Overview of Entrustable Professional Activities for New Pharmacy Graduates

JCPP Meeting
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American Association of Colleges of Pharmacy
2015-2016 Academic Affairs Committee
2016-2017 Academic Affairs Committee

American Association of
Colleges of Pharmacy
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Presenter

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WHAT IS THE IMPORTANCE OF EPAs?

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The Context

- Joint Commission for Pharmacy Practitioners – Pharmacists Care Process
- CAPE 2013 – 15 Competencies in 4 Domains
- NABP NAPLEX Blueprint – 47 Competencies in 8 Domains in 2 Areas
- ACPE Standards 2016 – "Practice-Ready" and "Team-Ready"
- Association of American Medical Colleges (AAMC) released a set of EPAs to guide medical education

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The Charge, The Challenge

Identify the EPAs for pharmacy graduates as they transition from completion of Advanced Pharmacy Practice Experiences into practice and post-graduate opportunities such as residency training.

Boyle CJ. Capitalizing on Foundations in Citizenship. *Am J Pharm Educ. 2015; 70(6). Article S5.*

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WHAT ARE EPAs?

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What are EPAs?

- EPAs are units of professional practice or descriptors of work, defined as specific tasks or responsibilities that trainees are entrusted to perform without direct supervision once they have attained sufficient competence

- EPAs are independently executable, observable, and measurable in their process and outcome

- *EPAs for New Pharmacy Graduates* are discrete, essential activities and tasks that all new pharmacy graduates must be able to perform without direct supervision upon entering practice or postgraduate training

Association of American Medical Colleges (AAMC). Core Entrustable Professional Activities (EPAs) for Entering Residency. 2014
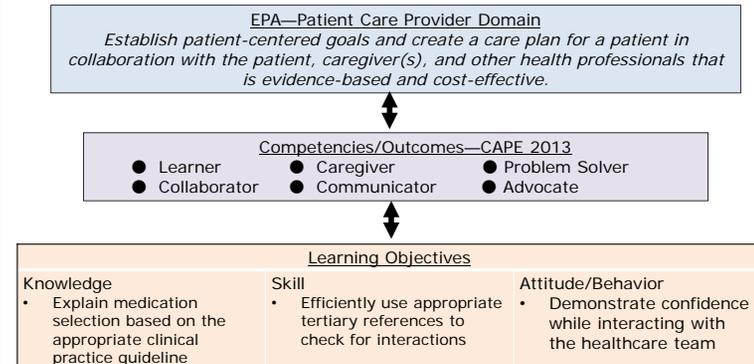
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EPAs vs. Competencies vs. Learning Objectives

EPAs	Competencies/Outcomes	Learning Objectives
• Activities/tasks that represent the day-to-day work of a pharmacist • Specific tasks that trainees that are entrusted to perform • Descriptors of work	• An observable ability of a pharmacist, integrating multiple components/learning objectives such as knowledge, skills, attitudes/values/habits • In aggregate, define the "good pharmacist" • Descriptors of pharmacists	• A description of knowledge, skills, or behaviors that you want learners to exhibit at the end of the learning experience • Atomistic, discrete

EPAs, Competencies and Learning Objectives are not mutually exclusive. EPAs require integration of competencies which require integration of learning objectives.

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Example

EPA—Patient Care Provider Domain
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.

Competencies/Outcomes—CAPE 2013
● Learner   ● Caregiver   ● Problem Solver
● Collaborator   ● Communicator   ● Advocate

Learning Objectives

Knowledge	Skill	Attitude/Behavior
• Explain medication selection based on the appropriate clinical practice guideline	• Efficiently use appropriate tertiary references to check for interactions	• Demonstrate confidence while interacting with the healthcare team

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Competency-Based Education

In theory...

Move from fixed-time, variable

outcome to a

fixed-outcome, variable time model

That is...

Learners only progress once competencies have been *demonstrated*

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Advantages of EPAs

▪ Backward milestones

– Roadmap for learners from program entry to practice

– Direct observation assessment strategy across curriculum

▪ Designation of trust level without judgmental description

▪ Allow for direct observation assessment

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WHO ARE THE AUDIENCES FOR EPAs?

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Audiences for EPAs

- Internal Stakeholders

  – Colleges/Schools

  – Students

  – Pharmacy Organizations

  – Practicing Pharmacists

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Audiences for EPAs

- External Stakeholders
  – Other healthcare professionals
  – Prospective students
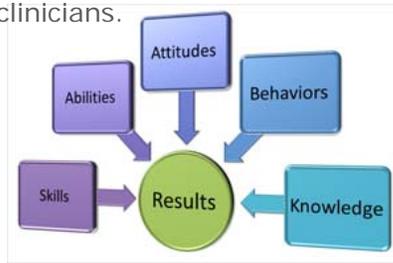 – Patients
  – Media
  – Public
  – Payers

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WHEN, WHERE, AND HOW MIGHT EPAs BE USED IN PHARMACY EDUCATION?

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EPAs in the Didactic Curriculum

- Operationalize competencies into discrete, measurable activities that pharmacists perform
- Require students to demonstrate the necessary combination of knowledge, skills, attitudes to be effective clinicians.

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EPAs in the Didactic Curriculum

- Curricular Development
  - Start with the end in mind
  - Map competencies and content to EPAs

- Curricular Delivery
  - Course design, course activity design
  - Link multiple competencies into discrete activities
  - Determine expected level of trust at different points in the curriculum

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EPAs in the Didactic Curriculum

- Assessment/Evaluation
  - Operationalize multiple competencies into EPAs that are <u>observable</u> and can be practiced and assessed
  - May require multi-step process with repeated low stakes assessments leading to summative evaluation
  - Consider strategies such as Objective Structured Clinical Examinations (OSCEs) or similar observable, skill-based assessments

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EPAs in the Didactic Curriculum

- Communication Strategy
  - Help articulate what the curriculum is trying to achieve
  - Provide students, faculty, and preceptors with a clear understanding of program outcomes

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EPAs in the Experiential Curriculum

- IPPE and APPE activity development

- Multiple and repeated opportunities to practice EPAs with formative feedback

- Assessment/Evaluation
  - From low to higher levels of entrustable performance

- Preceptor Development

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An Example Throughout the Curriculum

- "*Collect information to identify a patient's medication-related problems and health-related needs.*"
  - Introduced in a pharmacotherapeutics didactic course
  - Reinforced in a skills lab with simulated practice opportunities and assessment
  - Practiced in a community-based IPPE
  - Repeatedly performed during APPEs, moving from lower to higher levels of entrustability at specified milestones

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EPA use in Pharmacy Education

- Represent the *minimum baseline* set of activities
- They are **not** meant to represent the ceiling.
- They are **not** meant to be limiting.
- Colleges and schools of pharmacy are encouraged to expand the list to meet their own institutional missions.

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THE EPAs FOR NEW PHARMACY GRADUATES

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EPA Development Methods

- Statement development occurred in four rounds
- Round 1 generated 151 statements
  - Committee members brainstormed 151 draft statements based on CAPE 2013, JCPP Pharmacists' Care Process, and NABP NAPLEX Blueprint
- Round 2
  - Each statement was reviewed to determine if
    - The statement was a discrete task or activity
    - That task or activity could be assigned and observed
  - Statements were retained or deleted after agreement by 75% of committee members

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EPA Development Methods

- Round 3
  - 111 statements met criteria and retained
  - Statements were then grouped by theme
  - Further review combined, parsed statements for clarity
    - 51 draft EPAs moved forward
- Round 4
  - Draft statements were further categorized
    - Essential EPA Statements
      - All pharmacists must be able to carry out the function/activity
    - Supporting EPA/Task
      - A task or activity that is done in order to accomplish an essential EPA

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EPA Development Methods

- Influence of Context
  - Activities and tasks might be entrustable in some settings and not others
    - Environment/Setting: volume, pace, access to resources, staffing, technology, scope of practice
    - Patient/Population: acuity/stability, urgency, number of medications, health literacy, comorbid conditions

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EPA Development Methods

- EPAs were further classified
  - Context independent
  - Entrustable only with further training or experience
- Statements were deleted if:
  - The EPA was a specialized activity
  - The task could not be entrusted to a new graduate without direct supervision
- The initial draft EPAs ("the list")
  - 28 Essential EPA Statements
  - 18 Supporting Task Statements

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Stakeholder Feedback

- Initial draft EPA statements were presented to key stakeholder groups:
  – AACP Institutional Research Advisory Committee (IRAC)
  – Joint Commission of Pharmacy Practitioners (JCPP)
  – ASHP Commission on Credentialing (COC)

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Stakeholder Feedback Sessions

- 2016 AACP Interim Meeting
  – AACP Interim Meeting Town Hall
  – Council of Faculties Open Forum
- 2016 APhA Annual Meeting
  – Open forum at annual meeting
- Webinars
  – New graduates
  – Employers
  – PGY1 Residency Program Directors

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Stakeholder Feedback

- Written feedback was received from several groups and individuals including:
  – American College of Clinical Pharmacy (ACCP)
  – Accreditation Council for Pharmacy Education (ACPE)
  – Academy of Managed Care Pharmacy (AMCP)
  – Institute of Safe Medication Practices (ISMP)
  – National Association of Boards of Pharmacy (NABP)

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Final Draft - Core EPAs

- 15 Core EPA statements and 77 Supporting task statements were grouped by role
  – Patient Care Provider
  – Interprofessional Team Member
  – Population Health Promoter
  – Information Master
  – Practice Manager
  – Self-developer

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The 2016-2017 Academic Affairs Committee

- Amy Pittenger (University of Minnesota), Chair
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- Quamrun Masuda (Virginia Commonwealth University)
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- Susan M. Miller (AACP Master Preceptor)
- Scott K. Stolte (Roseman University)
- Cecilia M. Plaza (AACP staff liaison)

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Final EPA Statements*

- 15 Core EPA statements and over 60 examples of Supporting Tasks
  - Patient Care Provider
  - Interprofessional Team Member
  - Population Health Promoter
  - Information Master
  - Practice Manager
  - Self-developer
- A glossary of terms has been developed
- Handout (Quick Guide and Appendix 1)

*Affirmed by AACP Board of Directors 11/14/16

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Assumptions across all EPAs

- Self-awareness
- Professionalism
- Communication

EPAs—Next Steps

- Articles will be published in the *American Journal of Pharmaceutical Education (AJPE)*
- EPAs will be presented at the January 2017 JCPP Meeting
- 2016-17 AACP Academic Affairs Committee:
  - Develop potential uses and applications of EPA statements in pharmacy education
  - Create a roadmap, including informing internal and external stakeholders, for implementation of EPAs across member schools and colleges

Haines ST et al. Report of the 2015-2016 Academic Affairs
Standing Committee. *Am J Pharm Educ. 2016; 80(9): Article S20*

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Conclusions

- EPAs describe a set of activities and tasks that are performed by pharmacists and all pharmacy graduates will be entrusted (expected) to perform them
- EPAs have been described for medicine and other health professions
- The Core EPA statements represent a common set of activities that all colleges/schools can teach and evaluate
- The Core EPA statements describe what it is to be "practice-ready" and "team-ready"

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Questions?

Entrustable Professional Activities for New Pharmacy Graduates

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