

## ***Really Good Stuff***

### **Defining Entrustable Professional Activities (EPAs) for Residency/Fellowship Program Directors**

**Kalli Varaklis MD, MSEd, Robert Bing-You MD, MS, MBA**

#### **What problem was addressed?**

The graduate medical education (GME) Program Director (PD) position is an increasingly complex role that is vital in ensuring graduation of competent trainees. The PD position is often a part time position and most PDs must also balance clinical commitments, involvement in scholarly and quality improvement projects among other competing priorities.

Entrustable Professional Activities (EPAs), tasks or responsibilities that are entrusted to an individual to complete with limited supervision, organize the essential competencies of professional work. To our knowledge, there are no agreed-upon competencies or EPA's for PDs since the advent of the Next Accreditation System and Milestones.

This study endeavored to add to the medical education literature by utilizing an exploratory sequential mixed method design to enlist stakeholder input into the development of PD EPAs for "Directing a residency or fellowship program".

#### **What was tried?**

All PDs, Chairs of departments, chief residents and fellows at Maine Medical Center, an independent academic medical center, were invited to participate in two focus groups to develop a preliminary list of PD EPAs. An anonymous Delphi style survey was then created and sent to 37 medical education stakeholders (Designated Institutional Officials, Chiefs, PD's, senior GME educators, and trainees) in ten different institutions. Respondents offered a level of agreement for inclusion of each EPA for the PD job description. A subsequent Delphi survey was utilized for further refinement of the list of EPA's. A final list of sixteen EPA's was created, utilizing 3.5 on a four point scale as a cut-off for non-consensus.

## **Program Director EPA's**

- 1. Role Model highest standards of professionalism**
- 2. Develop curriculum aligned with goals and objectives**
- 3. Lead a team and delegate appropriately within this team**
- 4. Advocate for the training program within the local institution and nationally**
- 5. Create evaluation tools within a comprehensive evaluation system**
- 6. Organize global assessment strategies for the overall program and elements within**
- 7. Communicate with all stakeholders and liaise between trainees and faculty**
- 8. Execute all national and local administrative duties ie: ACGME reporting, credentialing**
- 9. Demonstrate personal wellness**
- 10. Manage crisis situations and administrative ‘problems’**
- 11. Engage in strategic planning to align local and national educational missions**
- 12. Develop resident remediation strategies**
- 13. Mentor trainees and students**
- 14. Balance own career with clinical work, scholarship and leadership**
- 15. Collaborate with other Program Directors**
- 16. Understand each resident as a whole individual**

## **What lessons were learned?**

This project allowed for development of 16 EPA's for "directing a Residency/Fellowship program" by incorporating the expertise and perspective of a wide range of GME stakeholders. This EPA framework can be used to work backwards from the 'work that needs to be done' to develop meaningful competencies for PDs. Once competencies are clearly defined, systems for competency-based evaluation can be developed, allowing for more focused oversight, focused faculty development, mentoring and could guide recruitment of PD's. Finally, competencies could be used to develop PD Milestones to help in guiding the career and development of junior faculty who are interested in being groomed for the PD position.

## **Reference:**

1. Sherbino J, Frank JR, Snell L. Defining the key roles and competencies of the clinician-educator of the 21<sup>st</sup> Century: a national mixed-methods study. *Acad Med.* 2014;89(5):783-789.