

Supplemental Digital Appendix 1: 2015 APDIM Spring Survey on AAMC's Core EPAs for Entering Residency

AAMC's Core EPAs for Entering Residency (CEPAERs)

Working with its constituents, the Association of American Medical Colleges (AAMC) set out to define the competencies for graduating medical students that would optimize their success in meeting the needs of the public. After considering different conceptual frameworks, they decided to proceed with the development of Entrustable Professional Activities. The result of their work was the publishing of 13 “Core Entrustable Professional Activities for Entering Residency” or CEPAERs. These CEPAERs are meant to represent “activities that all entering residents should be expected to perform on day one of residency without direct supervision, regardless of specialty.”

1. For each of the 13 CEPAERs, please give us your opinion on how essential the behavior described is for new interns to possess on Day 1 without direct supervision

| | Not necessary to possess | Should possess | Must possess | Not sure |
|--|--------------------------|-----------------------|-----------------------|-----------------------|
| Gather a history and perform a physical examination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recommend and interpret common diagnostic tests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Enter and discuss patient orders/prescriptions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide documentation of a clinical encounter in written or electronic format | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide an oral presentation/summary of a patient encounter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Form clinical questions and retrieve high-quality evidence to advance patient care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Give or receive a patient handover to transition care responsibility to another health care provider or team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participate as a contributing and integrated member of an interprofessional team | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not necessary to possess | Should possess | Must possess | Not sure |
|---|--------------------------|-----------------------|-----------------------|-----------------------|
| Obtain informed consent for tests and/or procedures that the day 1 intern is expected to perform or order without supervision | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Perform general procedures of a physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identify systems failures and contribute to a culture of safety and improvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

For the next three questions, you will be asked to rank order the 3 CEPAER's that you feel are **MOST** essential for new interns to possess on day one of residency. For question 2 please select the most essential CEPAER; for question 3, the second most essential CEPAER, and for question 4 the third most essential. Please be sure not to duplicate answers.

2. Which of the 13 CEPAERs do you feel is MOST essential?

3. Which of the 13 CEPAERs do you feel is the SECOND most essential? (Please do not select the same CEPAER that you chose in question 2)

4. Which of the 13 CEPAERs do you feel is the THIRD most essential? (Please do not select the same CEPAER's that you chose in questions 2 or 3)

For some of the 13 CEPAERs, a gap may be observed between a day-one intern's expected performance (e.g. can do the activity without direct supervision) and their actual/observed performance. For the next three questions, please rank order the three CEPAERs for which you have observed the **largest gaps** between expected and observed performance on day one of intern year. For question 5, select the CEPAER for which you feel there is the largest gap, for question 6 pick the CEPAER with the second largest gap, and for question 7 the third largest gap. Please be sure not to duplicate answers.

5. For which of the 13 CEPAERs do you feel there is the LARGEST gap between expected and observed performance?

6. For which of the 13 CEPAERs do you feel there is the SECOND largest gap? (Please do not select the same CEPAER that you chose in question 5)

7. For which of the 13 CEPAERs do you feel there is the THIRD largest gap? (Please do not select the same CEPAERs that you chose in questions 5 or 6)

8. Are there additional skills, behaviors, or EPAs that are NOT on the CEPAER list that you feel are essential for day-one interns to be able to perform WITHOUT DIRECT SUPERVISION?

- ☐ Yes
- ☐ No

If yes, what are those skills?

9. Are there CEPAERs on the list that you feel should NOT be part of the skill set required for new interns to be able to perform UNDER INDIRECT SUPERVISION on day one of internship?

- ☐ Yes
- ☐ No

If yes, which CEPAERs should be removed from the list?

10. Please state your level of agreement with the following statement:

"Once EPAs are fully integrated into medical schools' curricula and assessment, I would expect medical schools to send information about a student's performance in each EPA as part of an educational hand-off between the medical school and the residency program that an individual graduate matched into."

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree or disagree
- ☐ Agree
- ☐ Strongly agree

11. When would be the best time for medical schools to provide programs the CEPAER data on each student as part of the educational hand-off process?

- ☐ As part of the ERAS application
- ☐ Immediately prior to the rank order list submission deadline
- ☐ Immediately after the match
- ☐ Upon graduation
- ☐ At the start of internship
- ☐ Other (please specify)

12. Of the below options, which would be the most preferred way of providing program directors CEPAER information about each student who matched into their program?

- ☐ Addendum to MSPE upon graduation
- ☐ Addendum to chair's letter upon graduation
- ☐ Separate letter
- ☐ As an EPA checklist
- ☐ As an EPA checklist linked to reporting milestones

13. In addition to receiving information about the level of entrustment and competence in each of the 13 CEPAERs, how important is it to you that medical schools also describe in detail the assessment methodology they used to determine that level of entrustment and competence?

- ☐ Not at all important
- ☐ Somewhat unimportant
- ☐ Neither important or unimportant
- ☐ Somewhat important
- ☐ Very important

14. If CEPAER- based information were provided to you, how would you incorporate this assessment of a new intern's ability into how you supervise the new intern?

- ☐ Would not change how we supervise new interns, they would all need direct supervision
- ☐ Would correlate to our own intern-orientation assessment methods
- ☐ Would allow them to practice under indirect supervision after a limited number of observations
- ☐ Would allow them to practice under indirect supervision immediately

15. For the below survey items, please indicate your level of agreement for each of the statements made.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| "I would be more likely to use information on a student's level of competency in the CEPAERs if transmitted from the Department of Medicine rather than if transmitted from the Dean's office." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| "I would more likely to use information relayed to me after the match than information relayed before the match." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| "There should be a mechanism in place for Program Directors to provide feedback to medical schools on the level of agreement between the school's assessment of competency for a given individual and the residency program's assessment." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. The Alliance for Academic Internal Medicine's (AAIM) Medical Student to Resident Interface Committee has been discussing the creation of an evaluation tool that maps the CEPAERs to the IM reporting milestones. How useful would such a tool be for program directors?

- ☐ not useful
- ☐ somewhat useful
- ☐ very useful

17. Please indicate your level of agreement for each of the statements made.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| "As a Program Director, I would be willing to send an evaluation based on the 16 End-of-Training Internal Medicine EPAs to employers and fellowship directors for each of my graduating residents as part of an educational hand-off." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| "Given our current evaluation system, creating such a report based on the 16 End-of-Training Internal Medicine EPAs would be easy for our Clinical Competency Committee and Program Director to accomplish." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There should be a mechanism in place for Fellowship Directors/employers to provide feedback to program directors on the level of agreement between the program's assessment of competency for a given individual and the fellowship program's/employer's | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. When would be the most appropriate time to send an EPA-based evaluation to potential employers and fellowship directors

- ☐ As part of the ERAS fellowship application or employment application
- ☐ During fellowship interviews or job interviews
- ☐ Prior to the fellowship rank order list submission deadline or prior to an employer issuing a formal job contract
- ☐ At or after graduation