

# How Do Graduating Internal Medicine Residents and Incoming Fellows Self-assess Their Confidence in Performing the 16 Alliance for Academic Internal Medicine Entrustable Professional Activities?



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## Aim

- Investigate how graduating internal medicine residents and incoming fellows self-assess their confidence in performing the 16 entrustable professional activities (EPAs.)

## Background

- The US medical education system is designed to teach trainees to practice medicine with progressive independence.
- In 2011, the Accreditation Council for Graduate Medical Education (ACGME) adopted a model using EPAs to provide formative and summative competency evaluation.
- The Alliance for Academic Internal Medicine (AAIM) identified sixteen EPAs for internal medicine residency training.

## Methods

- Graduating residents and incoming fellows were invited to participate in the survey (n=37).
- Fellows were only included if they started fellowship directly following residency.
- The participants were asked to rate their own confidence in performing the EPAs on a 1-5 Likert scale (5 represents highest confidence).
- Residents completed the survey on the last day of residency and fellows on the first day of fellowship orientation.
- Demographics analyzed included gender, race, age, USMLE Step 1 and 2 scores.

## Results

Entrustable Professional Activities Survey				
Please rate your confidence in performing each of these entrustable professional activities:				
Not Confident	Slightly Confident	Moderately Confident	Very Confident	Completely Confident
1	2	3	4	5
EPA 1: Manage care of patients with acute common diseases across multiple care settings.				
EPA 2: Manage care of patients with acute complex diseases across multiple care settings.				
EPA 3: Manage care of patients with chronic diseases across multiple care settings.				
EPA 4: Provide age-appropriate screening and preventative care.				
EPA 5: Resuscitate, stabilize, and care for unstable or critically ill patients.				
EPA 6: Provide perioperative assessment and care.				
EPA 7: Provide general internal medicine consultation to nonmedical specialties.				
EPA 8: Manage transitions of care.				
EPA 9: Facilitate family meetings.				
EPA 10: Lead and work within inter-professional health care teams.				
EPA 11: Facilitate the learning of patients, families, and members of the interdisciplinary team.				
EPA 12: Enhance patient safety.				
EPA 13: Improve the quality of health care at both the individual and systems level.				
EPA 14: Advocate for individual patients.				
EPA 15: Demonstrate personal habits of lifelong learning.				
EPA 16: Demonstrate professional behavior.				

Figure 1. Entrustable professional activities survey.

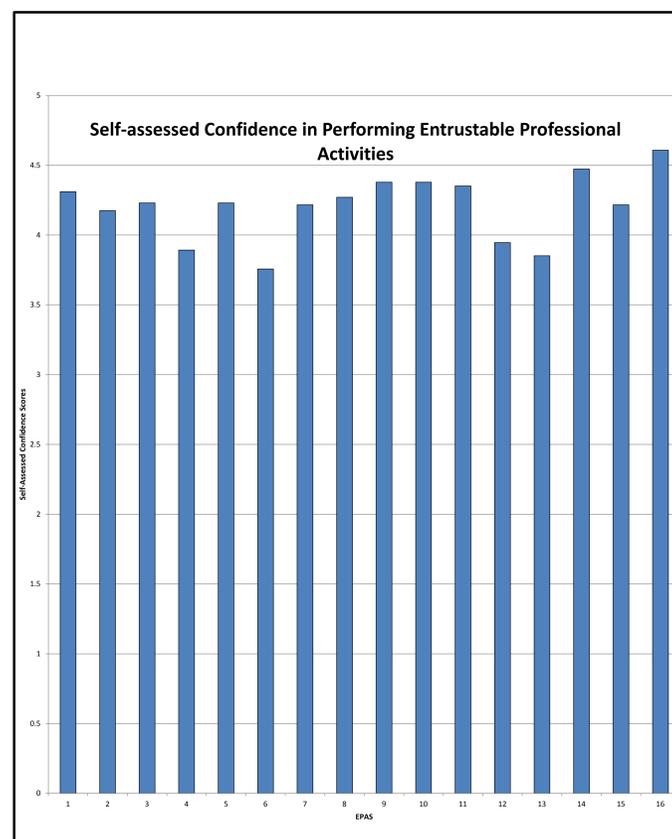


Figure 2. Average score for self-assessed confidence in each entrustable professional activity.

- The participants self-assessed their confidence to be lowest in performing these three EPAs:
  - Provide age appropriate screening and preventative care (EPA 4).
  - Provide perioperative assessment and care (EPA 6).
  - Improve the quality of health care at both the individual and systems level (EPA 13). (Figure 2).
- Females were less confident in resuscitating, stabilizing and caring for critically ill patients (OR = 0.22; p=0.048) and providing perioperative assessment and care (OR = 0.18; p=0.02).
- As USMLE Step 1 scores increased, residents and fellows were more confident in providing general internal medicine consultation to nonmedical specialties (OR = 1.05; p=0.03).
- Graduating residents reported higher confidence than incoming fellows in resuscitating, stabilizing and caring for unstable or critically ill patients, but this did not achieve statistical significance (p=0.09).

## Conclusion

- Overall, our self-assessment data suggests that graduating internal medicine residents are moderately confident in performing the EPAs.
- While the AAIM expects all internal medicine residency graduates to demonstrate competence in performing these 16 EPAs, our self-assessment data has identified potential gaps in achieving this standard for some of these activities.
- Improving the quality of health care at the systems level is a known challenge in patient care that affects every level of physician learning from trainee through attending practice.
- Further investigation into the reasons for our findings may reveal important areas of focus for medical educators.
- Self-assessed confidence may or may not correlate with actual confidence. This is the closest surrogate for analysis.

## References

- Carraccio C, Burke AE. Beyond Competencies and Milestones: Adding Meaning Through Context. *Journal of Graduate Medical Education*. 2010;2(3):419-422.
- Alliance for Academic Internal Medicine. Internal Medicine End of Training Entrustable Professional Activities. <http://connect.im.org/p/cm/ld/fid=639>. Accessed May 19, 2016.