Advanced Patient Care (APC) Clerkships

Tomoko Sairenji, MD, MS
APC Clerkship Director
TRUST/ WRITE Retreat
4/6/18
Family Medicine in the new UWSOM Curriculum

**Foundations** (-18 months)
- Primary Care Practicum
- Electives
- Immersion
- RUOP

**Patient Care** (-12 months)
- FM Required Clerkship
- Longitudinal Clerkships (WRITE)
- Electives

**Explore & Focus** (-14 months)
- Advanced Clerkships
- Electives

---

**FMIG, Advising, and CHAP (Service Learning)**

**Ecology of Health in Medicine**

**Underserved Pathway**

**TRUST**
APC clerkships

Most FM APCs (other than Sub-Is) are very active experiences primarily in the outpatient setting.

Sub-Is

All FM Sub-Is are at residency sites. FM sub-Is can be mostly inpatient, mostly outpatient, or a mix.

Some FM APCs:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMED 671</td>
<td>P-Social and Structural Determinates of Health</td>
</tr>
<tr>
<td>FAMED 701</td>
<td><strong>P-WRITE Advanced Outpatient Clerkship</strong></td>
</tr>
<tr>
<td>FAMED 702</td>
<td>Advanced Family Medicine Outpatient Clerkships Fircrest</td>
</tr>
</tbody>
</table>

Many others are under development

There are currently 25 FM Sub-I sites
EPA Pilot in WRITE

Tomoko Sairenji, MD, MS
Larry Kirven, MD
Danielle Bienz, MEd
Entrustable Professional Activities (EPA)

Questions:

• Do using EPAs and critical functions even work as an assessment tool, and could it be expanded to be used in all Advanced Patient Care Clerkships (across departments)?
• Are using EPAs/critical functions a more objective (less biased) way to measure student competency?
• Would early start WRITE students be ready to perform at E&F level at the end of their WRITE experience during Patient Care Phase?
Methods

• 19 WRITE students (5 early start, 14 late start)

• Preparation:
  1. Clinical Deans provided pilot proposal and faculty development to sites on EPAs with review of the evaluation form prior to 4 week FM Advanced Clerkship rotation
  2. Webinar for students and preceptors

• Measurement:
  1. Preceptor completed form prior to rotation
  2. Preceptor completed form after rotation

• Received feedback from preceptors on experience and feasibility
AAMC’s 13 Core Entrustable Activities for Entering Residency

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility
9. Collaborate as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement
# EPAs 1-6

## ENTRUSTMENT ASSESSMENT

<table>
<thead>
<tr>
<th>No</th>
<th>Hesitant</th>
<th>Yes</th>
<th>Is the Student Entrustable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4 5</td>
<td></td>
<td>1 = “I had to do the activity myself” (student unprepared or requires complete guidance)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 = “I had to talk student through the activity”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 = “I had to direct the student from time to time”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 = “I needed to be available just in case” or “I needed to provide rare/occasional input”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 = “I did not need to be there” or “I did not need to provide additional input”</td>
</tr>
</tbody>
</table>

- **EPA 1:** Gather a history and perform a physical examination  
  Number of observations: ______

- **EPA 2:** Prioritize a differential diagnosis following a clinical encounter  
  Number of observations: ______

- **EPA 3:** Recommend and interpret common diagnostic and screening tests  
  Number of observations: ______

- **EPA 4:** Enter and discuss orders and prescriptions  
  Number of observations: ______

- **EPA 5:** Document a clinical encounter in the patient record  
  Number of observations: ______

- **EPA 6:** Provide an oral presentation of a clinical encounter  
  Number of observations: ______
Entrustment Scale

- 1 = “I had to do the activity myself” (student unprepared or requires complete guidance)
- 2 = “I had to talk student through the activity”
- 3 = “I had to direct the student from time to time”
- 4 = “I needed to be available just in case” or “I needed to provide rare/occasional input”
- 5 = “I did not need to be there” or “I did not need to provide additional input”
Entrustment Scale in Context*

1= Observation. “Watch Me Do This”
2= Active Demonstration. “Let’s Do This Together”
3= Perform with Direct Observation/Supervision. “I Will Watch You”
4= Perform Independently with Supervision. “You Go Ahead, and I Will Double-check All of Your Findings”
5= Trust with verification. “You go Ahead, and I Will Double-check Key Findings”

* Adapted from Modified Chen Scale
Critical Functions for EPA 5

<table>
<thead>
<tr>
<th>never/rarely</th>
<th>sometimes</th>
<th>mostly/always</th>
<th>N/A or not observed</th>
<th><strong>Observed Critical Functions for EPA 5: Document a clinical encounter in the patient record</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Filter, organize, and prioritize information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Synthesize information into a cogent narrative.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Record a problem list, working and differential diagnosis and plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Comply with requirements and regulations regarding documentation in the medical record.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Record documentation so that it is timely and legible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Document patient preferences to allow their incorporation into clinical decision making.</td>
</tr>
</tbody>
</table>
Competency Based Assessment Covered Six EPAs, With Critical Functions as Competency Measure for Each EPA

<table>
<thead>
<tr>
<th>EPAs</th>
<th>Critical functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Total 44
Results

• 19 sites, 21 preceptors completed pre and post EPA evaluations and completed critical function evaluations
• Reported time for completion approximately 15 min
### Spring 2017 (Early Start) WRITE Students: MT/WY

<table>
<thead>
<tr>
<th></th>
<th>EPA 1</th>
<th>EPA 2</th>
<th>EPA 3</th>
<th>EPA 4</th>
<th>EPA 5</th>
<th>EPA 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>4.4</td>
<td>3.8</td>
<td>4.2</td>
<td>3.6</td>
<td>4.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Post</td>
<td>5</td>
<td>4.8</td>
<td>4.8</td>
<td>4.6</td>
<td>4.6</td>
<td>4.8</td>
</tr>
</tbody>
</table>

### Fall 2017 (Late Start) WRITE Students: AK/WA/ID

<table>
<thead>
<tr>
<th></th>
<th>EPA 1</th>
<th>EPA 2</th>
<th>EPA 3</th>
<th>EPA 4</th>
<th>EPA 5</th>
<th>EPA 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>4.0</td>
<td>3.9</td>
<td>3.9</td>
<td>2.9</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Post</td>
<td>4.9</td>
<td>4.3</td>
<td>4.4</td>
<td>4.2</td>
<td>4.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

**Figure 1.** Early start WRITE students in Patient Care Phase (n=5)

**Figure 2.** Late start WRITE students with completed Patient Care Phase (n=14)

### Overall EPA results for both groups of WRITE students (n=19)

<table>
<thead>
<tr>
<th></th>
<th>EPA 1</th>
<th>EPA 2</th>
<th>EPA 3</th>
<th>EPA 4</th>
<th>EPA 5</th>
<th>EPA 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>4.2</td>
<td>3.9</td>
<td>4.0</td>
<td>3.2</td>
<td>4.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Post</td>
<td>4.9</td>
<td>4.5</td>
<td>4.6</td>
<td>4.4</td>
<td>4.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

**Results:** All WRITE Students Completing AOC Clerkship

**Figure 3.** Overall EPA results for both groups of WRITE students (n=19)
Questions for preceptors

- How well do you think EPAs worked to assess the students’ performance?

- Did the six EPAs make sense? Should we be measuring more?

- What did you think of the critical functions?

- Was the time commitment to complete the EPA and critical function evaluation form reasonable?

- Do you see an abbreviated version of this form as a way to assess student progress on a daily/weekly basis?

- Could we incorporate EPAs into the Patient Care Phase in WRITE?
Next steps

• **Improving measurements**
  1. Refine Entrustable Assessment Form?
  2. Change EPA entrustment scale?

• **Consider timing and place for EPA measurement**
  1. Incorporate into clerkships—patient care phase?

• **Incorporate more faculty development**