Teacher Tip Sheets
Best Practices for Completing an Entrustable Professional Activity (EPA)

What are EPAs?

- workplace-based assessments that are *formative* – i.e. assessment *for learning*
- authentic tasks of a discipline that can be delegated to a resident and observed by a supervisor
- integrate multiple CanMEDS milestones (observable markers of a resident's ability)

Royal College EPAs are related to each stage of training: Transition to Discipline (TTD), Foundations of Discipline (FOD), Core of Discipline (COD), and Transition to Practice (TTP). EPAs are designed to be developmental — they go from smaller tasks to bigger tasks as trainees progress through stages of training. Each EPA integrates several CanMEDS milestones from different CanMEDS roles; a bigger task may include more CanMEDS milestones and/or more complex CanMEDS milestones.

Remember – Perfect is the enemy of "good enough." **EPAs can be completed in less than 5 minutes. They are a shared responsibility between residents and teachers.**

Keep it simple - consider focusing on one aspect of the EPA and plan to focus on a separate aspect next time. If a milestone was not addressed by a particular encounter, that is OK, just clinic NR.

EPAs should be completed within 14 days of the learning encounter.

Fostering Formative Feedback with EPAs

- Emphasize a **growth mindset** – failure is part of learning to support adaptive expert skill development
- Feedback is most effective when it occurs in psychologically safe context
    - **psychological safety** means creating spaces where it is OK to fail
    - invite uncertainty and provide scaffolding for residents as they navigate struggles

- Establish the supervisory alliance at the beginning of the relationship
    - Share your approach to EPAs with the resident
    - Co-create a plan with resident to attempt at least 1 EPA per week based on the resident's learning goals and needs
    - Plan for who will initiate EPAs and when
    - **Teachers should also initiate EPAs – it is a shared responsibility**
- Share your approach to EPA feedback, including normalizing that some EPAs will not be entrustable as an expected part of learning

When providing feedback for an EPA, especially when a **resident is not entrustable** for the task of discipline, consider emphasizing the following learning mechanisms:

- Support residents in identifying what parts of an encounter were a struggle and **why**
    - Instead of asking/telling them *what* to do next time, explain *why*. For example: "*Though many patients with delirium can look depressed, we typically don't start antidepressants because they can be deliriogenic, and some of the mood lability of delirium resolves with resolving propagating factors.*"
- Support meaningful variation of cases.
    - "*You did a solid risk assessment in this case, especially when you explored the command auditory hallucinations. What if the patient was BLANK (i.e. pregnant, or without housing, or had access to fire arms) -- How would you approach the risk assessment differently?*"
- Support contrasting cases.
    - "*You completed a thorough and thoughtful bio-psycho-social formulation. This case reminded me of the case you saw last week, where you also diagnosed PTSD. This case is different because of the history of severe early childhood trauma, and your formulation incorporated that.*"