American Board of Surgery

Frequently Asked Questions about Surgical Critical Care EPAs

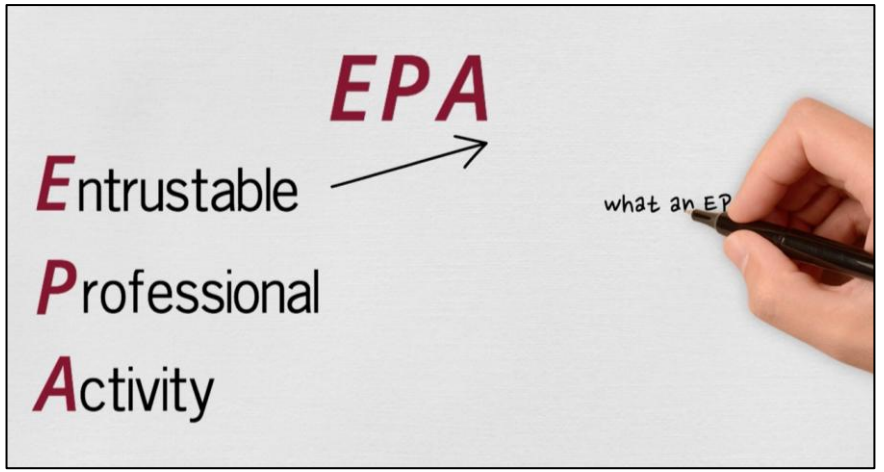
Updated September 2025

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: Ongoing Management Phase Generic Behavioral Elements

		Ongoing Management 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 hemorrhage

		Ongoing Management Phase
1	Limited Participation	Describes impact of achieving hemostasis and source control Initiates management for complications of hemorrhagic shock w/ assistance Identifies initial endpoints of resuscitation
2	Direct Supervision	Recognizes importance of source control for hemostasis w/ prompting Verifies and treats transfusion-related complications with supervision Reverses anticoagulants when indicated
3	Indirect Supervision	Independently recognizes importance of source control for hemostasis Anticipates/intervenes early on organ-specific consequences of hemorrhagic shock Weights risks/benefits of anticoagulation reversal
4	Practice Ready	Mitigates severe shock consequences in respect to baseline comorbidities Delineates, anticipates, manages complications of transfusion Critically evaluates ongoing resuscitation with timely de-escalation

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

Surgical Critical Care EPAs

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

- Hemorrhage
- End of life and provision of palliative care
- Shock or cardiovascular failure
- Hepatic dysfunction and liver failure
- Septic patient
- Respiratory failure
- Neurologic dysfunction/ delirium/encephalopathy or brain injury
- Renal failure
- Nutritional needs of the critically ill patient

Optional EPAs:

- Critically ill child
- Critically ill older patient
- Thermal injury
- Extracorporeal life support (ECLS)

ABS Specialty EPA Timeline

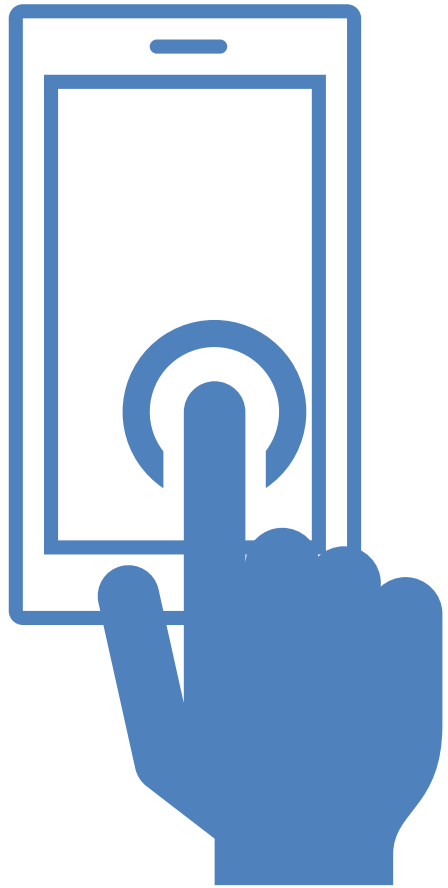
- All specialty EPAs will launch in the 2025-2026 academic year
- **Surgical Critical Care:** 13 EPAs (9 required, 4 optional)
  - Launched Sept. 1, 2025
- **Pediatric Surgery:** 20 EPAs
  - Launched Aug. 1, 2025
- **Vascular Surgery:** 15 EPAs
  - Launched Aug. 1, 2025
- **Complex General Surgical Oncology:** 12 EPAs
  - Launched Aug. 1, 2025

How will trainees be assessed on EPAs?

- Assessment involves four 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
- It also involves multiple phases of care (e.g., resuscitation, ongoing management, transition of care)

How does the EPA app work?

- The ABS EPA App™, powered by Firefly, is available to specialty surgical training programs free of charge (sponsored by the ABS)
  - ABS EPA App™ Install Guide
  - ABS EPA App™ User Guide
- The app utilizes rating scales and behavioral anchors to allow efficient assessment
- It also includes analytics for trainees, faculty, CCCs, and program leadership to review



I see you have different apps for general surgery and surgical specialties…

How would it work if I belong to two different programs?

- If you belong to a general surgery program and a specialty surgery program (i.e. surgical critical care), you will use two different platforms to assess EPAs
  - The ABS EPA App™ for general surgery is powered by SIMPL
  - The ABS EPA App™ for all other ABS-related specialty areas is powered by Firefly
- If you are part of two specialty programs (i.e. complex general surgical oncology and surgical critical care) you will be using ABS EPA App™, powered by Firefly, for both

Learn more about the different EPA apps here.

If my program is already using Firefly for the assessment of general surgery residents, will we be able use just one app for all trainees?

- If your program is not currently using the ABS-sponsored app for general surgery and has instead elected to subscribe to Firefly independently for the assessment of general surgery residents, please reach out to Firefly (help@fireflylab.org) for information on how best to integrate the new ABS EPA App™ for surgical specialties with what you are using for general surgery

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 Firefly Foundation, as the developer for the surgical specialty-facing app, 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 their respective written ABS initial certification examination
- The surgical specialty-facing app differs from the general surgery app (developed by SIMPL) in that it does not require programs to sign a data use agreement, and instead requires individual users to agree to an end-user license agreement (EULA), a standard software licensing agreement that explains how an individual or institution can use software or apps
  - EULAs are standard practice across many apps and should reduce the effort on institutions while ensuring overall data safety
  - If a fellow or faculty member has concerns regarding the EULA, they can reach out to us at epas@absurgery.org

How will the ABS EPA App™ be accessed?

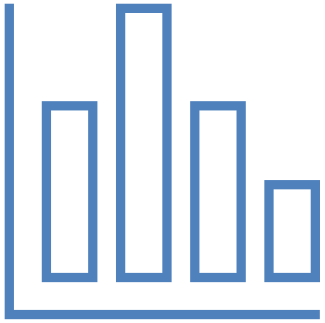
- The ABS EPA App™ is a mobile web application that users will access via a shortcut on their home screen
  - The shortcut can be installed via their mobile device browser
  - It is NOT a typical mobile app that is downloaded from any app store

- Specific browsers are recommended for the best user experience while accessing the app:
  - **Mobile device:** Google Chrome or Apple Safari
  - **Desktop computer:** Google Chrome
- The ABS EPA App™ is provided to all programs at the ABS's expense
- An install guide that shows how to download the app on Android, iPhone, and Desktop is available here
  - ABS EPA App™ Install Guide

How can I bulk upload faculty and fellows rather than typing each one individually?

- We've developed a batch upload user guide that walks account administrators through the steps required to perform a one-time batch upload of user information into the ABS EPA App™
  - ABS EPA App™ Batch Upload Guide
  - ABS EPA App™ Batch Upload Template
- Once the admin uploads the users, users will receive an email notification from Firefly to register their account and install the app on their devices
- Manual updating of information must be done on a yearly basis, such as updating a fellows PGY level.

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 and 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:
  - **Surgical Critical Care:** 2027 SCC CE
  - **General Surgery:** 2028 GSQE
  - **Pediatric Surgery:** 2028 PSQE
  - **Complex General Surgical Oncology:** 2028 CGSO QE
  - **Vascular Surgery:** 2029 VSQE
- **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 SCC CE in 2027?

- Although the requirement for an EPA profile as part of the ABS CE application process will not occur until 2027 for surgical critical care, **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
  - Provide other assessment economies

If I have an SCC trainee who is doing their fellowship during residency, what PGY year should I list?

- SCC trainees who are completing their SCC fellowship following their PGY-3 residency year should be listed as a PGY-6 in the ABS EPA App™

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

- The number of microassessments varies by trainee, level of entrustment and phase of care
  - In general, the more assessments the greater confidence the faculty and CCC will have assigning a summative entrustment level
- 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

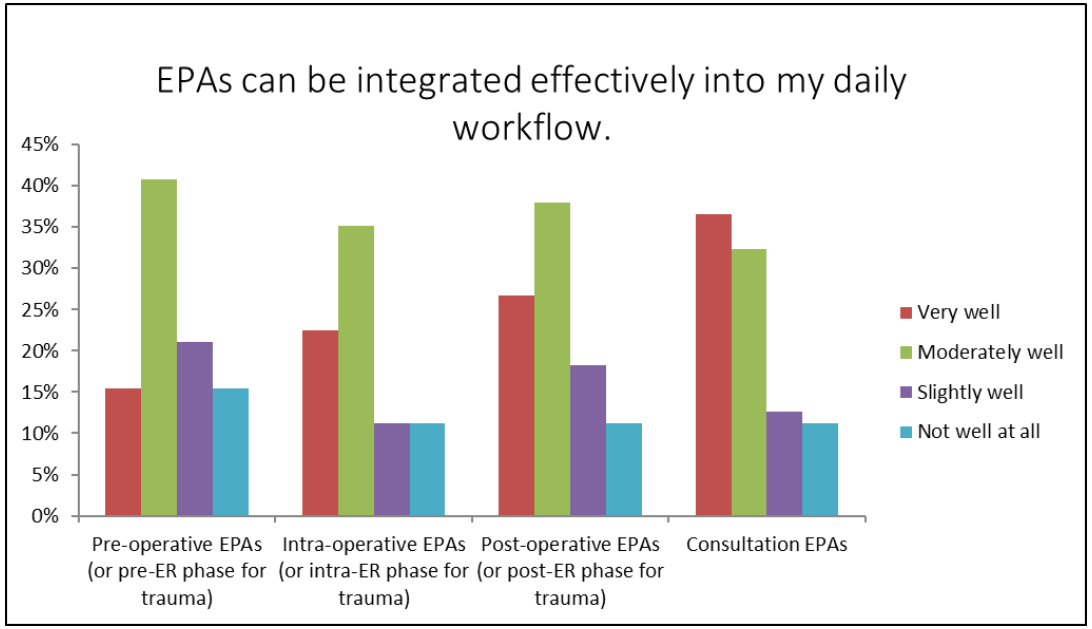
Will there be visibility into prior assessments before operating with a fellow on a similar case?

- As a program director, you'll be able to see all assessments for a trainee, including self and faculty submitted assessments
- Self-assessments completed by the trainee are confidential and only the trainee and program director will be able to see those assessments
- Faculty can only see the assessments that they have completed for a trainee, but can't see assessments or entrustment levels completed by other faculty for the same trainee

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?

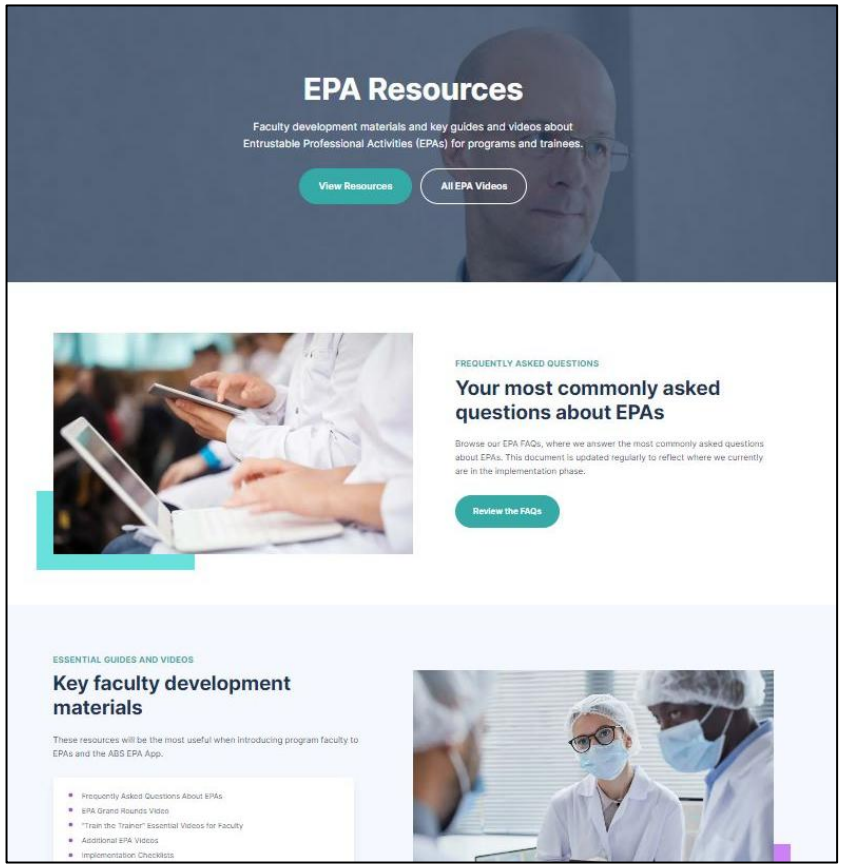
- Some programs have recruited non-surgical specialists to complete EPAs for performances they are more likely to witness than a surgical faculty member
  - Such faculty should be developed to perform the assessments similar to the surgical faculty
- APPs can complete EPAs if they have participated in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

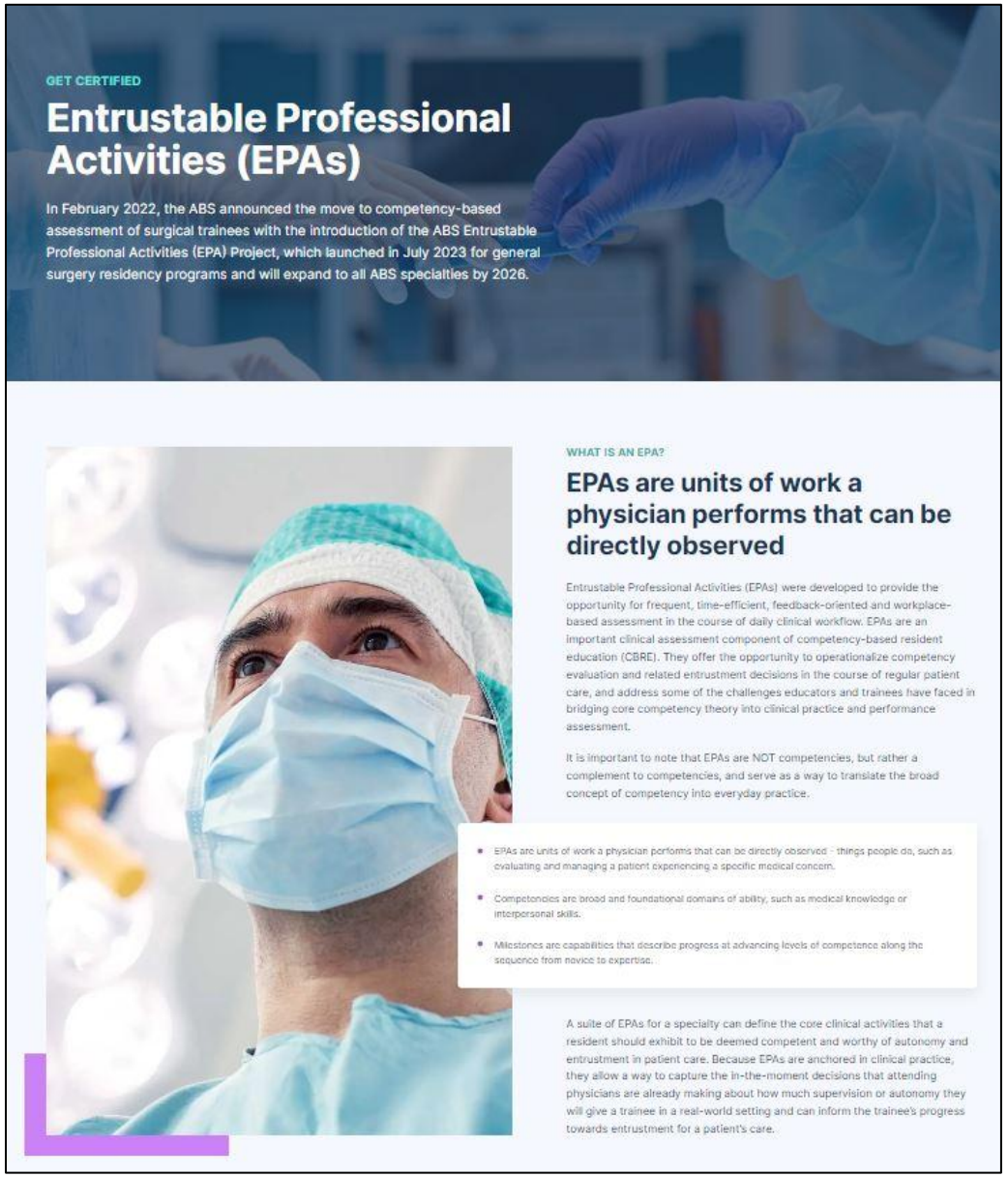
Can trainees complete EPAs on more junior trainees?

- ***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 Project 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
  - EPA Resources for Programs & Trainees
  - EPA Project Mobile Platform





Questions?

Contact us at epas@absurgery.org

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