



ACGME

Milestones, Competencies, EPAs

Katherine Beben MD, FAAFP

Southeast Hub: Developing Faculty Competencies in Assessment

Speakers: Kati Beben, MD, Molly Benedum, MD, Regina Bray Brown, MD, MHPE, Kate Hatlak, EdD, Monica Newton, DO, MPH, Varsha Songara, MD, MHPE, Daniel Yoder, Jr. MD, and Kathleen Young, PHD, MPH, LP, ABPP

Planners/Facilitators: Kati Beben, MD, Molly Benedum, MD, Regina Bray Brown, MD, MHPE, Stephanie Call, MD, MSPH, John Emerson, MD, Kate Hatlak, EdD, Chandra Hill, MHRM, Sandi Moutsios, MD, Monica Newton, DO, MPH, Matt Rushing, MD, Shirley Sharp, DO, Varsha Songara, MD, MHPE, Daniel Yoder, Jr. MD, and Kathleen Young, PHD, MPH, LP, ABPP

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Objectives

- Identify the differences between competencies, milestones and entrustable professional activities (EPAs)
- Explain how competencies, milestones and EPAs build on and interact with each other
- Evaluate how your program uses competencies, milestones and EPAs when evaluating residents



Who Are We Serving?



Who Are We Serving?

When assessing a learner we are actually focusing on the patient and not the learner. Do I trust you will take good care of your patients?



Trust and Entrustment

- Trust involves the confident expectation that a person [trainee] can be relied on to honour implied or established commitments to an individual and to protect the individual's [faculty and patient] interest.
- Trust renders the individual [faculty and patient] vulnerable to the extent (s)he cannot oversee or control the actions of the other, on whose expertise or integrity (s)he may depend

ten Cate, et al., Entrustment decision making in clinical training. Acad Med. 2016; 91: 191-98



Small Group Discussion

- What stands out to you about these statements and why?
- How do you know when a resident is ready to be trusted?

A challenge: Is it the resident who's ready or you as the supervisor?



Entrustment Decision Making

- Formative: In the moment and usually based on a mix of estimated trustworthiness, risk of situation, urgency, suitability of task.
Does not necessarily set a precedent for future decisions
- Summative: Grounded in sufficient and robust assessment
Leads to supervision, licensing and certification decisions
- Scheduled: PG Year transitions, Night Float



Entrustable Professional Activities (EPAs)

- EPAs represent the routine professional-life activities of physicians based on their specialty and subspecialty
- The concept of “entrustable” means “a practitioner has demonstrated the necessary knowledge, skills and attitudes to be trusted to perform this activity [unsupervised].”

Ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? Acad Med. 2007; 82(6):542–547



Competency

Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values and attitudes.

Competencies:

- Guide curriculum and assessment
- Help build shared mental models

They do not represent the totality of a discipline or of all professional development

Frank, JR, Snell LS, ten Cate O, et. al. Competency-based medical education: theory to practice. Med Teach. 2010; 32: 638–645



Common Core Competencies

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



Medical Knowledge 2: Critical Thinking and Decision Making

Level 1	Level 2	Level 3	Level 4	Level 5
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Incorporates elements of history into depiction of presentation

Medical Knowledge 2: Diagnostic Evaluation

Level 1	Level 2	Level 3	Level 4	Level 5
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Describes causes of reasoning

Lists basic (e.g., differential) and common

Medical Knowledge 2: Differential Diagnosis

Level 1	Level 2	Level 3	Level 4	Level 5
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Medical Knowledge 2: Therapeutic Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options

developmental milestones

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Milestones

- A developmental narrative that describes performance levels for skills, knowledge, attitudes, and behaviors in the six general competency domains.
- Provide a framework of observable behaviors and attributes associated with learners' development as physicians.



Patient Care 1: Care of the Acutely Ill Patient				
Level 1	Level 2	Level 3	Level 4	Level 5
Generates differential diagnosis for acute presentations	Prioritizes the differential diagnosis for acute presentations	Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies	Mobilizes the multidisciplinary team to manage care for simultaneous patient visits	Efficiently manages and coordinates the care of multiple patients with a range of severity, including life-threatening conditions
Recognizes role of clinical protocols and guidelines in acute situations	Develops management plans for patients with common acute conditions	Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients	Independently coordinates care for acutely ill patients with complex comorbidities	Directs the use of resources to manage a complex patient care environment or situation
Recognizes that acute conditions have an impact beyond the immediate disease process	Identifies the interplay between psychosocial factors and acute illness	Incorporates psychosocial factors into management plans of acute illness for patients and caregivers	Modifies management plans for acute illness based on complex psychosocial factors and patient preferences	Implements strategies to address the psychosocial impacts of acute illness on populations
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Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

Focus the assessment on the narrative and not the number!



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- Questions?



Alignment of Developmental Models

Milestone Level	Dreyfus Stage	Learner Behavior	Transition to Practitioner	Level of Supervision
1	Novice	Doing what is told, rule driven	Intro to clinical practice	Observation, no entrustment
2	Advanced beginner	Comprehension	Guided clinical practice	Act under direct supervision
3	Competent	Application to common practice	Early independence	Act under indirect supervision
4	Proficient	Application to uncommon practice	Full unsupervised practice	Clinical oversight
5	Expert	Experienced, up-to-date clinician	Aspirational growth	Supervise others



We'll Revisit This Tomorrow

Entrustment Scale

-The resident is entrusted to:

- 1 • Observe only, or requires faculty to do
- 2 • Perform/accomplish with significant faculty assistance
- 3 • Perform/accomplish with intermittent/minimal assistance
- 4 • Perform/accomplish independently, no assistance required
- 5 • Teach or role models to others.



Small Group Discussion

- How does your program currently use milestones, competencies and EPAs in assessing residents?
- What, if anything, do you think needs to change about how you use them?
- What barriers might exist to making a change in how they are used?



Summary

- EPAs define the core activities health professionals perform in daily practice.
- Competencies are needed by the individual in order to effectively perform a professional activity
- Milestones describe competencies in developmental narratives



Thank you!

Kati.beben@prismahealth.org

(864) 367-2896

