

## Suggestions for assessment using EPAs in residency training (pilot phase)

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### Introduction

Evidence regarding how many assessments are needed for the reliable assessment per EPA is scarce (1,2,3). Therefore, we provide preliminary suggestions for the pilot phase. These will be updated as more international and national evidence becomes available.

The actual EPAs of the different specialties are diverse in size. We give an example from the EPAs of the Swiss Pediatric Society:

- Broad EPAs (including all age groups, all leading symptoms/organ systems):
  - e.g., EPA 3.1.: *Managing pediatric patients with acute common diagnoses*
- Narrow (all age groups but otherwise scope limited):
  - e.g., EPA 7: *Recognizing and taking care of ped. patients with abuse and neglect situations.*

This variation should be accounted for when thinking about assessments, summative entrustments and minimal numbers (see below).

### Key aspects regarding assessment:

#### a) Assessments are used to support growth and learning throughout residency training

- All assessments should be used for constructive feedback (assessment for learning)
- All observations with feedback and rating should be performed throughout residency training
- The more assessments with constructive feedback throughout residency training, the better.

#### b) A mix of different assessments formats is used:

- Short observations at the workplace: e.g. MiniCEX, DOPS (capturing e.g. by mobile app technology)
- Longitudinal observations by different individuals/professions: e.g. Multisource feedback (MSF) and repeated employee appraisals
- Simulations/ Practical skills exams: helpful for standardized situations and assessment, especially suited for activities which cannot be well assessed otherwise (e.g. emergencies, procedures etc.)
- Reviews of clinical records / patient reports etc.
- Clinical knowledge exams: to allow for more generalizable assessment of knowledge

#### c) Clinical Competence Committees make summative entrustment decisions (CCC, z.B. «OberärztInnen-Runde»):

- CCC make the summative entrustment decisions based on the data points available. It is not possible to reach **summative** entrustment only by EPA assessments at the workplace without a CCC decision.

**d) Minimal numbers of assessments are provided for final summative entrustment by CCC:**

- Short observations:
  - Narrow EPAs: at least overall 4 observed consultations by at least 4 different observers in at least 4 different relevant contexts (leading symptom, setting..) per year of residency per for the respective resident- relevant EPA. This leads to an overall minimum of 4 observations per relevant EPA/year of residency if observer and clinical situations are different for each observation. The relevance of EPAs for a resident might be e.g. rotation specific or residency year specific (defined by respective department).
  - Broad EPAs: Create nested EPAs (e.g. regarding the different leading symptoms/organ systems). For nested EPAs again at least overall 4 observed consultations by at least 4 different observers in at least 4 different relevant contexts per year of residency per -for the respective resident- relevant EPAs. This leads overall to minimally 4 observations/relevant nested EPA/year of residency if observer and clinical situations are different for each observation. The relevance of EPAs for a resident might be e.g. rotation specific or residency year specific (same as with narrow EPAs, see above).
- Longitudinal observations (MSF): at least every second year (including the final year), ideally yearly
- Simulations: whenever helpful for situations/competencies difficult to judge by other means (e.g. emergency management, procedures etc.). Consider also standardized simulations courses to be required during residency training (e.g. ALS, PALS, ATLS, surgical courses).
- Structured practical exams: if there is no practical specialist exam: at least once during residency
- Clinical knowledge exams: if there is no structured know. specialist exam: at least once in residency

**e) Helpful electronic tools are needed to support the feedback and assessment process:**

- ePortfolio needed for collecting all the data points (for both candidate and CCC)
- App advised to capture the EPA ratings: should capture both narrative comments and quantitative ratings and also context and difficulty/complexity of respective clinical activities

**Literature**

- (1) Weller et al. 2014: one EPA (operation): EPA: at least 9 assessments (at least 7 when always different raters), > 50 for conventional rating
- (2) Kelleher et al. 2020: EPAs: 4 assessments per month of all EPAs (15-20 EPAs in one form) by 4 different raters in 36 month programm, means overall  $4 \times 36 = 144$  judgements of each EPA needed for sufficient reliability
- (3) Robert Engländer (oral communication, 3/2022): at least three observations at desired level in at least three different contexts for each undergraduate EPA

Elaborated by the EPA Commission of the SIWF

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