American Board of Surgery

Frequently Asked Questions about Vascular Surgery EPAs

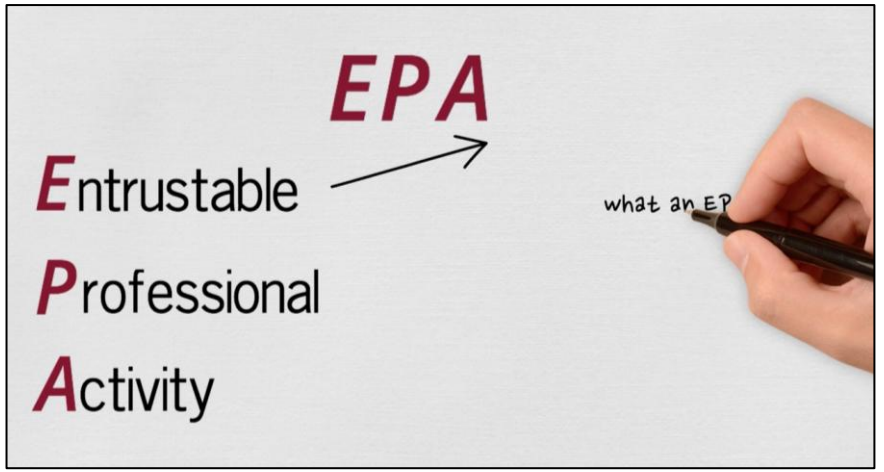
Updated March 2025

Why are EPAs being implemented? Because EPAs..

- Prioritize demonstrated competence as the outcome of training
- Create an efficient model for frequent formative feedback focused on progressive autonomy
- Establish a clinically relevant and relatable mechanism for assessment of trainee competence
- May help mitigate assessment bias by anchoring assessment on discretely observed behaviors in daily clinical workflow
- Provide a common mental model for trainees and faculty for core training outcomes

What are the characteristics of an EPA? An EPA…

- Facilitates competency-based medical education (CBME)
- Is part of the regular clinical work of a surgeon
- Defines units of professional practice (tasks) that may be entrusted to a learner once they have demonstrated the required competence
- Can be directly observed
- Involves the use of relevant knowledge, skills, and behaviors
- Enables a shift of focus from individual competencies to the work that must be done
- In aggregate can define the core scope of a specialty



- Turns the equation into a partnership between learner and evaluator
  - Empowers learner to seek out the evaluation opportunity
  - Asks evaluator to assess TRUST, changing the frame and conversation
  - Provides clear anchors for evaluator (as part of workflow) that are meaningful and substantial

How are EPAs observed and evaluated?

Entrustment Level	Framework
Limited Participation Knows information, has very basic skills	What a learner should know directly out of medical school. Attending can show and tell.
Direct Supervision Knows the steps of the task/operation but requires direction in executing, does not understand nuances of a basic case	The learner can use the tools but may not know exactly what, where, or how to do it. Attending gives active help through the case to maintain forward progression.
Indirect Supervision Can do straightforward tasks/operations but will not recognize more complex variations, does not understand nuances of an advanced case	The learner can perform the task or operation in straightforward circumstances. Attending gives passive help. This may be while scrubbed for more complex cases or a check-in for more routine cases.
Practice Ready Can manage more complex operations and take care of most cases	Can treat all patients with straightforward disease and has a strong understanding of surgical options and technique for less common scenarios. Attending is available at the request of the learner but not routinely needed for common presentations, though input may be needed for more complex presentations.

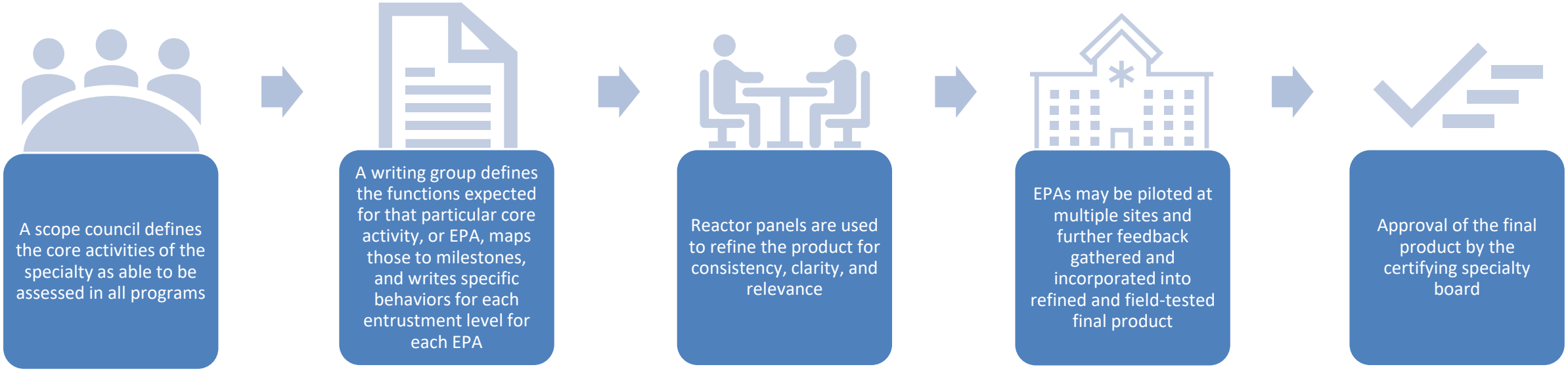
Example: Intraoperative/Procedural Phase Generic Behavioral Elements

		Intraoperative/Procedural Phase
1	Limited Participation	Can describe basic anatomy pertinent to operation/procedure Difficulty coordinating hands to accomplish dissection of normal planes Can identify normal anatomic structures in straightforward setting
2	Direct Supervision	Can articulate but not necessarily identify key anatomic landmarks Sometimes does not use both hands in a coordinated manner, often tentative Can do less critical parts of the operation/procedure independently
3	Indirect Supervision	Can perform key steps of operation/procedure in straightforward settings Smooth instrument handling with effective use of both hands Can do adjunctive maneuvers when needed in straightforward settings
4	Practice Ready	Can do operation/procedure safely including all steps in essentially all patients Recognizes when deviation from initial plan indicated Smooth movements but may lack economy of motion in most difficult cases

Example: Evaluate and manage a patient with acute limb ischemia

		Intraoperative Phase-Open
1	Limited Participation	Demonstrates understanding of operative field sterility and sharps safety Can perform straightforward suturing and knot-tying Can describe potential for compartment syndrome
2	Direct Supervision	Demonstrates respect for tissues Can perform a portion of anastomosis with frequent prompting and assistance Describes most potential operative errors and likely operative findings
3	Indirect Supervision	Demonstrates efficient and safe dissection and control of vessels Can perform thrombectomy, endarterectomy, and patch with minimal assist Can describe correct response to bleeding or arterial dissection
4	Practice Ready	Proficient in instrument handling and operative conduct Anticipates patient-specific complications and nuances Can use alternative exposures in re-operative and complex settings

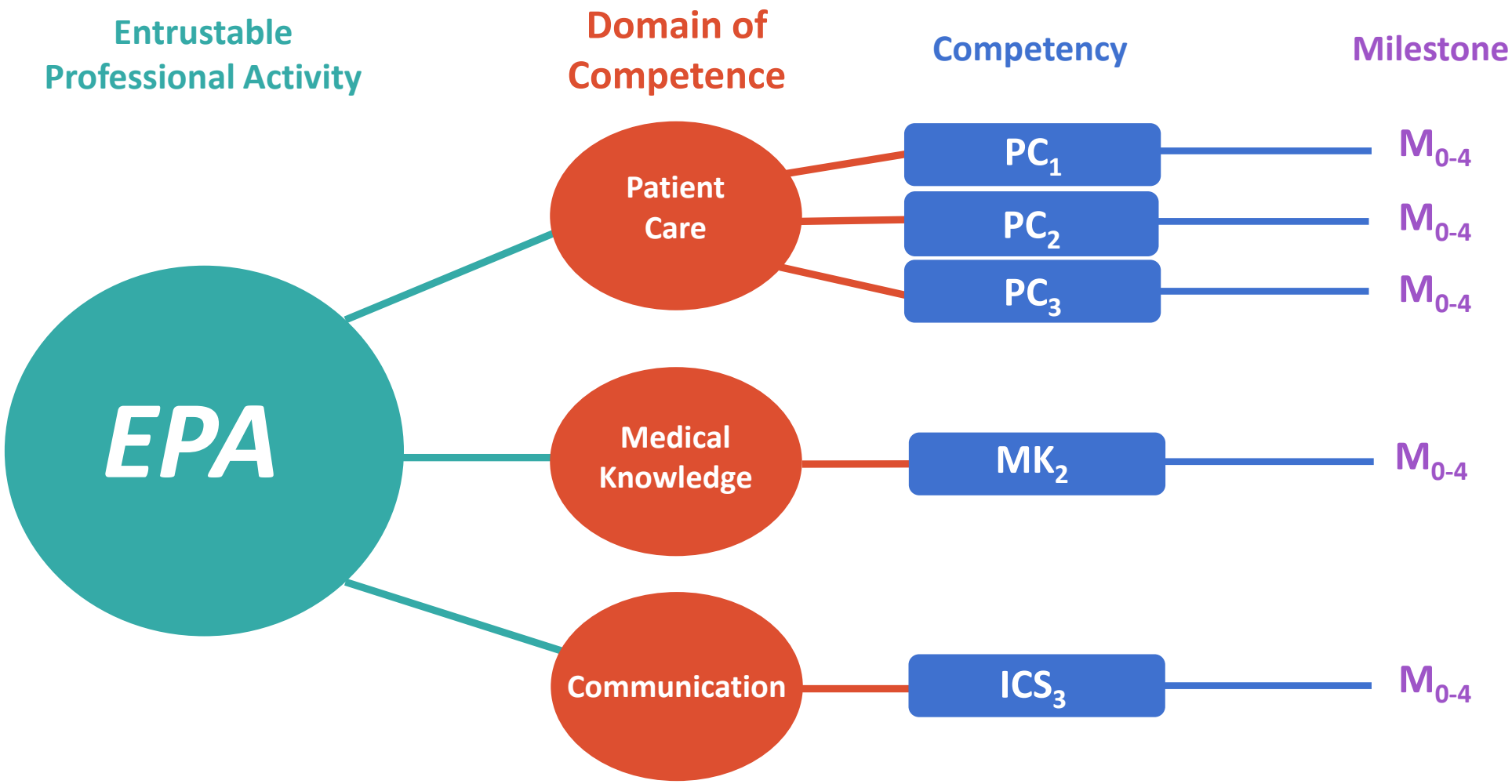
How are EPAs developed?



Do EPAs replace milestones and competencies?

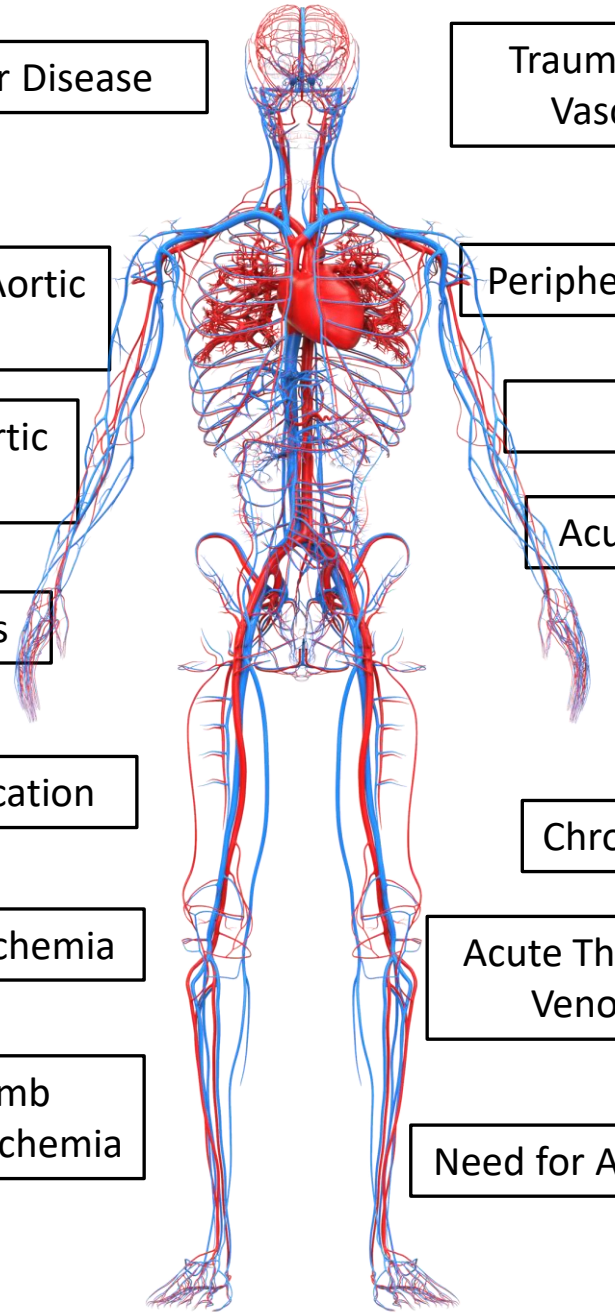
- No, EPAs provide a means of assessing a trainee's progress towards autonomy and full entrustment in relevant clinical workflow contexts that reflect competence
- EPAs are mapped to sub-competencies to inform milestones assessments by CCCs
- Programs should continue to use other assessments, particularly for sub-competencies that aren't easily observed in clinical workflow and in line with RRC requirements

EPAs incorporate and reflect competencies and milestones



Vascular surgery EPAs

Collectively, these are meant to define the core of the specialty as able to be assessed in all training programs



Cerebrovascular Disease

Trauma / Iatrogenic Vascular Injury

Asymptomatic Aortic Aneurysm

Peripheral Artery Aneurysm

Symptomatic Aortic Aneurysm

TBAD

Acute Mesenteric Ischemia

Hemodialysis Access

Chronic Mesenteric Ischemia

Claudication

Chronic Venous Disease

Acute Limb Ischemia

Acute Thromboembolic Venous Disease

Chronic Limb Threatening Ischemia

Need for Amputation

ABS Specialty Board EPA Timeline

- All specialty EPAs expected to launch in 2025-2026 academic year
- **Vascular Surgery Board:** 15 EPAs
- **Pediatric Surgery Board:** 20 EPAs (19 required, 1 optional)
- **Trauma, Burns, and Surgical Critical Care Board:** 13 EPAs (9 required, 4 optional)
- **Complex General Surgical Oncology Board:** 12 EPAs

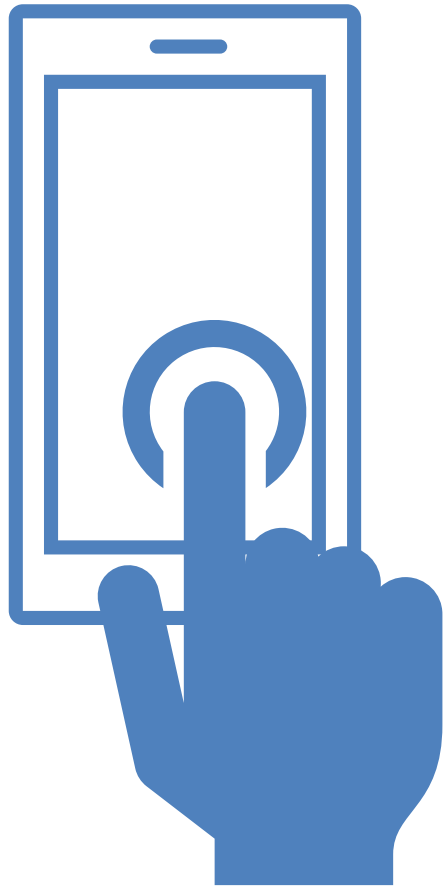
What about the mobile app?

How will trainees be assessed on EPAs?

- A mobile app is available to programs free of charge (sponsored by the ABS)
- Involves 4 possible entrustment levels, defined as the level of entrustment which would be granted to the trainee the next time based on what was just witnessed
- Involves multiple phases of care (e.g., preop, intraop, postop)

What does the app do?

- Utilizes drop-down menus and behavioral anchors to allow efficient assessment
- Allows for additional narrative feedback via dictation or typing function
- Includes analytics for trainees, faculty, CCCs, and program leadership to review



Can my program use an alternative collection method?

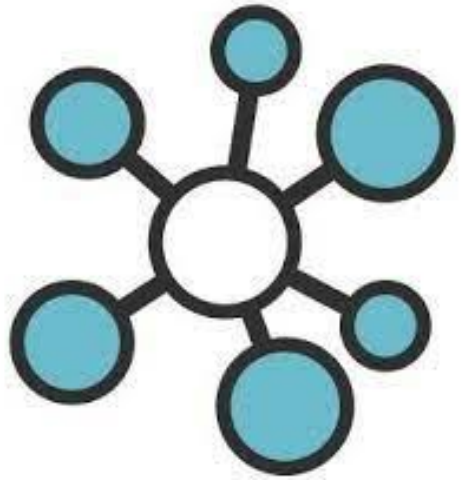
- Yes, programs may use whatever collection method they choose
  - Programs will need to collect data via locally available electronic or other methods
  - Alternate tools must be approved by and developed in conjunction with the ABS
- Trainees from programs so affected will still be required to turn in a composite EPA performance profile when they apply to take any written ABS initial certification examination

How will data be housed and processed?

- The SIMPL Collaborative, as the app developer, provides secure data storage stakeholder-specific dashboards for trainees, program directors, faculty, and residency administrators
- The ABS does not have identified data until trainees turn in their composite EPA profile as a requirement for application to any written ABS initial certification examination

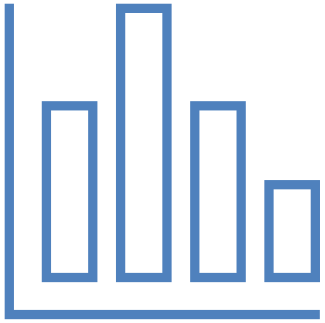
How will the ABS EPA app relate to the SIMPL OR operative assessment tool some programs are already using on a subscription model?

- The ABS EPA app can be accessed on a mobile device via the SIMPL app
- The ABS EPA app is being provided to all programs at the ABS's expense



  - This does not include the subscription service offered by the SIMPL Collaborative for the SIMPL OR operative assessment or any other subscription model products
  - Programs can choose to subscribe to these offerings separately with the SIMPL Collaborative

How will the data be useful to programs, trainees, and faculty?



Trainees will receive frequent formative feedback and behaviorally anchored data defining specific ways they can progress toward autonomous capability

Faculty will be able to see the entrustment profile of trainees they have not worked with recently to inform decisions on real-time entrustment

CCCs will have multiple data points based on direct observation, in temporal proximity to the performance observed, across nearly all milestones to factor into summative CCC decision-making

Program directors will have compiled data over the entire course of training on which to base attestations required at the completion of training

How will the ABS evaluate the adoption, impact and quality of this initiative?

- The ABS will monitor de-identified overall usage and engagement data by program
- The ABS will identify best practice models and provide resources to programs struggling with implementation
- The ABS Research Committee has developed a research agenda
  - This committee will also review proposals to allow substantiation, refinement, and critical review of the EPA model to guide future improvements and modifications

What does the ABS expect of programs regarding use of the EPA model?

- **ABS Exam Application:** All applicants to written ABS initial certification examinations **will be required** to turn in a composite profile across all EPAs when they apply for the exam beginning with the:
  - **Vascular Surgery:** 2029 VSQE
  - **General Surgery:** 2028 GSQE
  - **Pediatric Surgery:** 2028 PSQE
  - **Complex General Surgical Oncology:** 2028 CGSO QE
  - **Surgical Critical Care:** 2027 SCC CE
- **Every trainee should be assessed on every EPA in every phase**
- **All faculty should be trained to function as assessors** to promote reliability and validity of the assessment

How does the rollout of EPAs affect trainees other than those who will be applying to take the ABS VSQE in 2029?

- Although the requirement for an EPA profile as part of the ABS QE application process will not occur until 2029 for vascular surgery, **use of EPAs for trainees at all PGY-levels is strongly encouraged as a best-practice strategy** to:
  - promote consistent habits of meaningful assessment and feedback , and
  - provide other assessment economies.

Specifically, are there requirements or recommendations for the number and distribution of assessments?

- Early data suggests 5-10 EPA microassessments may provide a foundation for CCC decision-making regarding entrustability for a given subcompetency domain
- A minimum of at least 2 EPA evaluations per week for each trainee would provide approximately 50 evaluations/resident over 6 months to inform CCC meetings
- The overall number of EPA evaluations may vary in relation to the number of EPAs in a given specialty

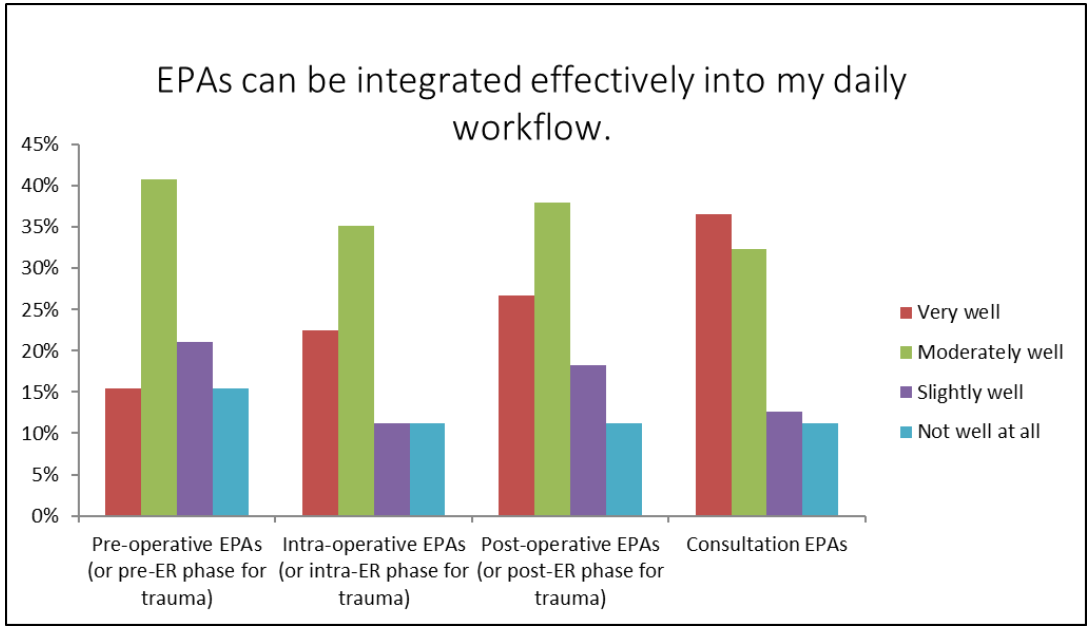
Will trainees be required to achieve practice-ready entrustment in all of their specialty's EPAs?

- Yes, that is the goal for the core elements of the specialty in a competency-based model
- The EPA model should be seen as a continuous quality improvement strategy for the developing trainee; it charts a journey with frequent waypoints and doesn't just define the endpoint
  - A single assessment of competency will not be sufficient
- The specialty boards of the ABS will monitor progress and collective performance with EPAs over the next several years to further inform acceptable performance endpoints

Faculty are busy; what do EPAs accomplish to relieve rather than impose faculty and program burden?

- EPA use will allow elimination or attenuation of other assessment structures that are not based on immediate assessment of directly observed performance
- By engaging with EPAs, programs will readily accomplish a number of RRC and ACGME program requirements, including those related to meaningful trainee assessment and faculty development
- EPAs will make CCC discussions more efficient and grounded
- EPAs can be completed in 1-2 minutes or less on a mobile device and are efficient for faculty workflow

Faculty Survey



What are specific examples of faculty assessment burden that EPAs could help improve?

- Some programs have **significantly shortened their end of rotation evaluations to 2-5 focused questions**, given the breadth of data EPAs will have already covered
- Some programs noted **CCC meetings were shortened by 50-75%** when the discussions were informed by EPA frequent micro-assessment data

Milestone mapping gaps in EPAs

- Because EPAs are based on directly observed performance in daily clinical work contexts, they cover most, but not all, milestone subcompetency domains
  - Examples of areas not covered may include themes such as self-maintenance, performance of administrative tasks, and longitudinal learning or project management

Who else besides surgical faculty can complete an EPA assessment?

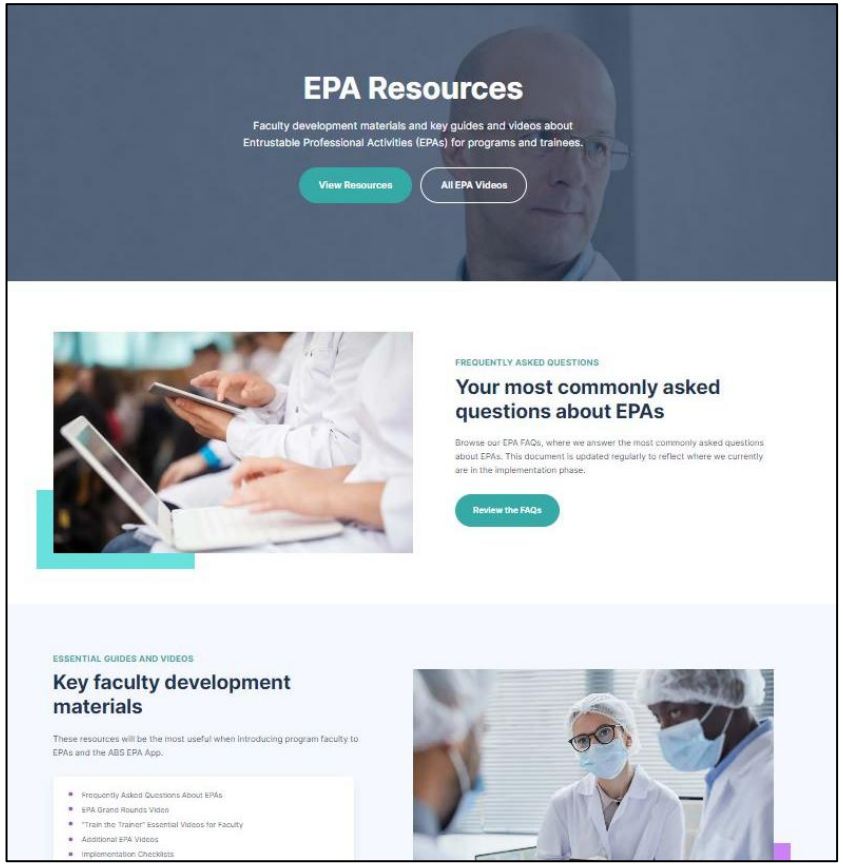
- Some programs have recruited non-surgical specialists to complete EPAs for performances they are more likely to witness than a surgical faculty member
  - Such faculty should be developed to perform the assessments similar to the surgical faculty
- APPs can complete EPAs if they have participated in EPA faculty development programs and are assessing behaviors they are entrusted to perform independently themselves

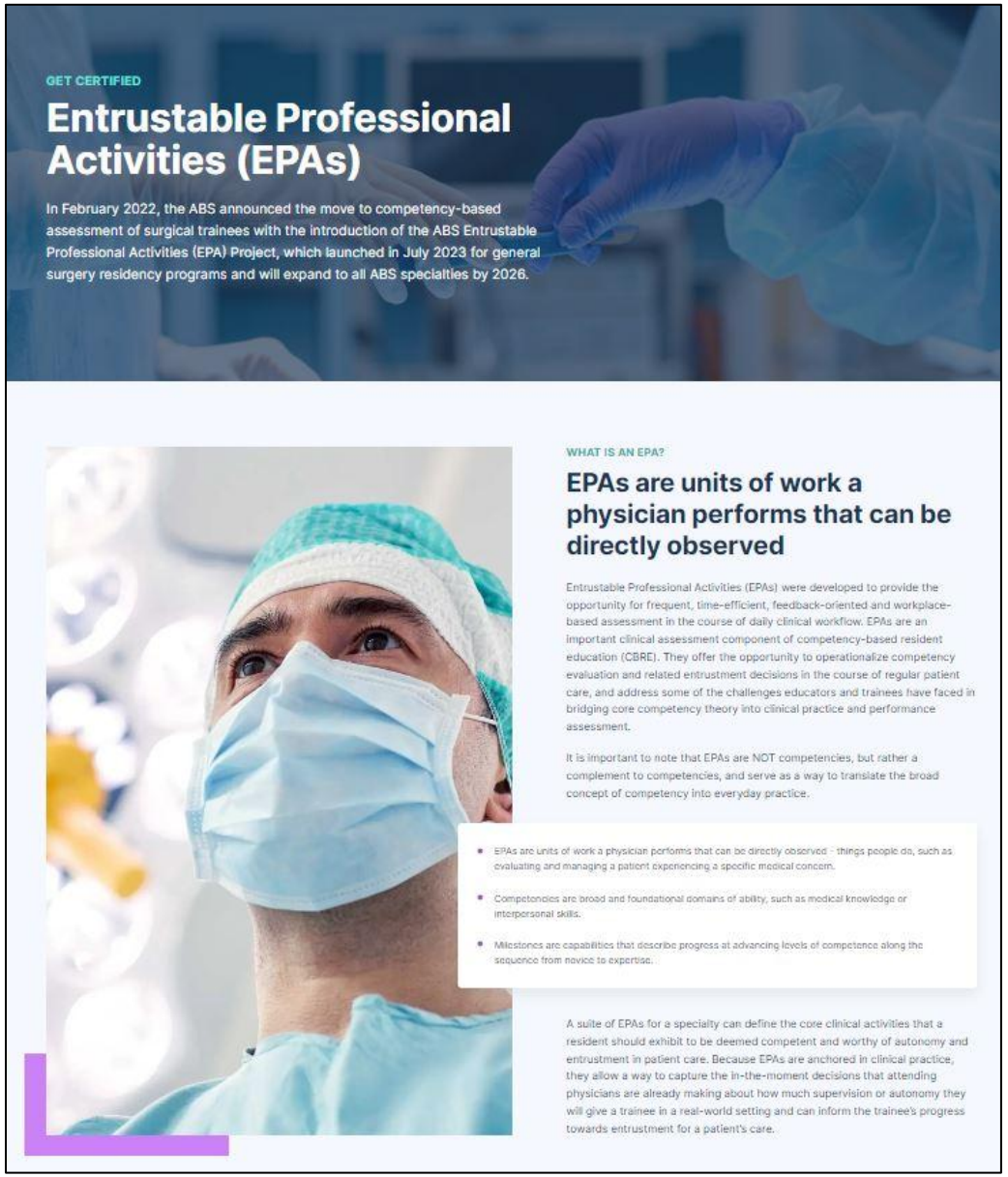
Can trainees complete EPAs on more junior trainees?

- ***Trainees may not function as a substitute for faculty in completing EPAs***
- Chief residents and senior fellows who have participated in EPA training and faculty development and have themselves been entrusted at the highest levels may complete EPAs on more junior trainees to provide feedback **IN ADDITION** to that provided by the faculty member

How will programs develop faculty and trainees for use of the EPAs?

- Engagement opportunities already available include recorded and ongoing webinars and townhalls and participation in the ABS EPA Program Champions initiative
  - Become an ABS EPA Program Champion
  - Upcoming & Past ABS EPA Events
- The ABS has developed additional materials to prepare programs, faculty, and residents for implementation, including checklists, timelines, videos, train-the-trainer courses, and more
  - ABS EPA Resources





Questions?

Contact us at epas@absurgery.org

Don't forget to check out the new EPA section of the ABS website!