American Board of Surgery

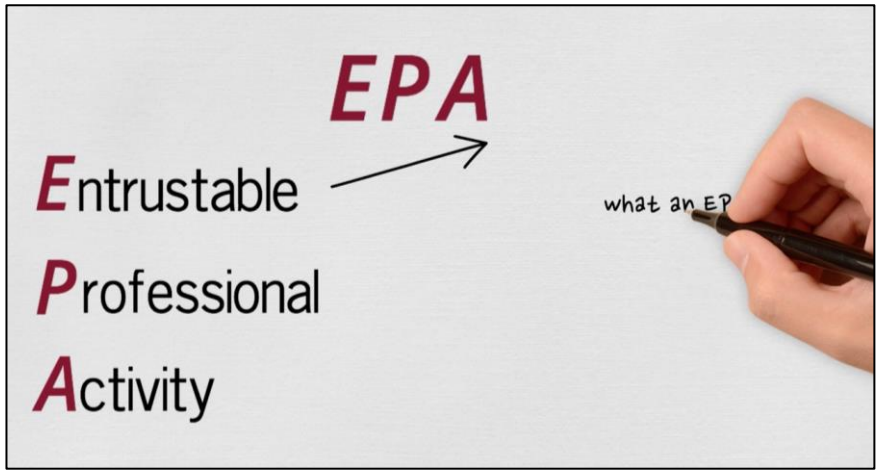
Frequently Asked Questions about EPAs

Why are EPAs being implemented?

- 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 is an EPA?

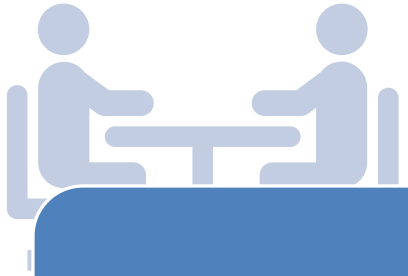
- Part of regular clinical work of a surgeon
- Can be directly observed
- Involves the use of relevant knowledge, skills, and behaviors
- In conglomerate can define the core scope of a specialty



How are EPAs developed?

A scoping council defines the core activities of the specialty assessable in all programs

A writing group defines the functions expected for that particular EPA, maps those to milestones, and then writes specific behaviors for each entrustment level for each EPA

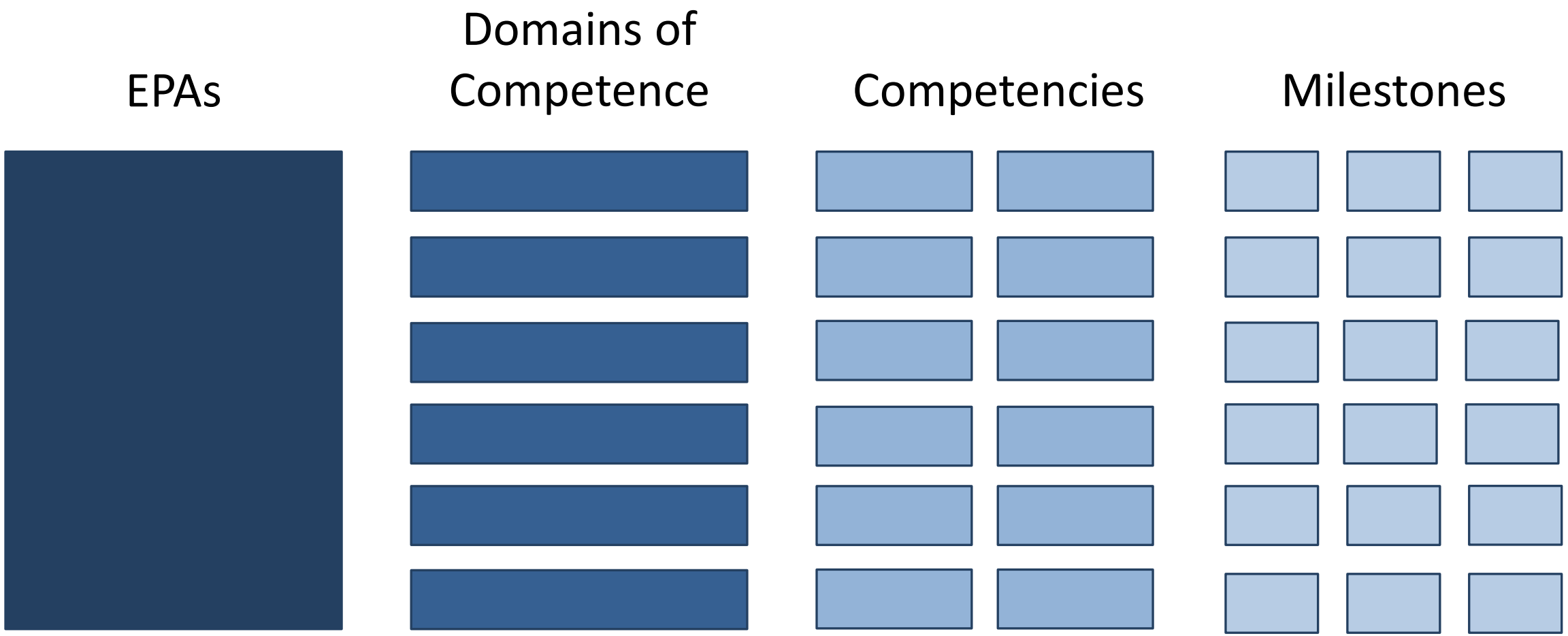


Multiple reactor panels are utilized to refine the product for consistency, clarity, and relevance

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 subcompetencies to inform milestones assessments by CCC's
- Programs should continue to use other assessments, particularly for subcompetencies that aren't easily observed in clinical workflow
- In collaboration with the APDS and the SIMPL Collaborative, it may be possible in the future to house some non-EPA assessments in the mobile app for ease of access to evaluators

Relationship of EPAs, Competencies, and Milestones



What are the general surgery EPAs?

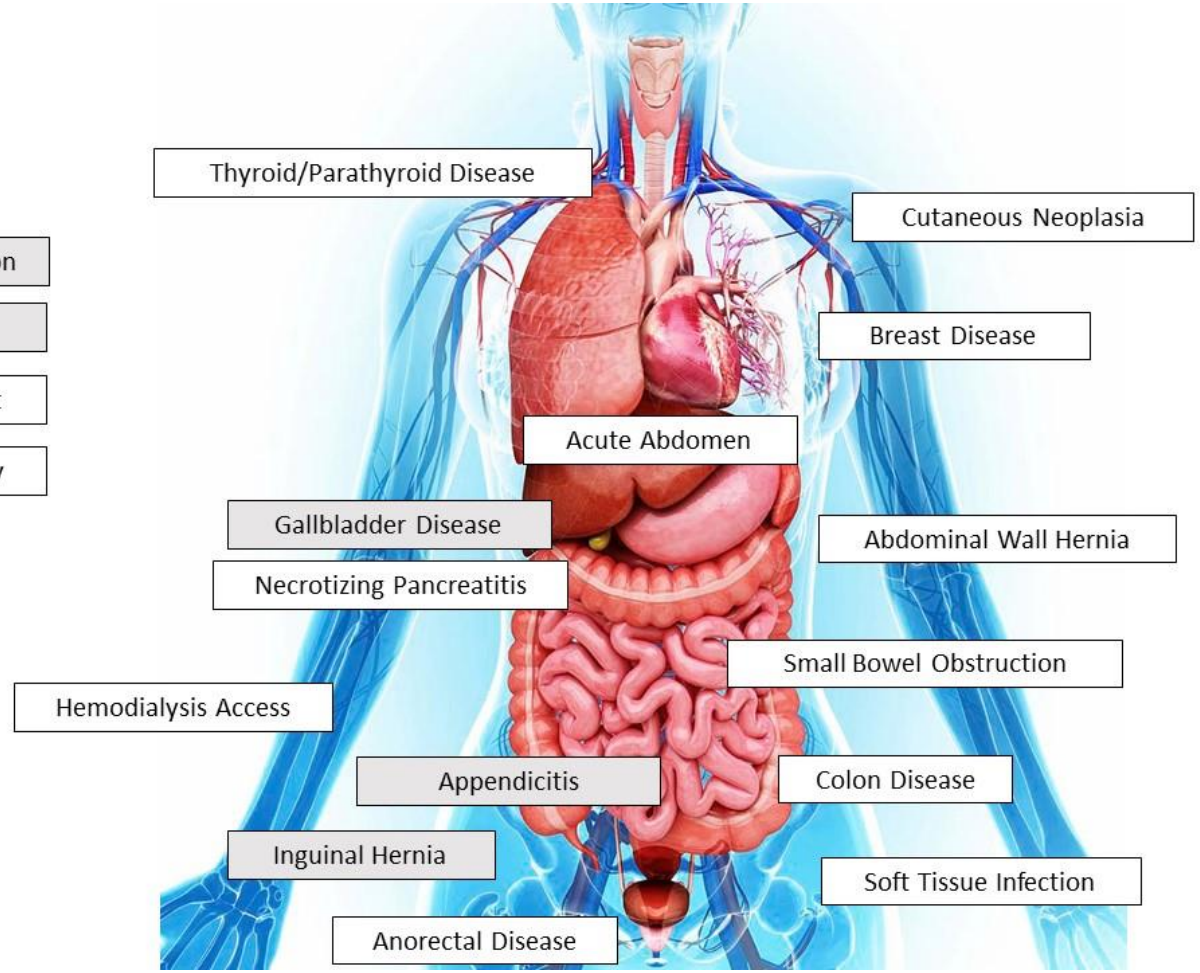
- Collectively, these are meant to define the core of the specialty as able to be assessed in all training programs

Surgical Consultation

Trauma

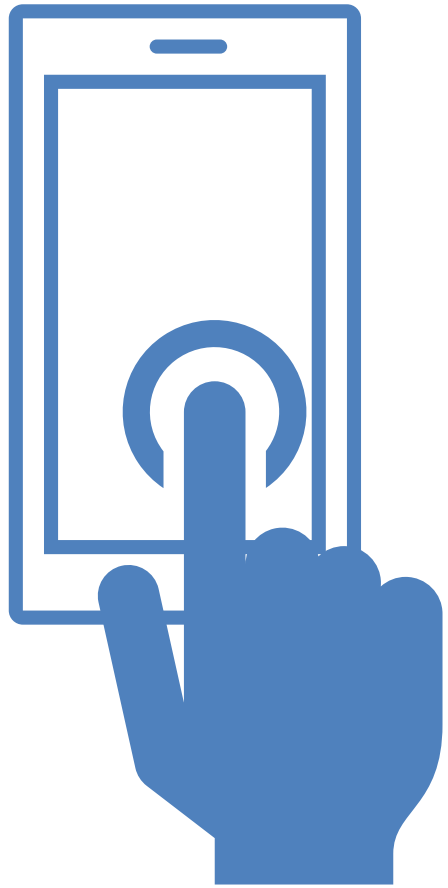
Critically Ill Patient

Flexible Endoscopy



How will EPAs be assessed?

- Via a mobile app provided to programs free of charge by the ABS
- Will use drop down menus and behavioral anchors to allow efficient assessment
- Will involve 5 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)
- Will allow dictation of additional comments



When will the app be provided?

- The app being developed by the SIMPL Collaborative will be demonstrated in mock-up fashion at SEW in April, beta tested soon thereafter, and be available to all programs for use prior to implementation
- 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 is not allowed to use the app being developed and provided?

- In such instances, the content of the EPAs will be provided; programs will need to themselves collect data via locally available electronic or other methods
- Programs so affected will be provided a mechanism to upload their data to the secure database to allow access to dashboard and benchmarking functions
- Programs not permitted to use the database function will still be required to turn in a composite EPA performance profile for their trainees when they apply to take their ABS General Surgery Qualifying Examination (QE)

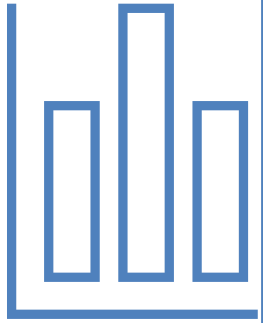
How will data be housed and processed?

- 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

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 within the SIMPL app icon on a mobile device so as to only have a single app interface for programs already using SIMPL OR for operative performance assessment
- There will be a distinct icon once opening the SIMPL mobile app for the ABS EPA assessments, as well as separate icons for other offerings from the SIMPL Collaborative (such as the SIMPL OR operative assessment tool)
- The ABS is providing use of the EPA app to all programs at ABS' expense
  - This will not include the subscription service offered by the SIMPL Collaborative for the SIMPL OR operative assessment product, or any other subscription model products the SIMPL Collaborative subsequently offers
  - Programs can choose to subscribe to these offerings separately with the SIMPL Collaborative

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

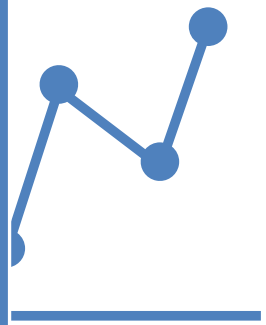


Residents will receive frequent formative feedback and behaviorally anchored data defining specific ways they can progress toward autonomous capability

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

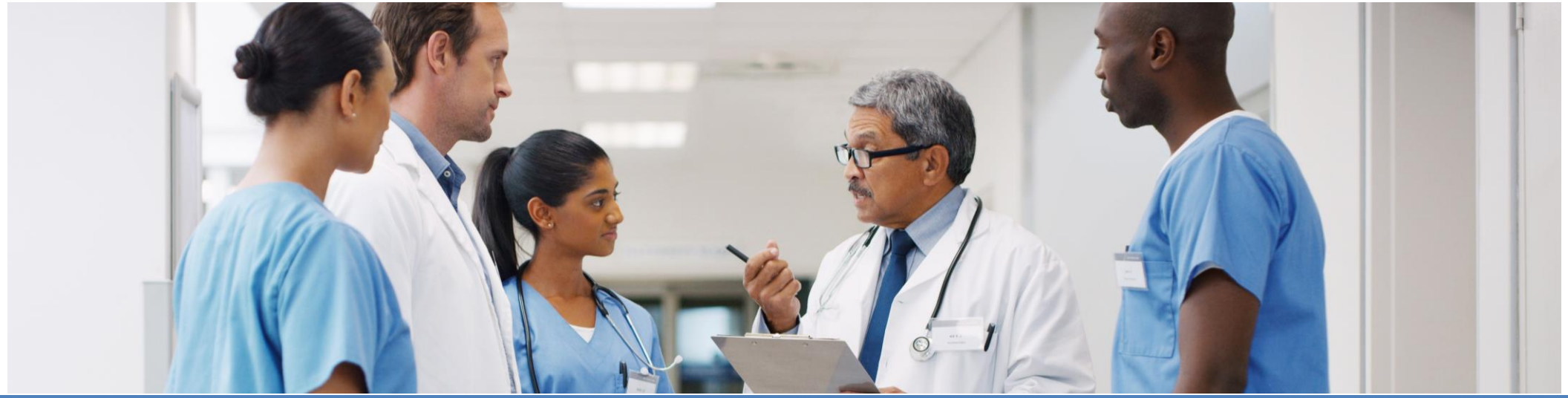
- The ABS will monitor deidentified overall usage and engagement data by program to identify best practice models, and will provide added support to programs struggling with implementation
- The ABS Research Committee will review proposals from both internal and external sources to provide research substantiation 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 graduates **will be required** to turn in a composite profile across all EPAs when they apply to take the QE effective for the 2028 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, programs must be signed on with the ABS EPA app via SIMPL, or have their own collection and reporting strategy in place

What does the ABS expect of programs with regard to use of the EPA model?

- 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 is strongly encouraged as a best practice strategy



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

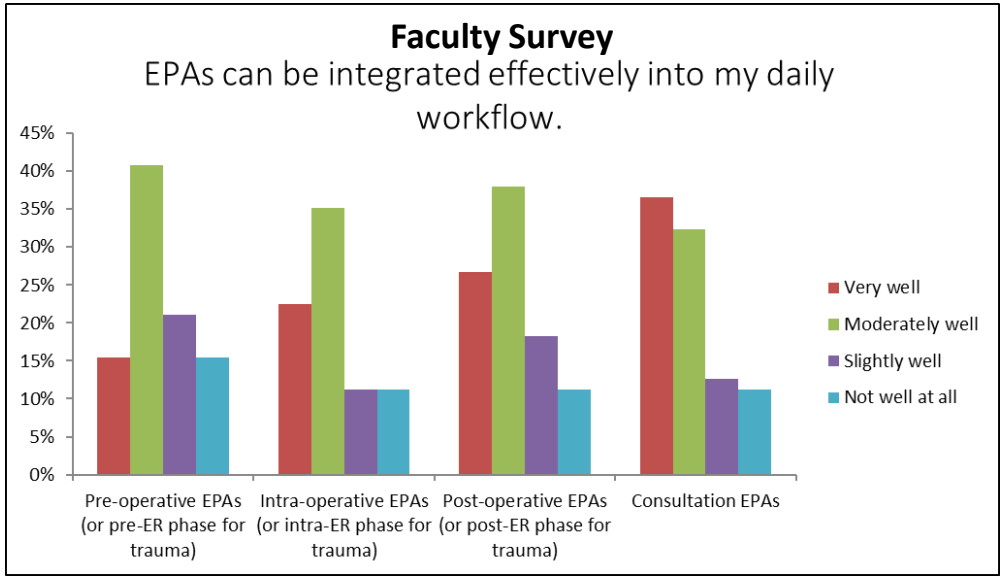
- Early data suggests 5-10 EPA microassessments may provide a foundation for CCC decision-making regarding entrustability for a given subcompetency domain
- A minimum of at least 2 EPA evaluations per week per resident would provide approximately 50 evaluations/resident over 6 months to inform CCC meetings, 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
- Determination of exam admissibility will ultimately reside with the General Surgery Board of the ABS; that group will be monitoring 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?

- Most faculty, depending on their clinical focus, will only have to use a small subset of the EPAs in their regular workflow
- EPAs will make CCC discussions much more efficient and grounded in direct observation of performance
- EPAs can be completed in 1-3 minutes per assessment on a mobile device and are accordingly efficient for faculty workflow



- EPA use will allow elimination 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 tools and faculty development

Can residents complete EPAs on more junior residents?

- Chief residents may not function as a substitute for faculty in completing EPAs on junior residents
- Completion of EPA assessments by chief residents who may witness elements of clinical performance that faculty are not present to observe is appropriate where those chief residents have been developed in use of the assessment in the same way as faculty

Will all faculty have to be completing all 18 EPAs?

- No; most services and practices will regularly use perhaps 2-3 of the EPAs depending on the practice 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?

- The ABS is developing and will be providing materials to prepare programs, faculty, and residents for implementation

- 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

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