EPA Frequently Asked Questions

What are the EPAs and how do they relate to undergraduate medical education?

The 13 Entrustable Professional Activities (EPAs) for Entering Residency were first developed by the American Association of Medical Colleges (AAMC) in 2014 and further extended in the same year by the American Association of Colleges of Osteopathic Medicine (AACOM) to include osteopathic considerations and perspectives. The EPAs are a list of clinical activities that all medical school graduates should be able to perform independently upon entering residency, describing observable, measurable units of work that integrate multiple competencies. For more detailed information please see AACOMs document "Osteopathic Considerations for Core Entrustable Professional Activities for Entering Residency" at the following link here.

Why is PNWU transitioning to this format for post-rotation evaluations?

The previously utilized competency-based post-rotation evaluation tool was recognized to be cumbersome to complete, vague in its assessments of strengths and weaknesses, and did not provide enough objective information for students to develop actionable areas for targeted improvements. Goals for changing the evaluation process from competency-based to EPA-based include:

- Improving students' performance and better prepare them for residency
- Delivering objective information about performance to students and potential residency directors
- Making the evaluation easier for preceptors to complete

Why are there two different evaluations being utilized for academic year 2019-2020?

The overlap of one year allows the current MS4 (Class of 2020) to complete their academic career utilizing a consistent competency-based evaluation for their entire education, while allowing the current MS3 (Class of 2021) to be evaluated with EPA-Based evaluation to improve their performance and enhance their education. During the academic year 2019-2020, MS3 will be evaluated with the EPA-based tool and MS4 will be evaluated with the competency-based tool. After the completion of all MS4 rotations the competency-based post-rotation evaluation tool will be retired.

What measures can I use to determine if the learners are at their expected level?

RIME Model: This model, developed by Drs. Sepdham, Julka, Hofmann, and Dobbie and published in Family Medicine in 2007 (Sepdham, D., Julka, M., Hofmann, L., & Dobbie, A. (2007). Using the RIME model for learner assessment and feedback. *FAMILY MEDICINE-KANSAS CITY-*, *39*(3), 161.) provides a basic framework for assessing the learner by describing the stages of performance according to general activities undertaken by learners at specific levels.

- Reporter: usually understands the "what" and can report back the situation and context, applies to early medical students (approximately MS 3)
- Interpreter: usually understands the "why" and can develop ideas and plans about the condition and the patient, applies to later medical students (approximately MS 4)
- Manager: understands the "how" of addressing a problem and can initiate treatment strategies, applies to early residents (approximately intern level)

- Educator: implies an expert knowledge, and commitment to education of both self and the team, applies to more senior residents