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Entrustable Professional Activities in Medical Education: SELECT Leadership, Values-Based Patient-Centered Care, Health Systems, and Scholarly Excellence

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Abstract

Entrustable Professional Activities (EPAs) represent a concept in medical education that has gained significant traction over the last few years, particularly in the context of competency-based medical education. An EPA refers to a specific task or responsibility that can be entrusted to a trainee once they have demonstrated the necessary competence. EPAs provide concrete tasks that a trainee should be able to complete at various stages of training in order to clarify expectations and responsibilities they should master.

The University of South Florida Morsani College of Medicine (USFMCOM), Scholarly Excellence, Leadership Experiences, Collaborative Training (SELECT) MD program pairs a unique four-year longitudinal leadership program including the domains of leadership, values-based patient-centered care, health systems, and scholarly excellence with an innovative medical degree program. Students in the SELECT program spend the first two years on the campus in Tampa, Florida, and the clinical years on the regional campus in Allentown, Pennsylvania. These additional threads of curriculum call for a unique set of EPAs. A working group of faculty, students, and administrators within the college from both the main and regional campus developed EPAs for each of the above listed areas of focus within the curriculum.

In this paper, the authors describe how Entrustable Professional Activities were developed at MCOM to assess the SELECT curriculum in the areas of leadership, values-based patient-centered care, health systems, and scholarly excellence.

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Key Words: Entrustable Professional Activities (EPAs), Medical Education, Leadership

Entrustable Professional Activities (EPAs) represent a concept in medical education that has gained significant traction over the last few years, particularly in the context of competency-based medical education. EPAs are specific units of professional work with a defined beginning and an end that can be

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entrusted to a trainee without direct supervision once the trainee has demonstrated the ability to do the task.[1] EPAs provide concrete tasks that a trainee should be able to complete at various stages of training to clarify expectations and responsibilities they should master.

Core EPAs

EPAs are units of professional practice, defined as tasks or responsibilities that are observable and measurable in their process and their outcomes. These units can be independently executed by a trainee, within a time frame, in a specific context, and to the standard expected in the workplace. While EPAs are distinct from competencies, they are closely related. An EPA often requires the integration of multiple competencies. For instance, a particular surgery might require competencies in patient communication, technical surgical skills, and post-operative care. The Association of American Medical Colleges (AAMC) released Core Entrustable Professional Activities for Entering Residency, a Summary of the ten-school pilot from 2014, when the EPAs were first established, through 2021[2]. The AAMC has established 13 core EPAs (Table 1)[2], containing the following components: a description of the EPA with critical functions, a list of related domains, a list of competencies critical to decisions, a table of milestones, a narrative for each EPA that include pre and post entrustable behaviors and accompanying vignettes.

The University of South Florida Morsani College of Medicine (USFMCOM) chose to create curriculum addressing the AAMC Core EPAs in two ways. The first was by creating general learning objectives for the fourth year which aligned with the AAMC Core EPAs. The second was to create specialty-specific EPAs to best prepare students for their chosen specialty[3]. The SELECT MD Program at the University of South Florida Morsani College of Medicine has a unique four-year longitudinal leadership program including the domains of leadership, values-based patient-centered care, health systems, and scholarly excellence that complements an innovative medical degree program. As USFMCOM implemented curriculum to address the AAMC Core EPAs, it was clear that additional threads of leadership curriculum call for a new and unique set of EPAs, beyond the AAMC established EPAs. To this end, the Associate Dean for Undergraduate Medical Education charged a working group of faculty, students, and administrators within the college to develop EPAs for each of the above listed areas of focus within the curriculum. The process for developing the EPAs began during a curriculum retreat held in 2017. Each working group included the domain directors, faculty, and students. Multiple iterations were developed and shared with the other working groups prior to the Associate Dean for Undergraduate Medical Education presenting them to the Committee on Curriculum for final approval.

SELECT-Specific EPAs

The Accreditation Council for Graduate Medical Education (ACGME) six areas of care for resident competency assessment are: patient care, medical knowledge, practice-based learning and improvement, interpersonal skills, professionalism, and systems-based practice. These are the core elements of resident education, regardless of specialty.[4] The SELECT Program covers each of the areas across the 4-year curriculum, with an additional focus on interpersonal skills, systems-based practice, and patient care, with over 600 hours devoted to leadership, values-based patient-centered care, and health systems, beyond the traditional core curriculum.

With such a significant focus of time and resources upon these additional curricular threads, the SELECT curriculum team created the following EPAs to cover these areas of focus. Each of the following EPAs are established as the behaviors the resident should be able to perform (be entrustable for) on day one of residency.

Leadership EPA #1: The resident should be able to effectively participate and positively manage a collaborative team that affects patient care.

Day 1 of residency, residents should be able to develop a plan of action centered around patient care incorporating a multi-disciplinary team. Using the tenets of Emotional Intelligence and professional development coaching, the resident will be able to effectively create a safe environment, understand members-based personality type, preferred conflict mode, and other leadership skill sets, and manage their time together

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proactively, with knowledge of personality and conflict tools.

Pre and post entrustable behaviors outline actions that are observable in clinical practice and assessment. Taking for example the following critical competency under Leadership: "demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these," a pre-entrustable behavior would be, 'unable to understand connection between EI competencies and ability to influence others. Does not see connections between such things as empathy and understanding other's motivations and behaviors.' The post entrustable behavior would then be, 'identify connection between EI competencies and ability to influence others to manage a team. Through social awareness, understands how to use influence to motivate others.'

Values-Based Patient-Centered Care EPA #1: The resident should be able to conduct an effective goals of care conversation with patients, families and the patient's interprofessional team.

Day 1 of residency, residents will conduct meaningful conversations with patients and families around goals of care, and deliver bad news, when necessary, while working within the patient's frame of reference and with an understanding of their values and strengths. The intern will articulate the values, priorities and goals of the patient and family to the healthcare team, and identify knowledge gaps of patient, family, and healthcare team.

With the following critical competency: "perform a values-based, patient-centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in the care of the patient," a pre-entrustable behavior would be, 'does not probe for patient's goal(s), strengths, values, and perception of the illness.' Post-entrustable behaviors would then be, 'Reviews relevant evidence to prepare for conversations. Identifies the patient's major goals of care. Identifies patient and family understanding of illness and treatment options.'

Health Systems EPA #1: The resident should be able to integrate understanding of health systems into individual patient care.

Day 1 of residency, residents should be able to integrate knowledge of healthcare systems into individual patient care, including identifying healthcare system performance issues and demonstrating the ability to strategize, practice, and advocate for value (quality and cost of healthcare) in patient care.

Entrustable behaviors are outlined in the program's critical health systems competencies, which are the terminal program objectives: 1) demonstrate advanced knowledge of US and international health systems, policy, and finance; 2) demonstrate the ability to strategize, practice, and advocate for quality improvement in patient care and health care systems; 3) integrate knowledge of health care systems into individual patient care; 4) demonstrate the ability to analyze a health care environment/system and recommend changes to improve patient outcomes; and 5) integrate knowledge of health care systems into individual patient care.[5]

With the following critical competency for health systems: "integrate knowledge of healthcare systems into individual patient care," we would then see a pre-entrustable behavior, 'unable to apply healthcare decisions considering financial (reflecting cost of care), quality, and access concepts.' A post-entrustable behavior would be, 'Discuss with a patient the cost of the patient's medications and strategize with the patient to find the lowest cost regimen without decreasing efficacy.'[5]

Scholarly Activity EPA #1: The resident should be able to systematically investigate, and then disseminate the results of, a medical question with a focus on Health Systems, Values-Based Patient-Centered Care, and/or Emotionally Intelligent Leadership.

Day 1 of residency, residents should be able to develop a question about medicine. This question can include but is not limited to quality improvement, translational, clinical or curricular in nature. The resident would then systematically search and appraise the literature on that topic. Residents would then propose a methodology to address the question, prepare a working draft of an abstract, oral presentation or manuscript in order to

disseminate the outcomes in order to enhance the practice of medicine.

Using the following critical competency as an example: "demonstrate ability to analyze a health care environment/system and recommend changes to improve patient outcomes," the pre-entrustable behaviors may include, 'struggles with writing an answerable question. Difficulty appraising evidence. Limited ability to identify appropriate methodology to answer question.' Post-entrustable behaviors would be, 'with mentorship, successful initiation, execution, analysis and dissemination through abstract, poster, oral platform presentation, manuscript of a scholarly project with a focus on leadership, values-based patient-centered care, or health systems.'

Assessment

In addition to being a roadmap for teaching and learning, the EPAs provide a tangible and practical framework for assessment. Supervisors can assess whether a trainee is ready to be entrusted with a specific professional activity based on direct observation and other evidence. For a listing of functions within each EPA, see the detailed SELECT-specific EPAs in Table 2.

The SELECT-specific curriculum is assessed during all four years of the program through formative and summative assessments. Throughout the program, students have opportunities for learning and development through didactic sessions, standardized patient interactions, small group activities, exercises, role-plays, and discussions, coaching from faculty coaches and peer-coaching, group, and individual work. The assessments are provided as both formative and summative in year one, and summative in year two. In years three and four the comprehensive assessments are summative (two in year three and one in year four). There are several formative assessments, simulations, and activities in all years. Comprehensive assessments include three aspects of evaluation: a multiple-choice question (MCQ) knowledge assessment, a standardized patient simulation (role play), and an oral exam. Each portion of the exam contains domain-specific content from leadership, values-based patient-centered care, and health systems. Scholarly excellence is assessed by the scholarly activities of a leadership project in year one, a summer immersion scholarly project and presentation, an Action Learning Project in year 3 and a final SELECT Capstone project, paper and presentation in year 4. During the final assessment in year 4 students are asked to list the 4 EPAs and for each EPA provide an example to illustrate how the skill can be used to enhance care in their future field of practice.

Using a variety of assessment methods provides a more holistic measurement that includes knowledge (MCQ), application of ideas (oral exam), as well as a measurement of enacted behaviors (simulation). Clinical competence has long been measured throughout medical education using MCQs as valid, reliable, and efficient[6], and the SELECT Program likewise includes MCQs for these reasons, as well as consistency between the additional SELECT-specific curriculum with that of the basic science and clinical curriculum. While MCQs have a place in the medical curriculum, they should be supplemented with other forms of assessment to effectively evaluate EPAs[7]. Simulation could provide a link from what is learned in the classroom to the clinic simulation, allowing for a more authentic assessment of EPAs than knowledge based MCQs. Oral exams may provide an effective assessment of a student's clinical reasoning and application abilities, vital for many EPAs.

Standardized patients (a form of role-play simulation) have also long been used in medical education for teaching and assessing clinical skills, which SELECT employs for teaching and assessing skills related to values-based patient-centered care, emotional and social competencies, and health systems knowledge in clinical scenarios. Oral exams provide the opportunity for students to display understanding and use of emotions from cognitive perspective, as well as knowledge, as the student may share recognition of values, needs, beliefs, and circumstances of patients, as well as health systems knowledge, without the pressures associated with role-play/simulation.

Each aspect of assessment provides an opportunity to assess distinctive skills and knowledge, providing a more holistic assessment, although no form of assessment is without limitations. Oral exams are prone to content validity issues, inter-rater reliability issues, bias and some students may find it

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uncomfortable to provide responses based upon a scenario without role-playing the response. While widely used, simulation can also be problematic, specifically in the case of the SELECT-specific competencies, as preceptors vary in their experience, understanding, and awareness of the behaviors being observed and rated, leading to inter-rater variability issues, as well. Using multiple methods provides for performance to be balanced by the different methods, as students may perform differently in different modes of assessment. Different methods of assessment may also offer students a richer understanding of their performance and areas for growth. No assessment method is entirely free of bias or reliability issues, using multiple methods can help ensure that the overall results are more balanced, fair, and representative of a student's true capabilities.

Discussion

Entrustable Professional Activities have emerged as a central component in the advancement of medical education. As the medical field grows in complexity, so does the need for an efficient, structured, and practical approach to both curriculum design and learner assessment. Medical training seeks to ensure that students can competently perform tasks essential to patient care. EPAs encapsulate these tasks in a comprehensive manner. Instead of focusing solely on knowledge-based outcomes or isolated skills, EPAs consider the full scope of a task, from communicating with patients to performing a procedure and managing its outcomes.

Traditional exams can assess knowledge, but they fall short in evaluating real-world clinical competence. EPAs offer a practical framework for assessment. Students are assessed based on direct observation of their performance, ensuring that the assessment is grounded in real-world skills. In the case of the SELECT-specific EPAs, these are skills that provide effectiveness over and above what the traditional medical school curriculum provides, equipping students with a higher level of competence in key leadership skills. While a student who has completed a traditional MD program may have been exposed to these concepts, the SELECT curriculum provides more in-depth and focused training in areas including conflict management, communication, cultural competency, and patient safety through additional practice scenarios engaged with standardized patient simulations that lead to a higher level of competence, thus delivering a student to residency programs who has advanced skills in the four SELECT domains.

Medical education is shifting towards a competency-based approach, where the emphasis is on what a student can do rather than what they know. EPAs align perfectly with this shift, focusing on demonstrable competencies in real-world contexts. EPAs represent a pivotal evolution in medical education. By focusing on real-world tasks and integrating them into both curriculum design and assessment, medical schools can better prepare students for their future roles as physicians. As EPAs are developed and assessed for clinical skills, leadership EPAs are a useful way to convey specific skills in areas that are challenging to assess. The focus on entrustment ensures that students are not just knowledgeable, but also competent and ready for the complexities of patient care.

The Entrustable Professional Activities (EPAs) described in this paper are tailored to the unique curricular threads of leadership, values-based patient-centered care, health systems, and scholarly excellence within a single program. The purpose of delineating these EPAs is to offer a conceptual framework that other programs can adapt to develop their own supplemental curriculum specific EPAs. These tailored EPAs aim to ensure competencies in specialized behaviors that are cultivated and emphasized by our institution. Curriculum committees and educators at other institutions may find value in creation of curriculum and assessment in the areas the SELECT program includes, as well as in areas such as communications, ethics, humanities, professionalism, and other threads that may be implemented into an undergraduate medical school curriculum.

Limitations

The primary limitation to this project is that it was developed at one institution and thus reflects only the expertise from USFMCOM. The EPAs presented are based solely upon the unique SELECT curriculum, covering the domains of leadership, values-based

patient-centered care, health systems, and scholarly excellence.

The EPAs presented are not intended to replace the AAMC universal EPAs; they are in conjunction with the existing EPAs. The SELECT EPAs are meant to supplement the AAMC EPAs to ensure that the students are not only entrustable for the EPAs all other medical students are entrustable for, but also are entrustable for the additional content they receive in the SELECT curriculum. Students in the SELECT program earn a graduate certificate by meeting the requirements of the program and demonstrating proficiency in each domain by passing yearly course exams.

Integration of these EPAs explicitly into clerkship assessment with a standard rubric would provide a more holistic assessment from a clinical perspective. While the clerkship directors and all preceptors are familiar with the SELECT curriculum, currently the only clinical assessment of these unique EPAs is through the comprehensive exam during the standardized patient simulation.

Future Direction

To determine the validity of use of EPAs as a method of curricular design, as well as assessment, clerkships may provide the opportunity to collect faculty observation which is tied to each of the SELECT-specific EPAs. A recent study by Violato et al (2021)[8] provided evidence of validity for EPA-based assessment. This would allow a refinement of the psychometric properties of the EPAs and how they are specifically worded to ensure representative assessment of the overarching EPA, as well as the articulated behaviors associated with each critical competency.

To continue the development of these EPAS, another future step would be to have the SELECT-specific EPAs and their associated curriculum and assessments reviewed by national experts and field tested. If there could be consensus across enough undergraduate medical education programs on additional threads of curriculum in topics such as leadership, values-based patient-centered care, and health systems, EPAs could then be constructed for more generalizable entrustability. As of this time, additional content being taught in UME programs does not conform to a set of standards, and therefore it currently is difficult to create generalizable EPAs that can be field tested. A pilot study by Korndorffer et al (2024)[9] exploring the presence of leadership curricula in undergraduate medical education showed there is no consistency among the additional curriculum in medical schools for leadership, which we believe is true for other additional curricular threads.

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Table 1. Core EPAs, AAMC[2]

EPA Brief description for 13 Core Entrustable Professional Activities
EPA 1 Gather a history and perform a physical examination
EPA 2 Prioritize a differential diagnosis following a clinical encounter
EPA 3 Recommend and interpret common diagnostic and screening tests
EPA 4 Enter and discuss orders and prescriptions
EPA 5 Document a clinical encounter in the patient record
EPA 6 Provide an oral presentation of a clinical encounter
EPA 7 Form clinical questions and retrieve evidence to advance patient
EPA 8 Give or receive a patient handover to transition care responsibility
EPA 9 Collaborate as a member of an interprofessional team
EPA 10 Recognize a patient requiring urgent or emergent care and initiate evaluation
EPA 11 Obtain informed consent for tests and/or procedures
EPA 12 Perform general procedures of a physician
EPA 13 Identify system failures and contribute to a culture of safety and improvement

Table 2. USFMCOM SELECT-Specific EPAs
SELECT Entrustable Professional Activity
Domain: Leadership
EPA #1: The resident should be able to effectively participate and positively manage a collaborative team that affects patient care.

Description of the activity	Day 1 of residency, the resident should be able to develop a plan of action centered around patient care incorporating a multi-disciplinary team. Using the tenets of Emotional Intelligence and professional development coaching, the resident will be able to effectively create a safe environment, understand members based personality type, preferred conflict mode, and other leadership skill sets, and manage their time together proactively, with knowledge of personality and conflict tools (i.e. MBTI and TKI). Functions: 1. Understand the importance of multidisciplinary team accountable to improve clinical outcomes of the patient and be able to contribute to structuring the team. 2. Analyze the intersection of leadership skills, health systems, and patient centered values in daily interaction with patients and colleagues within the health system. 3. Engage in active management of interpersonal relationships. 4. Model professionalism in both clinical and non-clinical encounters through effective communication. 5. Identify effect of various level of systems on outcomes.
Most relevant domains of competence - SELECT terminal program objectives (TPO) that relate to this EPA	PPD 1 PPD 2 PPD 3 PPD 4 SBP 3

Critical Competency (TPO)	**Pre-Entrustable Behavior**	**Post-Entrustable Behavior**
PPD 1 Demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these.	• Unable to understand connection between EI competencies and ability to influence others. Does not see connections between such things as empathy and understanding other's motivations and behaviors. • Unable to maximize potential of team members. Does not have social awareness that would lead to an understanding of how to use influence to change interpersonal interactions. • Lack of situational awareness. Does not adjust behavior to non-verbal and verbal cues given by teammates. • Unaware they need a team approach.	• Identify connection between EI competencies and ability to influence others to manage a team. Through social awareness, understands how to use influence to motivate others. • Able to acknowledge that their attitudes, bias, perceptions, and moods affect those around them. Uses self-awareness and social awareness to articulate how their emotions and behaviors affects others. • Describe how personality affects interpersonal interactions. Understands how a diversity of personality types leads to a greater awareness of how to positively impact others through influence, conflict management skills, inspirational leadership and teamwork.
PPD 2 Describe the basic competencies necessary for effectiveness as a potential future physician and leader.	• Focus only on end goal without taking stepwise approach to tasks. • Unable to recognize scope creep. • Unable to proactively manage time requirements.	• Describe what makes a leader effective. Can articulate how competencies, such as influence, conflict management skills, inspirational leadership and teamwork make an individual an effective leader. • Describe roles within the team to create a well-functioning team. Understands how to influence and inspire others for effective teamwork. • Creating a safe space for the team. Has the social awareness to understand the importance of empathy for effective teamwork. • Helping others on the team stay open to change. • Able to determine if actions will be value added.

		• Utilize communication skills to improve effectiveness.
PPD 3 Demonstrate the ability to implement and participate in the professional and personal development process through individual and group coaching.	• Unable to give feedback at the appropriate level, time, place, etc. Lacking social awareness and empathy skills to enact appropriate interpersonal behavior. • Unable to create a vision for the team. • Unable to manage a team they are given. Lacking conflict management, influence, inspirational leadership and teamwork skills. • Unable to provide safe feedback to the leader to encourage personal growth. Lacking social awareness and empathy.	• Identify their limits and when to reach out for assistance. Has the self-awareness to understand when they need assistance, and the social awareness to locate the appropriate resources. • Provide appropriate timely and actionable feedback. • Avoid micromanagement, so members are autonomous in their functioning of their assignment and expertise. • Ability to provide safe feedback to the leader to encourage personal growth.
PPD 4 Actively participate in one's own personal and professional development through individual and group coaching	• Unable to connect effective leadership with ongoing personal/professional development. Lacks awareness of leadership competencies and does not have the self-awareness to understand how to use personal/professional development to improve. • Unable to realize that leadership is an iterative process.	• Connect that leadership is an iterative process. Understands the process of change and how to develop individual competencies. • Use the intentional change model to create professional development plans.
SBP 3 Integrate knowledge of health care systems into individual patient care.	• Unable to define the parts of the current health care system. • Unable to realize that team lacks or limited	• Identify effect of various level of systems on patient outcomes. • Applies situational awareness to personalize and improve the patient care experience.

	understanding of current resources.	

SELECT Entrustable Professional Activity
Domain: Values Based Patient Centered Care
EPA #1: The resident should be able to conduct an effective goals of care conversation with patients, families and the patient's interprofessional team.

Description of the activity	Day 1 intern will conduct meaningful conversations with patients and families around goals of care, and deliver bad news when necessary, while working within the patient's frame of reference and with an understanding of their values and strengths. The intern will articulate the values, priorities and goals of the patient and family to the healthcare team, and identify knowledge gaps of patient, family, and healthcare team. Functions: 1. Display a consistent attitude and behavior that conveys acceptance of diverse individuals and groups including but not limited to diversity in gender, age, culture, race and sexual orientation. 2. Ask and incorporate patients' beliefs, values, biases and cultural practices in patient care plans. 3. Apply patient-centered care skills and principles (such as ICE-StAR, motivational interviewing, shared decision making, and the Serious Illness Conversation Guide) to goals of care conversations with patients without prompting. 4. Facilitate effective communication between health care team members in order to meet patient-centered goals. 5. Reflect on their own values and personal biases, and how those values might influence their clinical decision-making. 6. Reflect on the effectiveness of their goals of care conversations with patients and families, both individually and with health care teams.
Most relevant domains of competence - SELECT terminal program objectives (TPO) that relate to this EPA	S-IPC1 Perform a values-based, patient centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in the care of the patient. S-IPC2 Demonstrate advanced ability to communicate effectively and sensitively with patients, adjusting language and style in order to incorporate their knowledge, values, and culture. S-PPD1 Demonstrate emotional intelligence by showing awareness of strengths, weakness and idiosyncrasies of self, team and systems and then

	show the ability to modulate one's behavior to positively affect each of these. S-SBP 3 Integrate knowledge of healthcare systems into individual patient care.	
Critical Competency (TPO)	**Pre-Entrustable Behavior**	**Post-Entrustable Behavior**
S-IPC1 Perform a values-based, patient centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in the care of the patient.	• Does not probe for patient's goal(s), strengths, values, and perception of the illness. • Talks more than half the time. • Gives premature reassurance. • Focuses exclusively on medical interventations. • Provides factual information in response to strong emotions.	• Reviews relevant evidence to prepare for conversations. • Identifies the patient's major goals of care. • Identifies patient and family understanding of illness and treatment options. • Assesses patient preference for communicating health care information. • Shares knowledge in small segments and assesses how much the patient is retaining. • Uses appropriate plain language, adjusting to patient's health literacy. • Explores patient strengths, fears, and spiritual context. • Asks about family engagement and support. • Shares prognosis tailored to information preferences. • Synthesize and summarize patient goals and articulate back to patient, verifying accuracy. • Affirms commitment to the patient. • Share patient goals effectively with health care team. • Engage health care team in developing plan to address patient-identified goals. • Recognizes that shared decision making is a dynamic process.
S-IPC2 Demonstrate advanced ability to communicate effectively and sensitively with patients, adjusting language and style	• Interrupts the patient. • Uses only closed-ended questions. • Does not make eye contact.	• Uses open-ended questions. • Makes appropriate eye contact. • Responds effectively to emotions and non-verbal cues.

in order to incorporate their knowledge, values, and culture.	• Fails to respond effectively to emotions and non-verbal cues. • Does not identify patient's values and personal beliefs. • Does not probe for barriers to self-care and disease management. • Does not recognize cognitive error or implicit biases. • Explicitly denigrates or demeans people.	• Identifies patient's values and beliefs. • Probes for barriers to self-care and disease management. • Actively engages in identifying and mitigating cognitive errors and implicit biases. • Affirms value, dignity and uniqueness of each individual.
S-PPD1 Demonstrate emotional intelligence by showing awareness of strengths, weakness and idiosyncrasies of self, team and systems and then show the ability to modulate one's behavior to positively affect each of these.	• Cannot identify the attitudes, biases, perceptions or moods that they may hold which would affect their care of the patient. • Does not identify strengths and contributions of others. • Does not demonstrate empathetic responses to patient or team members.	• Identifies their individual attitudes, biases, perceptions and moods that affect those around them. • Applies EI skills to engage patients and health care teams working toward patient-centered goals.
S-SBP 3 Integrate knowledge of healthcare systems into individual patient care.	• Unable to identify health care system issues impacting patient care.	• Identifies knowledge gaps about health care system issues impacting patient care, and engages the interprofessional team in finding solutions.

SELECT Entrustable Professional Activity
Domain: Health Systems

EPA #1: The resident should be able to integrate understanding of health systems into individual patient care.

Description of the activity	Day 1 residents should be able to integrate knowledge of healthcare systems into individual patient care, including identifying healthcare system performance issues and demonstrating the ability to strategize, practice, and advocate for value (quality and cost of healthcare) in patient care. Functions: 1. Identify healthcare system quality issues in the United States at an individual patient level. 2. Apply a healthcare cost control mechanism related to a specific healthcare management decision. 3. Demonstrate effective oral and written communications to advocate for health system improvement. 4. Apply the decision making (e.g., healthcare provider orders) in line with value-based (quality and cost) healthcare provider compensation. 5. Identify barriers to healthcare access and suggest possible solutions. 6. Distinguish value added from non-value added healthcare activities using tools such as registries, dashboards, and other metric tracking. 7. Identify and describe hazards and inefficiencies at point of care and utilize tools like root cause analysis to identify areas of improvement. 8. Complete an adverse advent report and effectively complete a medical error disclosure to patients and their family. 9. Effectively advocate for improved patient outcomes considering multiple stakeholder positions (such as departmental, local, state, and federal government) in healthcare.	
Most relevant domains of competence - SELECT terminal program objectives (TPO) that relate to this EPA	Relevant domains of competence include: S-MK1 S-SBP2 S SBP3 S- PBL2	
Critical Competency (TPO)	**Pre-Entrustable Behavior**	**Post-Entrustable Behavior**
S-MK1 Advance knowledge of US and international health systems, policy and finance.	• Unable to apply healthcare decisions considering financial (reflecting cost of care), quality, and access concepts. • Only plan, implement, or evaluate a small scale public health initiative when asked to do so.	• Discuss with a patient the cost of the patient's medications and strategize with the patient to find the lowest cost regimen without decreasing efficacy. • Read the quality improvement literature for their venue of care and apply it to their practice. • Include questions of access within their history taking and include plans for helping the patient navigate to achieve the best access to care.

	• Inconsistently communicate public health ideas to target populations. • Would be a passive recipient of information useful to patient care from the centers for disease control (CDC).	• Plan, implement, and evaluate a small scale public health initiative and persuasively communicate public health ideas to target populations. • Access and retrieve information useful to patient care from the CDC.
S-SBP2 Demonstrate the ability to strategize, practice, and advocate for quality improvement in patient care and health care systems.	• Unable to recognize opportunities for health system improvement. • Unable to successfully identify all the stakeholders involved in a specific healthcare system. • Would not practice, communicate, nor advocate for improved patient care to external stakeholders.	• Identify a need for health system improvement and implement a best practice to patient care. • Successfully identify organizational, local, state or federal stakeholders. • Strategize an effective communications approach, and persuasively advocate (via oral or written media) to organizational, local, state or federal stakeholders.
S SBP3 Integrate knowledge of healthcare systems into individual patient care.	• Unable to identify hazards of care. • Would be frustrated by imperfect processes and not recognize the opportunities employing methods of problem solving used for identifying the root causes of faults or problems. • Would be unable to choose prescriptions considering a patient's insurance status (for example	• Identify hazards of care at the point of care through root cause analysis and other approaches. Subsequently, they would contact the appropriate people within their system to alert them of the problem and volunteer to participate in the sentinel event review process. • Would be able to choose prescriptions considering a patient's insurance status (for example using generic or the $4 list) • Would notice how a patient's insurance status is affecting their access to care.

	using generic or the $4 list) • Would fail to notice how a patient's insurance status is affecting their access to care.	
S- PBL2 Demonstrate ability to analyze a healthcare environment/system and recommend changes to improve patient outcomes.	• Passively observe healthcare environment and fail to recognize opportunities for analysis and improvement. • Would fail to notice the impact of (or lack thereof), a quality improvement system within their institution.	• Regularly use the qualitative and quantitative tools provided by their system to create an action plan to improve their care of their patients. This plan would include objectives for improvement and the benchmarks for success. • Would notice the impact of (or lack thereof), a quality improvement system within their institution.

SELECT Entrustable Professional Activity
Domain: Scholarly Excellence
EPA #1: The resident should be able to systematically investigate, and then disseminate the results of, a medical question with a focus on Health Systems, Values Based Patient Centered Care, and/or Emotionally Intelligent Leadership

Description of the activity	To be prepared for the first day of residency, the resident should be able to: Develop a question about medicine. This question can include but is not limited to: quality improvement, translational, clinical or curricular in nature. The resident would then systematically search and appraise the literature on that topic. He/She would then propose a methodology to address the question, prepare a working draft of an abstract, oral presentation or manuscript in order to disseminate the outcomes in order to enhance the practice of medicine. Functions: 1. Write an answerable foreground question. 2. Effectively search the literature. 3. Appraise located evidence. 4. Suggest applications of best practice evidence, where appropriate, to local health care system.

	5. Propose methodology either to determine the impact of local implementation or original investigation into the question. 6. Initiate and maintain a professional relationship with a mentor for the project. 7. Work within a health system to identify the process to determine the methodology to be Quality Improvement project or draft regulatory documents when determined to be Research. 8. Elicit, receive and provide feedback from all project participants including the mentor. 9. Demonstrate basic project management skills such as timelines, identification of resources, roles and responsibilities. 10. As part of a team, execute a project designed to generate outcomes data to answer a health care question. 11. Make initial conclusions about project outcomes data. 12. Write a working version of an abstract. 13. Staff a poster after seeking production input. 14. Professionally orally present a project. 15. Write a draft manuscript. 16. Be able to function as a mentor and mentee.	
Most relevant domains of competence - SELECT terminal program objectives (TPO) that relate to this EPA	S-PBL2, S-SBP2, S-PPD3, S-PPD4	
Critical Competency (TPO)	**Pre-Entrustable Behavior**	**Post-Entrustable Behavior**
S-PBL2 Demonstrate ability to analyze a health care environment/system and recommend changes to improve patient outcomes.	• Struggles with writing an answerable question due to specificity thereof. • Unable to locate relevant evidence, secondary to translation of question to MeSH terms or application of delimiters or use of incorrect search engine. • Difficulty appraising evidence. • Limited ability to identify appropriate	• With mentorship, successful initiation, execution, analysis and dissemination through abstract, poster, oral platform presentation, manuscript of a scholarly project with a focus on leadership, health systems or values based patient centered care. • Write an answerable question and execute effective search. • With mentorship, writes a project proposal, analyze data, and write an abstract, design and staff a poster, conduct a platform presentation with appropriate accompanying slides, and write a manuscript of peer-review quality.

	methodology to answer question. • Cannot not identify need for regulatory approval. • Draws inappropriate conclusions. • Non-scientific writing style makes abstract or manuscript unacceptable by peer review standards. • Cannot communicate project findings in poster or oral platform discussion.	
S-SBP2 Demonstrate the ability to strategize, practice, and advocate for quality improvement in patient care and health care systems	• Struggles with writing an answerable question due to specificity thereof. • Unable to locate relevant evidence, secondary to translation of question to MeSH terms or application of delimiters or use of incorrect search engine. • Difficulty appraising evidence. • Limited ability to propose methodology to validate evidence to be used in local improvement for further dissemination.	• Proposes methodology to study quality improvement. • With mentorship executes a quality improvement project, analyze the subsequent data and determine means to disseminate the results in a generalizable manner.

S-PPD4 Actively participate in one's own personal and professional development through individual and group coaching	• Struggles with the identification of, initiation of contact with or maintenance of a relationship with, a professional project mentor.	• Initiates and maintains a professional project mentor relationship. • Demonstrates the ability to utilize the expertise of the mentor to adapt to changing conditions over the course of a project in order to successfully complete an academic project which produces materials such as abstracts, posters, platform presentations and manuscripts of peer review quality.
S-PPD3 Demonstrate the ability to implement and participate in the professional and personal development process through individual and group coaching.	• Struggles with the identification of necessary personnel, initiation of contact with or maintenance of a multi-disciplinary project team.	• Initiates and maintains a collaborative project team. • Demonstrates the ability to utilize the expertise of the various team members to adapt to changing conditions over the course of a project in order to successfully complete an academic project which produces materials such as abstracts, posters, platform presentations and manuscripts of peer review quality.