EPA Thinking and Residency – Module 14 Instructions

Mentor Briefing: It will be important to inform the students of the points below before you proceed with this additional module exercise so they will understand that the process how the thinking about application of EPA thinking proceeds.

- Students should keep in mind that they are speculating on experience that they can only guess at. This does not diminish the exercise, but instead serves as a beginning.
- The flipped classroom will be especially important for this exercise because the students need to have a common understanding of their goals for residency. There may be potential for future sessions of this dialogue during the clerkship years.
- Awareness of the EPAs and their understanding of how to acquire entrustability can be powerful in selling themselves to residency programs. Make them repeat this back and try to give their own explanation. Tell them not to worry, but just to focus on their own way of thinking.

You, the mentor, will be aided by several enhancements:

1. This supplement is composed of the materials that the students have with the enhancements added to provide an all-in-one document.
2. [brackets] are used to provide notes or suggestions.
3. Highlighting is used for faster reference on the page.
4. The sample responses in the section following the discussion questions are excerpted from the reading materials to help you prompt the students as needed.
5. Additional background material is also included in the sample responses.

Student Briefing for exercise:
This session is aimed at translating a knowledge of EPA thinking into a competitive application for residency. It will teach you what residency program directors want from you and how you can use a working knowledge of your EPA thinking to provide that to them. You will find that EPA thinking skills overlap with the predictive validity of Step 1 – and, now that Step 1 has been masked, your ability to represent your self-directed and self-regulated skills is even more important.

- You will need to review the following documents provided at the website:
  1) Myths and realities concerning Step 1 and the EPAs.
  2) The Core Entrustable Professional Activities (EPAs): The Next Step 1?
  3) How Can the Core Entrustable Professional Activities (EPAs) Help My Residency Application?
- The flipped classroom will help you hear how others view their own assets that can be used in framing a personal statement and in responding to questions in an interview. [Expect some “learned helplessness” expressed as “I don’t know enough to comment.” Try to bring out what they do know and their reactions to the documents.]
- Awareness of the EPAs and your understanding of how to acquire entrustability can be powerful in selling yourself to residency programs. Try to formulate your own unique

biosketch from information you have entered into your EPA Journal. Use this session as closure on putting entrustable thinking to work.

EPA Journal and Preparation for Residency Application

AAMC description of activity (AAMC CEPA Faculty and Learners Guide): Over the past several years, program directors have increasingly expressed concern that some medical school graduates are not prepared for residency. Most schools have "graduation competencies" or "graduation objectives" that are linked to foundational competencies and to the unique mission of the school. However, *as of yet there has been no agreement in the undergraduate medical education (UME) community about a common core set of behaviors that could/ should be expected of all graduates*. The time is right to identify a short list of integrated activities to be expected of all M.D. graduates making the transition from medical school to residency: The Core Entrustable Professional Activities for Entering Residency.

To delineate those ***activities that all entering residents should be expected to perform on day 1 of residency without direct supervision**,* regardless of specialty. We used the ACGME definitions for direct and indirect supervision:

6. Direct Supervision*:* The supervising physician ["or experienced resident," Pelley] is physically present with the resident and the patient.
7. Indirect Supervision is broken down into two levels:
   a) Direct Supervision Immediately Available*:* The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
   b) Direct Supervision Available*:* The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

Guiding Principles of the EPAs

- The primary motivation for this work is *patient safety*. We focused on aligning the professional development at the UME-GME transition with safe, effective, and compassionate care.

- A secondary motivation is to *enhance the confidence* of new residents, program directors, and patients with respect to the residents' abilities to perform the activities they will be expected to do without direct supervision when they enter residency.

- The activities will represent a *necessary but not sufficient* set of competencies for entering residents, a "core," not a ceiling.

- These activities are intended to *supplement*, not replace, the mission- and specialty-specific graduation competencies of the individual medical schools and specialties.

Discussion Questions:

1. First student: Identify from the blog post, "The Core Entrustable Professional Activities (EPAs): The Next Step 1?", what your knowledge of the EPAs predicts about you compared to your Step 1 performance. [both predict different types of performance]

a) Next student: How does EPA thinking correlate with Step 1 thinking?
   - What kind of study methods produce good Step 1 scores?
   - Do these methods also produce Step 1 thinking?
b) Next student: How does it help a program director for you to be entrustable? Talk about the General Principles of the EPAs. [fewer problems during startup in July]
c) Next student: How can you enhance the information that is reported on your clinical performance? Would you be able to use examples from learning basic sciences and show how the thinking is related?
d) Next student: How would you explain what entrustable thinking is in an interview? Can you think of a way to prompt an interviewer to ask about entrustable thinking? [what statements can be made that prompt curiosity of the interviewer?]
e) Next student: Would you be able to describe in an interview how you developed your own entrustability? [this will be addressed by the EPA Journal]
f) Next student: Can you give an elevator explanation of how metacognition contributes to entrustable thinking? [help them avoid repetition of the blog explanation]
g) Next student: Can you use your own learning preferences to show how you applied deliberate practice to develop entrustable thinking? [refers back to prior sessions]

2. Next student: Identify from the blog post, "The Core Entrustable Professional Activities (EPAs): The Next Step 1?", how your personal statement can focus attention on your proficiency with the EPAs. [building up to documentation]
   a) Next student: How can you communicate with both sensing and intuitive types in the same personal statement?
      - What do sensing types look for?
      - What do intuitive types look for?
   b) Next student: How would a vignette be composed in a personal statement? [can be patterned after learner's guide but more concise.]
   c) Next student: How would you decide on a preclinical vignette?
   d) Next student: How would you decide on a clinical vignette?
   e) Next student: How does knowledge of ego states in communication help you to project an internal locus of control? [always seek the adult ego state; explain how it is different from parent.]
   f) Next student: What is the most effective way to communicate your experiences? Are there other ideas from members of the group? [experience is always followed by the effect of the experience.]
   g) Next student: Can you give an example of how to handle hypothetical situations?
   h) Next student: How would you sum up an interview, given the chance? [two main points: inner locus of control and confirming interest in matching]
3. Next student: Refer to the Myths and Realities of USMLE Step 1 and the EPAs. Why is Step 1 *not* a reward system? Why is it necessary for residency programs to use this score?
   a) Next student: Were the EPAs developed by medical schools or residency programs? Why? [residency programs; too many problems at start up]
4. Next student: Refer to the EPA Journal. How do critical incidents help you to document your relevant experiences in medical school? Why bother?

a) Next student: How do pre-clinical critical incidents differ from clinical critical incidents? How are they alike? [pre-clinical are study sessions; clinical are patient experiences]
b) Next student: How does documentation produce awareness? [you don't forget documentation]
c) Next student: What type of incidents does the EPA Critical Incident Protocol include? Can you think of any others? [possibly redundant but see where this goes; can cite type of study and outcome or difficulty with clinical situation]
d) Next student: Would it make sense to periodically summarize your experience? [not mentioned in documentation, but maybe a good wind-up conversation]

5. Pursue additional interests of the group or needs for clarification as they arise.