



Linking Milestones to the Core Competencies Using EPA's:

A Roadmap to Help Programs Navigate the Next Accreditation System

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University of Nebraska Medical Center

On behalf of the AAIM Education Redesign Committee

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Disclosures

- A portion of my salary at the University of Nebraska is reimbursed by the ABIM:
 - Practice Improvement Module (PIM) Development
 - Academic Affairs

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Committee Members

Lee Berkowitz, Chair

- University of North Carolina School of Medicine

Kelly Caverzagie

- University of Nebraska Medical Center

Tom Cooney

- Oregon Health & Science University

Paul Hemmer

- Uniformed Services University of the Health Sciences

Margie Breida

- AAIM Staff

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Committee Charge

- Develop a model approach for operationalizing the Internal Medicine Milestones for the assessment of resident competence
- This approach should ideally fulfill the anticipated needs of the ACGME Next Accreditation System (NAS)

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SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.Div.,

A key element of the NAS is the measurement and reporting of outcomes through the educational milestones...

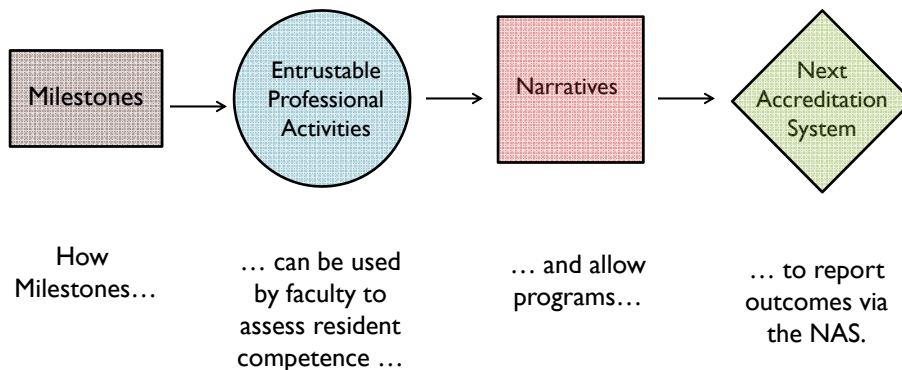
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LIMITATIONS OF THE CURRENT SYSTEM

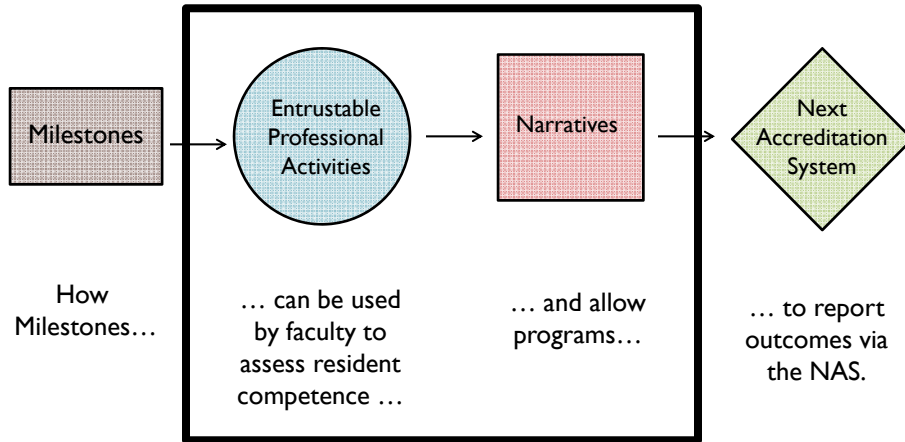
When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education⁸ and the emerging formalization of subspecialty education. In response, the ACGME's approach emphasized program structure, increased the amount and quality of formal teaching, fostered a balance between service and education, promoted resident evaluation and feedback, and required financial and benefit support for trainees. These dimensions were incorporated into program requirements that became increasingly

N Engl J Med 2012; 366: 1051-6 5

My goal for today is to show:



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Milestones

Internal Medicine Milestones

- The milestones define the abilities expected of IM residents as they progress through training
 - Integrate knowledge, skills, values and attitudes
 - Developmental in nature
 - Inherently linked within/across core competencies
- Framed in behavioral terms
 - They are observable
 - Sets the stage for assessment of competence

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Milestones Challenge

- Ensure that assessment and evaluation of milestones demonstrate competence in the activities that define the profession
- Do they equate to the things that the public trusts that physicians are doing?
- Entrustable Professional Activities (EPA's)

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Entrustable Professional Activities

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Entrustable Professional Activities

“... identify the critical *activities* that constitute a specialty ... the *activities* of which we would all agree should be only carried out by a trained specialist.”

ten Cate et al.
Acad Med 2007; 82: 542-47

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An Entrustable Professional Activity

- Part of essential work for a qualified professional
- Requires specific knowledge, skill, attitude
- Acquired through training
- Leads to recognized output
- Observable and measurable, leading to a conclusion
- Reflects the competencies expected

- EPA's together constitute the core of the profession

ten Cate et al.
Acad Med 2007; 82: 542-47
13

Examples of EPA's

- Develop safe discharge plan from acute care setting

- Lead and work within interprofessional care teams

- Manage the care of patients in the general internal medicine continuity clinic

Entrustable Professional Activities

“Patients’ and instructors’ ... *entrustment* of responsibility to a trainee is an essential concept in this approach...”

ten Cate et al.
Acad Med 2007; 82: 542-47₁₅

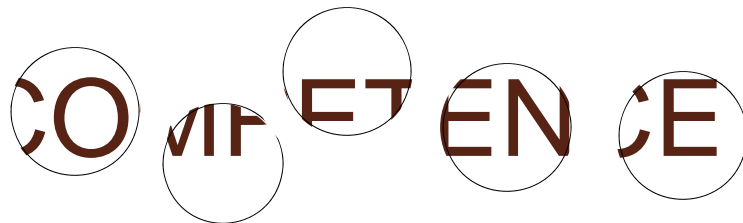
Entrustment in Residency Training

- Attending physicians assess a multi-dimensional construct of “trustworthiness” when deciding a level of supervision
- Entrustment implies a level of competence

Kennedy, et. al.
Acad Med 2008; 83(10 Suppl): S89-92₁₆

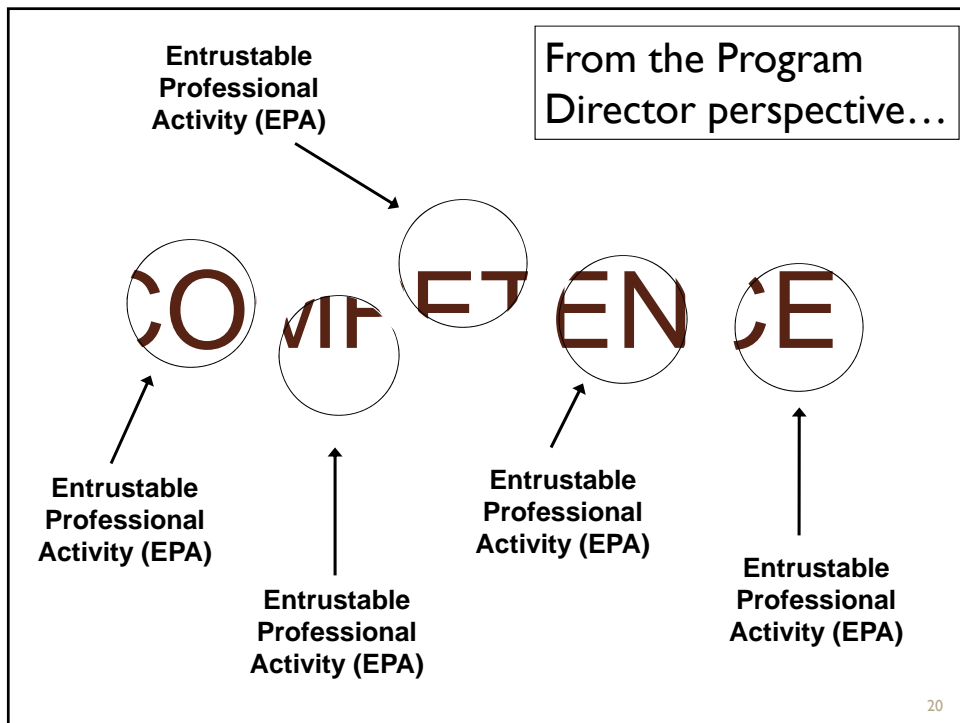
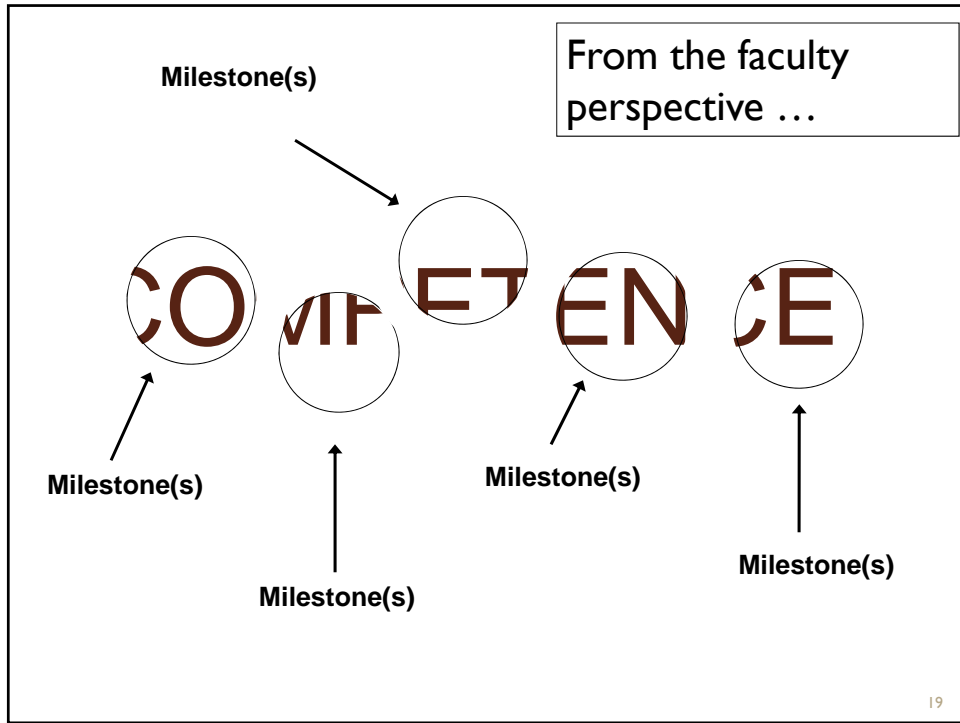
COMPETENCE

17



“Windows to Competence”
Caverzagie

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Stepwise Approach

Step 1 - Describe the EPA

What is the critical activity of the profession?

Step 2 – Define each Window

What should the resident demonstrate in order for you/faculty to see Competence?

Step 3 – Link the Milestones

Which Milestones are you looking at when you look through a Window?

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Examples of EPA's

- Develop safe discharge plan from acute care setting
- Lead and work within interprofessional care teams
- Manage the care of patients in the general internal continuity clinic

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EPA – Develop a safe discharge plan

CO
MPE
TENCE

24

Stepwise Approach

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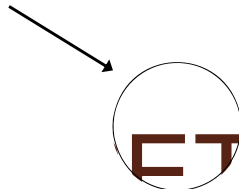
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Coordinate care
across systems



EPA – Develop a safe
discharge plan

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EPA – Develop a safe discharge plan



Teach patient regarding self-care

27

EPA – Develop a safe discharge plan



Utilize patient-centered education strategies

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EPA – Develop a safe discharge plan

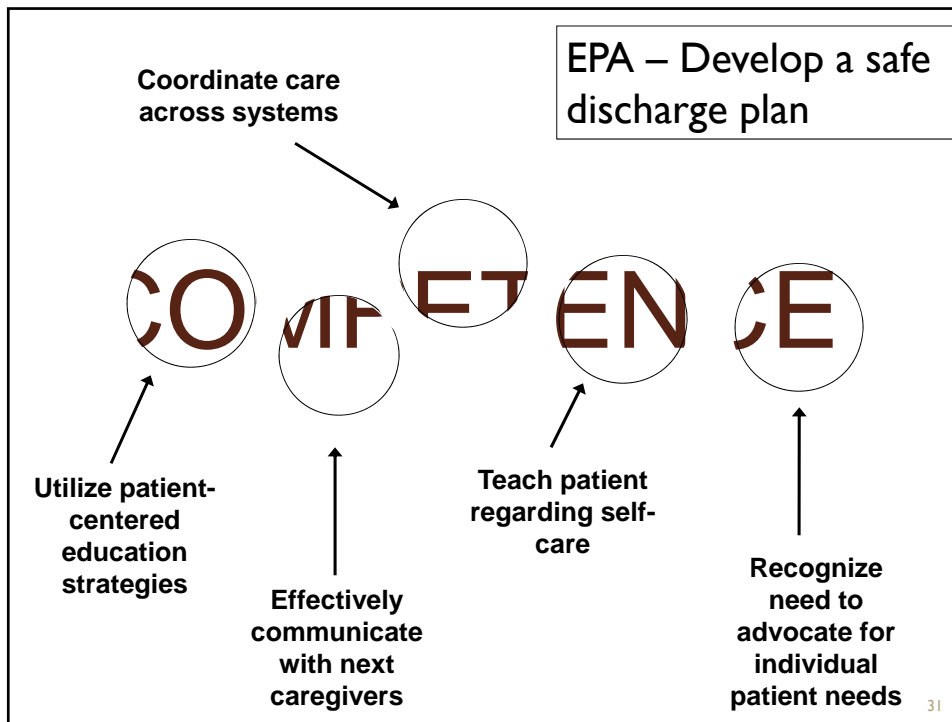


Recognize
need to
advocate for
individual
patient needs

EPA – Develop a safe discharge plan



Effectively
communicate
with next
caregivers



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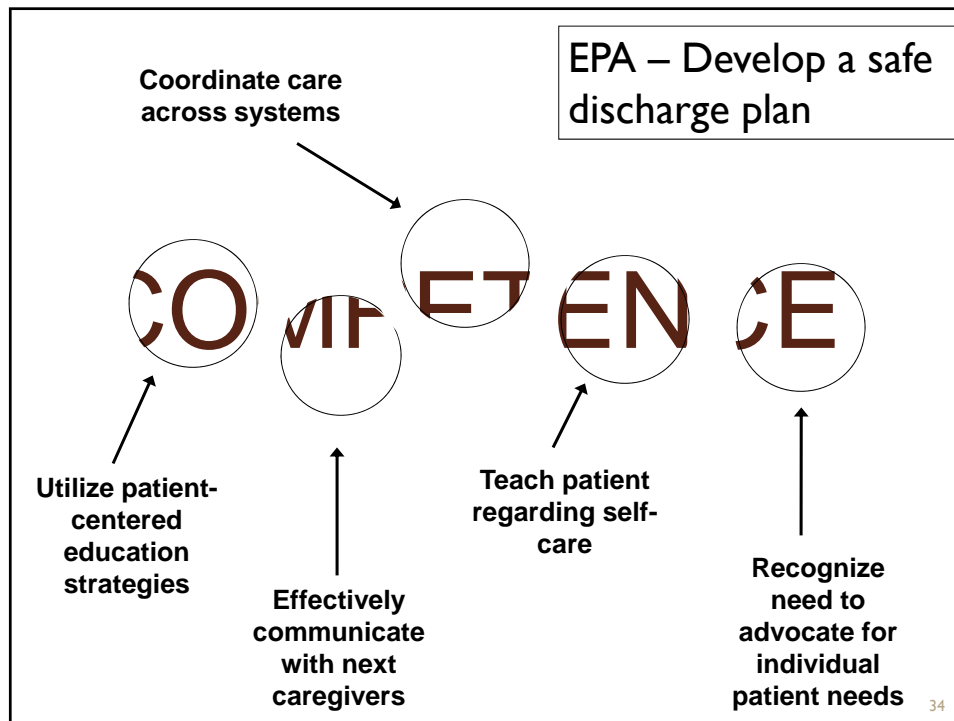
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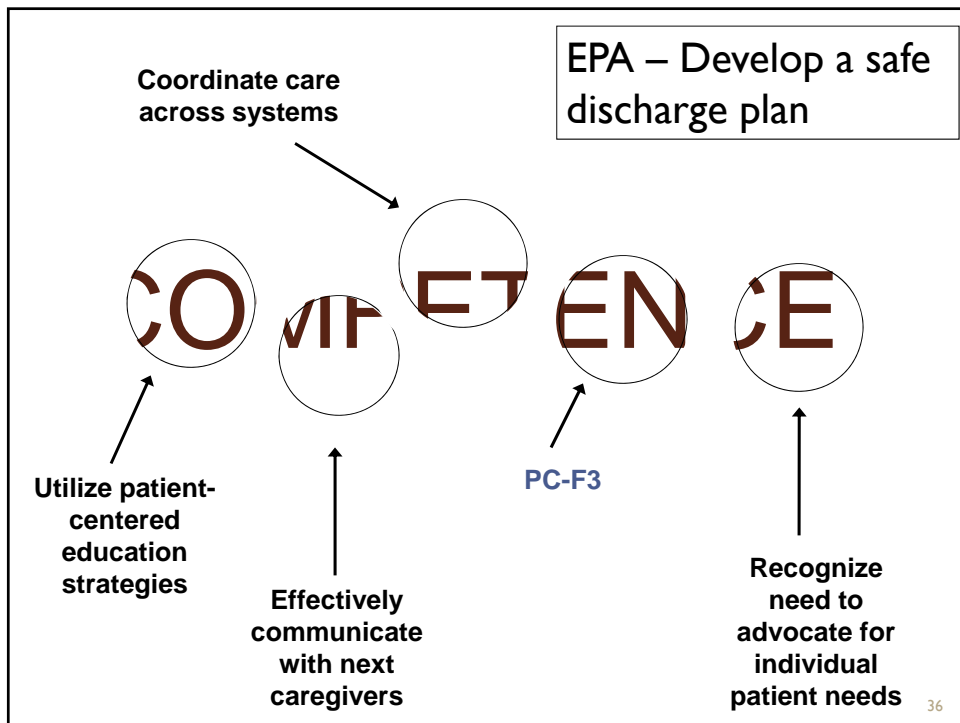
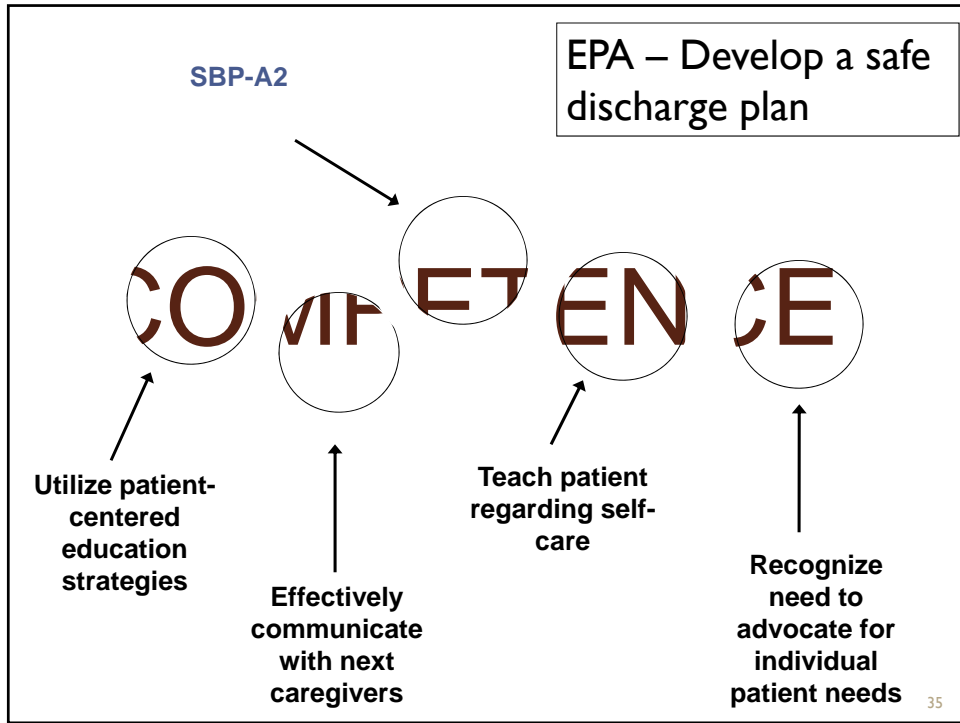
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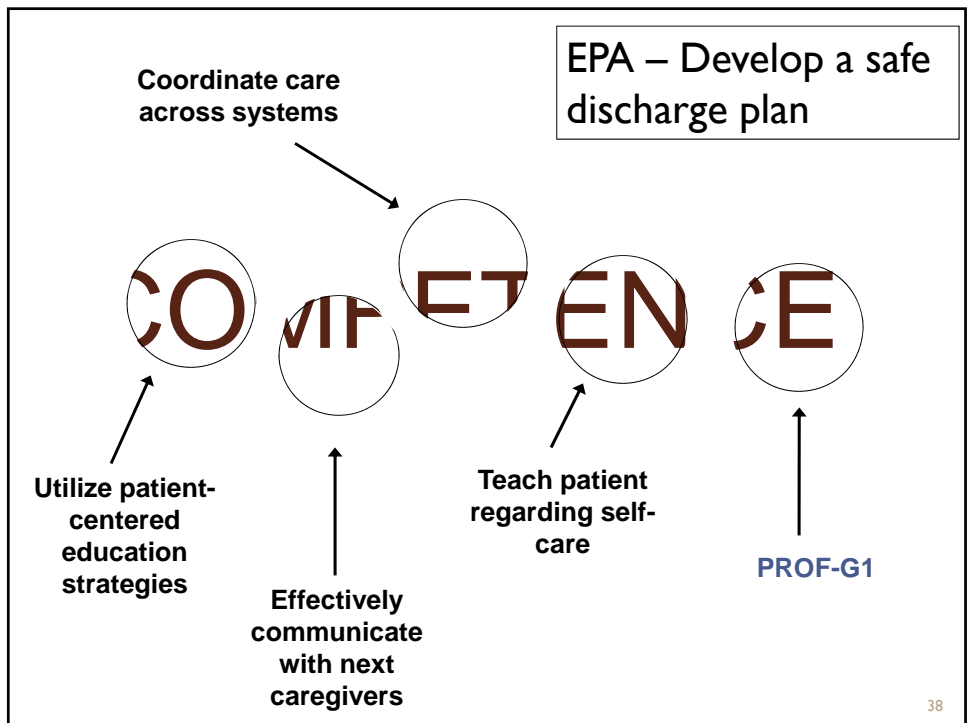
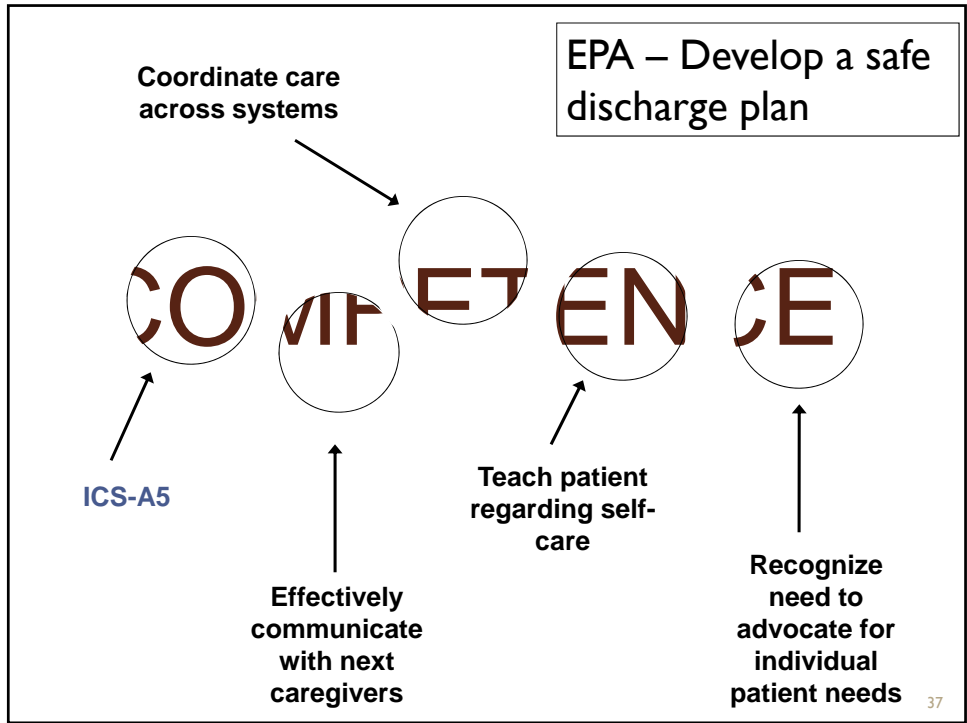
Use the Milestones as a “Menu”

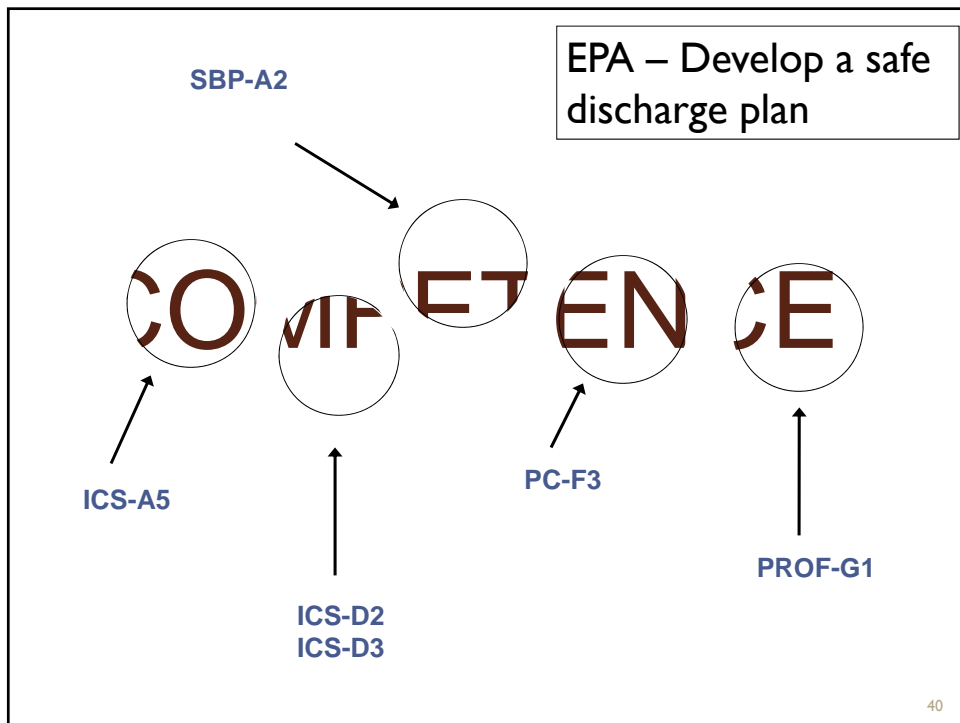
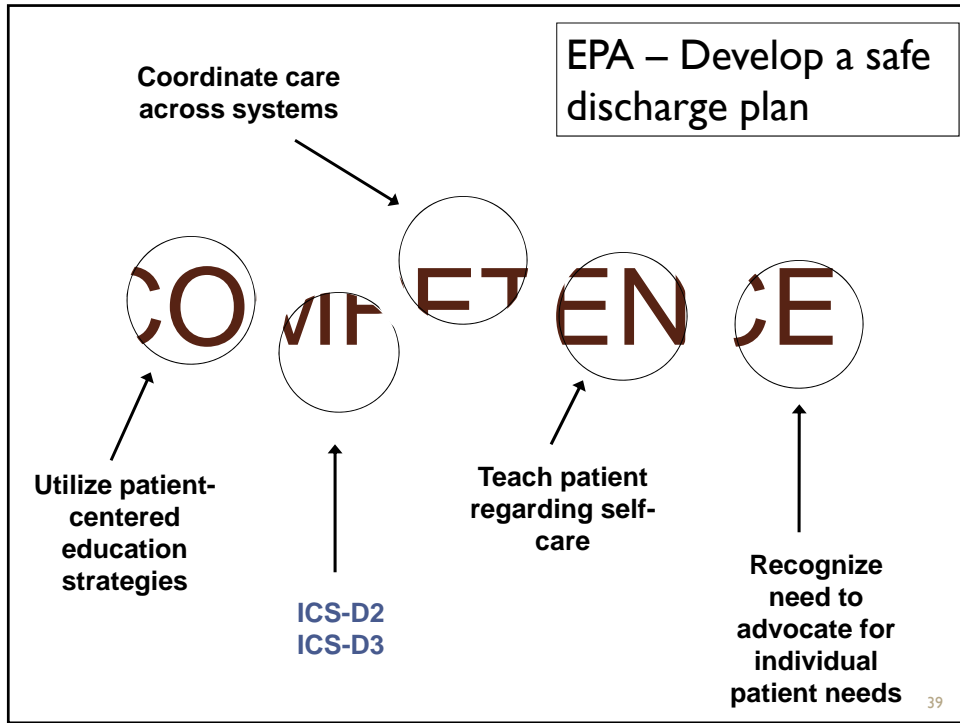
- Choose only those Milestones that best define or inform the EPA
 - You don’t need to choose them all!
- Standard Milestones Nomenclature
 - APDIM website

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Take note

- Milestones assessed for this EPA:
 - ICS – A5
 - ICS – D2, D3
 - SBP – A2
 - PC – F3
 - PROF – G1
- Four of the Core Competencies!

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Examples of EPA's

- Manage the care of patients in the general internal continuity clinic
- Lead and work within interprofessional care teams
- Develop safe discharge plan from acute care setting

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EPA - Lead and work within
interprofessional teams

CO
MP
ET
EN
CE

44

Stepwise Approach

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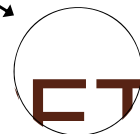
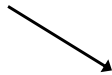
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Acceptance of
feedback



EPA - Lead and work within
interprofessional teams

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**EPA - Lead and work within
interprofessional teams**



**Works within
team dynamics
to provide
patient care**

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**EPA - Lead and work within
interprofessional teams**



**Maintain
climate of
mutual respect
and shared
values**

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EPA - Lead and work within interprofessional teams

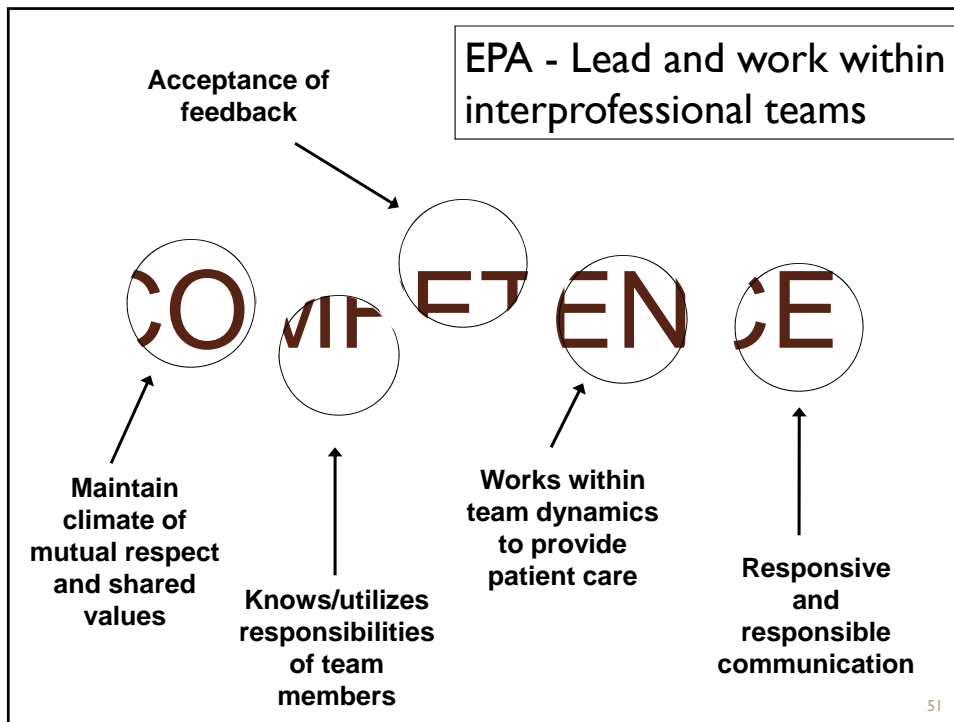


Responsive
and
responsible
communication

EPA - Lead and work within interprofessional teams



Knows/utilizes
responsibilities
of team
members



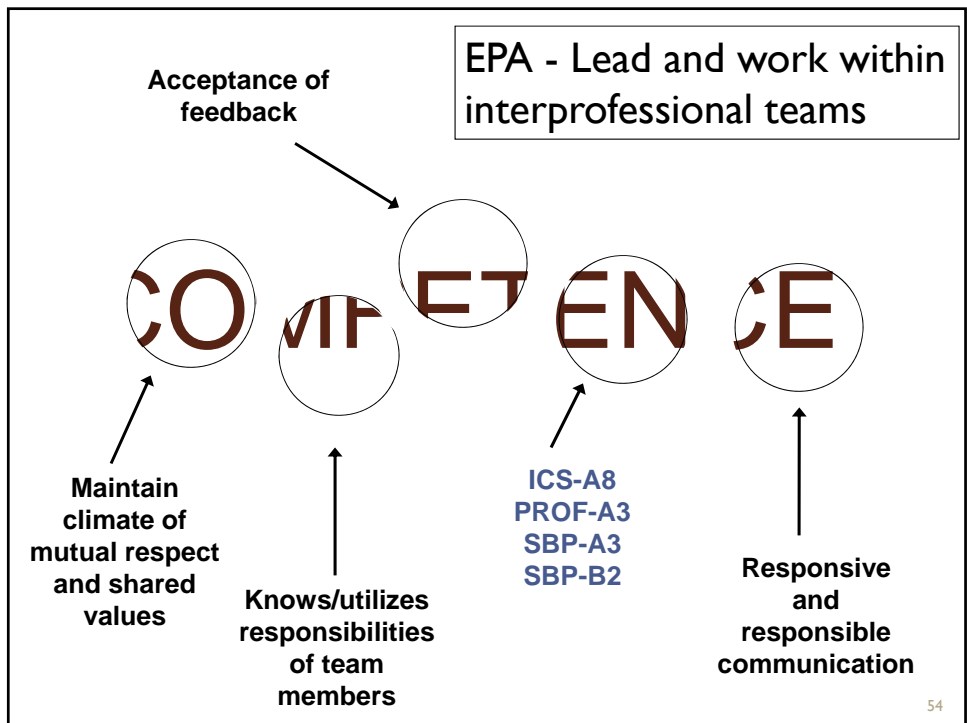
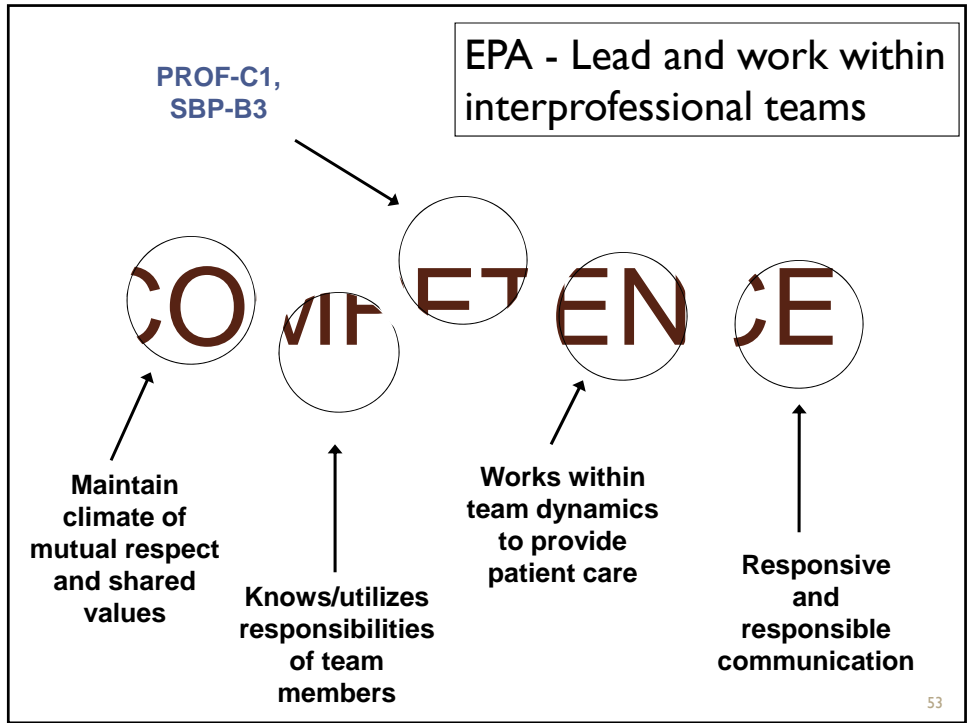
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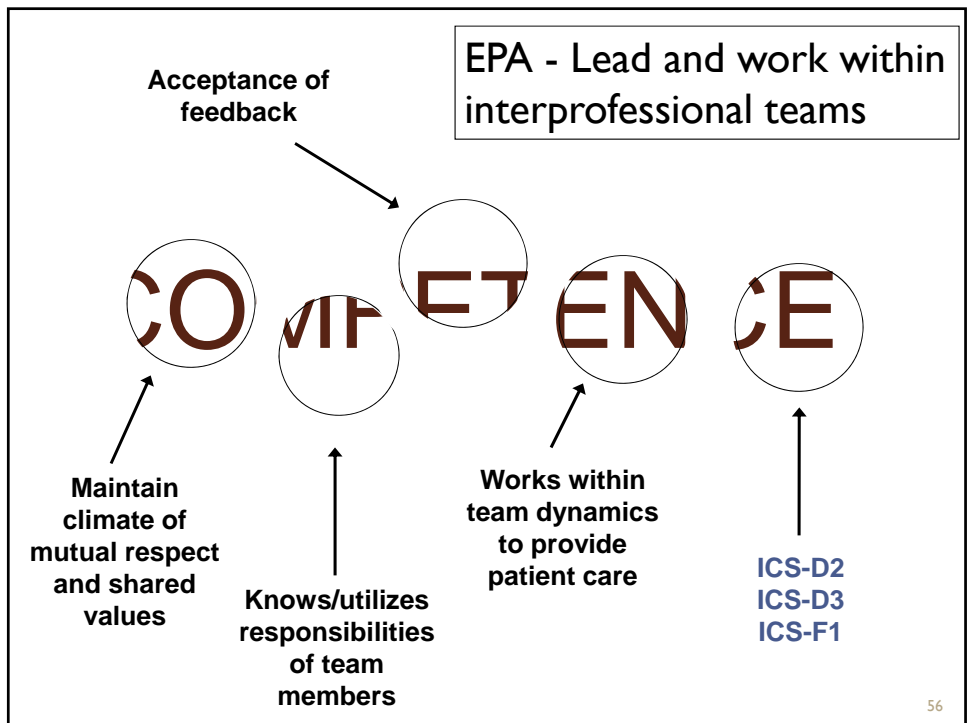
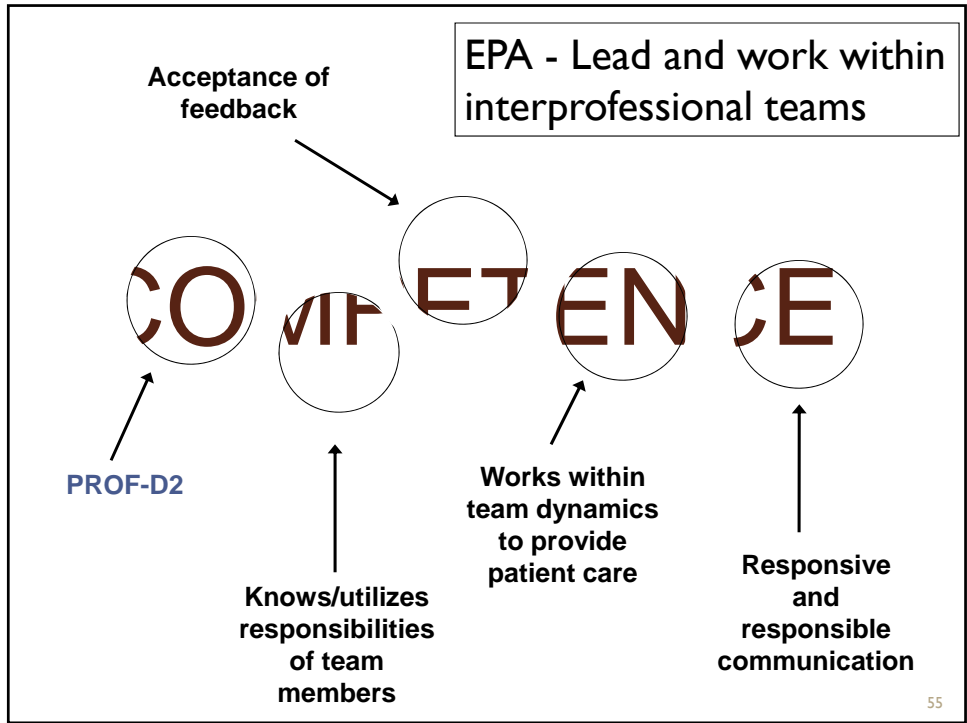
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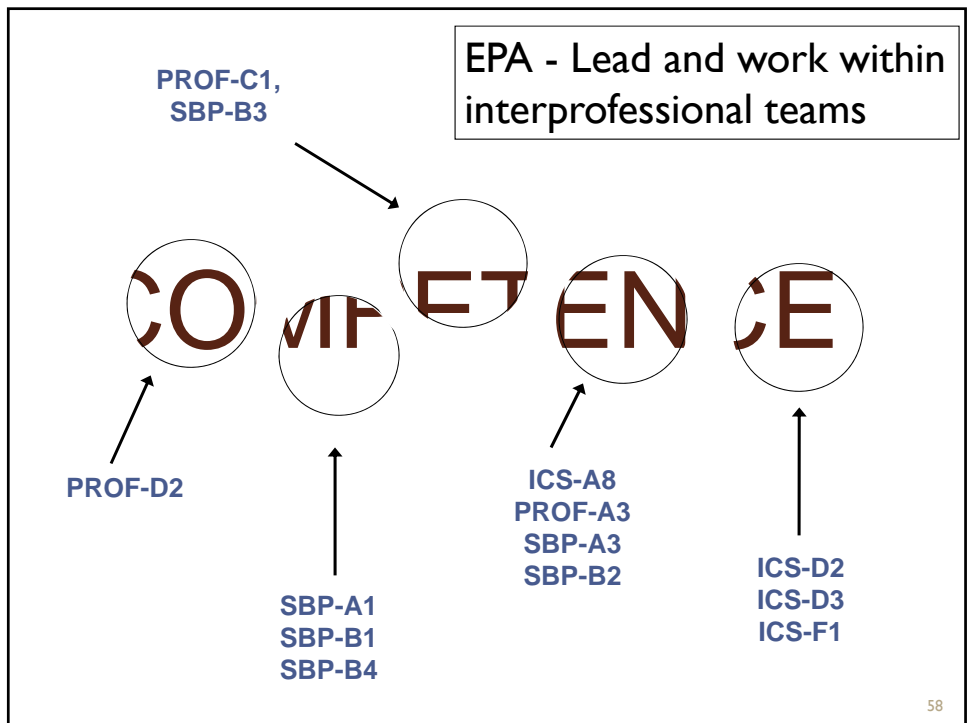
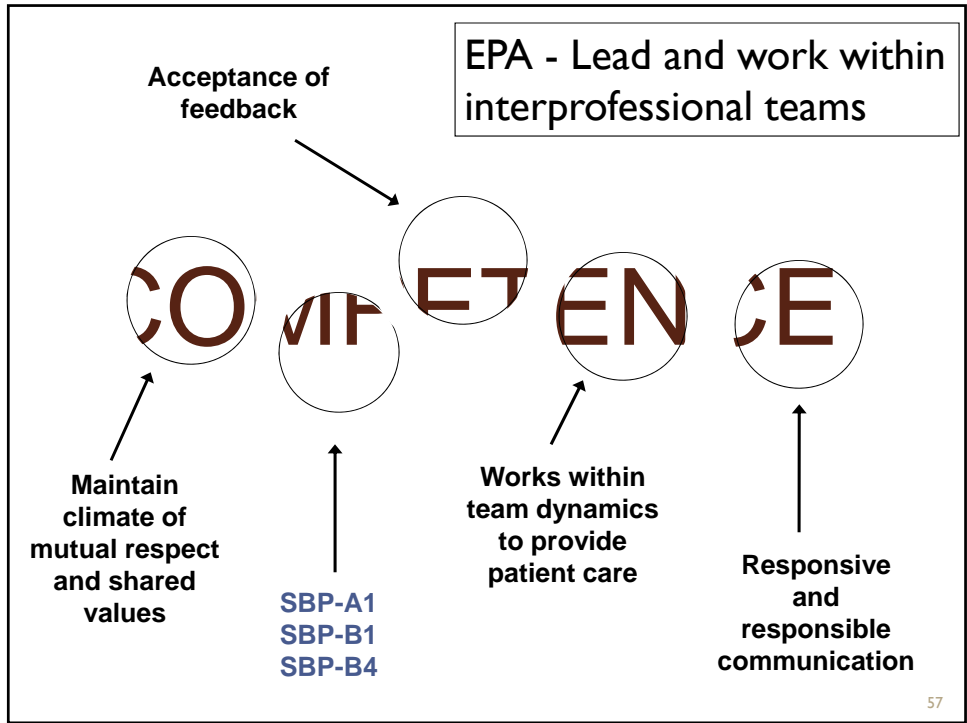
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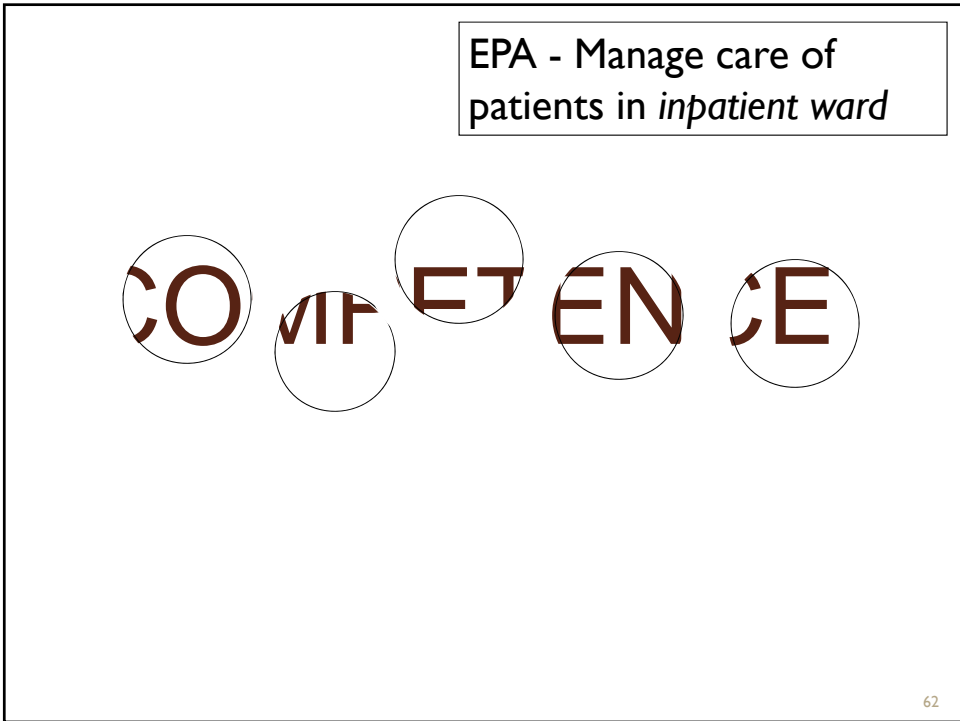
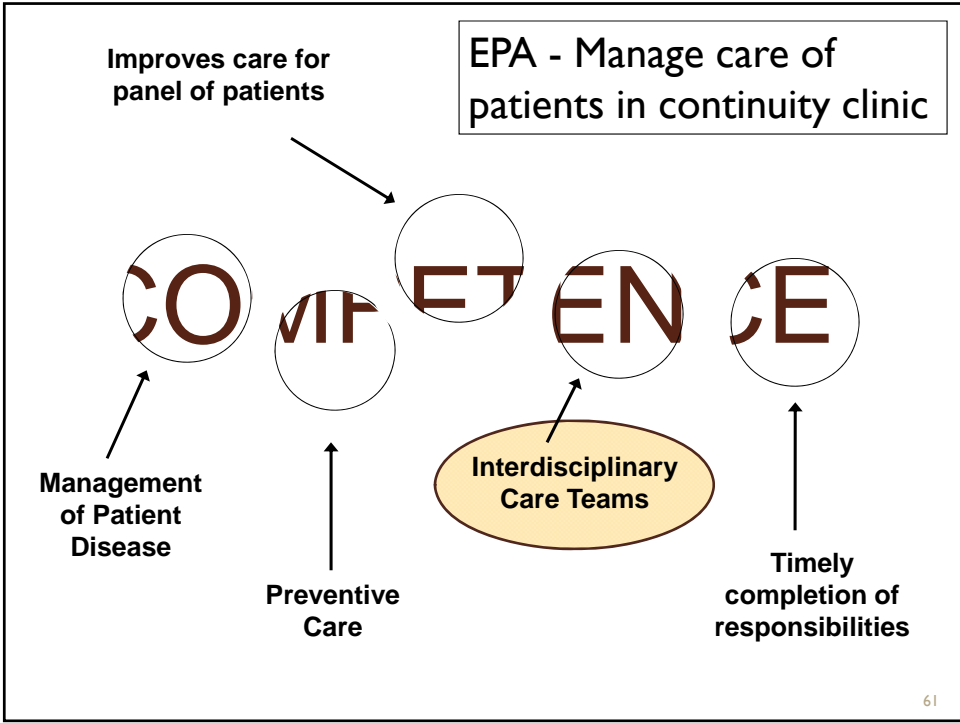
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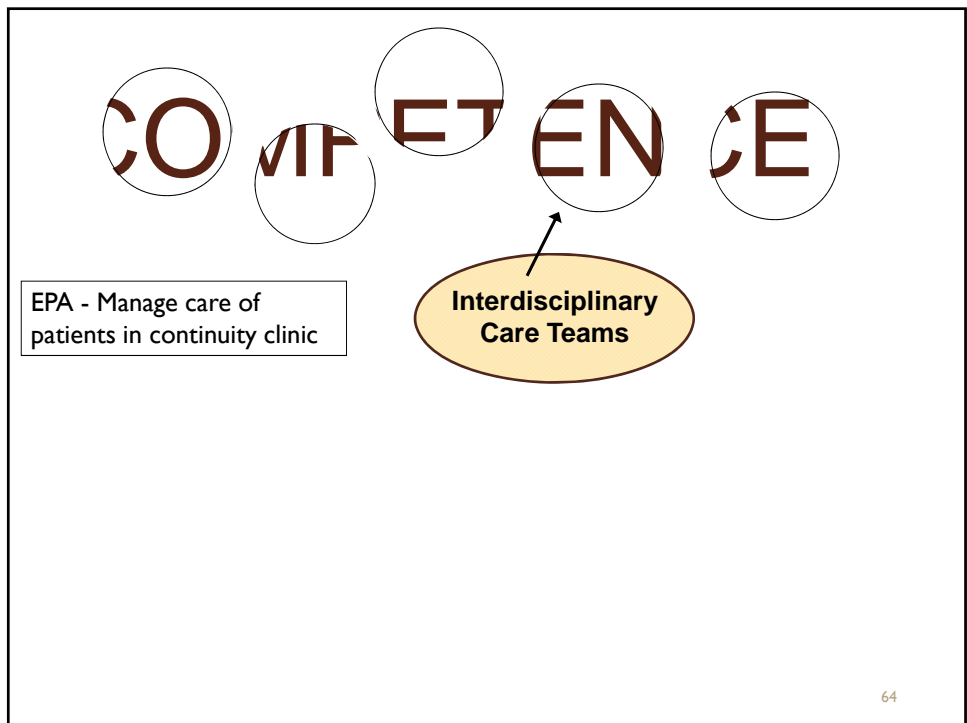
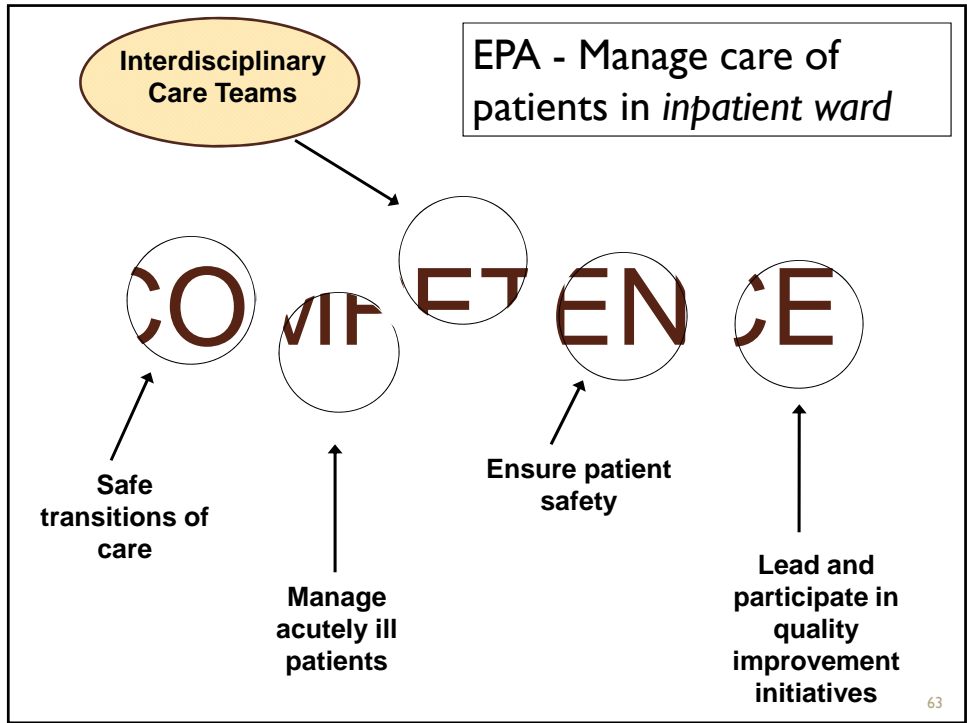
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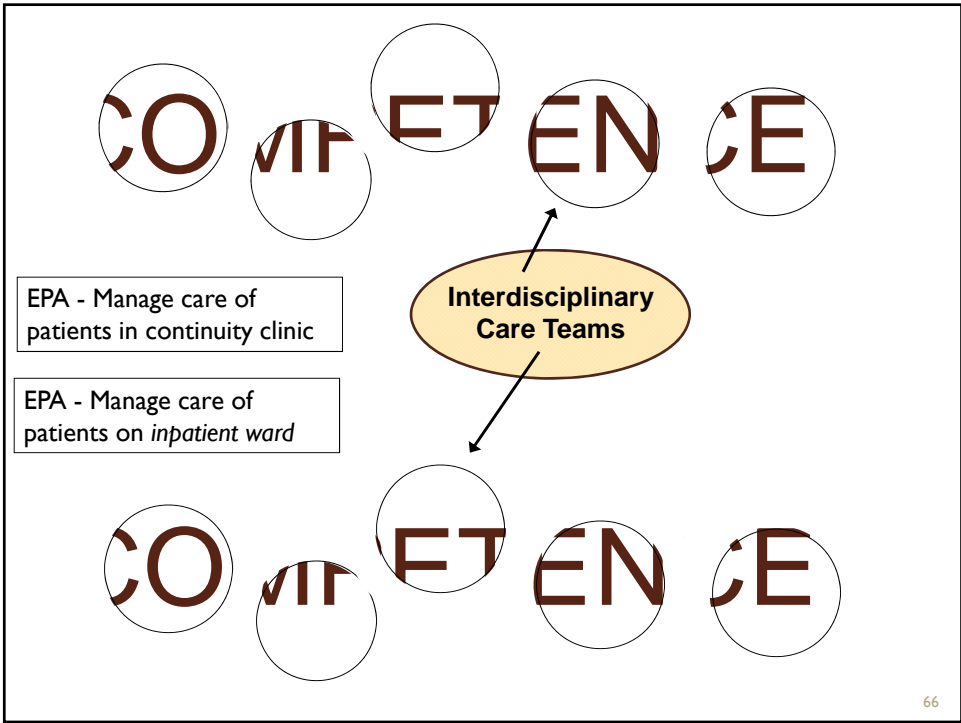
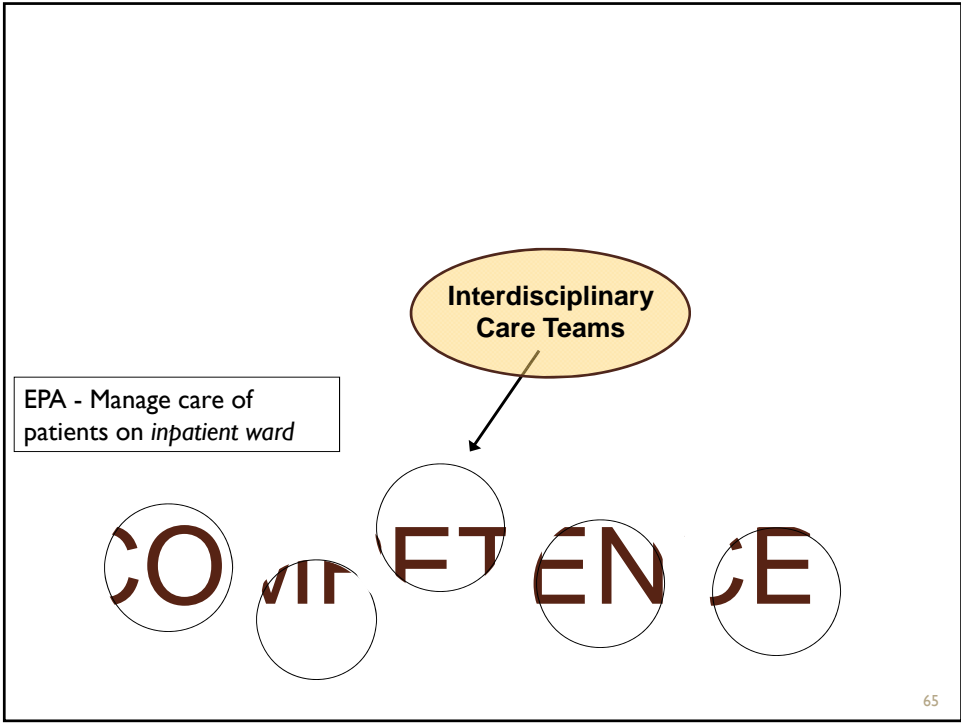
EPA - Manage care of patients in continuity clinic

CO
MPE
NCE

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Things to Consider

- In the course of training when/where is the best opportunity to assess the chosen milestones?
- What existing assessment(s) can be used or modified to capture resident performance of the chosen milestones?
- Can a particular milestone that is assessed in this EPA also be used to inform assessment of another EPA (and vice versa)?
- Who can best perform this assessment? Will I capture assessment in varied clinical contexts?

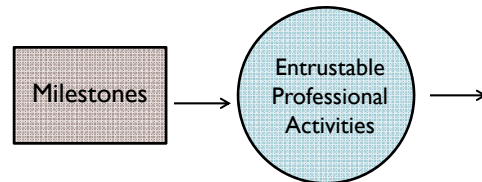
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Role of faculty

- Engage faculty in designing the assessment
 - Specific rotational assessment
 - Faculty development

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Connecting Milestones to EPA's



How
Milestones...

... can be used
by faculty to
assess resident
competence ...

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FAQ's about EPA's

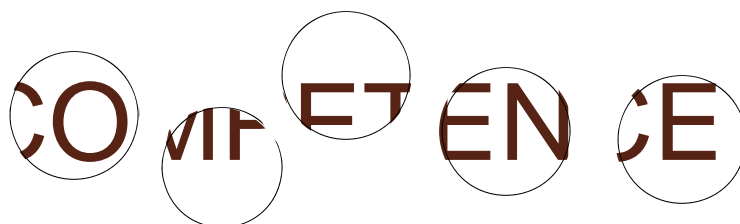
- How many EPA's are there?
- How will I know which are the "right" EPA's?
- What is the minimum number of EPA's that I need to do?

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Education Redesign Committee

- Significant discussions regarding these issues
- Conclusions:
 - There is no “correct” number of EPA’s
 - The “right” EPA’s are those that provide the windows for you to ‘see’ competence in your residents

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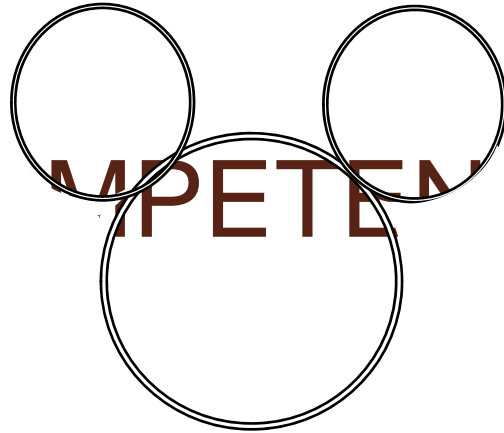


“Windows to Competence”
Caverzagie

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COI MPET EN

COI MPET EN CE



75

Proposed List of EPA's

- Developed a set of “end-of-training” EPA's
 - When considered together, describe a resident who has sufficiently demonstrated competence and can be entrusted with entering into unsupervised practice
- Starting point for program directors
- Please provide feedback

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Internal Medicine EPA's (Proposed)

1. Manage the care of patients in the general internal medicine continuity clinic
2. Manage the care of patient on general internal medicine wards
3. Manage the care of patients in a critical care unit
4. Provide general internal medicine consultation to non-medical specialties
5. Provide preoperative assessment and peri-operative care
6. Manage transitions of care
7. Lead and work within interprofessional teams
8. Lead family meetings
9. Assure patient safety
10. Improve the quality of personal and system-level care
11. Engage in life-long learning
12. Provide patient advocacy
13. Behave professionally

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Narratives

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SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.Div.,

Programs in the NAS will submit composite milestone data on their residents every 6 months, synchronized with residents' semiannual evaluations.

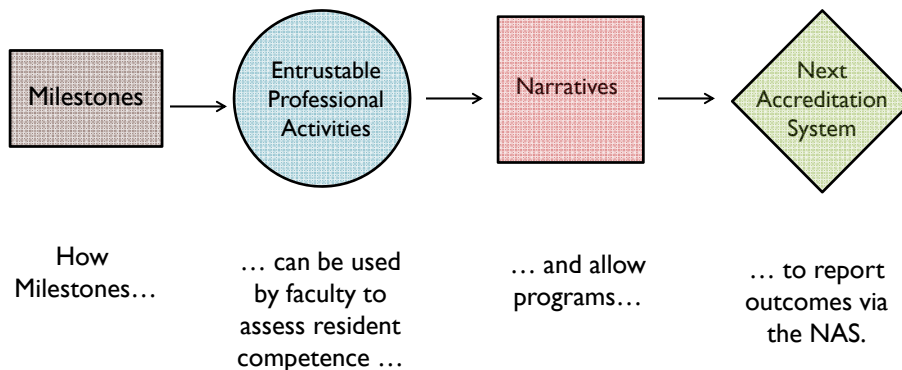
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My goal for today is to show:



Milestones-Based Narratives

- Ongoing feasibility study
- Anticipate that Narratives will eventually provide the framework for the reporting of composite Milestones data in the NAS
- Anticipate that Narratives will eventually provide the framework for reporting in ABIM FasTrack

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Optimism!

- House of Medicine is working together:
 - AAIM/APDIM
 - ABIM
 - ACGME
 - ACP
 - SGIM
 - SHM
 - IM-RRC

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Next Accreditation System

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Acknowledgments

- Bill lobst - ABIM
- Education Redesign Committee
- EIP Milestones, Daisy Smith, Karen Hauer
- Kimberly Baker-Genaw
- Leadership of AAIM and all IM stakeholder organizations

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Thank you!

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