

# EPAs and Milestones: The Best of Both Worlds for an Efficient CCC

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**Objectives:** On completion of this session the participants should be able to

- Compare and contrast the EPAs for Family Physicians with the ACGME Family Medicine Milestones.
- Construct an evaluation system that obtains Milestones data from EPA-based evaluations.
- Initiate the process of collecting Milestone and EPA data into an electronic evaluation system to support an efficient CCC.



# Disclosures

- We have nothing to disclose.





# How familiar are you with the Milestones?

- A. Pretty familiar (e.g., I know that PC-1 is acute care and PC-5 is procedures without looking it up)
- B. Somewhat familiar (I understand we have Milestones and what they are used for)
- C. Not very familiar at all
- D. Milestones??

# How familiar are you with the Entrustable Professional Activities (EPA) for Family Medicine?

- A. Pretty familiar (our program is using them!)
- B. Somewhat familiar (I've read them, but not using them at all)
- C. Not very familiar at all
- D. EPAs??

# **Are you on your program's Clinical Competency Committee (CCC) and/or evaluations team?**

- A. On a CCC separate from the evaluations team
- B. On an evaluations committee separate from the CCC
- C. On a CCC that also is our evaluations team
- D. On neither

# Which evaluation system do you use in your program?

- A. MedHub (E\*value)
- B. MyEvaluations
- C. New Innovations
- D. Other electronic system
- E. Paper-only evaluations

# Background

# What are EPAs?

- “Entrustable Professional Activities”
- A way of describing what we do as medical professionals

FM02	Care for patients and families in multiple settings
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FM15	Develop trusting relationships and sustained partnerships with patients, families and communities
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# Competencies versus EPAs

Competencies	EPAs
person-descriptors	work-descriptors
knowledge, skills, attitudes, values	essential tasks in professional practice
<ul style="list-style-type: none"> <li>• content expertise</li> <li>• health system knowledge</li> <li>• communication ability</li> <li>• management ability</li> <li>• professional attitude</li> <li>• scholarly skills</li> </ul>	<ul style="list-style-type: none"> <li>• discharge patient</li> <li>• counsel patient</li> <li>• lead family meeting</li> <li>• design treatment plan</li> <li>• Insert central line</li> <li>• Resuscitate patient</li> </ul>

Olle tenCate, PhD, The 2015 ACGME Annual Education Conference



# Entrustable Professional Activities

EPA example	Competency domains		Milestones				
			1	2	3	4	5
<i>Lead an inter-professional health care team, including aligning responsibilities with members' expertise and level of training</i>	Patient care	*					
	Medical Knowledge	*					
	Interpersonal and communication skill	**					
	Professionalism	*					
	Systems-based practice	**					
	Practice-based learning and improvement	*					
			Direct supervision			Indirect supervision	
						No supervision	

ten Cate et al, 2015, under review



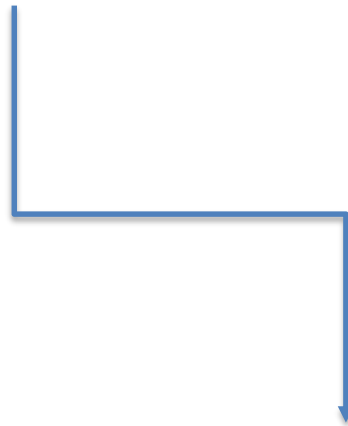
## EPAs in GME

- EPAs are outcome based and therefore easier to observe. Also easier for non-academic attendings to assess.
- However, we can't just use EPAs in evaluations.
  - We need core faculty observations of the more granular pieces of the Milestones in order to avoid a Kirk looking like a Picard on paper.

# EPA-Based Assessment



# EPA based assessments



# Milestone based semi-annual evaluations

# CCC: A difficult task

The Clinical Competency Committee should:

review all resident evaluations semi-annually; (Core)

prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)

advise the program director regarding resident progress, including promotion, remediation and dismissal. (Detail)

Electronic data aggregation systems are essential for efficient CCC review of “all” evaluations

End result needs to be in form of Milestones



# Dilemma for Evaluations

- If evaluations **not** in Milestone language, then there is a lot of "translating" going on.
- If evaluations **are** in Milestone language, then the evaluators are often lost in the language.

# Family Medicine EPAs

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ABOUT

## Entrustable Professional Activities

[EPAs for Family Medicine End of Residency Training](#) [PDF]

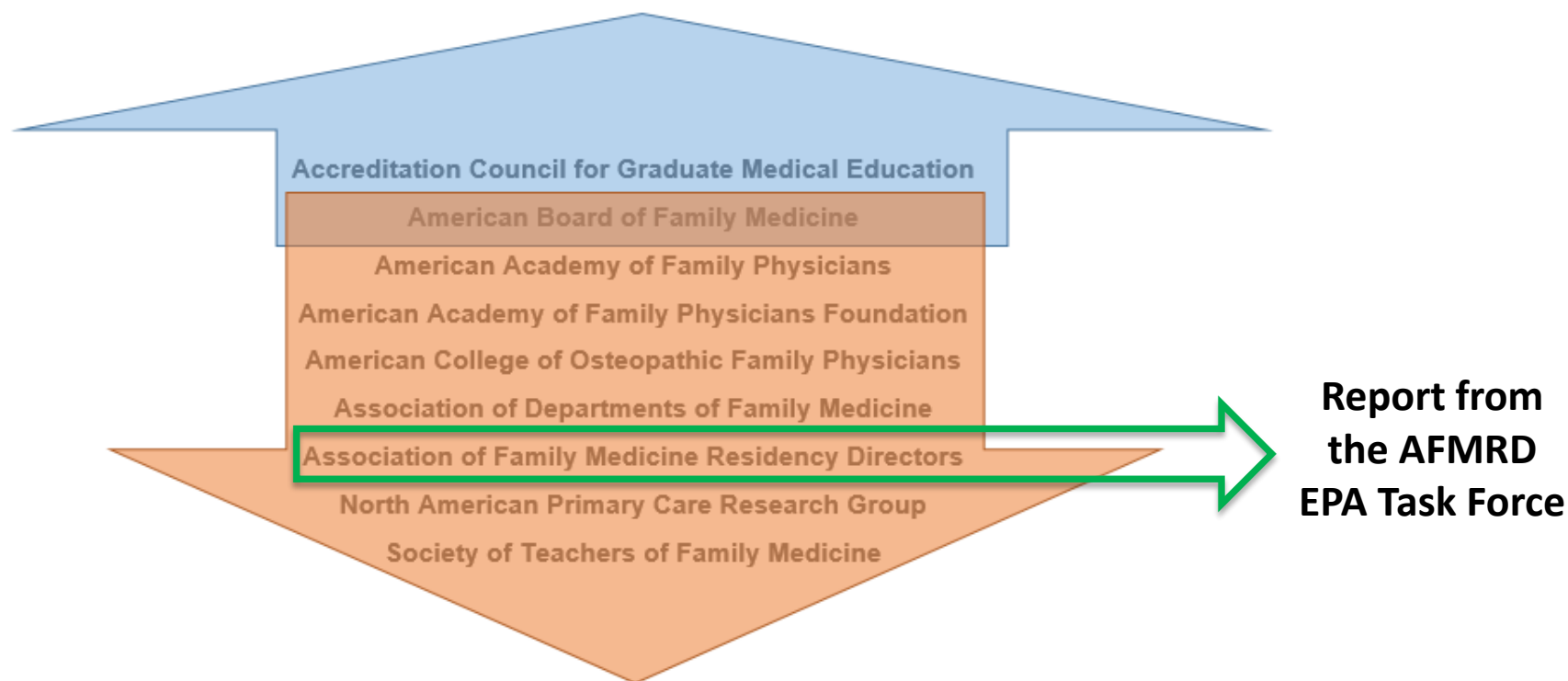
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*for* AMERICA'S HEALTH



# Family Medicine EPAs

7. Diagnose and manage chronic medical conditions and multiple co-morbidities.
8. Diagnose and manage mental health conditions.
9. Diagnose and manage acute illness and injury.
10. Perform common procedures in the outpatient or inpatient setting.
11. Manage prenatal, labor, delivery and post-partum care.
12. Manage end-of-life and palliative care.
13. Manage inpatient care, discharge planning, transitions of care.
14. Manage care for patients with medical emergencies.

## The Family Medicine Milestones



## Entrustable Professional Activities for Family Physicians



## **AFMRD EPA Task Force: What have the given us?**

- Mapping independent performance of each EPA to specific milestone levels in the subcompetencies
- Interpretation of EPAs
- Suggested data sources
- Suggestions for use of EPAs in program



## EPAs Mapped to Subcompetency



EPA Number	1	2	3	4	5	6	7	8	9
<b>Patient Care 1</b> Cares for acutely ill patients									
<b>Patient Care 2</b> Cares for patients with chronic conditions									
<b>Patient Care 3</b> Disease prevention and health promotion									
<b>Patient Care 4</b> Manages unclear diagnoses									
<b>Patient Care 5</b> Performs appropriate procedures									
<b>Medical Knowledge 1</b> Performs appropriate procedures									
<b>Medical Knowledge 2</b> Applies critical thinking									
<b>EPA #7</b>				Diagnose and manage chronic medical conditions and multiple co-morbidities					
<b>Interpretation</b>				Graduates of family medicine residencies will use an evidence based and patient- centered approach to address the goals of this EPA, recognizing the complexity of managing multiple co-morbidities. The resident will need chronic disease management skills in nearly every clinical setting. Primarily, these skills will be honed while caring for adult patients.					
<b>Suggested Global Evaluation opportunities:</b>				Resident patient panel data Home and Nursing Home visit evaluations Inpatient rotation evaluations Family Medicine Center Preceptor evaluations Resident referral pattern review					



# Step 1:

Look at mapping grid and  
EPA interpretation

<b>EPA #7</b>	Diagnose and manage chronic medical conditions and multiple co-morbidities
<b>Interpretation</b>	Graduates of family medicine residencies will use an evidence based and patient- centered approach to address the goals of this EPA, recognizing the complexity of managing multiple co-morbidities. The resident will need chronic disease management skills in nearly every clinical setting. Primarily, these skills will be honed while caring for adult patients.

Determine major vs  
minor linkages

- FM7: Major
  - PC – 2
  - MK – 2
  - PBLI – 1
- FM7: Minor
  - PC – 3
  - SBP – 2 and 4
  - PBLI – 3
  - Prof – 3
  - Com – 1 through 4

## Step 2:

Look at minor linkages

Determine if redundant in your system or with other EPAs

COMM-1: Develops meaningful, therapeutic relationships with patients and families	Level 3 <i>(Respects patients' autonomy in their health care decisions and clarifies patients' goals to provide care consistent with their values.)</i>
COMM-2: Communicates effectively with patients, families and the public	Level 3 <i>(Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit  Engages patients' perspectives in shared decision making  Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters.)</i>
COMM-3: Develops relationships and effectively communicates with physicians, other health professionals and health care teams	Level 3 <i>(Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback.)</i>
COMM-4: Utilizes technology to optimize communication	Level 4 <i>(Effectively and ethically uses all forms of communication, such as face-to-face, telephonic, electronic, and social media  Uses technology to optimize continuity care of patients and transitions of care.)</i>

## Step 3:

Look in detail at selected milestone levels

- PC – 2 level 3
- MK – 2 level 3
- PBLI – 1 level 4
- PBLI – 3 level 3
- Com – 2 level 3
- Com – 4 level 4

Can the whole level be affirmed?

Is the level selected appropriate for your setting?

Shifted up to level 4  
(PCMH, care complexity)

Only used second  
milestone in level 3  
(registries)

## Step 4:

If whole subcompetency applies, consider linking to all levels of the EPA.

- PC – 2
- MK – 2
- PBLI – 1

This is not explicitly described in the AFMRD report.

- Level 1  
entrustment  
mapped to level 1  
milestones, and  
level 2 to level 2,  
etc.

# STFM 50th Annual Spring

The resident has demonstrated sufficient competency to perform this activity

Only as an observer

With direct supervision

With indirect supervision

Independently

As an instructor of junior colleagues

Did not

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</p> <p>Categorizes the design of a research study</p>	<p>Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes</p> <p>Formulates a searchable question from a clinical question</p> <p>Evaluates evidence-based point-of-care resources</p>	<p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines</p> <p>Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information</p>	<p>Incorporates principles of evidence-based care and information mastery into clinical practice</p>	<p>Independently teaches and assesses evidence-based medicine and information mastery techniques</p>



# Rapid Fire: EPA FM 19

Step 1: Systems based practice, professionalism and communication are essential to leading care teams.

<b>EPA #19</b>	Provide leadership within interprofessional health care teams
<b>Interpretation</b>	Graduates of family medicine residencies will collaborate with and support all members of the health care team to optimize patient care.

Step 2: We decided that these all apply, although some were minor players

- Major:
  - SBP – 4
  - Prof – 2
  - Com – 3
- Minor:
  - PC – 2 and 3
  - SBP – 2
  - Prof – 4

## Rapid Fire: EPA FM 19

Step 3: They all looked to be at appropriate levels for our setting, but in some cases only one milestone really hit the mark

- PC – 2.4.1 milestone only
- PC – 3.3.4 milestone only
- SBP – 2.4.2 milestone only
- Prof – 4 all of level 3

Step 4: SBP – 4, Prof – 2, and C – 3 applied quite broadly, and so we linked the entire subcompetency, level for level.

Note that these are the same as the “major” linkages!

# EPAs in Electronic Evaluation Systems



# How We Avoid Milestones Tables

- **Customized Evaluation Milestone Tables**
  - Why use verbatim language when you can improve the language for evaluations?
- **Discrete Milestones, Not Tables**
  - Why use a whole sub-competency table when you really only need to assess a particular milestone on a given evaluation?
- **Circles and Cross-Outs**
  - An easy way to get performance information from non-physician sources
- **Milestones-Mapped Questions**
  - You can map any question to a related milestone for efficient CCC review
- **Entrustable Professional Activities**
  - Performance on clinical tasks can be mapped to multiple sub-competencies and/or milestones



# “Milestone Setup” in New Innovations

The screenshot shows a 'Milestone Setup' interface with several configuration options. The 'EPAs' section is highlighted with a green border. Other sections include 'Custom Subcompetencies', 'Rotation', 'Shift', 'Questions', and 'Osteopathic Re'. Each section has a description and a 'Configure' button with a right arrow.

**EPAs**  
Build your library of Entrustable Professional Activities and map them to subcompetencies or milestone narratives.  
[Configure →](#)

**Custom Subcompetencies**  
Build your library of custom subcompetencies and map them to subcompetencies.  
[Configure →](#)

**Rotation**  
Allow subcompetencies to be evaluated by rotation using the standard milestone scale.  
[Configure →](#)

**Shift**  
Allow evaluators to select a subset intended for...  
[Configure →](#)

**Questions**  
Tag any question in an existing evaluation form to relevant subcompetencies.  
[Configure →](#)

**Osteopathic Re**  
Make the Osteopathic... by indicating whether...  
[Configure →](#)

**medhub**

May only use EPAs published by Review Committees, no custom EPA functionality. “It is important to note that linking the EPAs to subcompetencies does not link EPAs with subcompetencies for data collecting purposes.” EPA reporting is in a different tab than sub-competency reporting.



# EPA Entrustment Scale

The resident has demonstrated sufficient competency to perform this activity					
Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues	Did not observe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Mapping to Whole Sub-Competencies

(FM07) Diagnose and manage chronic medical conditions and multiple co-morbidities

[View Summary](#)

[Map to Milestones](#)

Map to Subcompetencies

Select a subcompetency and when this EPA is scored it will be reported for the subcompetency on the milestone review. Optionally you can adjust how the entrustment scale will map to the subcompetency Dreyfus levels.

Family Medicine ▼

Entrustment Scale

1	2	3	4	5
---	---	---	---	---

☐ PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings

☒ PC-2 Cares for patients with chronic conditions

1	2	3	4	5
---	---	---	---	---

☐ PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion

☐ PC-4 Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner

☐ PC-5 Performs specialty-appropriate procedures to meet the health care needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists to guide their patients' care

☐ MK-1 Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine

☒ MK-2 Applies critical thinking skills in patient care

1	2	3	4	5
---	---	---	---	---



# Mapping to Discrete Milestones

(FM19) Provide leadership within interprofessional health care teams

[View Summary](#)

Map to Milestones

[Map to Subcompetencies](#)

Choose the level of trust required to indicate 'Yes' the subject can perform the milestone.

When this EPA is scored it will be reported as a 'Yes' or 'No' for the individual narrative on the milestone review.

Family Medicine ▼

▶ PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings

▶ PC-2 Cares for patients with chronic conditions

1

▶ PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion

1

▶ PC-4 Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner

▶ PC-5 Performs specialty-appropriate procedures to meet the health care needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists to guide their patients' care



# Mapping to Discrete Milestones

PROF-1 Completes a process of professionalization	Entrustment Scale				
	1	2	3	4	5
<b>Level 1</b>					
1 Defines professionalism	1	2	3	4	5
2 Knows the basic principles of medical ethics	1	2	3	4	5
3 Recognizes that conflicting personal and professional values exist	1	2	3	4	5
4 Demonstrates honesty, integrity, and respect to patients and team members	1	2	3	4	5
<b>Level 2</b>					
1 Recognizes own conflicting personal and professional values	1	2	3	4	5
2 Knows institutional and governmental regulations for the practice of medicine	1	2	3	4	5
<b>Level 3</b>					
<div> <div>red standards and ethical principles, including the</div> <div>st across the health care team</div> </div> <div> <div>×</div> <div>1</div> <div>2</div> <div>3</div> <div>Yes</div> <div>Yes</div> </div>					
<div> <div>ect and maintain these principles</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div>					



# EPAs on Rural Rotation Evaluation

## 4 (FM08) Diagnose and manage mental health conditions

*The resident has demonstrated sufficient competency to perform this activity*

Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues	Did not observe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

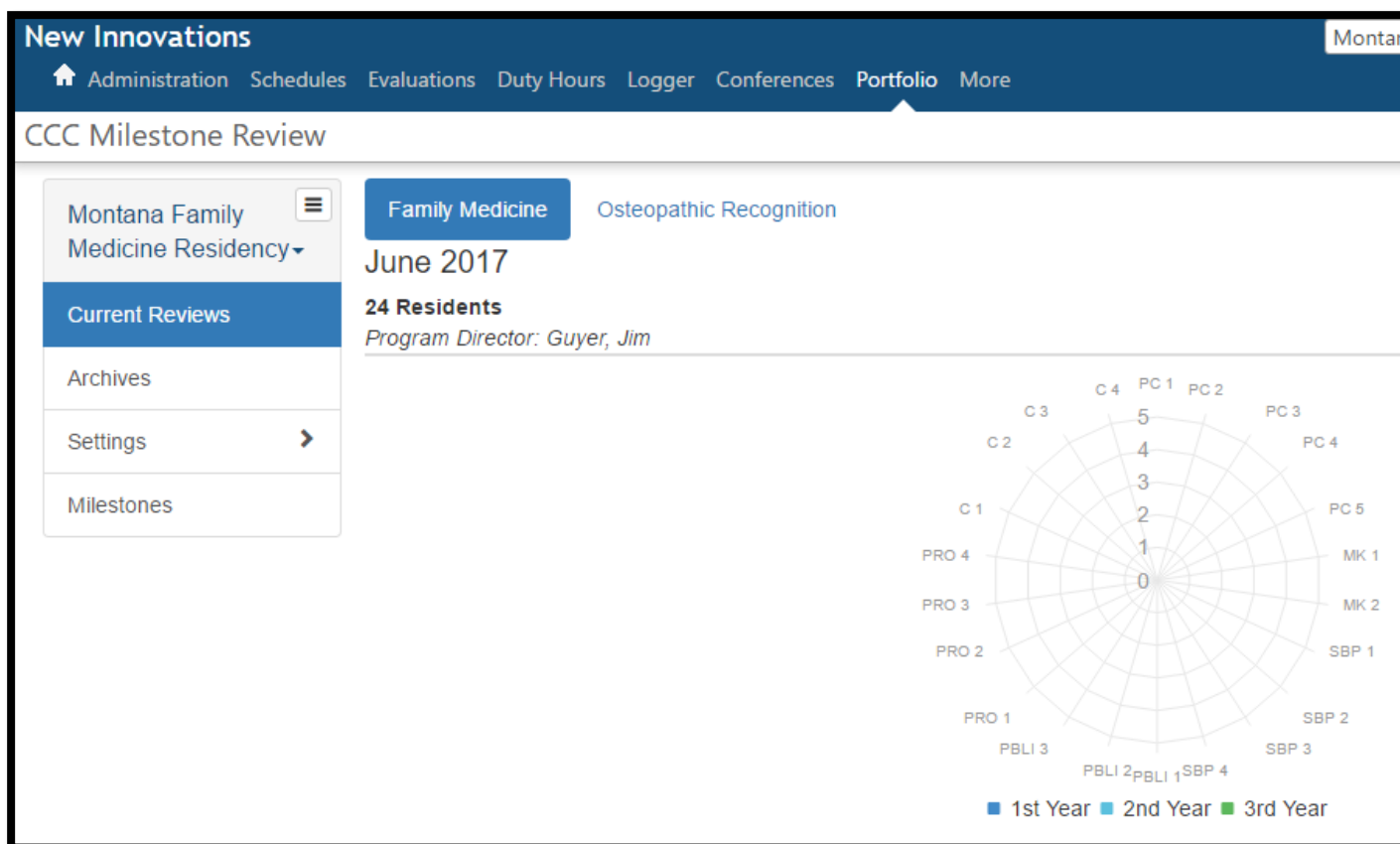
## 5 (FM09) Diagnose and manage acute illness and injury

*The resident has demonstrated sufficient competency to perform this activity*


Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues	Did not observe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

# How does this look in the Milestones Review interface for the CCC?



# EPA 7 Mapped to Sub-Competencies



Payden, Richard William  
R2 Montana Family Medicine Residency

June 2017 Draft  
0% Complete

Milestones
Resident Review
Attachments
Meeting Notes

PC-2 Cares for patients with chronic conditions

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<input type="checkbox"/> Recognizes chronic conditions	<input type="checkbox"/> Establishes a relationship with the patient as his or her personal physician	<input type="checkbox"/> Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions	<input type="checkbox"/> Leads care teams to consistently and appropriately manage patients with chronic conditions and co-morbidities	<input type="checkbox"/> Personalizes the care of complex patients with multiple chronic conditions and co-morbidities to help meet the patients' goals of care
	<input type="checkbox"/> Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list	<input type="checkbox"/> Collects, organizes and reviews relevant clinical information	<input type="checkbox"/> Engages the patient in the self-management of his or her chronic condition	<input type="checkbox"/> Facilitates patients' and families' efforts at self-management of their chronic conditions, including use of community resources and services	<input type="checkbox"/> Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients
	<input type="checkbox"/> Recognizes that chronic conditions have a social impact on individual patients	<input type="checkbox"/> Recognizes variability and natural progression of chronic conditions and adapts care accordingly  <input type="checkbox"/> Develops a management plan that includes appropriate clinical guidelines  <input type="checkbox"/> Uses quality markers to evaluate the care of patients with chronic conditions  <input type="checkbox"/> Understands the role of registries in managing patient and population health	<input type="checkbox"/> Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community  <input type="checkbox"/> Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple co-morbidities		

AVERAGE  
**4.33**  
3.87 Peer

RESPONSES  
**6**  
2 Evaluators

PRIOR REVIEW  
**3.5**  
December 2016

Notes

CCC Resident

New note

1st Year - Jun 2016  
Need CCC input on level 3  
Required Attention  
☐ PC 2.3.4  
☐ PC 2.3.3

1st Year - Dec 2015  
Required Attention  
☐ PC 2.3.4






Comments
Evaluators
Questions
Rotations

EPA


**(FM07) Diagnose and manage chronic medical conditions and multiple co-morbidities**

AVERAGE  
**4.20**  
5 responses

# EPA 7 Mapped to Sub-Competencies

EPA	(FM07) Diagnose and manage chronic medical conditions and multiple co-morbidities	AVERAGE 4.20 5 responses
	<b>Geurin, Michael David (Faculty)</b> Sometimes forgets to order important surveillance tests (e.g., microalbumin)--I'm glad that his charts still have to be reviewed. 5/1/2017      Outpatient Pediatrics BC	3.00
	<b>Geurin, Michael David (Faculty)</b> Patients with multiple chronic diseases have gravitated to him, and he does a great job with them. 5/1/2017      Outpatient Pediatrics BC	5.00
	<b>Geurin, Michael David (Faculty)</b> He should be faculty. 5/1/2017      Outpatient Pediatrics BC	5.00
	<b>Geurin, Michael David (Faculty)</b> Misses very few details. 5/1/2017      Outpatient Pediatrics BC	3.00
	<b>Geurin, Michael David (Faculty)</b> He's got the medical knowledge and decision-making down pat. Has been helping update our chronic disease templates with the most recent guidelines--really a rock star. <a href="#">- Show Less</a> 5/1/2017      Outpatient Pediatrics BC	5.00

# EPA 19 Mapped to Discrete Milestones



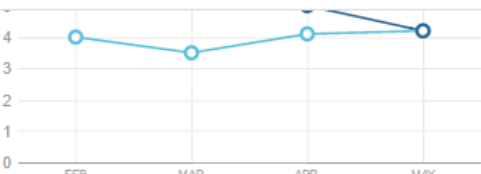
Payden, Richard William  
R2 Montana Family Medicine Residency

June 2017 Draft  
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Milestones
Resident Review
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Meeting Notes

PC-2 Cares for patients with chronic conditions

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<ul style="list-style-type: none"> <li>Recognizes chronic conditions</li> <li>Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list</li> <li>Recognizes that chronic conditions have a social impact on individual patients</li> </ul>	<ul style="list-style-type: none"> <li>Establishes a relationship with the patient as his or her personal physician</li> <li>Collects, organizes and reviews relevant clinical information</li> <li>Recognizes variability and natural progression of chronic conditions and adapts care accordingly</li> <li>Develops a management plan that includes appropriate clinical guidelines</li> <li>Uses quality markers to evaluate the care of patients with chronic conditions</li> <li>Understands the role of registries in managing patient and population health</li> </ul>	<ul style="list-style-type: none"> <li>Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic condition</li> <li>Engages the patient in the self-management of his or her chronic condition</li> <li>Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community</li> <li>Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple co-morbidities</li> </ul>	<ul style="list-style-type: none"> <li>Leads care teams to consistently and appropriately manage patients with chronic conditions and co-morbidities</li> <li>Manages families' efforts at self-management of their chronic conditions, including use of community resources and services</li> </ul>	<ul style="list-style-type: none"> <li>Personalizes the care of complex patients with multiple chronic conditions and co-morbidities to help meet the patients' goals of care</li> <li>Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients</li> </ul>



AVERAGE	RESPONSES	PRIOR REVIEW
4.33	6	3.5
3.87 Peer	2 Evaluators	December 2016

Notes

CCC Resident

New note

1st Year - Jun 2016  
Need CCC input on level 3  
Required Attention  
PC 2.3.4  
PC 2.3.3

1st Year - Dec 2015  
Required Attention  
PC 2.3.4

Comments
Evaluators
Questions
Rotations

EPA (FM07) Diagnose and manage chronic medical conditions and multiple co-morbidities

AVERAGE  
4.20  
5 responses



# EPA 19 Mapped to Discrete Milestones

[View summary](#)

[« Previous](#)

[Next »](#)

PC-2 Cares for patients with chronic conditions

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<ul style="list-style-type: none"> <li>Recognizes chronic conditions</li> <li>Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list</li> <li>Recognizes that chronic conditions have a social impact on individual patients</li> </ul>	<ul style="list-style-type: none"> <li>Establishes a relationship with the patient as his or her personal physician</li> <li>Collects, organizes and reviews relevant clinical information</li> <li>Recognizes variability and natural progression of chronic conditions and adapts care accordingly</li> <li>Develops a management plan that includes appropriate clinical guidelines</li> <li>Uses quality markers to evaluate the care of patients with chronic conditions</li> <li>Understands the role of registries in managing patient and population health</li> </ul>	<ul style="list-style-type: none"> <li>Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions</li> <li>Engages the patient in the self-management of his or her chronic condition</li> <li>Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community</li> <li>Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple co-morbidities</li> </ul>	<ul style="list-style-type: none"> <li>Leads care teams to consistently and appropriately manage patients with chronic conditions and co-morbidities</li> <li>Facilitates patients' and families' efforts at self-management of their chronic conditions, including use of community resources and services</li> </ul>	<ul style="list-style-type: none"> <li>Personalizes the care of complex patients with multiple chronic conditions and co-morbidities to help meet the patients' goals of care</li> <li>Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients</li> </ul>

[AFFIRMED](#)

20%

[RESPONSES](#)

5

1 Evaluator

[PRIOR REVIEW](#)

3.5

December 2016

Notes

CCC

Resident

[New note](#)

1st Year - Jun 2016

Need CCC input on level 3

Required Attention

PC 2.3.4

PC 2.3.3

1st Year - Dec 2015

Required Attention

PC 2.3.4



# EPA 19 Mapped to Discrete Milestones

EPA	(FM19) Provide leadership within interprofessional health care teams	AFFIRMED 20% 5 responses
	<b>Geurin, Michael David (Faculty)</b> As his advisor, I am told by his team that he organizes team personnel well and leads team quality meetings. 5/1/2017      Outpatient Pediatrics BC	<b>Y</b> PC 2.4.1
	<b>Geurin, Michael David (Faculty)</b> Still sometimes can be curt and condescending when he is under stress. 5/1/2017      Outpatient Pediatrics BC	<b>N</b> PC 2.4.1
	<b>Geurin, Michael David (Faculty)</b> He appears to have no backbone. 5/1/2017      Outpatient Pediatrics BC	<b>N</b> PC 2.4.1
	<b>Geurin, Michael David (Faculty)</b> Emotionally unpredictable. Happened again this afternoon. I hope the program director does something soon. 5/1/2017      Outpatient Pediatrics BC	<b>N</b> PC 2.4.1
	<b>Geurin, Michael David (Faculty)</b> I'm not sure . . . 5/1/2017      Outpatient Pediatrics BC	<b>N</b> PC 2.4.1

# EPAs based on ACOFP Competencies

(DO5) Understand the indications and contraindications to osteopathic manipulative treatment

(DO4) Describe the role of the musculoskeletal system in disease, including somato/visceral reflexes, alterations in body framework, and trauma

(DO3) Understand the philosophy behind osteopathic concepts and demonstrate this through integration into all clinical and patient care activities

(DO2) Demonstrate, as documented in the medical record, integration of osteopathic concepts and OMT in all sites of patient care including the continuity of care training site, the hospital, and long-term care facility. It is understood that integration implies the use of OMT in such conditions as--but not limited to--respiratory, cardiac, and gastrointestinal disorders, as well as musculoskeletal disorders.

(DO1) Demonstrate understanding and application of osteopathic manipulative treatment (OMT) by appropriate application of multiple methods of treatment, including but not limited to, High Velocity/Low Amplitude (HVLA), strain/counter strain, and muscle energy techniques

# Summary

- The AFMRD Task Force has developed resources to help you integrate the EPAs into your residency program.
- Decide which mappings are most important for your program's evaluation system.
- Utilize electronic evaluation system functionality to automatically aggregate EPA data to support an efficient CCC.