



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Workplace Based Assessments in UME

PGMEAC

Feb, 2023

Competency Based Medical Education

- **Goal:** enhance learning and assessment across the training continuum
- **In UME:** the AFMC has determined 12 general EPAs expected of a graduating medical student in the workplace, independent of specialty
- The EPAs comprise one component of **workplace based assessments**
- **Our commitment to students:** to provide frequent feedback and coaching in these 12 areas, and to promote reflection on progress over clerkship
- *The EPAs are **credit/no credit** and are NOT otherwise used to determine student progress in the program or to determine eligibility for graduation



EPAs in UME

- **Entrustable Professional Activity (EPA)** is a typical unit of work in which a clinician engages
- “Key Observable Behaviors” have been described for each EPA in UME
- No phases of training, No milestones, No progress decisions in UME



Core EPAs for Each Course

	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
OB/GYN	X		X	X	X			X			X	
Family Medicine	X	X	X	X	X							X
Psychiatry	X	X			X	X			XX			
Pediatrics	X	X	X	X	X							X
Medicine	X	X	X	X		X		X			X	X
Surgery	X	X	X	X	X		X	X			X	
ENT	X											
Ophthalmology	X											
Emergency Med	X	X	X			X		X			X	
Anesthesia							X				X	

How Will it Work?

- Part of the pilot phase for EPAs is to learn exactly how it will work
- Expect some variation in courses but the EPAs stay the same
- **Communication is key, example:**
 - Supervisor: What are your learning goals for today? What would like me to observe?
 - Student: I have been working on prioritizing my differential diagnoses. I am hoping to have your feedback during clinic and to complete an EPA (EPA2).”
- Coaching conversation after the observation
- Documentation of the conversation

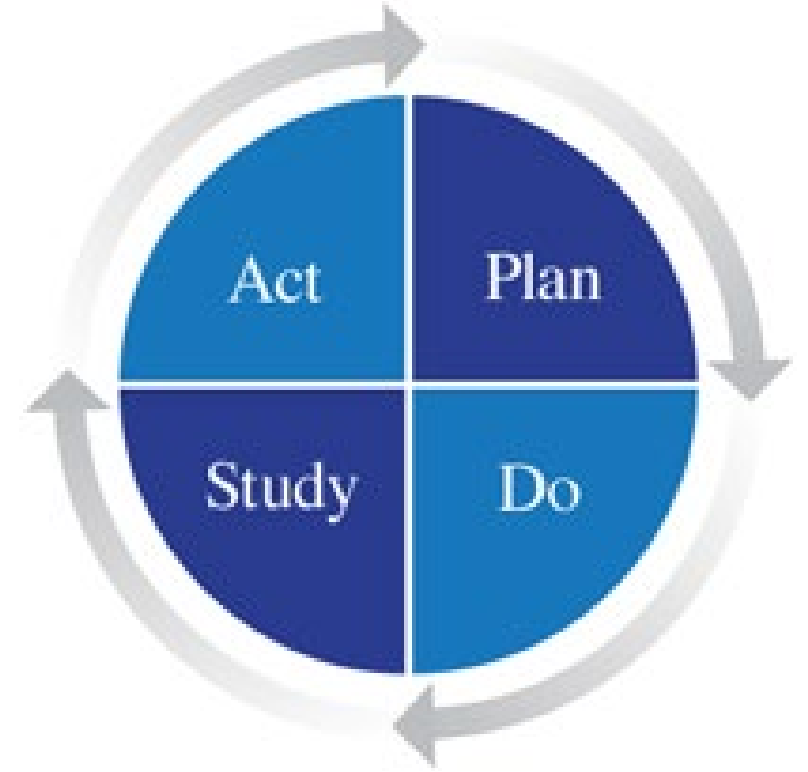


EPA Implementation Plan

- **2 step implementation:**
 - Begin with 2T4 class in March 2023 as a pilot
 - Full implementation in September 2023 for the 2T5 class

During the Pilot...

- **Students asked to aim for at least:**
 - 3 EPA completions for 2+-week courses
 - 2 EPAs for 2-week courses
 - 1 EPA for 1-week courses
- **Residents and fellows may complete up to 50% of the assessments**
- **Residents and fellows are allies for students in this process**



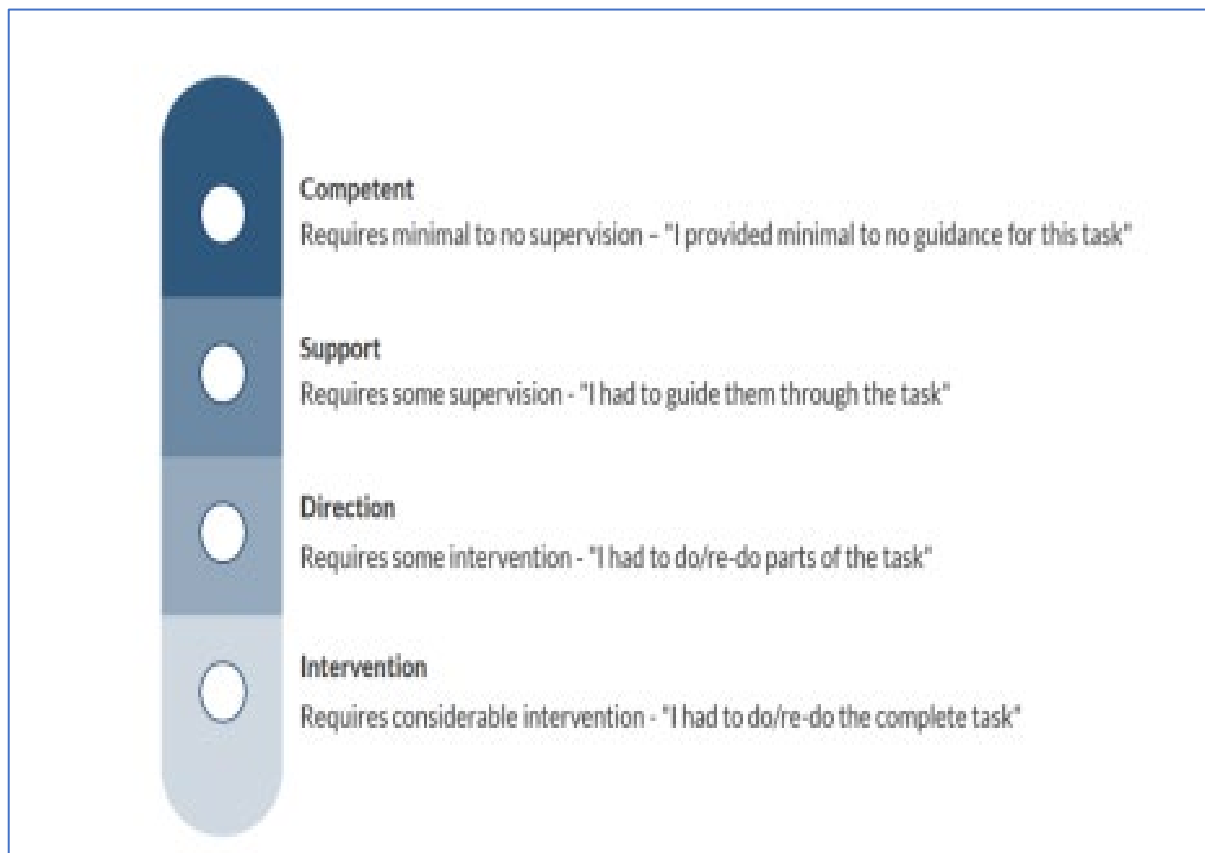
How will the data be used?

- The most important component is the coaching conversation around the EPA immediately after the observation
- The data will be available to administrators and after the pilot, may become part of the ‘package’ used to inform the clinical evaluation
- But the goal of the pilot is to see how much and what kind of data is obtained
- We will ask you about your experience as assessors!

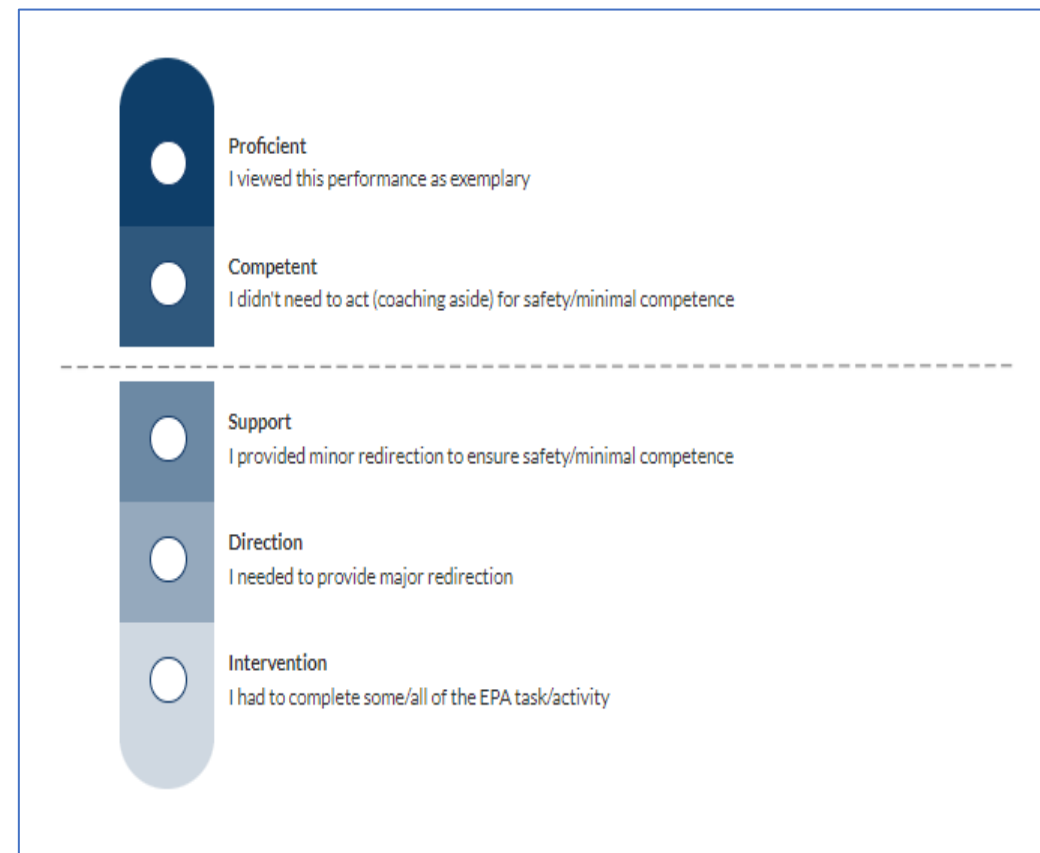


MD versus PGME EPAs – Overall Rating

MD Program



PGME



MD versus PGME EPAs – Milestones & Narrative

- No Milestones – Key Observable Behaviours which are not rated

MD Program

*Strengths (2-3)

*Areas for Improvement (2-3)

*Action Plan for Improvement

- Milestones – rated on 5-point scale

PGME

2 - 3 Strengths

2 - 3 Actions or areas for improvement



Resident/Fellow – new role

- PGME and the MD Program are working on a role in Elentra
- Will allow the Resident/Fellow assessor to access their MD Tasks & Results dashboard allowing them to review, edit and complete any EPA assessments which are in progress and view all the MD learner EPA assessments they have completed.
- MD learners will continue to start the EPA assessment on their personal device and hand it to the Resident assessor or e-mail them the link to complete the assessment at a later date.
- Faculty assessor workflow remains the same as in the PGME context.



A shared journey...

thank you!

AFMC EPAs

EPA 1-Obtain a history and perform a physical examination adapted to the patient's clinical situation

EPA 2-Formulate and justify a prioritized differential diagnosis

EPA 3-Formulate an initial plan of investigation based on the diagnostic hypotheses

EPA 4-Interpret and communicate results of common diagnostic and screening tests

EPA 5-Formulate, communicate and implement management plans

EPA 6-Present oral and written reports that document a clinical encounter

EPA 7-Provide and receive the handover in transitions of care

EPA 8-Recognize a patient requiring urgent or emergent care, provide initial management and seek help

EPA 9-Communicate in difficult situations

EPA 10-Participate in health quality improvement initiatives

EPA 11-Perform general procedures of a physician

EPA 12-Educate patients on disease management, health promotion and preventive medicine

Example: EPA 1: Obtain a history and physical examination adapted to the patient's clinical situation

Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information

Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by respect and compassion

Use clear and concise language; avoid or adequately explain medical jargon

Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

Performs and demonstrates physical exam skills tailored to the clinical case

Example: EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help

Utilizes early warning signs, or rapid response team criteria, to recognize patients at risk of deterioration and mobilizes appropriate resources urgently

Asks for help when uncertain or requiring assistance; involves team members needed for immediate response and continued follow-up

Initiates and participates in a code response; performs basic life support when required including CPR during cardiac arrest

Rapidly assesses and initiates management to stabilize the patient

Clarifies patient's goals of care upon recognition of deterioration

Updates family members/caregiver/advocate to explain patient's status and escalation-of-care plans

Nuts and Bolts

- **Clerks must 'start' the EPA** in Elentra for residents/fellow and complete the contextual information
- They will hand over their device real time for completion or have Elentra send an email for completion at a later time
- Make sure you **toggle your role to MD Program** in Elentra
- Demo: the following slides show the tool in Elentra- the one click and the narrative boxes are the entirety of the tool (plus the contextual info that precedes it)



EPA Assessment Scale

*Select an overall rating

<input checked="" type="radio"/>	Competent Requires minimal to no supervision - "I provided minimal to no guidance for this task"
<input type="radio"/>	Support Requires some supervision - "I had to guide them through the task"
<input type="radio"/>	Direction Requires some intervention - "I had to do/re-do parts of the task"
<input type="radio"/>	Intervention Requires considerable intervention - "I had to do/re-do the complete task"



Benchmarking- 'at the level of a graduating medical student'



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Narrative Feedback

*Strengths (2-3)

*Areas for Improvement (2-3)

*Action Plan for Improvement



Submit

Assessor's role – Feedback and Coaching

- Encourage students to take advantage of all learning opportunities
- Provide feedback as a regular part of your interactions with students
- Assessments are *FOR* learning, not *OF* learning (Growth Mindset)
- The EPA tool is a means of documenting the coaching conversation



How do WBAs benefit students?

Opportunity for:

- Structured feedback tool to improve performance in the clinical environment
- Longitudinal feedback allows for reflection on progress within and across clerkship courses
- Preparation for residency

