Title: Direct Observation and EPAs – the Critical Role of the Preceptor

Submission Type: Sessions on Medical Education

Submitting Author: Gary Beck Dallaghan, Ph.D.

Submitting Author Institution: University of Nebraska College of Medicine

Topic Short Description: With the advent of the AAMC Core Entrustable Professional Activities for Entering Residency, institutions are challenged to incorporate these because of insufficient direct observation opportunities, lack of consensus on how to “confer” entrustability, and how to ensure clinical preceptors understand the conceptual framework of EPAs. Members of the Alliance for Clinical Education will provide examples of how these challenges are addressed at different institutions with practical solutions that participants can implement in their home institutions.

Presenters: John L. Dalrymple, MD, Beth Israel Deaconess Medical Center/Harvard Medical School – panelist (and Facilitator) – ensuring sufficient opportunities for observationDavid Power, MD, MPH, University of Minnesota School of Medicine – panelist – defining how much is enough to confer entrustability; describing precepting strategiesScott Graziano, MD, Loyola University Stritch School of Medicine – panelist – ensuring continued growth after entrustabilityBeat Steiner, MD, MPH, University of North Carolina – Chapel Hill – panelist – faculty development efforts to help our clinical preceptors

Facilitator: John L. Dalrymple, MD, Beth Israel Deaconess Medical Center/Harvard Medical School – panelist (and Facilitator) – ensuring sufficient opportunities for observation

Learning Objectives: Attendees will be able to:
1. List the EPAs related to direct observation depending upon clerkship specialty
2. Describe challenges related to linking EPAs to the clinical curriculum
3. Brainstorm solutions to challenges about implementing EPAs within the clinical curriculum
4. Consider effective processes to support direct observation (e.g. user-friendly, handheld documentation and assessment resources like “My Progress” by “My Knowledge Map”)

Session Plan: This highly interactive session will be divided into three parts. In part one, we will begin with a brief overview of the AAMC EPAs, and introduce how they can be mapped across a traditional four-year medical school curriculum, focusing on which EPAs and clinical activities medical students are most likely to be exposed to based on their developing experience and the usual clinical courses, clerkships and electives. Then, the audience will divide into small groups to focus on a specific EPA(s) and discuss the challenges of direct observation. Audience members will brainstorm and identify opportunities that clinical preceptors have in the various clinical settings based on specialty and location (inpatient ward, outpatient clinic, operating room, emergency room, labor and deliver) for direct observation of specific EPAs. In part three, each panelist will address one common challenge in implementing EPAs into the curriculum: ensuring sufficient opportunities for observation, defining how much information is needed to confer entrustability, ensuring that students continue to grow after reaching entrustability and faculty development needed to implement EPAs. They will then present useful resources that preceptors can utilize to increase their direct observation of students and assessment of EPA proficiency. In part three, audience members will have the chance to strategize ways
how clinical preceptors can effectively integrate EPAs into the preceptor’s clinical routine. An overview of these strategies, as developed and reported by audience members and as presented by the ACE panelists from their member specialty organizations, will be discussed in detail. Each panelist will describe how their institutions are overcoming that challenge to implement specific EPAs. A summary of strategies will be highlighted, including: faculty development, orientation of preceptors to EPAs, arrangement of specific clinical activities that align with EPAs and training of faculty preceptors in direct observation. At the conclusion of this presentation, audience members will leave with a toolbox of available resources for their clinical preceptors in providing direct observation of EPAs.