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WHITE PAPER

Entrustable professional activities for gastroenterology fellowship training

The development of entrustable professional activities (EPAs) for gastroenterology (GI) fellowship training has followed a model engagement of 5 GI societies (American Association for the Study of Liver Diseases [AASLD], American College of Gastroenterology [ACG], American Gastroenterological Association [AGA], American Neurogastroenterology and Motility Society [ANMS], and American Society for Gastrointestinal Endoscopy [ASGE]) to work collaboratively toward the development of a committee called the Oversight Working Network (OWN). A sixth GI society (North American Society for Pediatric Gastroenterology Hepatology and Nutrition. [NASPGHAN]) helped provide direction and feedback throughout the process; in addition, the committee had representation from the GI Program Directors Caucus from the beginning of the project, with input and feedback from the GI Program Directors Caucus Steering Committee and the governing boards and education and training committees of the societies before finalization. The acronym "OWN" clearly confirms the strong belief of the societies that we need to take charge of the educational components of our subspecialty and ensure that the needs of our trainees, program directors, and educators are met. The OWN product is intended to support the need to complete the reporting milestone requirement of the Accreditation Council for Graduate Medical Education (ACGME).[1]

Reporting milestones are a key component of the Next Accreditation System (NAS) and will be a required component of fellow and program evaluation. All internal medicine (IM) subspecialty societies have agreed to accept a common set of reporting milestones, which were released by the ACGME in February 2014. These were developed for subspecialties in IM based on the IM Reporting Milestones[2] and were further reviewed and revised with input from all subspecialty societies, including those in gastroenterology and hepatology.[3] It should be noted that hepatology is included in general GI fellowship training, and therefore the EPAs by consensus are referred to as EPAs for gastroenterology. This will help differentiate other efforts in the creation of EPAs for transplant hepatology.

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The OWN project supports a transforming paradigm in medical education toward competency-based medical education, which focuses on the desired outcomes of training rather than a time- or process-based curriculum that does not ensure attainment of competency. Moving forward, the standard for educational assessment will support this competency concept, which has been evolving in graduate medical education (GME) since 2000 (Table 1) with the development of the 6 core competencies (Table 2).[4] This will ensure that all trainees are competent in all defined areas before certification for independent practice.

The OWN timeline is shown in Table 3, and the assignments of the topics to the societies are listed in Table 4. Thirteen EPAs were identified by OWN and linked with observable behaviors and objectives. A checklist of the applicable ACGME competencies is identified, along with the subcompetencies of the reporting milestones needed to achieve mastery of the EPA. The following are provided with each EPA: a prompt for each program to identify when a typical fellow should be ready for unsupervised practice, a list of potential resources and assessments, identification of whom in the program may be most likely to inform the Clinical Competency Committee (CCC) of an entrustment determination, and a description of the implications of entrustment.

This white paper has been developed in 3 parts. Part 1 includes the background of this project in light of the history of competencies and milestones and describes in detail the process by which this project was achieved. This may serve as a model for other collaborative projects across the GI and hepatology societies and GME. Part 2 is a guide to using the EPAs for programs and fellows. This product is not intended to mandate specific curricular formats or pedagogies and is only meant to identify a core set of EPAs that all GI fellows must achieve. This section clearly identifies limitations of the materials generated and outlines opportunities for program-specific innovation. Part 3 includes the list of 13 EPAs, which is accompanied by the comprehensive tool for each EPA to assist program directors and fellows. All societies have reviewed and agree in consensus that these EPAs should be applied to all fellows completing training in gastroenterology. The comprehensive tools associated with part 3 are available online in the Supplementary Material (available online at www.ownyourfellowship.com).

TABLE 1. GME Innovations

2000–2002	ACGME identifies and endorses 6 general competencies to assess residents; the American Board of Medical Specialties adopts the same competencies
2003	ACGME institutes common duty-hours standards for residents
July 2013	IM residencies begin operating under the NAS
July 2014	IM fellowships must meet the reporting milestone requirement under the NAS
2015	First self-study site visits

TABLE 2. ACGME Core Competencies[4]

Patient care
Medical knowledge
Practice-based learning and improvement
Systems-based practice
Professionalism
Interpersonal and communication skills

PART 1: THE PROCESS OF DEVELOPING EPAS WITH ASSOCIATED REPORTING MILESTONES FOR GASTROENTEROLOGY

In February 2012, Nasca et al outlined the NAS, a plan from the ACGME to advance the reality of competency-based medical education, which started in 2001 by defining the 6 core competencies (Table 2).[5] The NAS is composed of 3 major changes in GME: (1) the development and use of reporting milestones for group assessment in CCCs, (2) changes to program accreditation, and (3) on-site review of each institution's clinical learning environment (Clinical Learning Environment Review or CLER) every 18 to 24 months. Milestones will be one additional element that will be used by the ACGME Residency Review Committee in Internal Medicine to assess program quality. The reporting milestones went into effect in July 2013 for IM residency programs and will be implemented for IM subspecialties in July 2014. The ACGME, American Board of Internal Medicine (ABIM), and Alliance for Academic Internal Medicine (AAIM) (the partners in the milestones venture) solicited the input and wisdom of educational leaders in the subspecialties to refine the IM Reporting Milestones for the subspecialties.

The ACGME and ABIM, in collaboration with the Association of Specialty Professors and AAIM, contacted subspecialty societies and asked their leadership to recommend individuals to participate in this initiative. The first IM Subspecialty Milestones Summit was held February 11 to 12, 2013, in Alexandria, Virginia, with the goal of considering appropriate strategies to efficiently develop IM Subspecialty Reporting Milestones, capitalizing on the development work of existing IM Reporting Milestones. After much work and the development of a new scholarship subcompetency, the AAIM, ABIM, and ACGME hosted the final IM Subspecialty Reporting Milestones Summit on November 11, 2013, in Chicago, Illinois. The meeting brought together 25 societies and stakeholders to hear the recommendations of the working groups about scholarly activity components and aspirational and critical deficiency stages in the reporting milestones as well as the perspectives of multispecialty groups. Discussions continued on merging the work of the groups and improving the language in the text. Final approval of the IM Subspecialty Reporting Milestones was announced on February 22, 2014.[3]

Before the NAS, there were 2 requirements for summative evaluation of trainees: completion of the ABIM FasTrack form and a narrative summative evaluation attesting to the trainee's ability to practice independently.[6] These attestations were made without a common frame of reference and relied heavily on subjective 9-point rating scales. The shift to reporting milestones intends to provide a common language and descriptors for formative and summative evaluation of the fellow and assessment of program quality. Because the reporting milestones are generic, the GI EPAs are a critical tool to accomplish the task of fellow assessment in the field of gastroenterology.

The creation of OWN preceded the first IM Subspecialty Milestones Summit in an effort for the GI and hepatology societies to take charge of the education of our trainees. Representatives from the AASLD, ACG, AGA, ANMS, ASGE, and NASPGHAN worked together to develop tools to aid program directors in using the IM Subspecialty Reporting Milestones. Educational milestones are observable developmental steps that describe a trajectory of progress from novice (eg, the entering fellow) to proficient (eg, the graduating fellow) and ultimately to expert/master. These reporting milestones are "context-free" and intentionally constructed to be used by all IM subspecialties. Each competency has multiple subcompetencies, each with its own narrative stream. The narrative streams can be used by program directors and fellows as the roadmap toward achieving competency and independent practice.

It is recognized that each program, using standard assessment tools and evaluation measures, will continue to assess its trainees in accordance with its curriculum as presently occurs. Using all available data semiannually, the CCCs will advise the program directors of the learner's trajectory toward independent practice using the IM Subspecialty Reporting Milestones as a guide. These data are reported to the ACGME twice a year, fulfilling one of the requirements of the NAS.

Knowing that each program has unique systems, metrics, evaluation tools, and processes, the OWN group created a guide and a toolbox focusing on 13 EPAs for