



American Board of Surgery

Frequently Asked Questions about EPAs

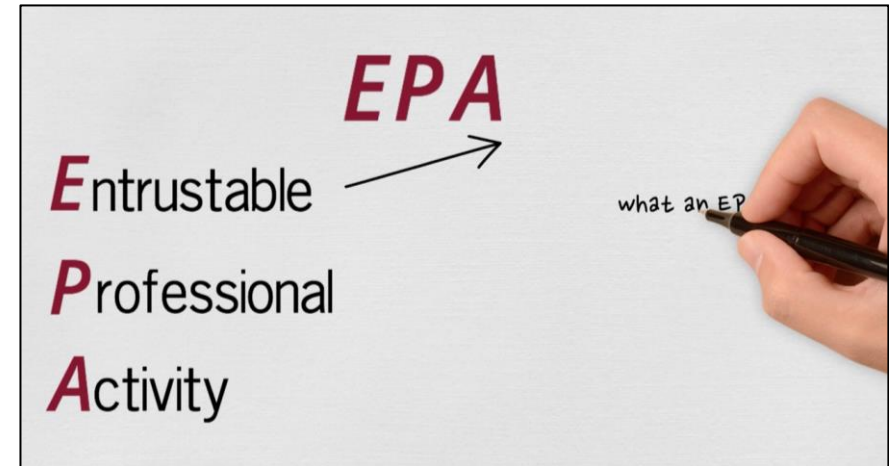
Why are EPAs being implemented? Because EPAs..

- 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 resident competence



What are the characteristics of an EPA? An EPA...

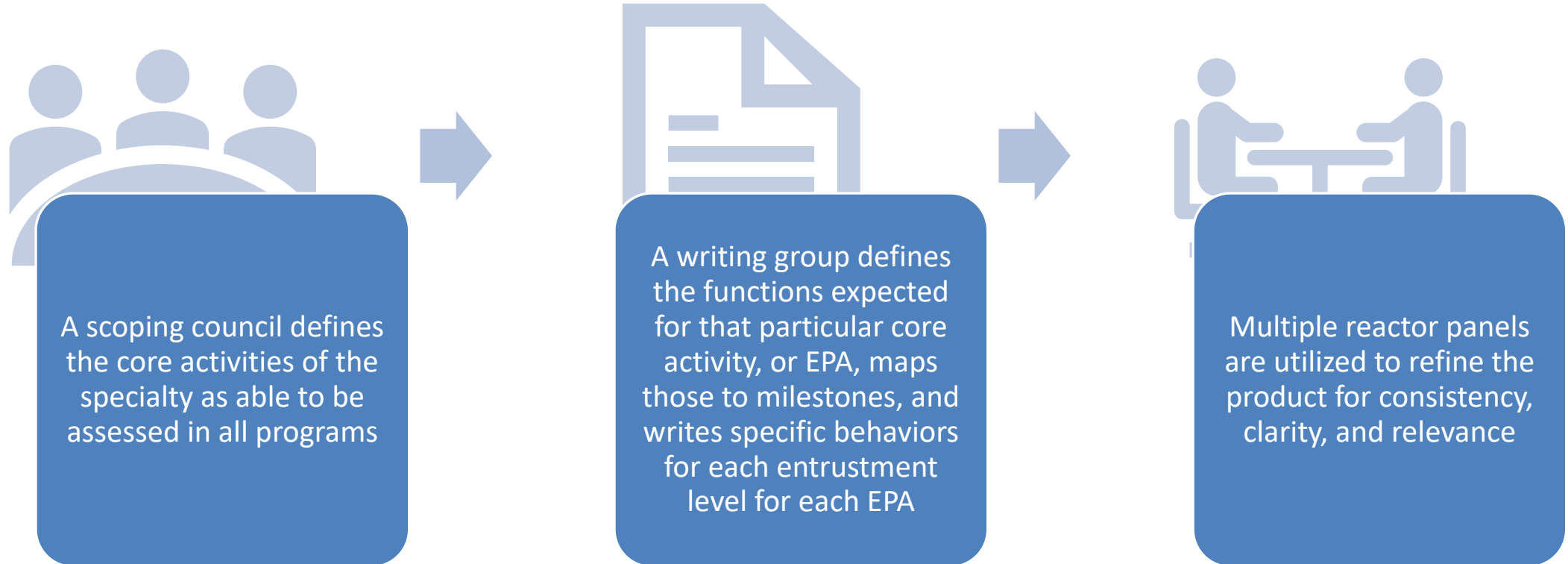
- Is part of regular clinical work of a surgeon
- Can be directly observed
- Involves the use of relevant knowledge, skills, and behaviors
- In conglomerate can define the core scope of a specialty



How are EPAs observed and evaluated?

Entrustment Level	Framework
Limited Participation Knows information, has very basic skills	What a learner directly out of medical school should know. 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.

How are EPAs developed?



Example: Evaluate and manage a patient with gallbladder disease

Intra-Operative Phase

1

Limited Participation

Describes anatomic boundaries of hepatocystic triangle
Difficulty coordinating hands to accomplish dissection of normal planes
Can identify normal anatomic structures

2

Direct Supervision

Articulates critical view of safety but cannot reliably obtain it in the OR
Sometimes does not use both hands in a coordinated manner, often tentative
Removes gallbladder from liver bed with minimal assistance

3

Indirect Supervision

Obtains critical view of safety in routine cases
Smooth instrument handling with effective use of both hands
Performs cholangiography in straightforward cases

4

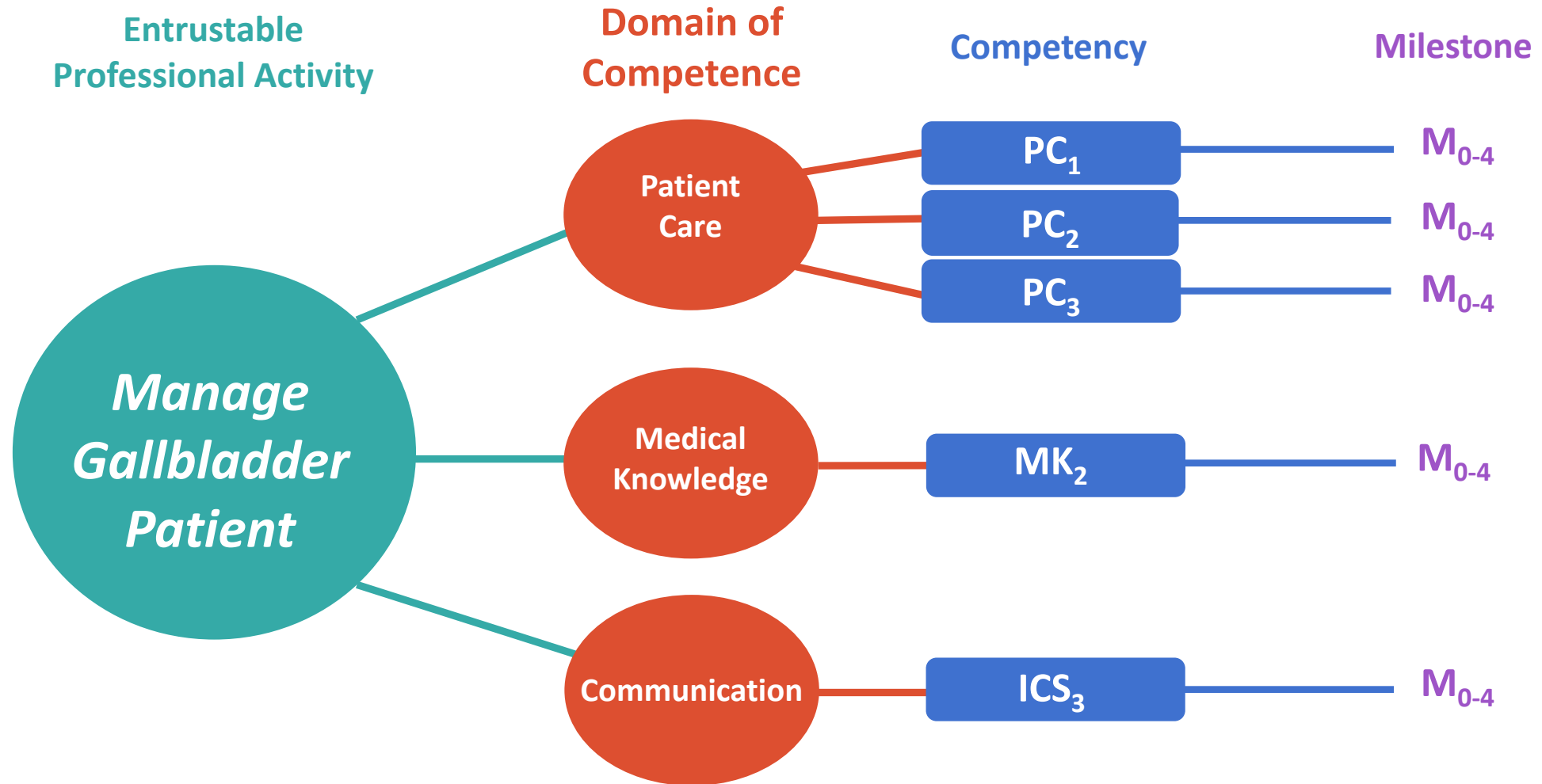
Practice Ready

Performs cholecystectomy and cholangiography in essentially all patients
Recognizes when deviation from initial operative plan indicated
Smooth movements but may lack economy of motion in difficult cases

Do EPAs replace milestones and competencies?

- No; EPAs provide a means of assessing a resident's progress towards autonomy and full entrustment in relevant clinical workflow contexts that reflect competence
- EPAs can be mapped to sub-competencies to inform milestones assessments by CCC's
- 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

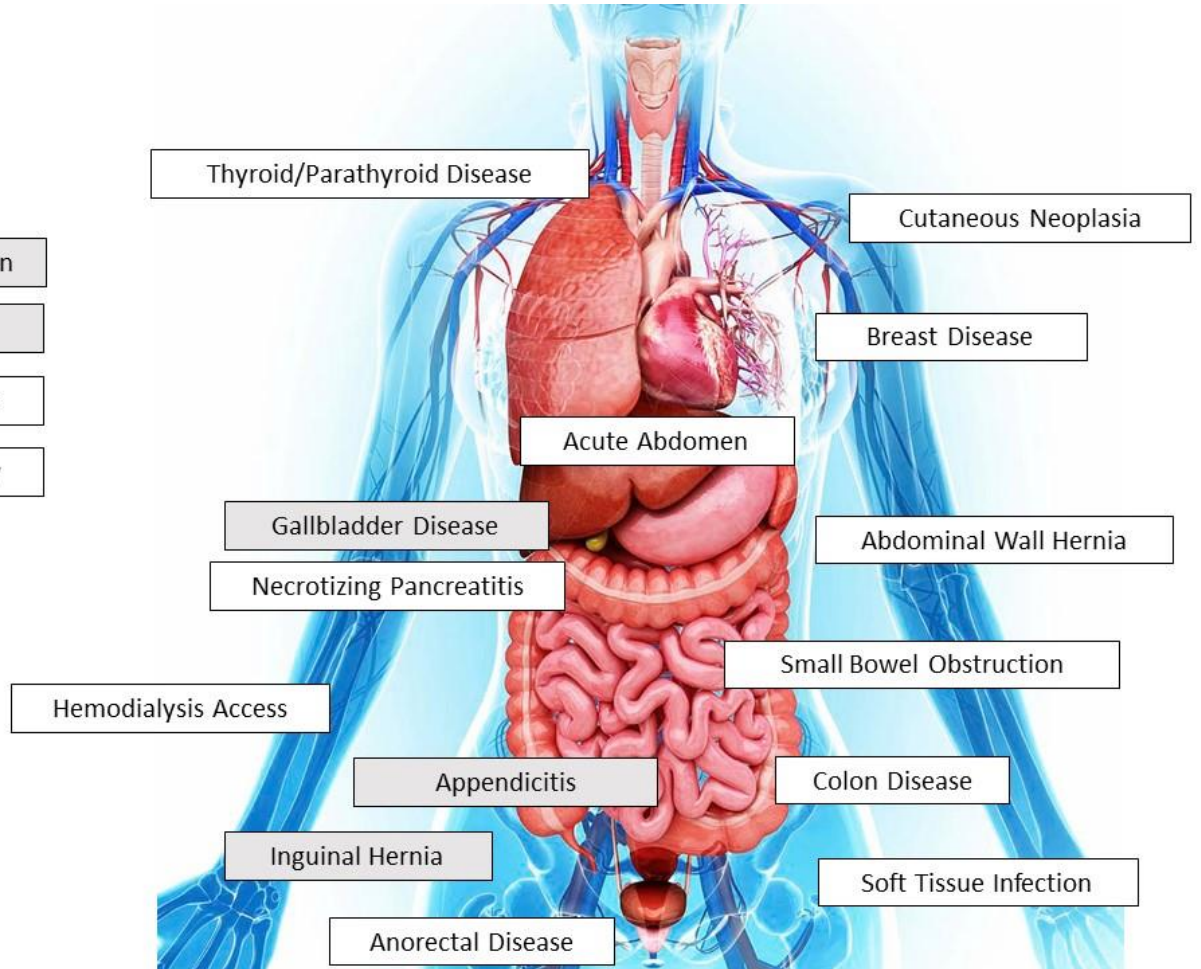
EPAs Incorporate and Reflect Competencies and Milestones



What are the general surgery EPAs?

- Collectively, these are meant to define the core of the specialty as able to be assessed in all training programs
- Those in gray background were evaluated in pilot study 2018-20

- Surgical Consultation
- Trauma
- Critically Ill Patient
- Flexible Endoscopy



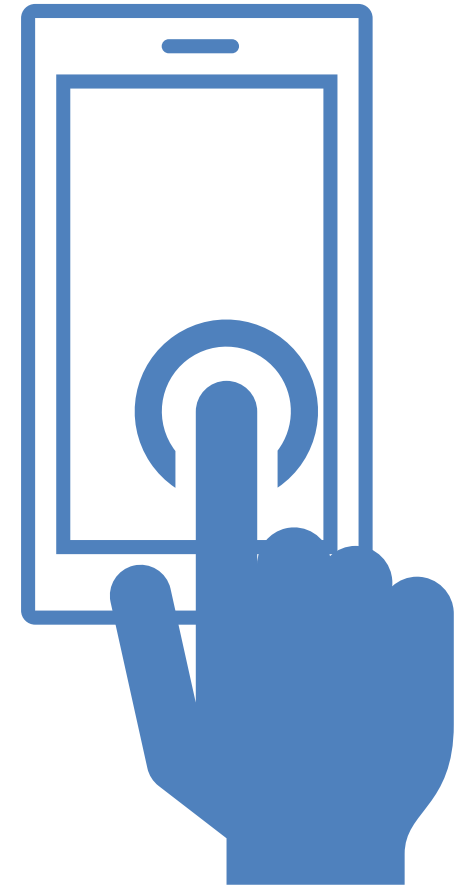
What about the mobile app?

How will trainees be assessed on EPAs?

- Via a mobile app provided to programs free of charge by the ABS
- Will involve 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
- Will involve multiple phases of care (e.g., preop, intraop, postop)

What does the app do?

- Will use drop down menus and behavioral anchors to allow efficient assessment
- Will allow additional narrative feedback via dictation or texting function
- Will provide secure data storage and analytics for residents, faculty, CCC's, and program leadership to use



When will the app be provided?

- The ABS EPA app being developed by the SIMPL Collaborative will be available for use beginning July 1
- Beta testing at some sites will occur in late May and June
- Programs will need to sign a Data Use Agreement (DUA) with SIMPL to use the app
- SIMPL will work with programs on any issues their institutional overseers have with the DUA (contracts@simpl.org)
- The ABS and the SIMPL Collaborative will be working with programs in the late spring to assist with enrollment and set up functions



What if for legal reasons my institution determines our program not be allowed to use the app being provided by the ABS?

- In such instances, programs will need to collect data via locally available electronic or other methods
 - EPA content has been published on our website so that programs can create their own collection tool if necessary
 - https://www.absurgery.org/xfer/gsepas_all.pdf
- Programs so affected will be provided a mechanism to upload their data to the secure database to allow access to dashboard and benchmarking functions *if* their institution permits
- Programs so affected will still be required to turn in a composite EPA performance profile for their trainees when they apply to take the ABS General Surgery Qualifying Examination (QE) beginning in 2028



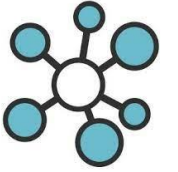
How will data be housed and processed?

- The SIMPL Collaborative, as the app developer, will provide secure data storage stakeholder-specific dashboards for trainees, program directors, faculty, and residency administrators
- The ABS will not have identified data until trainees turn in their composite EPA profile as a requirement for application to the QE, beginning in 2028

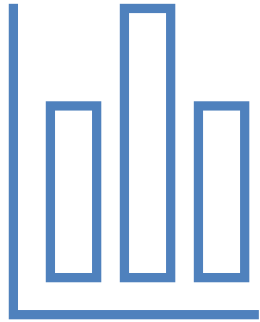


How will the ABS EPA app relate to the SIMPL OR operative assessment tool some programs are already using on a subscription model?

- The ABS EPA app will be accessed via a new SIMPL2 app icon on a mobile device
- Programs who subscribe to other SIMPL products such as SIMPL OR will continue to use the SIMPL Lite icon they have been using for access to those assessments
- SIMPL will ultimately merge these functions into a single app interface, with distinct icons for the various functions
- The ABS is providing use of the ABS EPA app to all programs at ABS' 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, residents, and faculty?



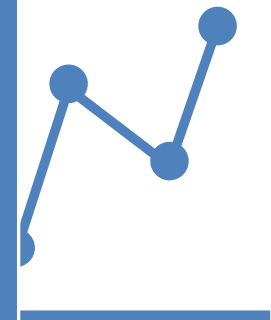
Residents will receive frequent formative feedback and behaviorally anchored data defining specific ways they can progress toward autonomous capability

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



CCC's 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 found attestations required at the completion of training



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

- The ABS will monitor deidentified 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 is developing a research agenda
- The ABS Research Committee will 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 with regard to use of the EPA model?

- **All** applicants to the 2028 QE **will be required** to turn in a composite profile across all EPAs when they apply for the exam
- **The primary goal in the first year of use is progressive engagement**
- **Every resident** should be assessed on **every rotation**
- **All faculty** should be trained to function as assessors to promote reliability and validity of the assessment
- By July 1, all programs must be in the process of either signing on with the ABS EPA app via SIMPL, or have their own collection and reporting strategy in place
 - It is recognized that at some sites, the processing of data use agreements with SIMPL may take months. This is acceptable and programs do not need to do anything in the meantime as long as they are in process with SIMPL.

Does the EPA project affect residents other than those who will be applying to take the ABS QE in 2028?

- While the requirement for an EPA profile as part of the ABS QE application process will not occur until 2028, use of EPAs for residents at all PGY levels to promote consistent habits of meaningful assessment and feedback, and to provide other assessment economies (see slides 21 and 22) is strongly encouraged as a best practice strategy



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 per resident would provide approximately 50 evaluations/resident over 6 months to inform CCC meetings, and 500 data points over the course of training
- All EPAs should be mapped into program rotation structure
 - E.g., thyroid/parathyroid EPA to endocrine surgery rotation, consult EPA to essentially all services

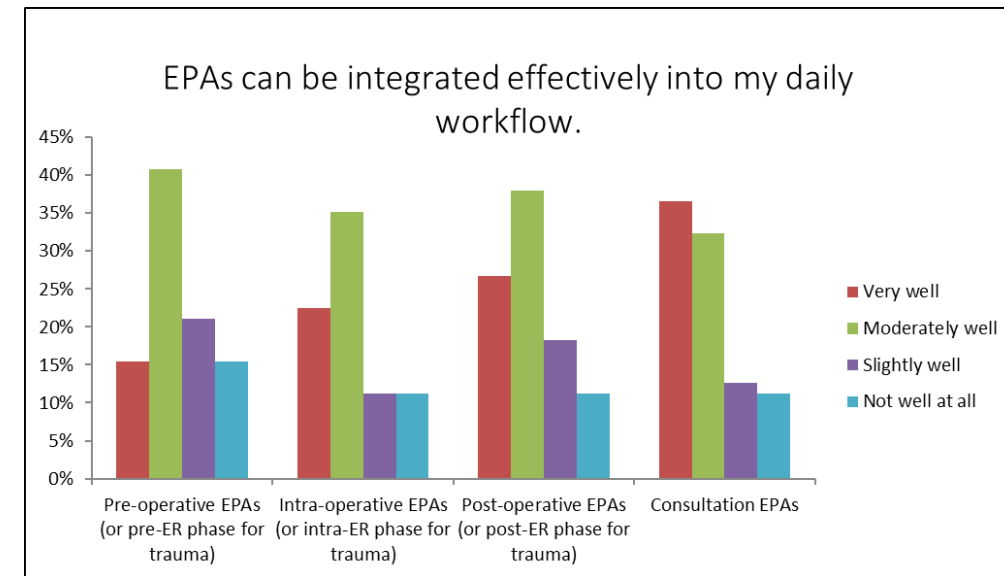
Will residents be required to achieve autonomy in all 18 EPAs in order to sit for their ABS Qualifying Exam?

- 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 General Surgery Board of the ABS will monitor progress and collective performance with EPAs over the next five 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 (see next slide for specific examples)
- 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
- Most faculty will only use 2-4 EPAs regularly as determined by their clinical practice activities (see slide 24)

Faculty Survey



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

- Programs using EPAs can eliminate the ABS requirement for 6 operative and 6 clinical assessments over the course of training
- Programs using EPAs will not be required to complete GAGES evaluations as part of the FEC requirement (due to use of Flexible Endoscopy EPA)
- 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

Can residents complete EPAs on more junior residents?

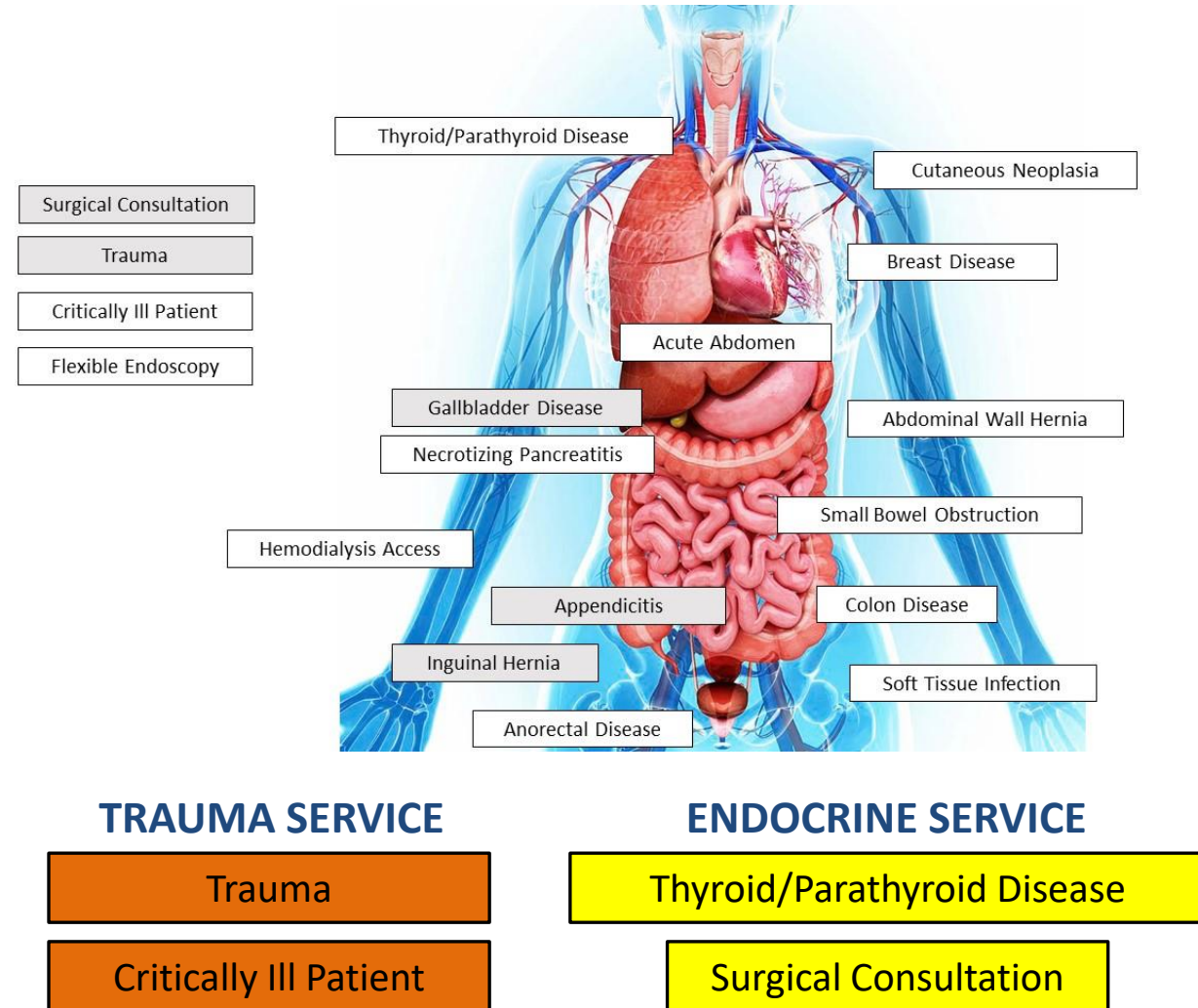
- Residents may not function as a substitute for faculty in completing EPAs
- Chief residents who have participated in EPA training and faculty development and themselves been entrusted at the highest levels may complete EPAs on more junior residents to provide feedback IN ADDITION to that provided by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

Who else besides surgical faculty and chief residents could complete an EPA assessment?

- Some programs have recruited hospitalists or emergency room physicians to complete EPAs for performances they are more likely to witness than a surgical faculty member might be; such faculty should be developed to perform the assessments similar to the surgical faculty
 - E.g., completion of a consult, or resuscitation of a nonoperative trauma patient
- APPs can complete EPAs if they have participated in EPA faculty development programs and are assessing behaviors they are entrusted to perform independently themselves
 - E.g., performing a consult, or arranging a discharge for a postoperative patient

Will all faculty have to be completing all 18 EPAs?

- No; most services will regularly use 2-4 EPAs depending on the clinical practice focus of the faculty
- Acute care services may be the services with the broadest number of EPAs encountered on service
- Mapping of EPAs to program service structure enables faculty to become familiar with those EPAs that pertain to their practice
 - E.g., trauma EPA to trauma service, thyroid/parathyroid to endocrine or head and neck rotation, etc.



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

- Engagement opportunities already available include recorded and ongoing webinars and townhalls, and participation in an ‘EPA Champions Group’, information on all of which can be accessed from the ABS website:

<https://www.absurgery.org/default.jsp?epahome>

- The ABS has developed additional materials to prepare programs, faculty, and residents for implementation, including checklists, timelines, videos, train the trainer courses, and more:

<https://www.absurgery.org/default.jsp?eparesources>



Scan with your smartphone's camera for more information about the ABS EPA Program Champions initiative!

Questions we haven't addressed?

- Contact us at: epas@absurgery.org