Sub-Internship Assessment: Entrustable Professional Activities

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EPAs are defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.

Definitions

<table>
<thead>
<tr>
<th>Competency</th>
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<tr>
<td>EPA</td>
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<tr>
<td>Milestone</td>
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Definitions

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<tr>
<th>Competency</th>
<th>An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition</th>
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<tr>
<td>EPA</td>
<td>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.</td>
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<td>Milestone</td>
<td>A milestone is a behavioral descriptor that marks a level of performance for a given competency</td>
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Loyola SSOM Competencies

1. Medical Knowledge
2. Patient Care
3. Interpersonal and Communication Skills
4. Practice-Based Learning and Improvement
5. Professionalism
6. System Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development
Table 1. Comparison of the Benefits and Disadvantages of the Two Conceptual Frameworks Considered: Competencies and EAs

<table>
<thead>
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<th>Benefits</th>
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<tr>
<td>• EAs are &quot;activities,&quot; which relate to faculty, teaching, and the public</td>
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<td>• Represent the day-to-day work of the professional</td>
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<td>• Situate competencies and milestones in the clinical context in which we live</td>
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<td>• Make assessment more practical by distilling milestones into meaningful activities</td>
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<td>• Explicitly add the ethos of trust and supervision into the assessment equation</td>
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<th>Disadvantages</th>
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<td>• Were relatively recently introduced in the literature</td>
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<td>• Have had little operationalization worldwide</td>
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<td>• Were designed originally for the residency to practice transition</td>
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<table>
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<td>• Competencies have been the basis for assessment in the OME space for a decade</td>
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<td>• In the aggregate, define the &quot;good physician&quot;</td>
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<tr>
<td>• Have a reasonable body of evidence around assessment of the &quot;traditional&quot; domains (medical knowledge and patient care)</td>
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<tr>
<td>• Have been used for establishing or developing milestones of performance for at least the last 10 years</td>
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- Pre-entrustable:
  - The student is not able to perform the activity without direct supervision

- Entrustable
  - The student is worthy of entrustment to perform the activity without direct supervision
EPA 1: Gather a history and perform a physical exam

- Mr. Rodriguez presents with a chief complaint of cough.
- Student closes the door and stands, leaning against the wall, with a tablet in hand to take notes and document in the chart. "The nurses said you have a cough. How long has it been going on?"
- She asks for a description and progression of the cough, associated symptoms and inciting or relieving factors. She asks about history such as smoking, exposure to sick contacts, and known lung disease.
- She takes a full medical history, including medications, and details a family tree in the chart. Social history points include marital status, current living situation, and substance use history.
- She does not include occupational or travel history.
- She does not demonstrate curiosity about Mr. Rodriguez’ cultural context or elicit his health beliefs.

EPA 1: Gather a history and perform a physical exam

- She listens to the lungs in six areas, first under the shirt then moving to over the shirt for the upper lung zones.
- She listens to the heart in four areas.
- She uses the otoscope to check pupillary reaction to light and eye movements, looks inside the oropharynx, and then grabs the ear piece to look at the ear.
- She does a brief but appropriate examination of the abdomen and checks the skin for rashes and feet for pulses.
- She does not note the temporal muscle wasting or the bilateral cervical adenopathy that is present.
- After the examination, the student tells the patient that she will be discussing him with the primary care team and will return.
- As she is leaving the room, Mr. Rodriguez asks timidly, “What do you think is causing my cough?” The student turns and answers, “I am sure that it is nothing serious, probably an upper respiratory infection or bronchitis. There are some medications that cause coughs, but you are not on them. We will probably get a chest X-ray.” She then walks out of the room.

EPA 1: Gather a history and perform a physical exam

- Before entering the room, the student asks the nurse if an interpreter is needed; she clarifies that the patient’s first language is Spanish but that he has full ability to communicate in English.
- When she walks in the room, she invites him to sit in the chair while they review his history. She grabs the stool and wheels it over so that she can sit facing the patient.
- She introduces herself and asks Mr. Rodriguez if he minds if she jots down a few notes while they are talking.
- She then asks “What brings you to the clinic today?”
- Upon eliciting the complaint of a cough, she says, “Tell me a bit more about the cough,” and uses several techniques such as repeating back what she has heard, providing summary statements, and asking follow-up questions to elicit the pertinent details of the history.
EPA 1: Gather a **history** and perform a **physical exam**

- She asks about associated symptoms and symptoms related to potential diagnoses such as gastro-esophageal reflux disease, allergic rhinitis, asthma and malignancy.
- She also identifies important risk factors for different diagnoses such as occupational history, travel history, and alcohol use.
- She takes detailed medical history, including the use of prescription, over-the-counter, and other medications and drugs; pertinent family history; social history; and information about allergies (including reactions).
- She specifically asks Mr. Rodriguez what he believes is causing the cough and if he has seen any healers or other providers. She identifies that he has seen a lay healer and tried some folk remedies.
- She concludes by asking, "Mr. Rodriguez, do you think that I have missed anything important in your medical history or about your cough?"

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EPA 1: Gather a **history** and perform a **physical exam**

- She tells the patient she will step out of the room while he changes into a gown.
- "Mr. Rodriguez, I would like to do a full examination from head to toe. I am going to explain to you what I am doing at each point, but please let me know if you have questions."
- She starts by examining the head, eyes, ears, nose, and throat, telling the patient what she is doing before she touches the patient at each step. She notes that there is temporal wasting and inquires about recent weight loss and a bit about diet.
- She also notes cervical adenopathy and asks the patient about tenderness and duration. She does a thorough lung examination, removing or moving the gown so that she can auscultate directly at each point. She auscultates, then performs more detailed maneuvers such as listening for egophony and percussion.
- She moves through the rest of the exam, performing each part thoroughly and continuing to tell the patient what she is doing. Throughout the exam, she pays careful attention to draping and patient modesty and comfort.

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EPA 1: Gather a **history** and perform a **physical exam**

- After the examination, the student tells the patient that she will be discussing him with the primary care team and will return. She asks if there is anything else that Mr. Rodriguez has thought of during the exam and if Mr. Rodriguez has any further questions.
- As she is leaving the room, Mr. Rodriguez asks timidly, "What do you think is causing my cough?" She turns, closes the door again, and sits down on the stool to answer the question. She first asks, "Is there something that you are worried about?" Mr. Rodriguez admits that he is worried about cancer.
- The student reviews that there are several causes of chronic cough and reviews her differential diagnoses. She explains that that is why she was asking so many questions, looking for clues to the underlying cause.
- She states that lung cancer can present as a chronic cough. She reassures the patient that she will discuss the symptoms and physical examination with the team and that they will pursue a work-up to find the cause. She asks again if the patient has any further questions and explains that she will be right back. She then walks out of the room.