

# EPA Thinking - Module 3

## Mentor supplement with examples and prompts

Mentor Briefing for exercise: It will be important to remind the students of the points below before you proceed with the module exercise so they will understand that the process they will follow gets more natural.

- Students should keep in mind that they are evaluating thinking needed to learn clinical procedures. These procedures will require decisions.
- Decisions can be pre-entrustable or entrustable. They cannot be memorized effectively nor are they acquired by experience alone.
- The flipped classroom causes attention to be focused on comparing current decisions in studying vs. future decisions in the clinic.
- 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.

Remember the following 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.

### EPA 3 Flipped Classroom Exercise

**EPA 3: Recommend and interpret common diagnostic and screening tests.**

AAMC Description of Activity: The goal is to be able to **select and interpret** common diagnostic and screening tests.

**Discussion Questions [standard prompts have been established in Modules 1 & 2 and are not included in remaining modules to reduce clutter; modify to fit the EPA]:**

1. First student: Identify a behavior from the pre-entrustable description for this EPA in the AAMC Faculty and Learners' Guide.
  - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory?
    - What is novice thinking?
    - What is the corresponding study behavior, i.e. how do robotic thinkers study?

- b. Next student: Where do you think the information for this EPA is addressed in the preclinical curriculum? (starter example: What anatomy/biochemistry/physiology content is needed for this EPA?) Also, how does it match your own study emphasis?
2. Next student: Identify another behavior from the pre-entrustable description.
  - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory?
  - b. Next student: Where is this type of thinking addressed in the preclinical curriculum?
3. Continue this analysis until there is general agreement that at least three examples have been identified. [Note: Inclusion of at least three assures an appreciation of the variety of behaviors observed.]
4. Next student: Identify a behavior from the entrustable vignette.
  - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory?
  - b. Next student: Where is this EPA thinking addressed in the preclinical curriculum? Also, in your own study skills?
5. Continue this questioning until there is general agreement that all have been identified.
6. Next student: Show how ES Peak Mapping helps to develop the skills needed for this EPA.
7. Next student: How does deliberate practice apply to this skill development [self-reflection is encouraged but less personal generalizing may be more comfortable during early discussion]?
8. Next student(s): How does Jungian type apply to this EPA?
  - a. Limit discussion to intuitive and sensing preferences. How does each preference prefer to think?
  - b. Discussion should involve reflection on what preference requires most effort and is least trusted.
9. Pursue additional interests of the group or needs for clarification as they arise.

## **Sample excerpts from description and vignettes**

### Pre-entrustable sample responses:

1. can recommend a **standard set** of studies;
2. can provide a **list of additional labs** and imaging examinations;
3. limited in her ability to discuss **which panel(s) or individual lab value(s)** or imaging studies are most important;
4. difficulty **justifying** each recommendation;
5. **impact** a false-positive or false-negative test not considered;
6. may **misinterpret** common abnormalities;
7. fail to **recognize important abnormalities** and their urgency;

### Entrustable sample responses:

1. provides an **initial plan** for laboratory tests and imaging studies that are targeted to the most important working diagnoses;
2. provide a **rationale** for each test;
3. demonstrates **cost awareness** and attempts to apply cost-benefit considerations;

4. attempts to place the patient's **risk factors** and clinical presentation in context;
5. can cite relevant information on the likelihood and **interpretation of a positive test**;
6. incorporates the patient's **demographics** and health behaviors;
7. **clear rationales** for her diagnostic recommendations;
8. methodically **reviews each test** and imaging result;
9. **seeking help** for interpretation of tests that are beyond her scope of knowledge;
10. attempts to interpret results that are **unexpectedly normal**.