

Entrustable Professional Activities (EPAs) Summary Report

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Background

Entrustable Professional Activities (EPAs) are the important, routine care activities that define a specialty or subspecialty. “Entrustable” refers to a physician’s readiness to safely and competently perform an activity without supervision. Beginning in medical school and continuing through residency and fellowship, EPAs span the continuum of learning and assessment during training. EPAs provide a framework to describe how physicians demonstrate progress along a learning continuum, and when a trainee is ready for unsupervised practice. EPAs provide a shared mental model of what a learner looks like at different levels of performance. For these reasons, EPAs also provide a practical framework for the assessment of competencies.

Key Points from Presentation

Dr. Carol Carraccio began by defining milestones, competencies, and domains of competence, before turning her attention to EPAs. EPAs are important, routine care activities that define a specialty/subspecialty, can be observed and measured, and require an integration of multiple competencies within and across domains. Dr. Carraccio then noted how EPAs and competencies differ. While competencies focus on a single task, EPAs focus on the integration of competencies needed to deliver patient care. Competencies are also context independent while EPAs are embedded in a specific context. While the unit of assessment for a competency is the ability of the individual, unit of assessment for an EPA is the outcome of the activity. EPAs provided the practical framework for the assessment of competencies. Dr. Carraccio concluded by providing an example of an EPA worksheet and walked the audience through the process of providing a clear description of the EPA, mapping the EPA to the domains of competencies, and how to link with milestones. One key, as she noted, was to be sure to have clear narrative descriptions for each milestone at different levels of performance for the given EPA. The goal is to have a shared mental model of what a learner looks like at each level of performance.

Key Points from Breakout Session

The discussion centered on how EPAs can be applied to MOC. The group reviewed the stages of learning within EPAs: novice, advanced beginner, competent, proficient, and expert/master. Dr. Carraccio pointed out that at the end of training, physicians are not expected to be at the expert/master level. Physicians continue learning and progressing toward the highest level as they gain experience throughout their career. With a better understanding of EPAs, the group identified potential ways to integrate EPAs into the MOC process:

- Establish EPAs beyond training and into MOC
- Align test blueprint/content outline with EPA development
- Apply EPAs to Part 4 quality improvement projects

- Develop a cadre of “ambassadors” to be peer assessment coaches
- Provide MOC credit for diplomates choosing to improve on EPAs
- Develop EPAs for scientists and administrators

There was consensus that EPAs would help the ABP identify gaps in physician knowledge and performance, allowing for tailored, lifelong learning. Using EPAs in MOC would also make the process more meaningful to physicians as it would relate better to their everyday, individual practice. This type of model would also allow opportunities for peer and patient feedback, which provides valuable information about physician performance.

Despite the numerous advantages to integrating EPAs into MOC, full integration at this time would require a complete overhaul of the MOC process, and there could be strong pushback from diplomates. Also, it would necessitate the ABP adopting a new assessment framework that focuses on physician practice and measuring non-cognitive competence. Among other things, this would require expansion of resources at the ABP and a clear communications plan.

Conclusions

Integrating EPAs into MOC would provide an invaluable opportunity to further the continuum of learning and assessment beyond training and into practice. EPAs would enable the ABP to stay relevant to physicians’ practices, as it would create a pathway to learning and improvement through participation in MOC. A majority of conference attendees felt that the ABP should invest effort and resources into integrating EPAs into the MOC process.