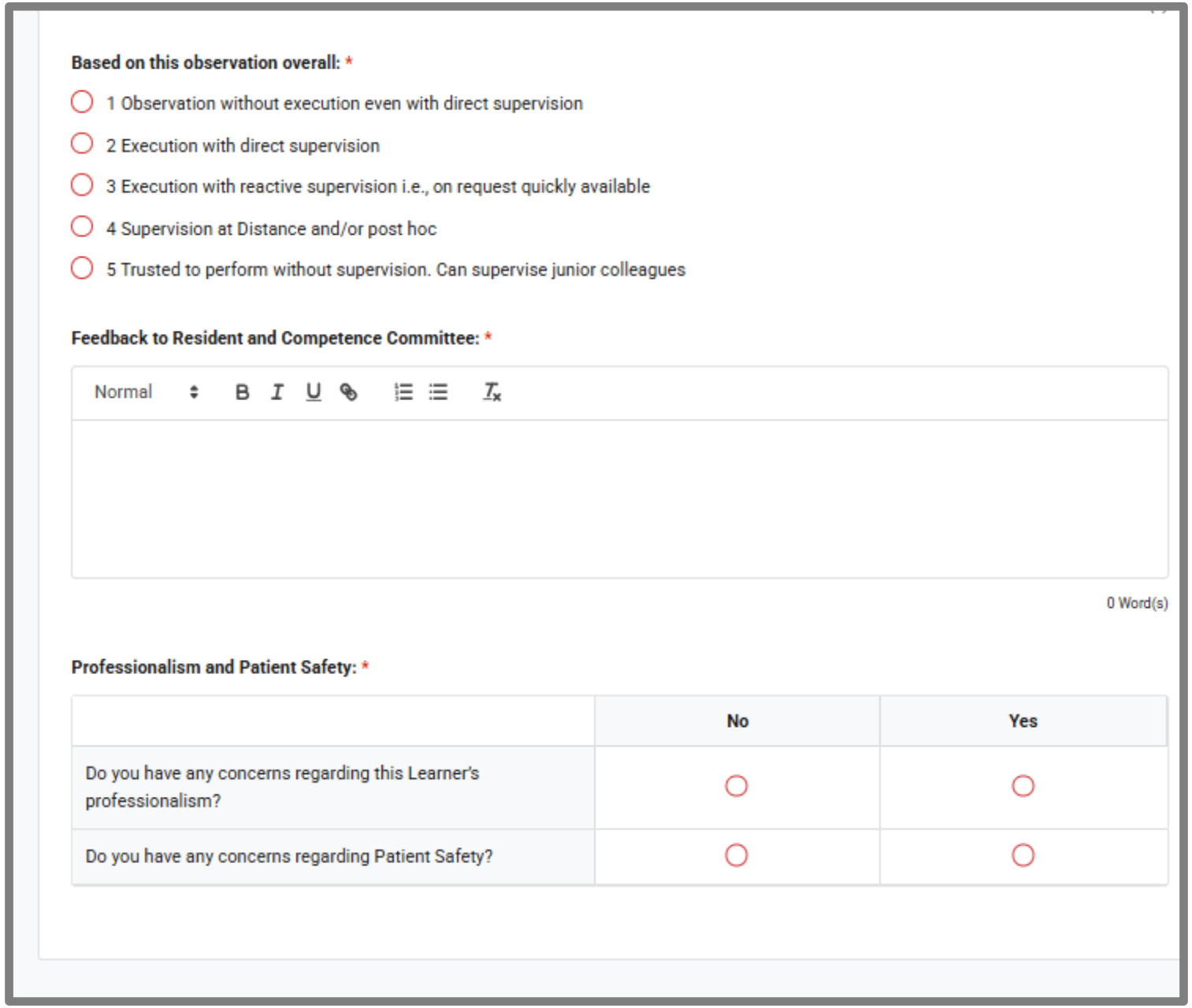


Based on this observation overall: *

- ○ 1 Observation without execution even with direct supervision
- ○ 2 Execution with direct supervision
- ○ 3 Execution with reactive supervision i.e., on request quickly available
- ○ 4 Supervision at Distance and/or post hoc
- ○ 5 Trusted to perform without supervision. Can supervise junior colleagues

Feedback to Resident and Competence Committee: *

Normal

0 Word(s)

Professionalism and Patient Safety: *

	No	Yes
Do you have any concerns regarding this Learner's professionalism?	○	○
Do you have any concerns regarding Patient Safety?	○	○

Security and Validation of Assessors

- Only faculty on the approved list should perform assessments.
- If an external assessor is required, validation by the program coordinator must occur within one week.
- Encourage all programs to discourage ad hoc or outside assessments.
- Discussion Prompts:
  - • Would you prefer an automatic 'faculty list update reminder' each semester?
  - • How can we make external assessor validation smoother?

Navigation

Filters

Institution
All

Program
All

Cohort
All

PGY
All

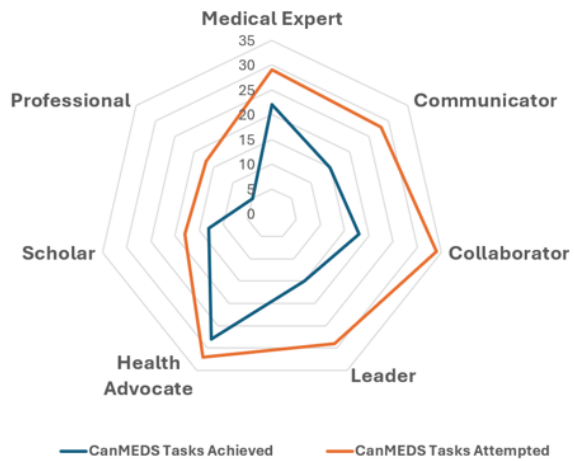
Trainee
All

Date range
3/3/2025 7/3/2025

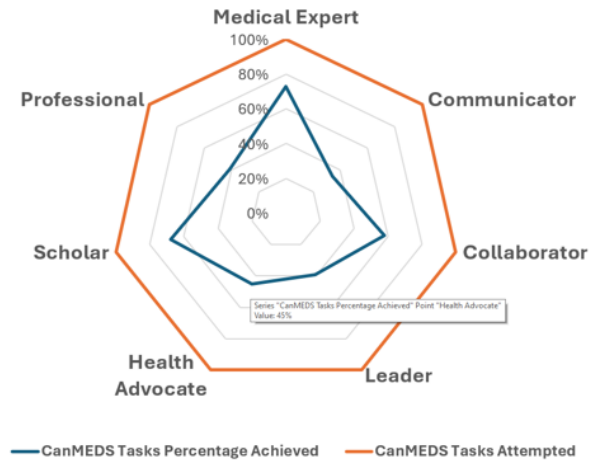
CanMEDS Roles: Attempts vs Achievements

The spider chart displays the frequency distribution of CanMEDS roles, showing the number of achievements (scores of 4 or 5) in orange compared to the total attempts in blue.
The bar chart illustrates the same data.
The pie chart shows the number of times scores of 4 or 5 were achieved in comparison with the number of times scores of 1–3 were achieved.

Achievement of CanMEDS Roles



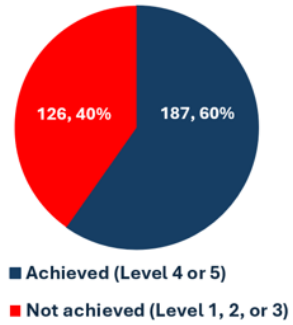
Achievement Percentage of CanMEDS Roles

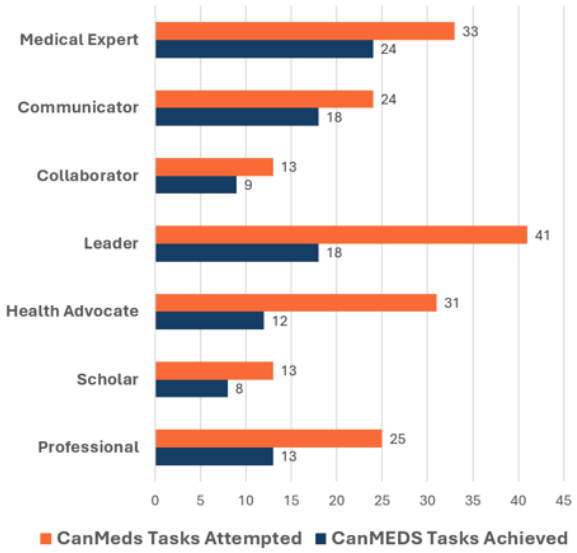


Number of Attempts

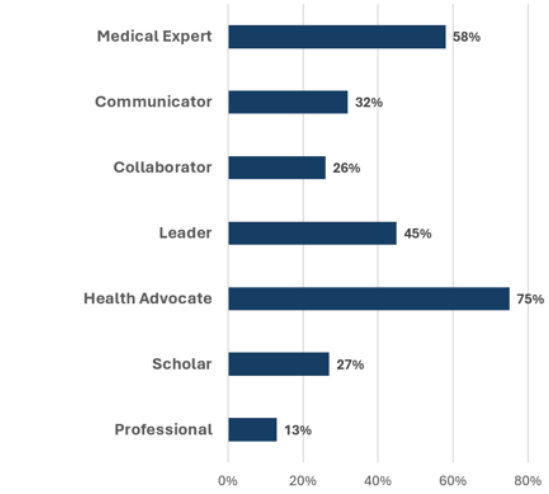
313

Achievement Summary





CanMEDS Tasks Percentage Achieved (Level 4 or 5)



Mandatory for Promotion & Certification

Completion of the mandatory EPAs

for

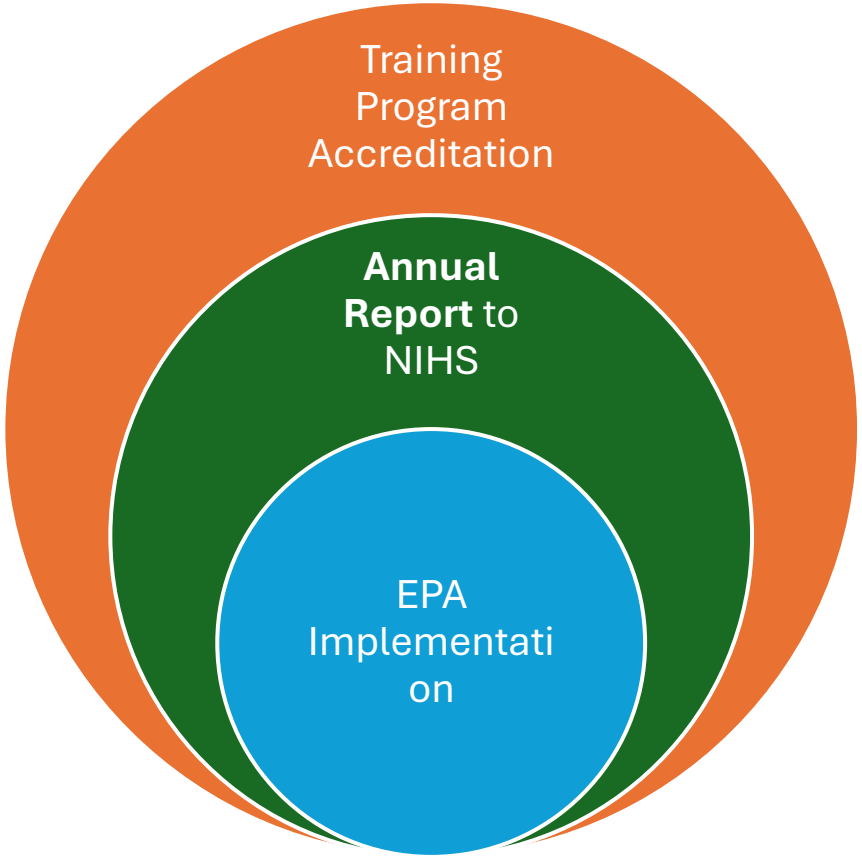
promotion to the next stage of residency/fellowship.

- Trainees are strongly encouraged to **exceed EPA minims and case log minims**, which will enhance KSA, contributing to their overall competence.
- Flexibility is built into the process to reduce stress and ensure focus on achieving meaningful competence.
- Institutional coordinator shall initiate Reminders which are built into the system as a pop-up message.

Linkage with program accreditation

EPA completion is integrated with the annual report of accredited programs to:

- **Ensure high standards** of educational quality and resident competence.
- Assess and monitor compliance with accreditation standards,
- Support continuous program improvement and accountability to regulatory bodies.



Best practice:

Royal College of Physicians and Surgeons of Canada

American Board of Medical Specialties (ABMS)

Trainees in Transition to practice:

1. **Complete EPAs Mandatory for Their Current Year**:

Residents in advanced stages of training (PGY3 or PGY4 in a 4 year program) should focus on completing only the EPAs required for their current year and not be expected to backtrack to earlier EPAs. Residents are expected to reach the advanced stage only after completing the earlier EPAs in concordance with previous promotion rules.

2. Individualized Competency Review:

The Clinical Competency Committee (CCC) should review these residents on a case-by-case basis, identifying which EPAs are most critical for their progression to ensure that they are sufficiently prepared for independent practice.

Best Practices:

- Royal College of Physicians and Surgeons of Canada:
- American Board of Medical Specialties (ABMS):

Policy on allowing trainees to perform procedures

Activity	Who Can Perform	Decision to allow	Documentation
Complex procedures requiring skin incision	Residents, based on level of knowledge and competency and with supervision	Decided case-by-case by supervising physician (with PD guidance)	Supervisor's name on consent + operative note; supervision noted in patient chart
Senior Residents (Final PGY)	Chief/senior residents (last PGY)	May perform most procedures, incl. complex, if previously entrusted	Supervisor discretion on suitable cases
Emergency Situations	Any resident/fellow	May act independently to preserve life/health	Notify supervisor ASAP + event documented in patient record

Procedure log

- We have published a list of Procedures with minimum required for each specialty for graduation.
- Each procedure should be performed as part of EPA and when the trainee achieves 4 or 5 and get entrustment, then he can start performing the procedures.

- There is a minimum number of each procedure that you should perform and achieve
- You may have the following roles
  - Assistant (levels 2 or 3)
  - Independent (*surgeon/performer)* level 4
  - Teaching assistant level 5

Procedure log- used by

ENT	Anesthesia	Orthopedics	Radiology
Urology	Emergency Medicine	Obstetrics & Gynecology	Medical Internship

Summary

- We hope that the ePortfolio, user-friendly tool designed to support you in tracking trainee progress and giving constructive feedback.
- Your feedback is essential to help us tailor the platform to your needs.

Thank you