

Examination of entering residents' self-reported confidence and supervision needs performing AAMC Entrustable Professional Activities



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Overall Goal/Abstract

Evaluate baseline (self-reported) confidence and supervision needs of entering interns performing the 13 Core Entrustable Professional Activities (EPAs).¹

Background

In 2014, the Association of American Medical Colleges (AAMC) published *Core Entrustable Professional Activities for Entering Residents*.¹ The list described activities residents should be able to perform independently at the start of residency training.

There has been sparse information published on the EPAs as a tool to help determine resident readiness.

Materials/Methods

Interns training at hospitals within a Midwest medical education consortium were electronically surveyed at the start of residency training in 2015 and a second group in 2017. Seven programs were represented:

- Family Medicine (2 programs; n=28 interns)
- Transitional Year (2 programs; n=16 interns)
- Internal Medicine (1 program; n=24 interns)
- Pediatrics (1 program; n=14 interns)
- General Surgery (1 program; n=10 interns)

Primary EPA outcomes were the following constructs based on collapsing 5-point Likert type response scales:

-Confident or Not Confident;

-Supervision needed: Yes or No

Study received Institutional Review Board approval.

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

Results

All 92(100%) entering first-year residents across the two intern classes completed *Confidence* survey questions.

All 46 (100%) most recent interns also completed *Supervision* questions.

Activities with High Levels of Resident Reported Confidence

- Performing History and Physical Exam (96%)
- Collaborating on Inter-Professional Team (83%)

Activities with Low Levels of Resident Reported Confidence

- Enter/Discuss Orders & Prescription (16%)
- Performing General Procedures (27%)
- Give/Receive Patient Handovers (32%)
- Identifying System Failures/Contribute to Safety (42%)

Activities with Low Levels of Resident Reported Need for Supervision

- Performing History and Physical Exam (28%)
- Collaborating on Inter-Professional Team (41%)

Activities with High Levels of Resident Reported Need for Supervision

- Recognize Urgent/Emergent Care & Initiate Eval/Mgmt (100%)
- Enter/Discuss Orders & Prescription (98%)
- Performing General Procedures (98%)

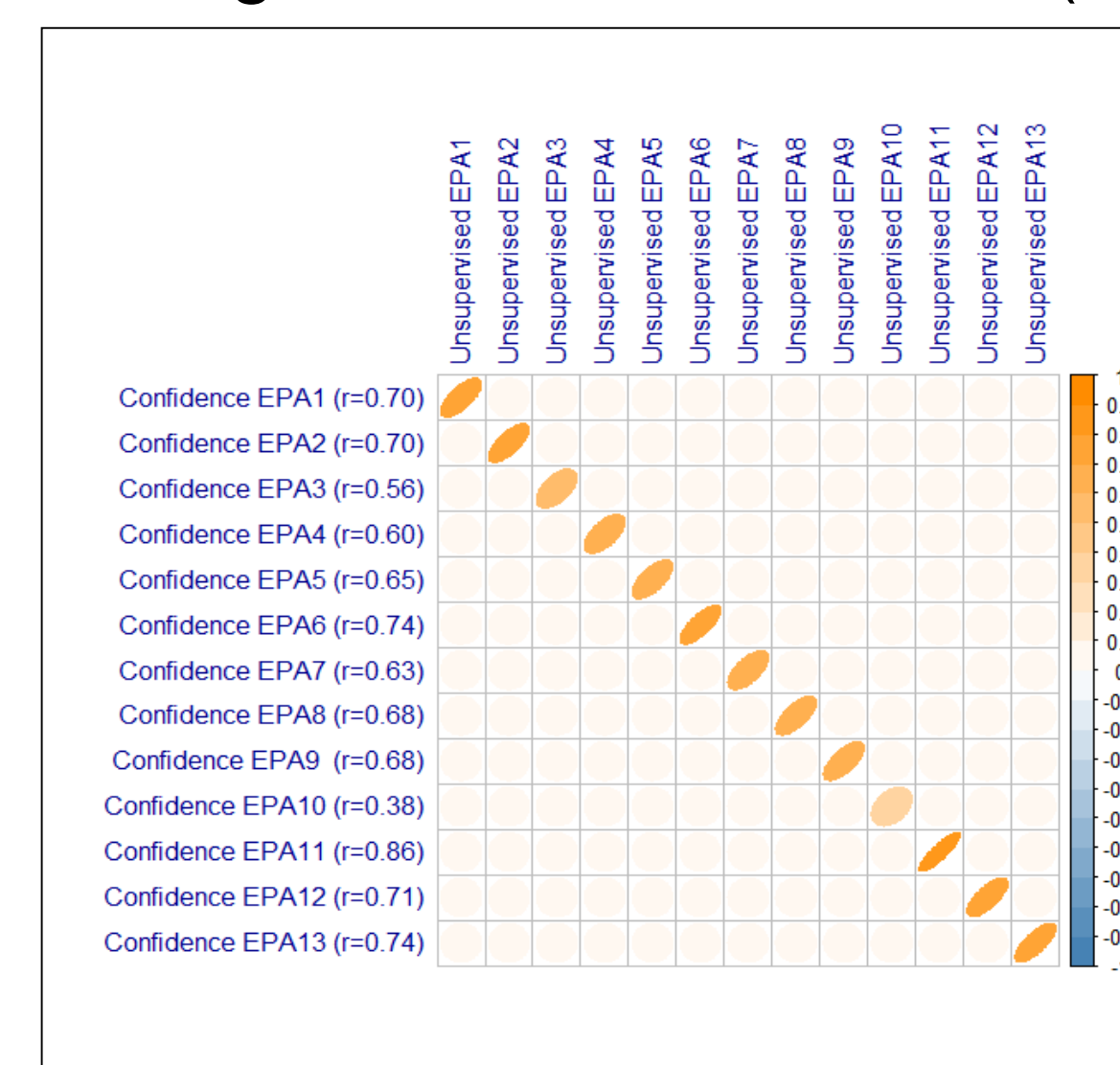


Figure (left): Correlations between resident confidence and lack of supervision needed.

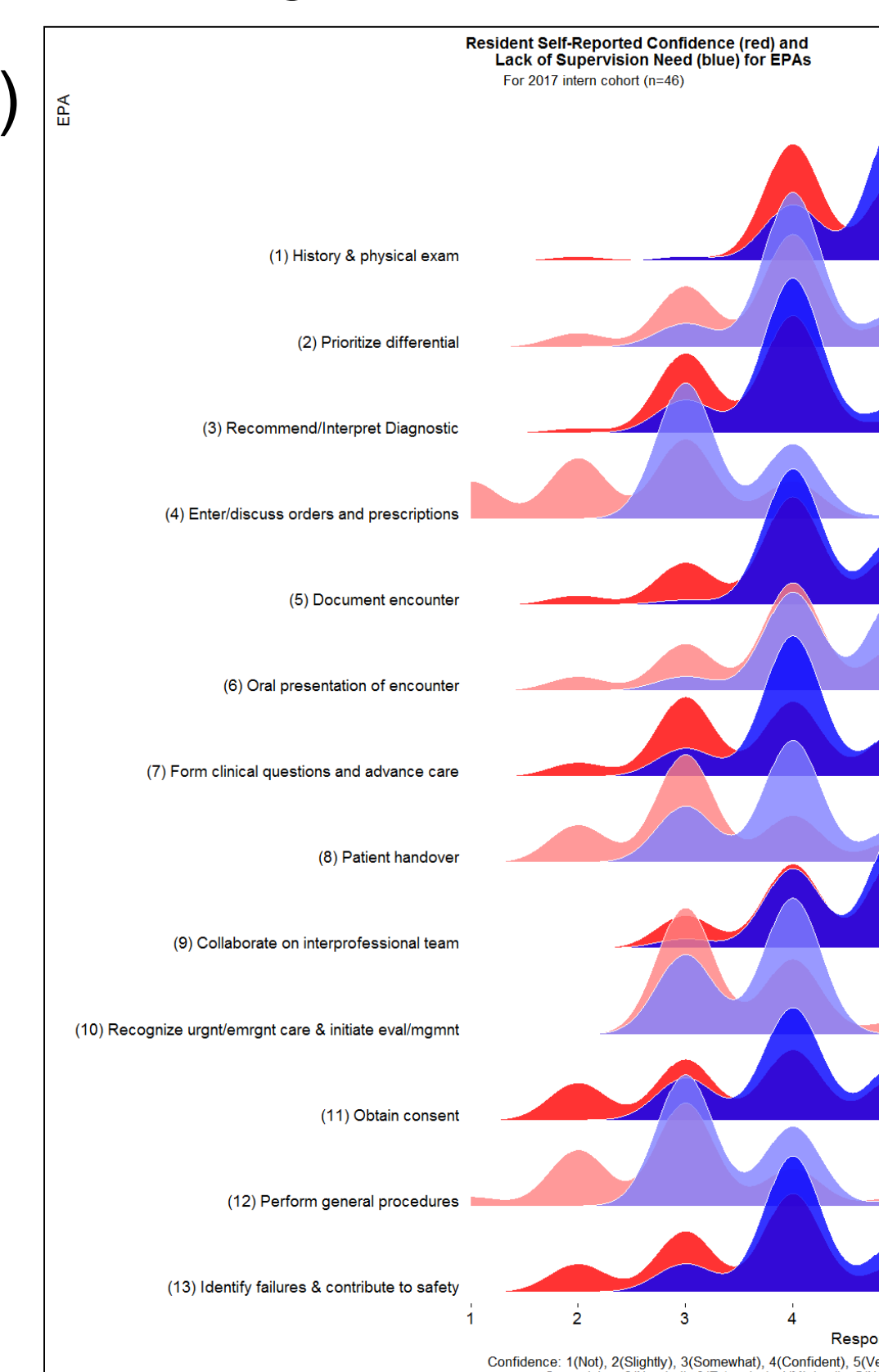


Figure (right): Reported responses for EPAs for confidence and lack supervision.

Success Factors and Lessons Learned

- 1.) Entering residents reported limited confidence and need for supervision in core clinical activities the AAMC felt they should be able to complete unsupervised.
- 2.) There were consistent responses across two cohorts of entering residents (2015 & 2017).
- 3.) Low confidence or a supervision need were reported by residents from all medical schools included in study.

Barriers Encountered/Limitations

- 1.) Results based on single data source, which may or may not misrepresent generalized confidence and supervision needs.
- 2.) It is unknown whether resident self-reported confidence and need for supervision is correlated with supervising faculty assessments.

Conclusions

It is important for residency programs to understand entering residents' level of confidence performing EPAs and to provide assistance and supervision to those who do not feel confident. Recognizing potential concerns related to low confidence or a perceived need for increased supervision may help reduce anxiety and improve resident well-being.

References

1. Association of American Medical Colleges (AAMC). Core Entrustable Professional Activities for Entering Residency. (<https://www.aamc.org/cepaer>).