

## **Understanding the EPA section of Family Medicine Resident immersion In Training Evaluation Reports (ITERS)**

The addition of EPA supervision levels to our immersion ITERS (Pediatric Emergency Medicine, Adult Emergency Medicine, FM Urban, Elective/Selective >= 2 weeks/8 shifts, CCU, Internal Medicine, Palliative Care, Pediatrics, OBs Low Risk, Elderly, Hospitalist and Rural FM) has caused some confusion for some of the preceptors completing these.

This document is intended to provide clarity as to how the EPA section will be used in assessment.

### **1. Why is an EPA section needed?**

EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform without direct supervision. Selected EPAs have been added to rotation ITERS as a means of gathering **additional**, voluntary, assessment data on each Resident.

### **2. Is it a requirement for immersion Preceptors to fill out the EPA section?**

At this time, filling out this section is **optional** and **encouraged if** the preceptor understands the knowledge, skills and attitudes expected for the EPAs and the contexts/environments in which the Family Physician is expected to apply these EPAs.

Their assessment of EPAs relevant to their domain does provide us helpful and credible information in assessing our residents. **They are not being asked to make the final decision on this for completion of training, just the level they and their colleagues feel applies to this Resident at that point in time.**

### **3. What instruction have immersion Preceptors received?**

We have communicated the above information with them in addition to the following:

#### **“HOW DO I BEST FILL OUT EPA SECTION ON ITER?”**

*The level of responsibility and supervision delegated to Family Medicine Residents must take into account their level of training and their level of entrustability and competence relevant to that of a Family Medicine trainee (i.e. please do not compare Family Medicine Resident’s level of entrustability of EPA to that of Pediatric Emergency Medicine Fellow’s).”*

### **4. What is my role as a Primary/Continuity Preceptor?**

Primary/continuity preceptors currently review 11 office-based EPAs with residents and as such, you may not be directly reviewing these out-of-office/Immersion ITERS with the resident. However, there may be some anxiety and concern expressed by residents around satisfactory completion of training (ie where ITERS have included supervision level 3 for many EPAs, recognizing a requirement to be “level4” on all EPAs to graduate). Please reassure the residents

that the DD/SD will review the ITER further, use the delegated EPA as a guide and ultimately make the final decision to sign off on the EPA.

**5. What is my role as a Division Director/Site director?**

The decision about recommendation for completion, based on acceptable levels of entrustability for our non-office-based EPAs, is down to each of the DDs in the Calgary Program and SDs in the rural program. This means that you can decide to sign off on the EPAs using the ITER as a guide and any other supporting assessment data for such a decision. The other important consideration is whoever is completing the ITER should understand the knowledge, skills and attitudes expected for the EPAs, the contexts/environments in which the Family Physician is expected to apply these EPAs and the differing levels of supervision used in the program to assess the Resident's level of entrustability (please see the [Assessment Policy](#)). If this is not the case, the DDs/SDs can make a final decision around the delegated EPA Supervision level based on all available assessment data.

**6. Future directions?**

Work is currently underway to redefine our EPAs more clearly in alignment with Key Features. This will likely result in some updating of our rotation ITERs.

If you have further questions, please do not hesitate to contact the DFM Assessment Director Dr. Jacqueline Hui at [Jacqueline.hui@ahs.ca](mailto:Jacqueline.hui@ahs.ca)