

## Education



### ENTRUSTABLE PROFESSIONAL ACTIVITIES: MAKING SENSE OF THE EMERGENCY MEDICINE MILESTONES

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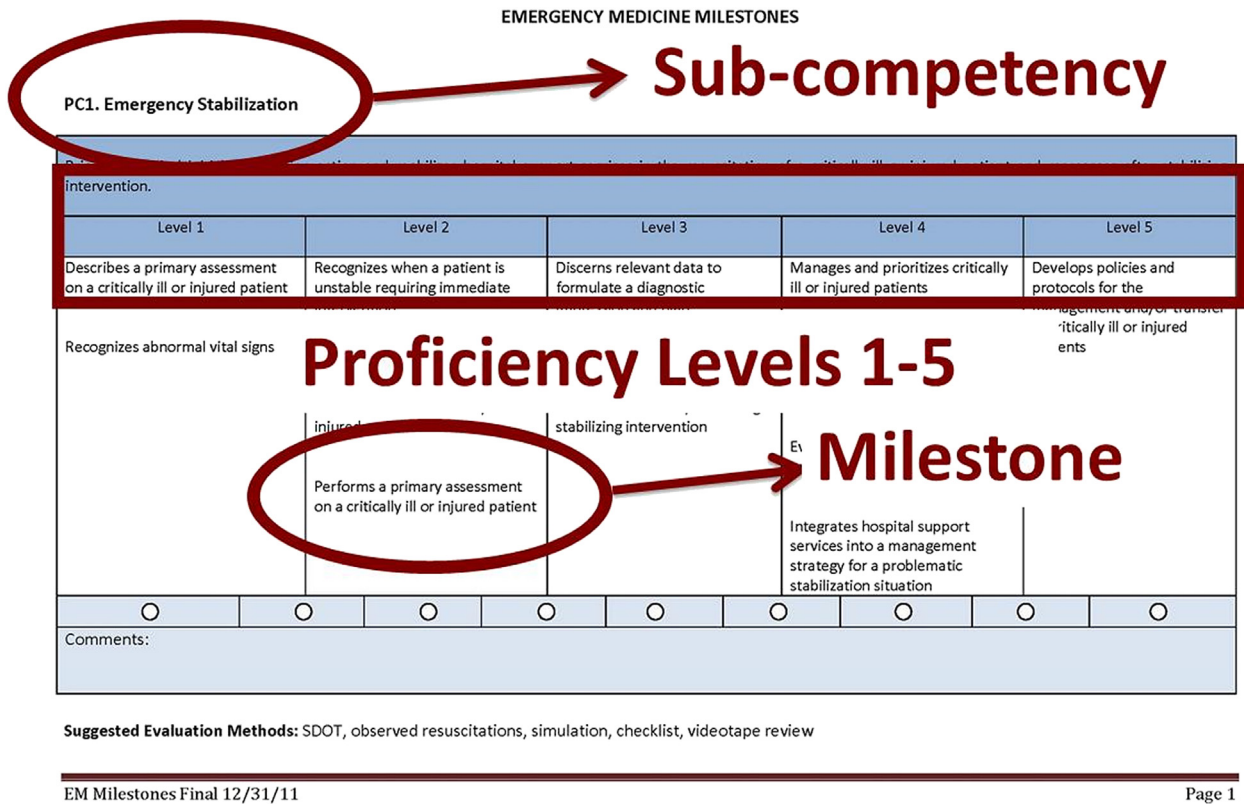
**Abstract—Background:** The Next Accreditation System (NAS) is being implemented by the Accreditation Council for Graduate Medical Education with seven specialties, including Emergency Medicine (EM), which began in July 2013. The NAS represents a more structured method of accreditation, with dependence on outcomes and less emphasis on educational process. A key component of the NAS is the individual resident semiannual reporting of the Milestone proficiency levels for all sub-competencies, which are more specific areas of domain for the general competencies. All specialties are struggling to some extent with developing assessment mechanisms for the Milestones. At the heart of this struggle is the conceptualization of the Milestones themselves—descriptors of the individual. In practice, faculty assess clinical care provided to the patient by the resident. This creates difficulty for faculty to assign a resident to a specific sub-competency proficiency level when their focus has been on assessment of clinical care. **Objectives:** The objectives of this article include the discussion of whether Entrustable Professional Activities (EPAs) could be defined and linked to milestones in a way that, once implemented, could inform Clinical Competency Committees of the Milestone proficiency reporting. **Discussion:** EPAs are units of professional work, or clinical care that may help translate aspects of clinical care into Milestone proficiencies. This article explores EPAs in depth, and discusses how EPAs may be used within EM as one method of assigning proficiency levels to residents. **Conclusions:** EPAs may be a useful tool to inform Milestone proficiency placement of residents. Because EPAs are based on clinical descriptions rather than individual physician descriptions,

there may be less faculty development needed for Milestone sub-competency assessment. © 2014 Elsevier Inc.

**Keywords—**Milestones; Entrustable Professional Activities; EPAs; education; resident education

### INTRODUCTION

The Accreditation Council for Graduate Medical Education (ACGME) has introduced the Next Accreditation System (NAS) with implementation for seven specialties, including Emergency Medicine (EM), which began in July 2013. The rest will follow in July 2014. The core of the NAS involves Milestones, which are stages of development within identified sub-competencies (Figure 1). The definition and specifics of these sub-competencies and milestones are different for each postgraduate medical education residency program. Significant time at major EM educational meetings is now being spent as residencies struggle with how to measure a resident's proficiency in each of the 23 EM Milestone sub-competencies. Part of this struggle involves recognition that a competency is a descriptor of a physician. The difficulty is in translating a resident's specific behaviors during patient care into this descriptor of the resident. Entrustable Professional Activities (EPAs) are units of physician practice in which the goal is unsupervised



**Figure 1. Milestones nomenclature.**

competent practice by a trainee (1). EPAs consist of descriptors of the tasks or work involved in the practice of medicine. EPAs may provide a means to translate actual practice into the stages of resident development, or Milestones. EPAs, because they are clinically based, may be more readily accepted by residents and faculty as understandable and assessable. This article explores the concept of EPAs, their relationship to the general competencies and EM sub-competencies, and potential methods to measure EPAs and translate them into sub-competency proficiency-level descriptors (Milestones).

**DEVELOPMENT OF THE NAS AND THE GOAL OF OUTCOMES MEASUREMENT**

The NAS is a culmination of the Outcomes Project in which the ACGME attempted to change its focus from the educational process and structure to more of an emphasis on outcomes (2,3). The core competencies of patient care, medical knowledge, professionalism, interpersonal communication skills, practice-based learning, and systems-based practice were defined to provide a structure for professional development (4). By themselves there was difficulty in defining specific outcomes within such broad general competencies (5). This created the need for more specific “Milestones” of

competency development, with the Milestones Project announced in 2008.

Milestones of competency development in each specialty were defined based on the Dreyfus and Dreyfus model of proficiency acquisition (4,6). Milestone development for each specialty was sponsored by the ACGME and the representative American Board of Medical Specialties Board (7). The EM Milestone Working Group (EMMWG) that developed the EM Milestones was made up of representatives from the ACGME, ACGME Residency Review Committee for EM, American Board of Emergency Medicine (ABEM), and the various organizations within EM (Table 1) (8). The EMMWG benefitted from previous work that ABEM had completed in its own internal Initial Certification Task Force. This task force identified the knowledge, skills, and attitudes (KSAs) necessary for the practice of EM, and critical to the initial certification process. These KSAs were extensions of the physician tasks necessary for the practice of EM, identified in the Model of the Clinical Practice of EM (the Model) (9). The ABEM-identified KSAs were scrutinized through a survey process of diplomates in terms of frequency and perceived importance. The process was identical to the process used to identify the frequency and importance of the Model’s Conditions and Components (10).

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