

# Core Professional Activities for Entering Residency:

## AAMC POLICY RECOMMENDATIONS

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# What are CPAs?

- ▶ Descriptions of the skills and behaviors of graduating medical students needed for success in residency training.
- ▶ 13 activities described, focusing on observable behaviors of increasing ability.
  - ▶ Provides examples and descriptions of those levels.
- ▶ Guide for development of curriculum; assessment tools; faculty development; and student understanding.

# Entrustment scale

Modified Chen entrustment scale: “If you were to supervise this student again in a similar situation, which of the following statements aligns with how you would assign the task?”

- ▶ 1: “Watch me do this.”
- ▶ 2: “Let's do this together.”
- ▶ 3: “I'll watch you.”
- ▶ 4: “You go ahead, and I'll double-check all of your findings.”
- ▶ 5: “You go ahead, and I'll double-check key findings”

# 1: Gather a history and perform a physical examination

- ▶ Obtain a complete and accurate history in an organized fashion.
- ▶ Demonstrate patient-centered interview skills.
- ▶ Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.
- ▶ Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit.

# EPA 1: Gather a History and Perform a Physical Examination

An EPA: A unit of observable, measurable professional practice requiring integration of competencies

## EPA 1

Gather a history and perform a physical exam

Underlying entrustability for all EPAs are trustworthy habits, including truthfulness, conscientiousness, and discernment.

This schematic depicts development of proficiency in the Core EPAs. It is not intended for use as an assessment instrument. Entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.

Key Functions with Related Competencies	Behaviors Requiring Corrective Response	→ Developing Behaviors → (Learner may be at different levels within a row.)		Expected Behaviors for an Entrustable Learner
Obtain a complete and accurate history in an organized fashion PC2	Does not collect accurate historical data Relies exclusively on secondary sources or documentation of others	Gathers excessive or incomplete data Does not deviate from a template	Uses a logical progression of questioning Questions are prioritized and not excessive	Obtains a complete and accurate history in an organized fashion Seeks secondary sources of information when appropriate (e.g. family, primary care physician, living facility, pharmacy) Adapts to different care settings and encounters
Demonstrate patient-centered interview skills ICS1 ICS7 P1 P3 P5	Is disrespectful in interactions with patients Disregards patient privacy and autonomy	Communicates unidirectionally Does not respond to patient verbal and nonverbal cues May generalize based on age, gender, culture, race, religion, disabilities, and/or sexual orientation Does not consistently consider patient privacy and autonomy	Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon Anticipates and interprets patient's emotions Incorporates responses appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation	Adapts communication skills to the individual patient's needs and characteristics Responds effectively to patient's verbal and nonverbal cues and emotions
Demonstrate clinical reasoning in gathering focused information relevant to a patient's care KP1	Falls to recognize patient's central problem	Questions are not guided by the evidence and data collected Does not prioritize or filter information Questions reflect a narrow differential diagnosis	Questions are purposefully used to clarify patient's issues Is able to filter signs and symptoms into pertinent positives and negatives	Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning Incorporates secondary data into medical reasoning
Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit PC2	Does not consider patient's privacy and comfort during exams Incorrectly performs basic physical exam maneuvers	Performs basic exam maneuvers correctly Does not perform exam in an organized fashion Relies on head-to-toe examination Misses key findings	Targets the exam to areas necessary for the encounter Identifies and describes normal findings Explains exam maneuvers to patient	Performs an accurate exam in a logical and fluid sequence Uses the exam to explore and prioritize the working differential diagnosis Can identify and describe normal and abnormal findings

## 2: Prioritize a differential diagnosis following a clinical encounter.

- ▶ Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis.
- ▶ Prioritize and continue to integrate information as it emerges to update differential diagnoses, while managing ambiguity.
- ▶ Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans.

# Other CPAs

- 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.



# Other CPAs

- 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 procedures.
- 12: Perform general procedures of a physician.
- 13: Identify system failures and contribute to a culture of safety and improvement.



# Putting the CPAs in practice

- ▶ Identify level of skill in each CPA that would define "residency ready":
  - ▶ Consider poll of residency program directors.
- ▶ Develop an assessment tool for use by clinical raters, using the CPA descriptors.
- ▶ Identify opportunities for direct observation of an applicant by a trained observer:
  - ▶ Clinical settings involving patient care, ideally both inpatient and outpatient.
  - ▶ Trained faculty in both teaching and assessing skills.
- ▶ Identify opportunities for additional learning/practice for those applicants needing assistance to master specific skills.