

# EPA-Workshop

Donnerstag, 14. Januar 2021

## **Experiences and Tips from the Netherlands**

Rijk Gans

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## Questions to be addressed

- Principles of the introduction of EPAs in your country
- How to produce EPAs
- Formal way to the «entrustment» of the young doctors
- Need for motivation of staff
- Additional workload
- Documentation
- Pitfalls to avoid
- Current status of the EPAs in the postgraduate education in the Netherlands

[prof.dr. R.O.B. Gans](#) 29 mei 2007 3 minuten leestijd

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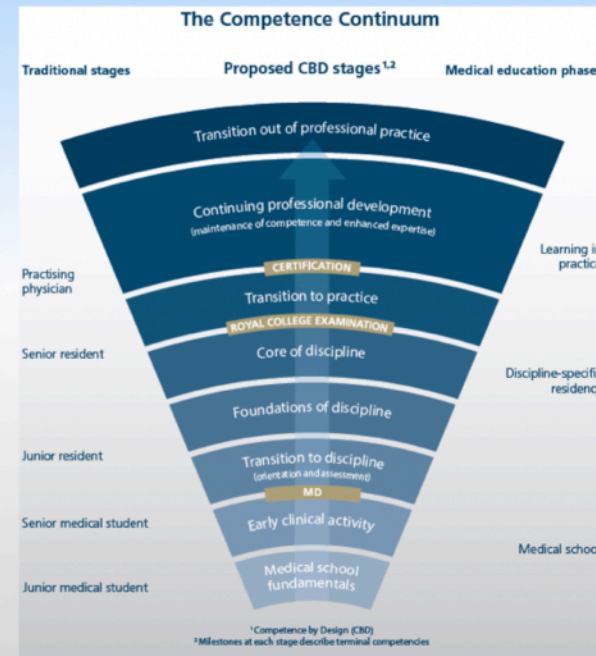
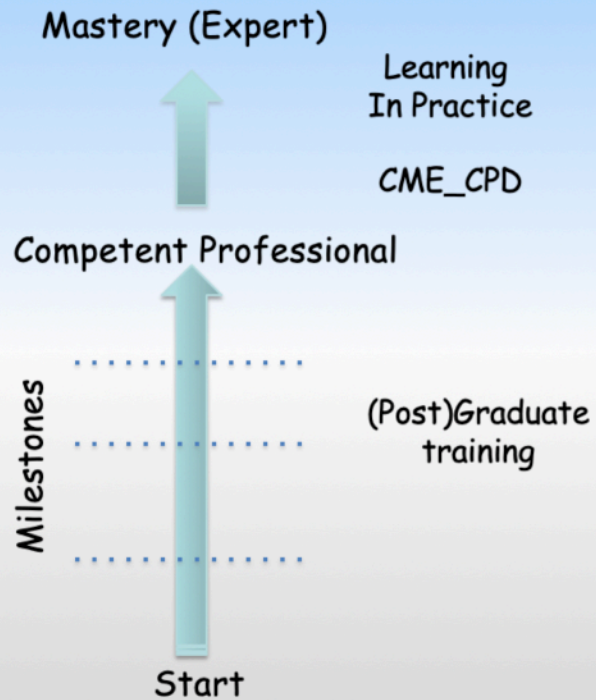
# KNMG: Modernisering Medische Vervolgopleidingen



[Jan Borleffs](#) [Joep Dörr](#) [Ronald van den Bosch](#) [Ben Bottema](#) 10 april 2013 6 minuten leestijd

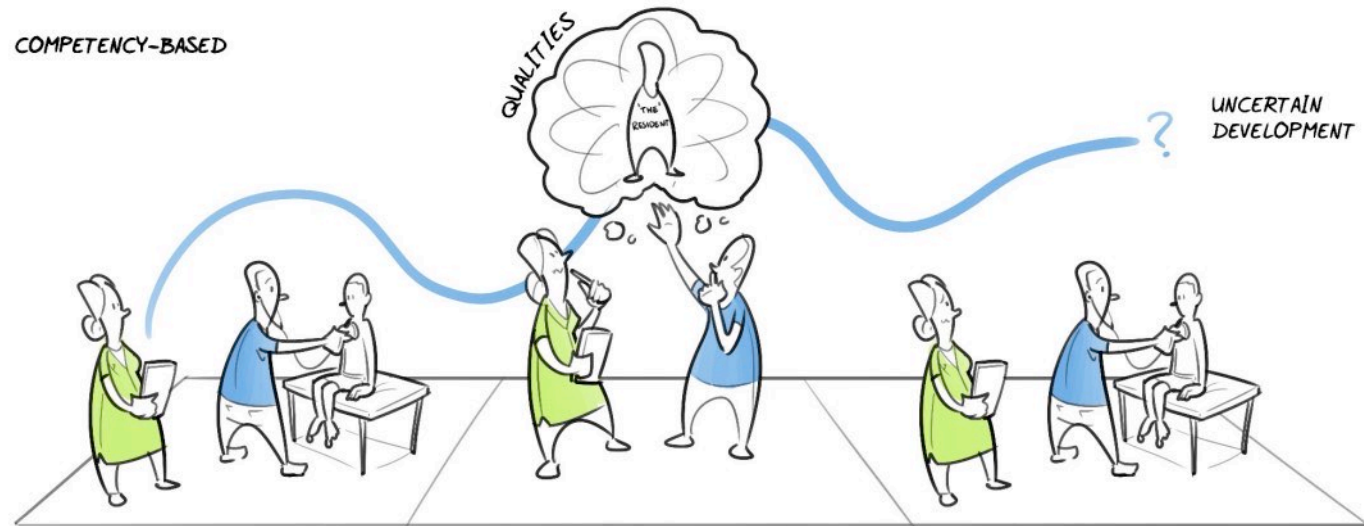
# CanBetter: steun bij het nieuwe opleiden

# Road to Mastery



Milestones are stages in the development of specific competencies:  
a learning roadmap from medical school to practitioner





But the roadmap must be grounded in a clinical context that makes it meaningful:

Entrustable Professional Activities

## **Core Competencies**

### **Entrustable Professional Activities**

- **Translate competencies into clinical practice**

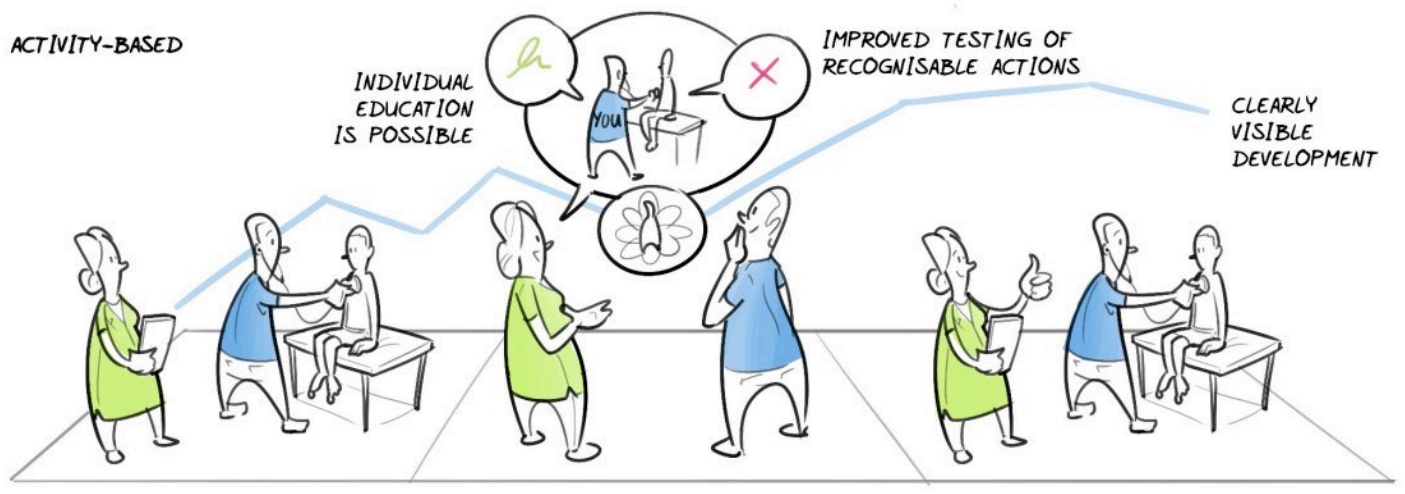
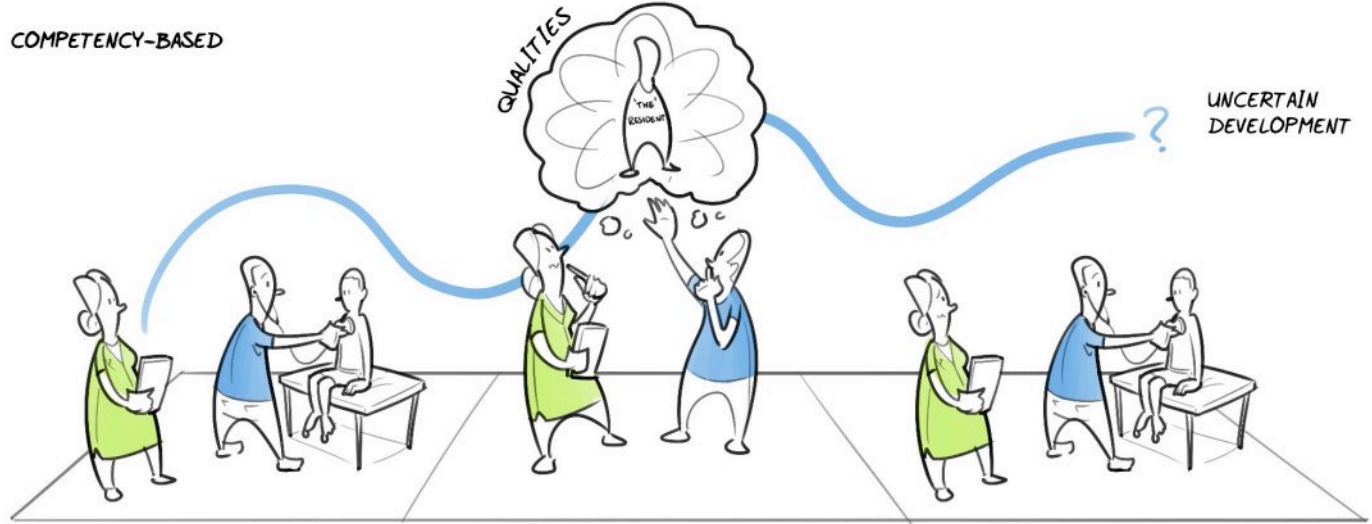
▶ **Professional life activities that define the specialty, defined as tasks or responsibilities to be entrusted to unsupervised execution by a trainee**

▶ **Ground the competencies in a physician's everyday work**

▶ **Activities lead to some outcome that can be observed**

▶ **Complexity of the activities requires an integration of knowledge, skills and attitudes across competency domains**

- **Competencies are descriptors of physicians, EPAs are descriptors of work.**



## Viewpoint: Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice?

Olle ten Cate, PhD, and Fedde Scheele, PhD

### Abstract

The introduction of competency-based postgraduate medical training, as recently stimulated by national governing bodies in Canada, the United States, the United Kingdom, The Netherlands, and other countries, is a major advancement, but at the same time it evokes critical issues of curricular implementation. A source of concern is the translation of general competencies into the practice of clinical teaching. The authors observe confusion around the term *competency*, which may have adverse effects when a teaching and assessment program is to be designed. This article aims to clarify the competency terminology. To connect

the ideas behind a competency framework with the work environment of patient care, the authors propose to analyze the critical activities of professional practice and relate these to predetermined competencies.

The use of entrustable professional activities (EPAs) and statements of awarded responsibility (STARs) may bridge a potential gap between the theory of competency-based education and clinical practice. EPAs reflect those activities that together constitute the profession. Carrying out most of these EPAs requires the possession of several competencies. The authors propose not

to go to great lengths to define competencies as abstractly defined frameworks but, observation of activities and to identify multiple competencies that can be observed in practice. EPAs can serve to move training, in terms of training is position of training beyond its length.

Acad Med. 2007; 82(6):542-548

As innovations in medical education move toward outcome-based training,<sup>1</sup> specifically in postgraduate medical training, many organizations advocate identifying and assessing *competencies* as tools for defining the outcomes we should attain with our doctors in training. Competency-based training frameworks, although not new in medical education,<sup>2</sup> have only recently been introduced into postgraduate training on a nationwide scale in several countries, and their impact has been unprecedented.<sup>3-7</sup> This shift may be justified, but many involved in medical

training are not convinced that a competency-based framework will lead to better training and health care, and some consider it no more than another educational fad.<sup>8-10</sup>

Some authors even worry that the competency-based movement will create new obstacles for sound training: "the real challenge is to produce expert professionals . . . in a culture that emphasizes competency rather than expertise."<sup>11</sup> Competency rather than expertise? How is this confusion possible? Would professional medical educators and sensible governing bodies, such as the Royal College of Physicians and Surgeons of Canada (RCPS(C)), the Accreditation Council for Graduate Medical Education (ACGME) in the United States, the General Medical Council (GMC) in the United Kingdom, and the Central College of Medical Specialties in The Netherlands really introduce educational models that would discourage the development of expertise? This seems to be the perception of several authors.<sup>12,13</sup> However, others seem to have found the key to success in postgraduate training with the introduction of competency-based training.<sup>14-16</sup> Do these two groups of

authors fundamentally misunderstand or speak a different language when they take a closer look at the term *competency* and what is needed to define it in terms of training?

### A Competency Quality, Not a

Competency framework from postgraduate training sets of general medical specialist doctor—should be reviewed by many committees for their comprehensiveness still form a theorem

When it comes to framework into an assessment program *competency* and *quality* are clear. On one hand usually formulated attributes of a good, as soon as we attempt to assess competencies, they tend to get reduced to

## List 1

### Conditions of Entrustable Professional Activities

1. Is part of essential professional work in a given context.
2. Must require adequate knowledge, skill, and attitude.
3. Must lead to recognized output of professional labor.
4. Should be confined to qualified personnel.
5. Should be independently executable.
6. Should be executable within a time frame.
7. Should be observable and measurable in its process and outcome (well done or not well done).
8. Should reflect one or more competencies.

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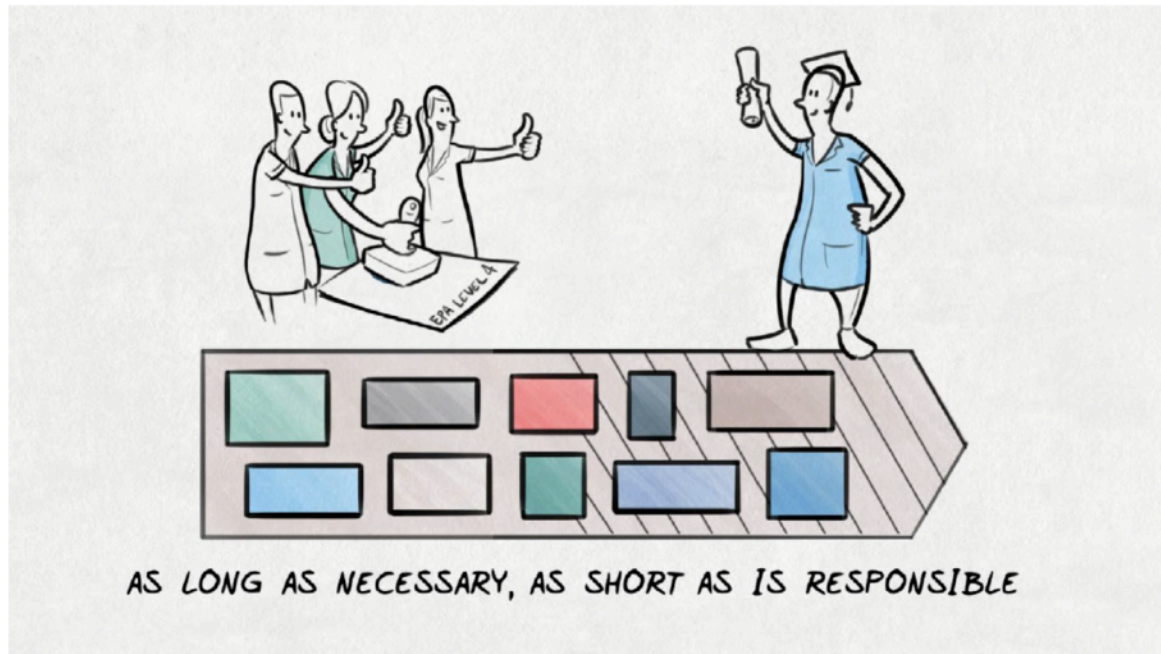
**Dr. Scheele** is professor of obstetrics and gynecology, Free University of Amsterdam, Amsterdam, The Netherlands, a gynecologist at Lucas-Andreas Hospital, Amsterdam, The Netherlands, and a member of the Dutch Advisory Board for Postgraduate Curricular Development, Amsterdam, The Netherlands.

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## INDIVIDUALISING POSTGRADUATE MEDICAL TRAINING

using **ENTRUSTABLE PROFESSIONAL ACTIVITIES**  
and **SUMMATIVE ENTRUSTMENT DECISIONS**

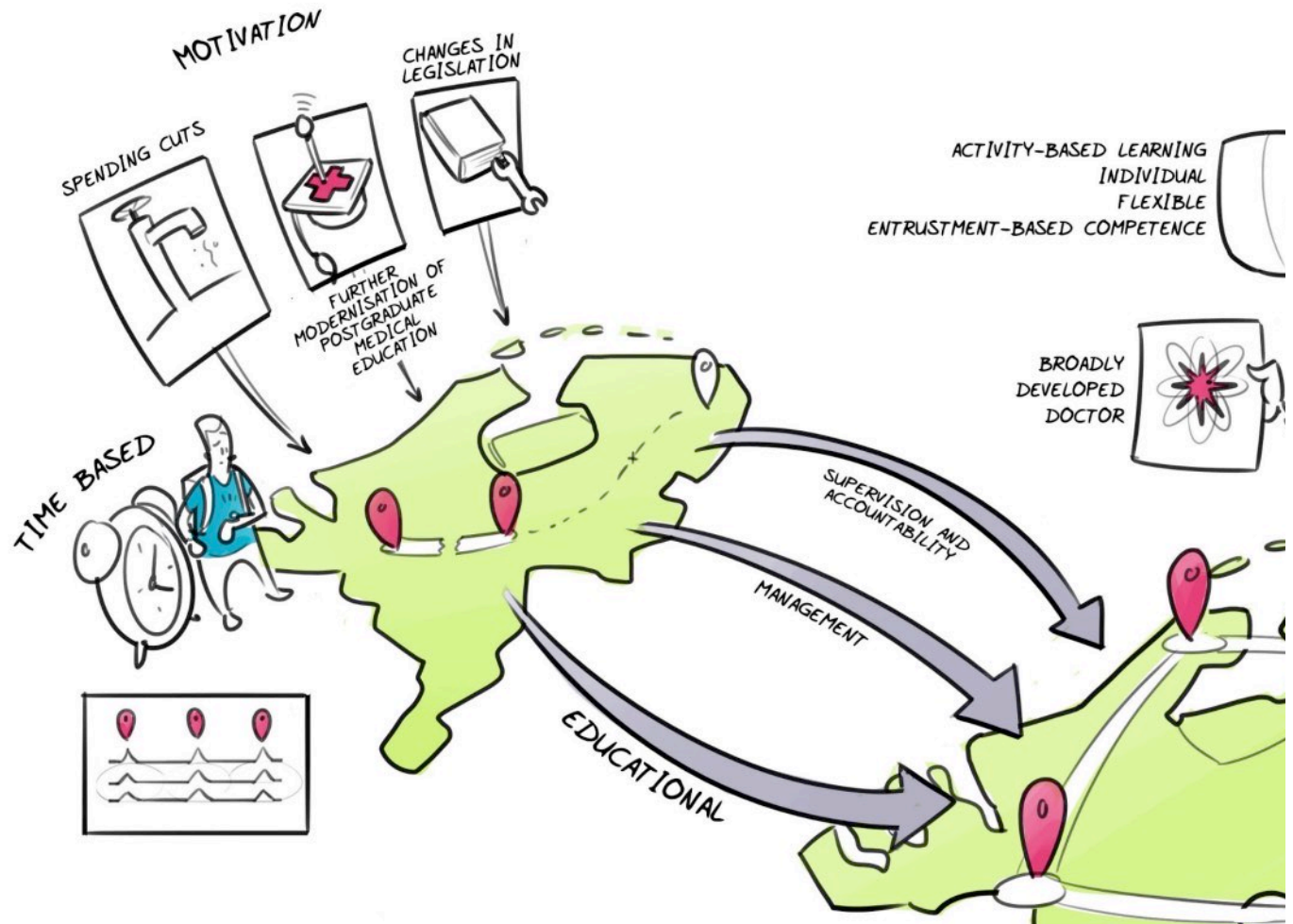


In 2013, the Dutch Ministry of Health, Welfare and Sports came to an agreement with the consortium of all University Medical Centres and other Teaching Hospitals:

**Redesign the general structure of postgraduate medical training**, which is predominantly financed through government funding.

**Realize individualization**, the principle of a fixed training time of postgraduate medical training has been left in the Netherlands. The legislation has been adjusted accordingly.

→ This redesign includes more flexible, individualized and competency-based pathways.



## ‘Individualisering Medisch Specialistische Vervolgopleidingen’

Since 2015 all programs have been exploring this model, assisted by a **national government funded project**

‘Individualising Postgraduate Medical Training’.

This project is executed by the Dutch Association of Medical Specialists (**FMS**)

**Supported by a team of educationalists**, almost all medical specialties in the Netherlands are rebuilding their curriculum and training methods using mainly EPA’s as building blocks.

Three ‘pilot’ medical specialties:

Pediatrics  
Internal Medicine  
OB-GYN

## Approaches to the identification of valid EPAs

- Individual
- Survey or interview among experts
- Expert meeting (informal)
- Consensus method (formal)



### EPA committee

Program directors

Trainees

1 expert in Medical Education

### Provisional EPA's

Pilot:

2 Academic Medical Centers

4 Non-Academic Centers



**Provisional EPA's**

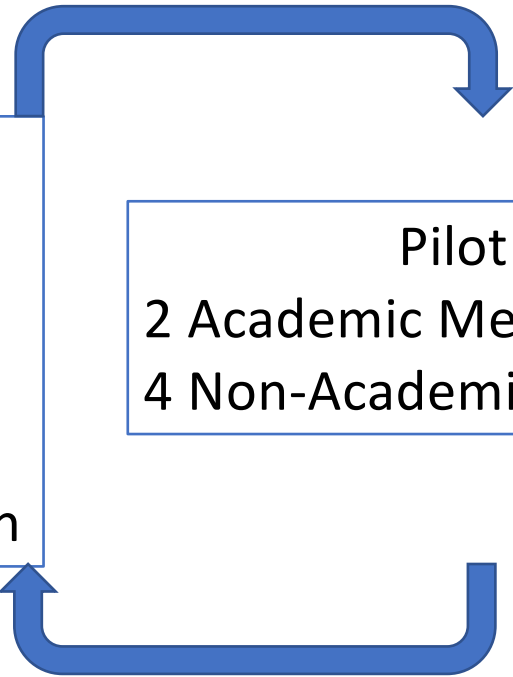
**Workshop/Education**

EPA committee  
Program directors  
Trainees  
1 expert in Medical Education

Pilot in  
2 Academic Medical Centers  
4 Non-Academic Centers

**Feedback**  
what does work, what not?

**National  
Study Day  
for Trainers  
and Trainees**



Explain all related concepts

Gain support among clinical teachers and residents

Foster Ownership

## Tools for implementation

- Meetings
- Workshops
- Master classes
- Supportive website where one can download several tools and job-aids.
- Animated videos which help to clarify the new concept, have been added to the toolbox.

[Home](#) › [EPA's](#)

## EPA's

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Steeds meer wetenschappelijke verenigingen hebben EPA's opgenomen in hun [landelijk opleidingsplan](#). EPA's staat voor Entrustable Professional Activities. Het is een manier om beroepsactiviteiten en competenties te ordenen, waarmee je als aios bekwaam kunt worden verklaard op onderdelen van de opleiding.

## Beroepsactiviteiten

### Ondersteuningsmateriaal

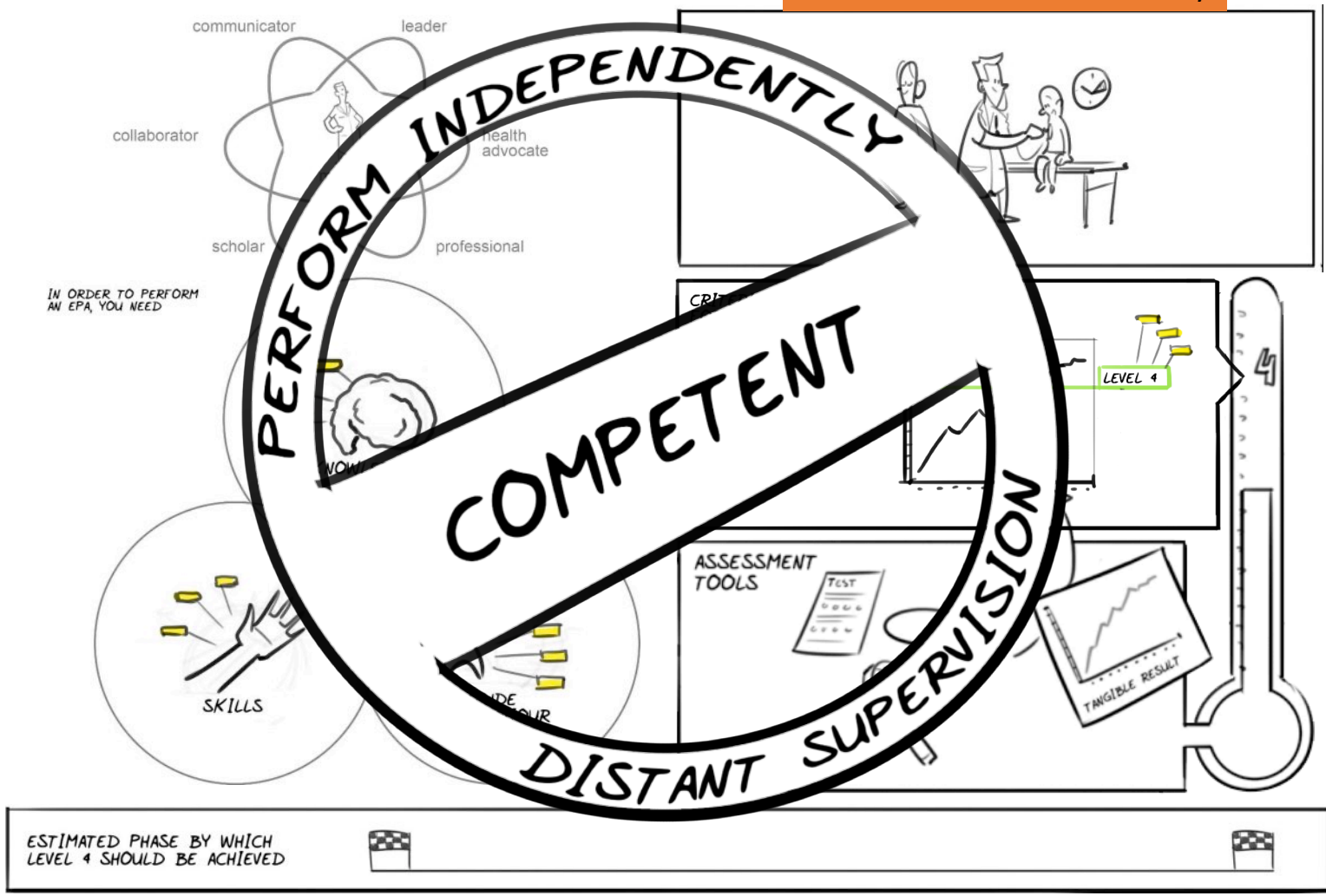
- › Animatie individualisering Opleidingsduur met EPA's
- › Animation Individualisation of training duration in the Netherlands
- › Artikel A&I: 'EPA's als bouwstenen voor een maatwerkopleiding tot medisch specialist'
- › Canvas EPA ingevuld
- › Canvas EPA leeg
- › Canvas Specialisatie
- › Handreiking Opleidingsplan gebaseerd op EPA's
- › Job aid EPA's

### Nieuws

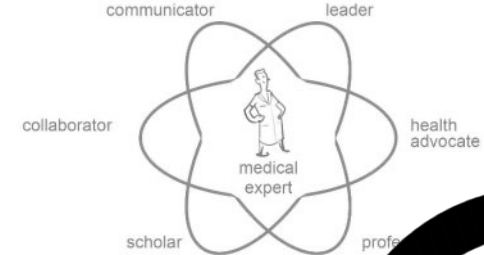
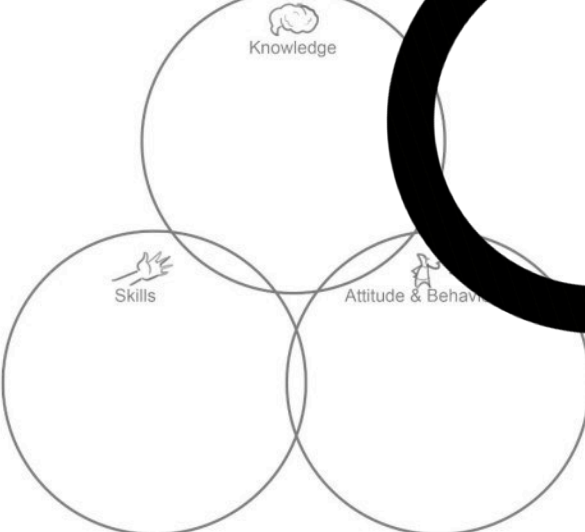
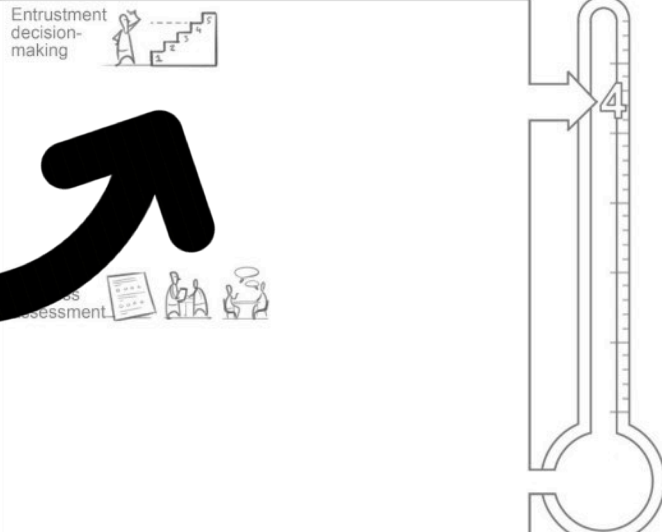


- › Olle ten C  
de EPA's

# What is an EPA description?

Authentic Professional Activity



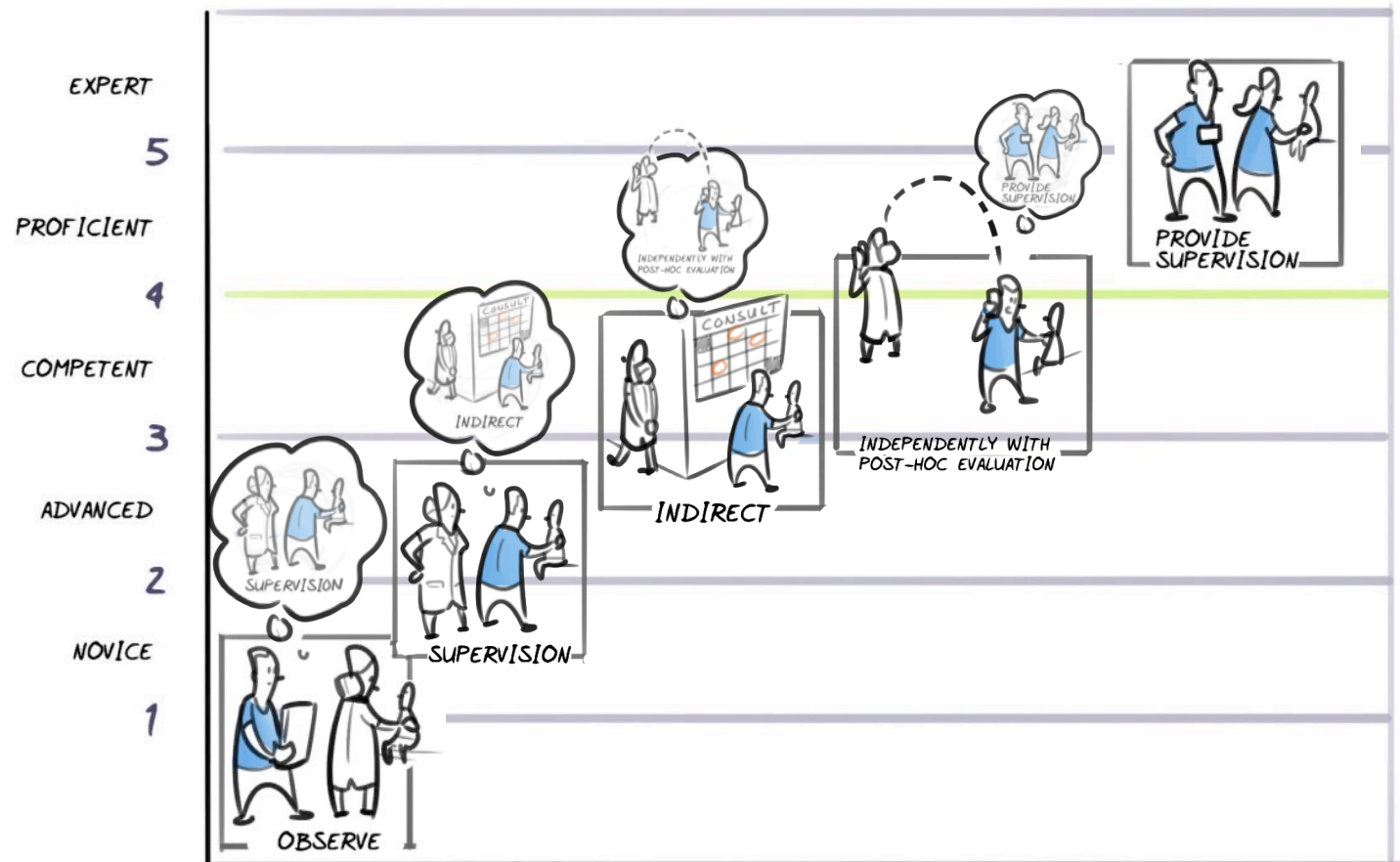
# What is an EPA description?

Title:	Profession: <span style="float: right;">EPA</span>
	Description and context
	
Estimated phase by which level 4 should be achieved: 	

# EPA Template

<b>EPA Title</b>	
<b>Specifications and Limitations</b>	<p>This activity contains no more and no less than the following elements:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p>A summative entrustment decision for EPA is lonely applicable if:</p>
<b>Most relevant competency domains</b>	<input type="checkbox"/> Medical Expert <input type="checkbox"/> Collaborator <input type="checkbox"/> Communicator <input type="checkbox"/> Health Advocate <input type="checkbox"/> Leader <input type="checkbox"/> Professional <input type="checkbox"/> Scholar
<b>Required knowledge, skills, attitudes and experience</b>	<p>Knowledge:</p> <p>Skills:</p> <p>Attitudes:</p> <p>Experience:</p>
<b>Assessment information sources to assess progress</b>	
<b>Entrustment/super-vision level expected at which stage of training</b>	
<b>Expiration date</b>	

# Levels of supervision



# Entrustment decision-making



PROGRESS AND DEVELOPMENT



Portfolio-based  
Progress Interview/  
coaching session

Formative Assessment for all applicable EPA's



## TOOLBOX COMPONENTS OF TESTING

### Workplace-based assessment

- Case-based discussion
- Observed clinical activity
  - ❖ Mini-clinical evaluation exercise (Mini-CEX)
  - ❖ Medical record review
  - ❖ Handover
  - ❖ Morning report
  - ❖ On-call service
  - ❖ Ward rounds
  - ❖ Patient presentation
  - ❖ Direct observation of procedural skills (DOPS)

Pre-EPA prerequisites

### Knowledge-based assessment

- Examinations

### Other forms of assessment

- Professional presentation
- Multisource feedback
- Objective structured clinical examination (OSCE)
- Clinical examination



Portfolio

If applicable for a specific EPA, knowingly collected by Trainee

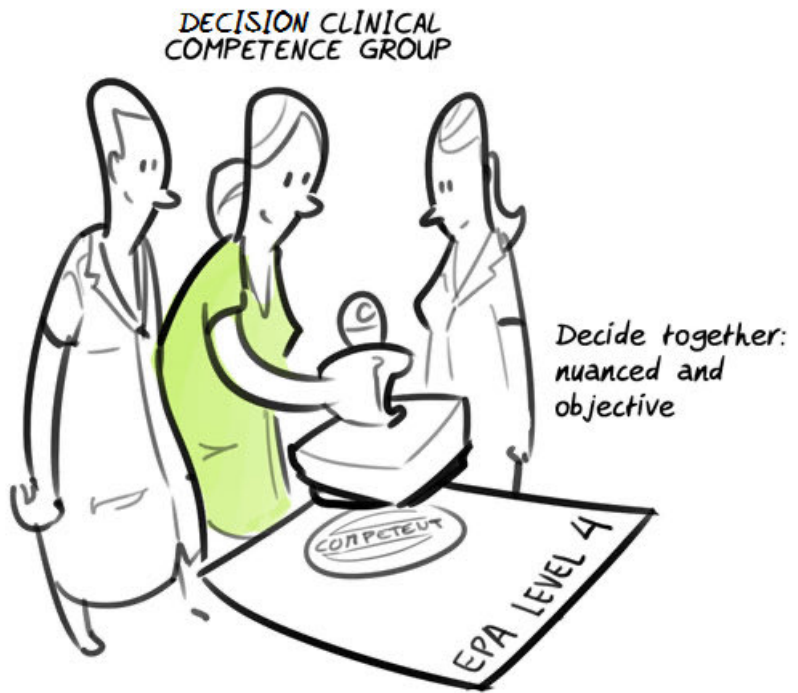
# Entrustment decision-making



- CBD FORMATIVE
- FORMATIVE
- GUT FEELING FORMATIVE
- SPOs FORMATIVE
- KNOWLEDGE TESTS FORMATIVE
- 360° FEEDBACK FORMATIVE
- +

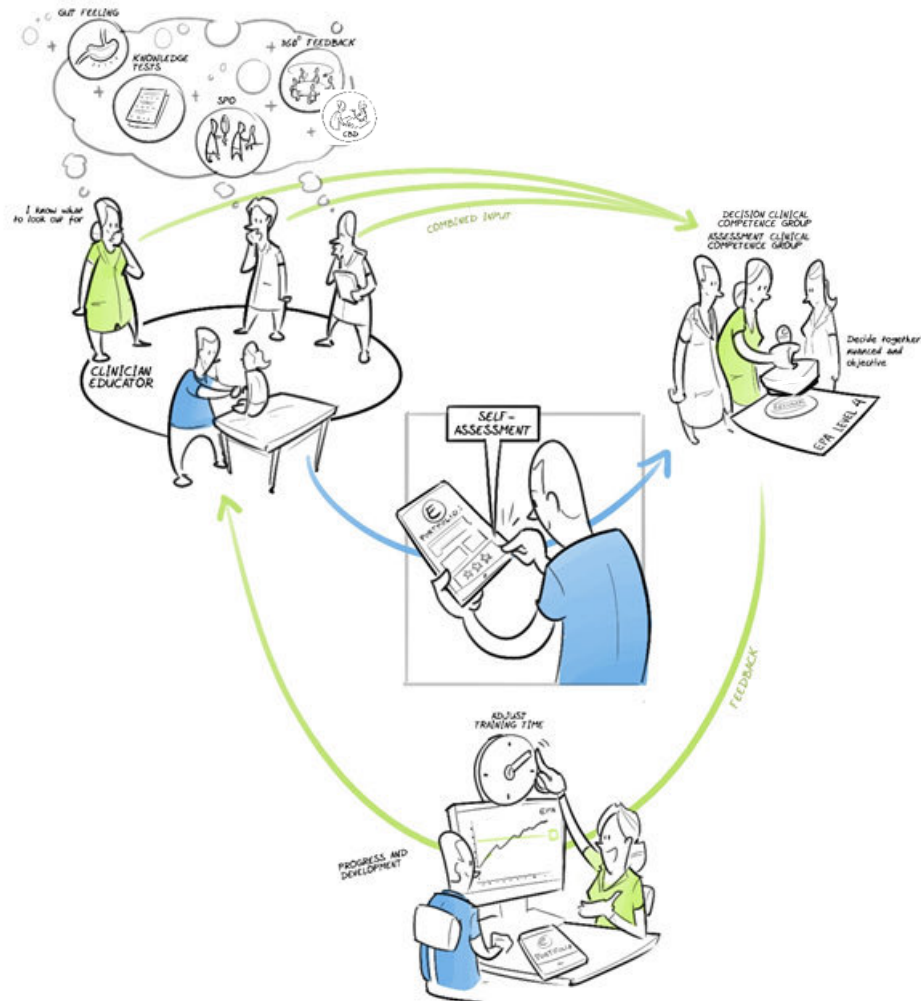
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- FORMATIVE
- SUMMATIVE

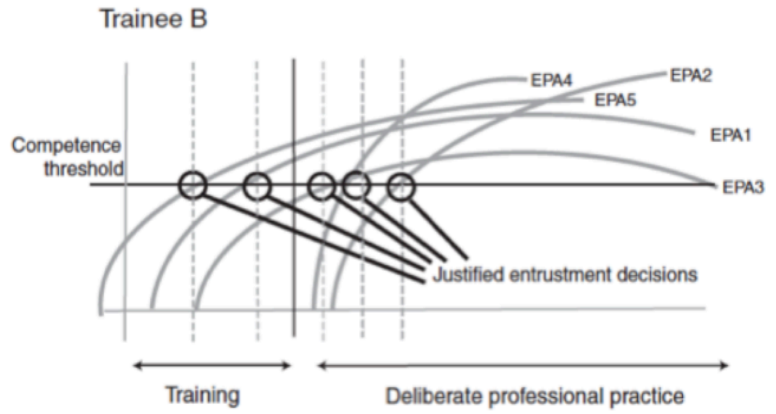
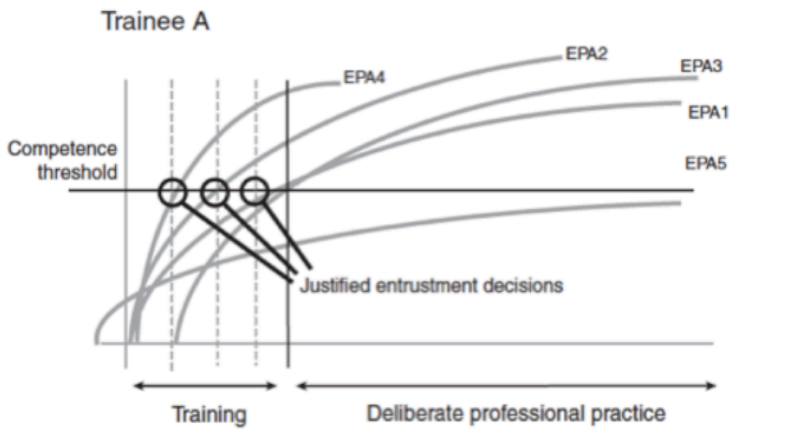


Team Decision

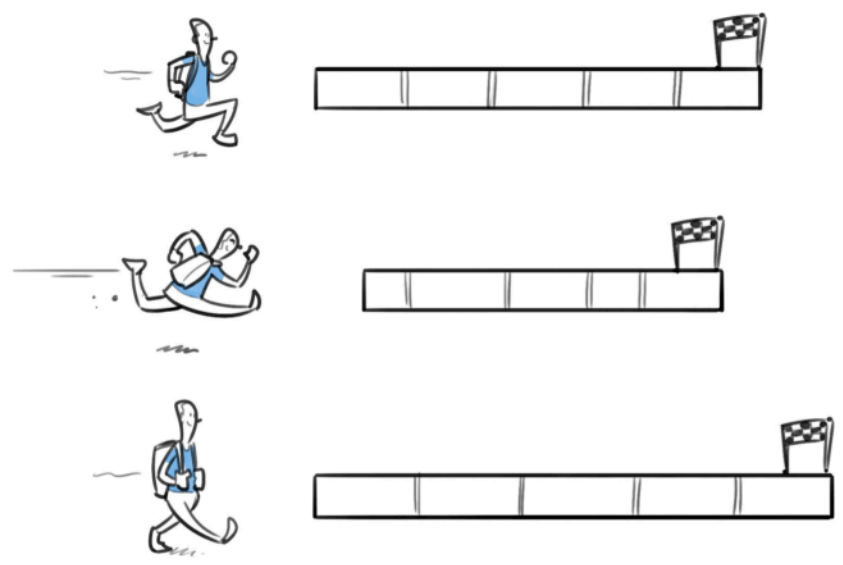
# Entrustment decision-making cycle



# Individualization



## Customisation



## How many EPA's constitute a curriculum?

- Rounding a ward and providing medical care in a clinical department of Internal Medicine
- Transfer and continuity of care
- Conduct patient and family meetings
- Leading a multidisciplinary, interprofessional team
- Weekend, evening and night shift ('on call' or 'acute take')
- Working in an outpatient setting
- Conduct Interdisciplinary consultation
- Take in- and treatment of a patient in the ICU
- Polypharmacy
- Supervision (overarching a differentiation)

### INTERNAL MEDICINE SCHEDULE

Yr. 1 Medical Ward/Basic Medical Care	A C U T E  C A R E	G E R I A T R I C S
Yr. 2-4 Rotations: Obligatory: Out-patient clinic, Consultation service, ICU		
Yr. 5-6 Differentiation		

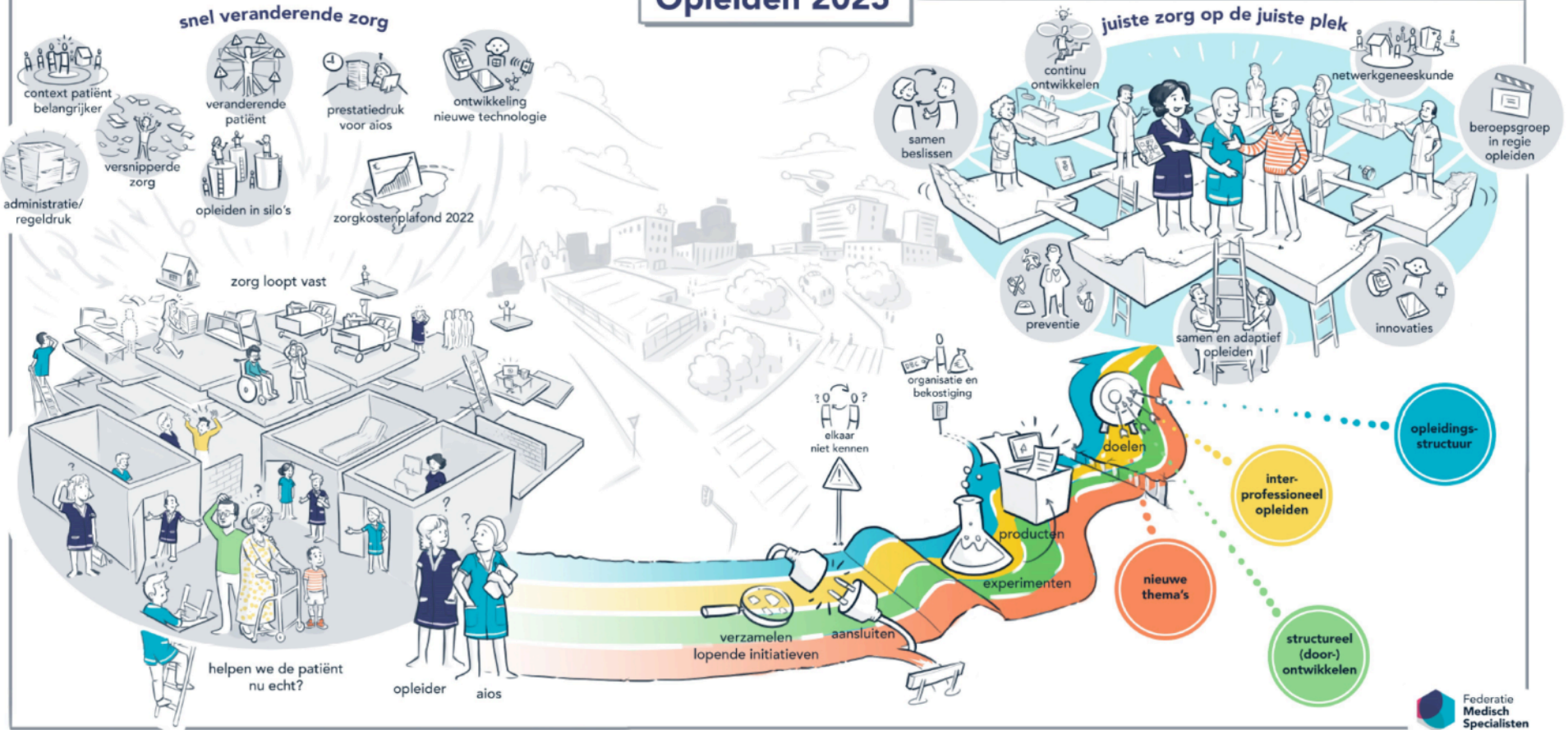
## TEST MATRIX

Toolbox: in te zetten toetsinstrumenten:																				
EPA	Stage	KPB's (directe observatie of via video)	Beoordeling schriftelijke verslaglegging (bijv. brief, dossier/ status)	Introductie-, (tussen-) en eindgesprek	OSATS Vaardigheden/echo	Aanwezigheid patiëntbesprekingen	360 graden/Multi Source Feedback	Zelfreflectieverslag	Complicatie registratie en verslag afhandeling	Aanwezigheid incidentbespreking en verslag	Verwonder- en verbetertraject	Referaat	Intervisiesessie	Deelname clinical audit/ veiligheidsrondes	Aantoonbaar gevolgde scholing/DOO	Certificaat cursus	Kennistoets	Intro programma IC	Casebased discussion	
1	Visite lopen en medisch handelen op een klinische afdeling Interne geneeskunde	1e jr IG	X: meerdere in diverse contexten (bijv. Organisatie & timemanagement, Grote visite, Visite, Anamnese, lichamelijk onderzoek etc.)		X	X									(X)					
2	Overdracht en continuïteit van zorg	1e jr IG	X: meerdere in diverse contexten (bijv.: Overdracht / ontslag / overplaatsing, (grote) visite, door verpleging m.b.t. ontslag voorbereiding en uitvoering)	X	X															
3	Patiënt- en familiegesprekken voeren	1e jr IG	X: meerdere in diverse contexten (bijv. Slechtnieuwsgesprek, Ontslaggesprek, Gesprek behandelbeperkingen (o.a. end of life), door verpleging bij observatie gesprek)		X							(X)			(X)					





# Opleiden 2025





## Postgraduate training 2025: New Themes

Interprofessional Education/training  
Shared decision making  
Lifestyle intervention  
Network Medicine

Technological Innovations  
E-health, Mobile Health  
Decision Support systems, AI



Collecting local initiatives  
Experimenting  
Sharing best practices



Structuring and funding

Questions?

