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INTRODUCTION

"The Observed EPA Report" is an ACGME Milestones-based Assessment tool created to provide reliable/reproducible data that can inform determinations of proficiency among differing learners – data that can be useful for Clinical Competency Committee Members to spur thoughtful discussions regarding Trainee performance, and for providing Trainees meaningful narrative feedback to guide their ongoing development.

The Observed EPA Report is built on the premise that the "end-behaviors" that indicate clinical proficiency sufficient for independent practice are the result of achievement of milestones comprised of multiple Subcompetencies within the ACGME Core Competencies. Each of the common observable clinical behaviors are divided into Cognitive Skills, Procedural Skills, and Professionalism with links to the Subcompetencies involved.

To help provide common expectations and anchoring of scores for both Fellows and Teaching Faculty alike, a number of measures are included in the form to guide completion of the Assessment: expected Learner spectra denoted by colors, clear delineation of scores >6.5 that would indicate ability to practice independently, common language above the scoring template (and presented in two different ways for Learner/Faculty training prior to implementation), incorporation of tips to guide verbal constructive feedback discussions between Learner and Faculty, etc. Scores are tabulated into an Excel-based scoring template (pages 14-16 of the Training Packet) that averages the Milestone score for each Subcompetency – this provides the Clinical Competency Committee (CCC) a "working score" for discussion during the CCC Meeting to resolve whether the score is accurate or underscored/overscored during Assessment Discussion. The Observed EPA Report provides a template on which more standardized determinations of each Learner's individual progress in a given Training Program may take place.

The Observed EPA Report does require training of both Faculty and Learners in regards to re-orienting approaches to constructive feedback, establishing common expectations between the Observers and the Observed, and developing institution-specific approaches to "closing the feedback loop" with the Learner. **Our Institution has developed several of these Trainee & Faculty Development exercises that we would be willing to share (or help present at your Institution if appropriate).**

If you choose to download this Assessment tool and find it helpful, we would ask that you kindly email Dr. James Abraham (abrah197@umn.edu) – our Program would be happy to provide any Faculty & Trainee Development support you need to help implement this Assessment Tool successfully.

Best regards,

The University of Minnesota Gastroenterology Fellowship Training Program

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THE UNIVERSITY OF MINNESOTA OBSERVED ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA) REPORT:
Determining Level of Proficiency Attained

"The Observed EPA Report" Assessment Tool and Training Materials Created By:

James M. Abraham, MD
Assistant Professor, Associate Gastroenterology Fellowship Program Director
University of Minnesota
Department of Medicine – Division of Gastroenterology

Initial Creation Date: September 23, 2013
Last Revision Date: May 13, 2015

A clear definition of each step in the progression towards proficiency is necessary prior to implementing any Assessment Tool, much less implementation of any training of Faculty to recognize these distinct steps. The ACGME IM Subspecialty Milestones document includes the following descriptions of the major steps towards attainment of proficiency (the "Achievement Spectrum" noted below)[1]:

ACGME Milestone Achievement Spectrum

Not Yet Assessed: This option should be used only when a fellow has not yet had a learning experience in the sub-competency.

Critical Deficiencies: These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in a fellow's performance.

Column 2: Describes behaviors of an early learner.

Column 3: Describes behaviors of a fellow who is advancing and demonstrating improvement in performance related to milestones.

Ready for Unsupervised Practice: Describes behaviors of a fellow who substantially demonstrates the milestones identified for a physician who is ready for unsupervised practice. This column is designed as the graduation target, but the fellow may display these milestones at any point during fellowship.

Aspirational: Describes behaviors of a fellow who has advanced beyond those milestones that describe unsupervised practice. These milestones reflect the competence of an expert or role model and can be used by programs to facilitate further professional growth. It is expected that only a few exceptional fellows will demonstrate these milestones behaviors.

This scale, however, is reliant on the Milestones document to help explain the differences between Learners of varying proficiencies, indicating multiple activities/behaviors/skills within each category to help create practical observable "anchors" for Observing Faculty. If evaluation is being done using the Milestones document as the direct Assessment Tool, the above definitions would be fine. If this scale is to be extrapolated for the observation of EPAs by Attending Faculty though, some clearer practical definitions must be made. I've summarized these key conceptual categories below:

[1] http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

LEGEND

ACGME Learner Category ***Proposed Learner Category*** **Associated Milestone Scores**	Definition based on the **independent successful completion rate of basic and complex tasks (EPAs)**, as well as the **level of Attending involvement in completion of these EPAs (Direct Supervision → Indirect Supervision → Confirmatory Supervision).**

PROPOSED SCORING TEMPLATE FOR THE OBSERVED EPA REPORT

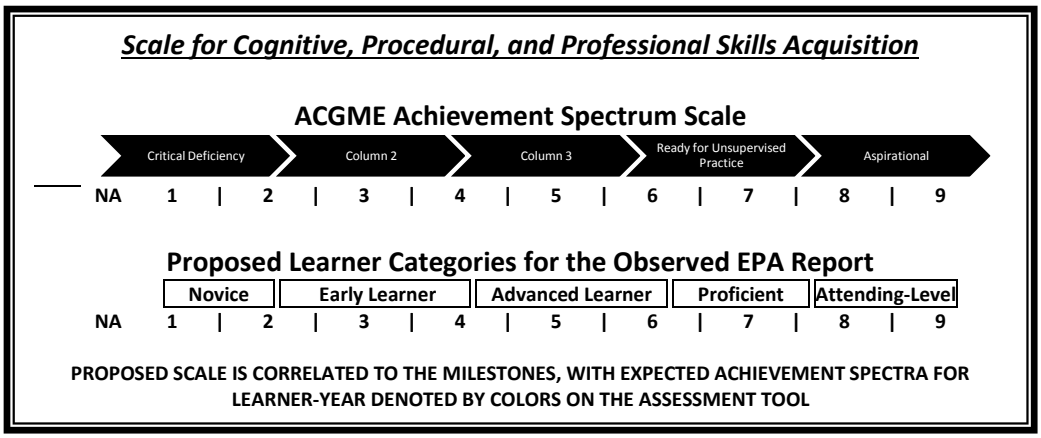
Critical Deficiency ***Novice*** **Score: 1-2**	**The Learner requires constant Attending supervision with direct prompting from the Attending to remedy missed tasks/behaviors, and often requires direct Attending involvement in completion of task.**

Column 2 ***Early Learner*** **Score: 2.5-4**	The Learner demonstrates and rewards progressive independence from Attending supervision with >75% independent successful completion of observed basic tasks/behaviors (medical chart review, accurate H&P documentation) and >50% independent successful completion of observed complex tasks/behaviors (accurate procedural documentation, independently performs diagnostic EGD with supervision). **Direct Attending prompting and supervision is still required on a daily basis to ensure safe/efficient patient care is delivered.**

Column 3 ***Advanced Learner*** **Score: 4.5-6**	The Learner demonstrates and rewards progressive independence from Attending supervision with >90% independent successful completion of observed basic tasks/behaviors and >75% independent successful completion of observed complex tasks/behaviors. **Direct Attending prompting and supervision is required on an infrequent basis, but indirect Attending supervision (following up on Fellows' written documentation, sit-down Attending rounds after Fellow completes their own morning rounds) is still required on a daily basis to ensure safe/efficient patient care is delivered.**

Ready for Unsupervised Practice ***Consistent Proficiency*** **Score: 6.5-7.5**	The Learner demonstrates nearly 100% independent successful completion of observed basic and complex tasks/behaviors with minimal Attending direction/supervision. **Direct supervision of tasks/behaviors is no longer required, and indirect Attending supervision often confirms that safe/efficient patient care is consistently delivered.**

Aspirational ***Attending-Level Proficiency*** **Score: 8-9**	This is a level that is only seen in a few Fellows during their time in training (usually attained in the course of practice following graduation). The Learner demonstrates nearly 100% independent successful completion of basic and complex observed tasks/behaviors without Attending prompting or direct supervision, and **is capable of role modeling and teaching these same skills/behaviors for Junior Fellows/Residents/Students (transitions to becoming a "Second Attending" on the Clinical Service).**



Visually, these Key Learner Categories can be depicted in the following way:

	Independent Completion of Basic Tasks	Independent Completion of Complex Tasks	Need for *Direct Supervision*	Need for *Indirect Supervision*	Need for *Confirmatory Supervision* (Indicating Proficiency)
Novice (1-2)	<50%	<50%	Always Required	N/A	N/A
Early Learner (2.5-4)	>75%	>50%	Required Most of the Time	With Basic Tasks Only	N/A
Advanced Learner (4.5-6)	>90%	>75%	With Complex Tasks Only	With Basic Tasks Only	N/A
Consistent Proficiency (6.5-7.5)	~100%	~100%	Not Required	With Basic and Complex Tasks	Rewards Independence with Reliability
Attending-Level Proficiency (8-9)	~100%	~100%	Not Required	Not Required	Rewards Independence with Role Modeling

Key Definitions

- N/A = Not Appropriate for Learner Level)

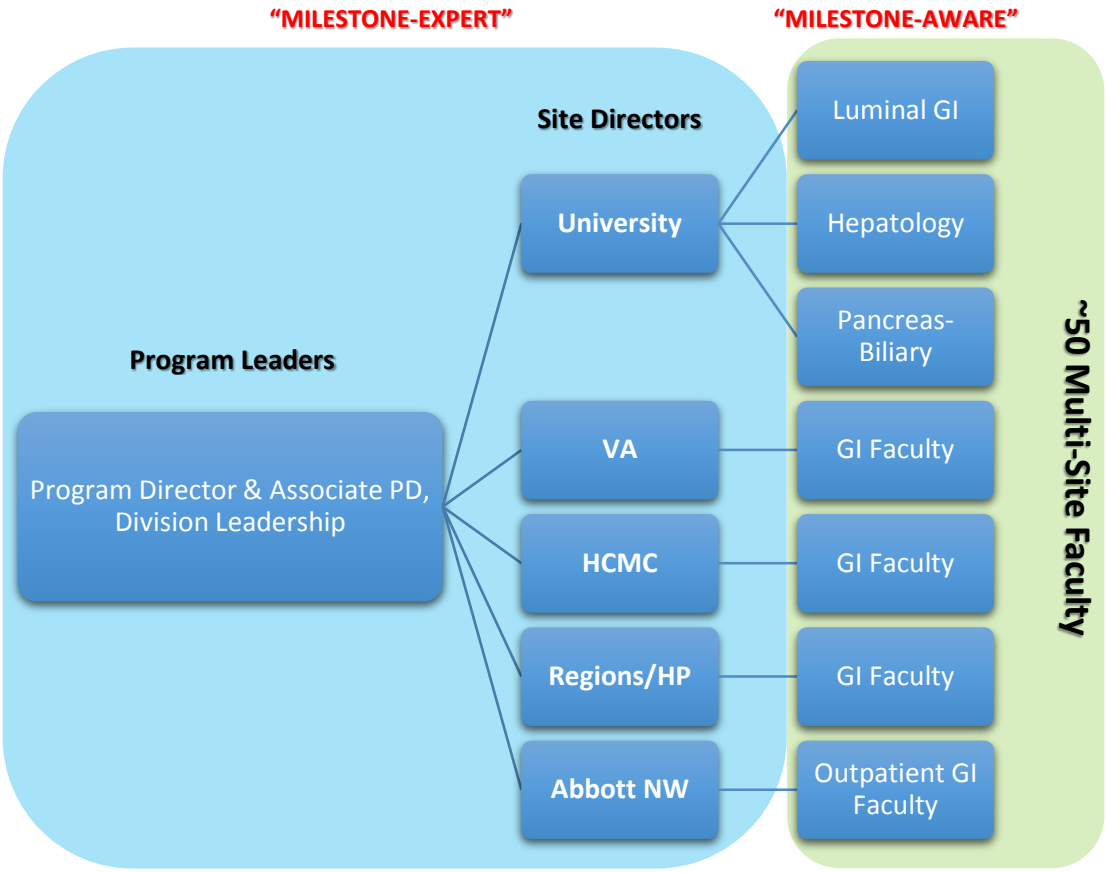
- Direct Supervision = Attending must be physically present to personally amend or provide the necessary skill (amending consultation/procedural notes, clarifying points with cause for primary teams or patients, taking over performance of a procedure or maneuver with cause, etc.).[2]

- Indirect Supervision = Attending is physically available, but is not required to personally amend or provide the necessary skill (observing routine EGD/colonoscopy and endoscopic maneuvers with minimal physical assistance, providing Attending attestations to consultation/procedural notes with minimal revisions, Fellow "drives" the care plans and communications with primary teams, etc.).[2]

- Confirmatory Supervision = Attending is physically available, but is not required to personally amend or provide the necessary skill (observing routine EGD/colonoscopy, observing endoscopic maneuvers, providing Attending attestations to consultation/procedural notes with minimal revisions, Fellow "drives" the care plans and communications with primary teams, etc.). Non-procedural tasks are completed to the standard of a practicing Attending consistently on after-the-fact follow-up, and observed procedural tasks require minimal coaching to ensure successful application. Furthermore, the Learner is actively teaching these same skills to junior colleagues.

[2] The ACGME 2011 Duty Hour Standard, Chapter 6. http://www.acgme.org/acgmeweb/Portals/0/PDFs/jgme-monograph[1].pdf

OUR FELLOWSHIP PROGRAM'S CURRENT TRAINING STRUCTURE



Fundamental Question:

How do we ensure that the Clinical Competency Committee receives **reliable data** that can inform a Milestones-Based Competency Assessment?

The answer lies in training "Milestone-Aware" and "Milestone-Expert" Faculty to pay attention to the common tangible clinical behaviors (Entrustable Professional Activities, EPAs) that exemplify ideal patient care, procedural proficiency, and top-notch professionalism. These behaviors in and of themselves are not complex, and many of these behaviors are ones that we hold fast to in our daily clinical work. These behaviors are ones that we likely actively role-model to our Fellows every day without even knowing it.

Ultimately, we must re-train **ourselves** to recognize behaviors signifying growing competence as part of this process in order to have our Fellows reflect back the optimal care we desire to see.

When these behaviors are observed by several different Faculty over the span of a multi-week rotation, a more accurate picture of an individual Fellow's progress can be obtained. It's assumed that not all Faculty will see or capture every aspect of a Fellow's Cognitive, Procedural, and Professional behaviors. Furthermore, all Faculty may not have the same snapshot of the Fellow – this is expected. However, by applying a simple recording tool that becomes part of the culture of feedback after clinical and procedural patient care performed with a Fellow, we stand a far better chance of more accurately capturing these different snapshots of a Fellow's progress over the course of their training experience.

ENTRUSTABLE PROFESSIONAL ACTIVITIES:
Cognitive Skills Assessment[3]

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Venues for Application:

- Weekly discussion between Inpatient Attending and Fellow (recorded on Observed EPA Report)
- Mid-Rotation Site Director Assessment (discussion at Staff Meeting)
- End-of-Rotation Written Evaluation (verbal and written feedback from Site Director)
- **Evaluators:** Site Director, Clinic Preceptor, Endoscopy Charge Nurse or Supervisor, Inpatient Attending

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		Novice			Early Learner			Advanced Learner			Proficient		Attending-Level	
		NA	1	2	3	4	5	6	7	8	9
Academic Inquisitiveness														
1.	Breadth of pertinent medical knowledge **[MK1]**	NA	1	2	3	4	5	6	7	8	9
2.	Appropriate application of pertinent medical knowledge **[PC2, MK1]**	NA	1	2	3	4	5	6	7	8	9
3.	Formulation of clinical questions **[MK3, PBLI4]**	NA	1	2	3	4	5	6	7	8	9
4.	Demonstration of independent learning (improving fund of knowledge through literature/textbook review, conferences attended, and presentations) **[MK3, PBLI4]**	NA	1	2	3	4	5	6	7	8	9
5.	Active participation in clinical discussion during work/teaching rounds **[PC2, PC3, MK1, MK2, PBLI4]**	NA	1	2	3	4	5	6	7	8	9
Quality of Consultations														
1.	Completeness of medical chart/outside record review **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9
2.	Thoughtful and accurate History & Physical Exam obtained from patient/family, focused when appropriate **[PC1, PROF3, ICS1]**	NA	1	2	3	4	5	6	7	8	9
3.	Accurate identification of active medical problems **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9
4.	Accurate patient prioritization based on medical acuity **[PC1, PC2, PC3, MK1, PROF2]**	NA	1	2	3	4	5	6	7	8	9
5.	Determination for need and timing of intervention (imaging, endoscopy, etc.) **[PC4a/b, MK2, SBP3]**	NA	1	2	3	4	5	6	7	8	9
6.	Proficiency in data sifting and interpretation **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9
7.	Pertinent/cogent plan formation **[PC2, PC3, PROF3]**	NA	1	2	3	4	5	6	7	8	9
Documentation														
1.	Completeness of key consult elements (HPI, Past Medical/Surgical History, Social/Family History) **[PC3, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9
2.	Clear communication of clinical assessment **[PC3, PC5, SBP4, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9
3.	Clear communication of initial consultative plan **[PC3, PC5, SBP4, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9
Care Coordination/Communication														
1.	Appropriate inpatient follow-up (procedural, non-procedural consultation) **[PC3, PC5, SBP4]**	NA	1	2	3	4	5	6	7	8	9
2.	Timely communication with referring teams/physicians (written and/or verbal) **[PC5, SBP1, SBP4, PROF1, ICS2]**	NA	1	2	3	4	5	6	7	8	9
3.	Incorporation of ancillary Consult team and non-Consult team members (students/residents, nurses, APPs, etc.) **[PC5, SBP1, PROF1, ICS2]**	NA	1	2	3	4	5	6	7	8	9
4.	Consideration for outpatient follow-up if necessary **[PC5, SBP4]**	NA	1	2	3	4	5	6	7	8	9
5.	Consideration for cost-effective care **[MK1, SBP3, PROF3]**	NA	1	2	3	4	5	6	7	8	9

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[3] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

Quality Improvement/Scholarship

		Novice		Early Learner		Advanced Learner		Proficient		Attending-Level
1.	Seeks out opportunities to review documentation following Attending amendments and incorporates changes into future documentation (initial consultations, progress notes, procedure notes) **[PBLI1, PBLI3]**	**NA**	**1 | 2**	**3 | 4**	**5 | 6**	**7**	**8 | 9**
2.	Employs a scholarly approach to formal presentations, capable of performing and discussing the products of a thoughtful literature review (adequate incorporation of historical literature, accurate citations in presentations/publications) **[MK3]**	**NA**	**1 | 2**	**3 | 4**	**5 | 6**	**7**	**8 | 9**
3.	Seeks out opportunities to improve delivery and efficiency of care in clinical practice (template creation and dissemination, formal QI projects) **[SBP2, PBLI2]**	**NA**	**1 | 2**	**3 | 4**	**5 | 6**	**7**	**8 | 9**
4.	Generates ideas for formal publications/presentations or Quality Improvement projects, and able to carry them through to completion **[MK3, PBLI4, PROF2]**	**NA**	**1 | 2**	**3 | 4**	**5 | 6**	**7**	**8 | 9**

ENTRUSTABLE PROFESSIONAL ACTIVITIES:
Gastroenterology Procedural Skills Assessment[4]

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Venues for Application:

- Weekly discussion between Inpatient Attending and Fellow (recorded on Observed EPA Report)
- Post-Procedure Feedback (after every procedure performed with a GI Fellow)
- Mid-Rotation Site Director Assessment (discussion at Staff Meeting)
- End-of-Rotation Written Evaluation (verbal and written feedback from Site Director)
- **Evaluators:** Site Director, Endoscopy Charge Nurse or Supervisor, Inpatient Attending

	Novice		Early Learner		Advanced Learner		Proficient		Attending-Level	
Pre-Procedural Skills										
1. Appropriate History & Physical Exam, medical chart review **[PC4a/b, MK1, MK2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
2. Empathetic, culturally-sensitive patient counseling **[PROF1, PROF3, ICS1]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
3. Accurate sedation risk assessment **[PC4a/b, MK2, PROF3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
4. Understanding of Informed Consent, ability to obtain Informed Consent **[PC4a/b, PROF3, PROF4, ICS1, ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
Intra-Procedural Skills (Technical Proficiency)										
1. Ability to complete procedure without physical Attending assistance (documenting when assistance needed) **[PC4a/b, SBP1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
2. Ability to accurately identify key anatomical landmarks without Attending assistance **[PC4a/b, MK1, MK2, SBP1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
3. Ability to accurately identify key pathology without Attending assistance **[PC4a/b, MK1, MK2, SBP1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
4. Proficient utilization of therapeutic options (hemostatic maneuvers, polypectomy, dilation, etc.) **[PC4a/b, MK2, SBP1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
5. Overall patient experience/comfort (Fellow awareness and response, Nurse/Attending impression) **[PC4a/b, PROF3, ICS1]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
Post-Procedural Skills										
1. Empathetic, culturally-sensitive patient counseling regarding procedure findings **[PROF1, PROF3, ICS1]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
2. Timely, accurate documentation of procedure findings **[PROF1, ICS2, ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
a. Accurate description of endoscopic findings (not simply auto-completed statements unless appropriate, minimal editing required) **[MK1, MK2, ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
b. Accurate description of any therapeutic measures performed **[ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
c. Accurate inclusion and description of any images obtained (not just location) **[MK1, MK2, ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
d. Evidence of interpretation of endoscopic findings **[MK1, MK2, ICS2, ICS3]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
e. Implementation of a plan based on procedure performed (demonstrating understanding of next steps in care) **[SBP4, ICS1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
3. Seeking constructive feedback on performance (active interest in ongoing improvement) **[SBP1, PBLI3, PBLI4, PROF1, ICS1, ICS2]**	NA	1 | 2	3 | 4		5 | 6		7		8	9
a. Ability to incorporate constructive feedback into future procedures **[PBLI1, PBLI2, PBLI3, PBLI4, PROF4]**	NA	1 | 2	3 | 4		5 | 6		7		8	9

[4] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

ENTRUSTABLE PROFESSIONAL ACTIVITIES:
Professionalism Assessment[5]

UNIVERSITY OF MINNESOTA

Venues for Application:

- Weekly discussion between Inpatient Attending and Fellow (recorded on Observed EPA Report)
- Mid-Rotation Site Director Assessment (discussion at Staff Meeting)
- End-of-Rotation Written Evaluation (verbal and written feedback from Site Director)
- **Evaluators:** Site Director, Clinic Preceptor, Endoscopy Charge Nurse or Supervisor, Inpatient Attending

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		Novice		Early Learner		Advanced Learner		Proficient	Attending-Level	
Conduct and Behavior that demonstrates Respect										
1. Respect for patient autonomy, privacy, and personhood (HIPAA compliance, confidentiality, observing healthy boundaries in the physician/patient relationship) **[PROF1, PROF3, PROF4]**	NA	1	2	3	4	5	6	7	8	9
2. Respect for other healthcare professionals (observing healthy boundaries in work relationships, respectful communication, lack of disruptive behavior patterns, ability to work in a multidisciplinary team) **[PROF1, PROF4]**	NA	1	2	3	4	5	6	7	8	9
3. Respect for oneself ("ready to learn" attitude, punctuality, unaddressed/disruptive mental health and/or substance abuse concerns despite intervention, etc.) **[PROF1, PROF2]**	NA	1	2	3	4	5	6	7	8	9
Conduct and Behavior that demonstrates Compassion										
1. Care that puts the patient's interests above one's own (empathy) **[SBP2, SBP4, PROF1, PROF3, ICS1]**	NA	1	2	3	4	5	6	7	8	9
2. Empathetic consultative and procedural counseling provided to patient and family **[PROF1, PROF3, ICS1]**	NA	1	2	3	4	5	6	7	8	9
3. Cultural awareness and sensitivity **[PROF1, PROF3, ICS1]**	NA	1	2	3	4	5	6	7	8	9
Conduct and Behavior that demonstrates Accountability										
1. Timely completion of chart/procedure documentation **[PROF2, ICS3]**	NA	1	2	3	4	5	6	7	8	9
2. Timely follow-up on patient results and histology **[PROF2, ICS3]**	NA	1	2	3	4	5	6	7	8	9
3. Timely completion of administrative tasks (RMS work hour logging, procedure logs, vacation requests, credentialing, etc.) **[PROF1, PROF2]**	NA	1	2	3	4	5	6	7	8	9
4. Adheres to best ethical practices in clinical care, interactions with patients/caregivers and colleagues, and scholarship (mitigating/disclosing conflicts of interest, pursuing appropriate IRB approval, ascribing scholarly credit where due, etc.) **[MK3, PROF4]**	NA	1	2	3	4	5	6	7	8	9
5. Self-reflection and consideration of constructive criticism **[MK3, SBP2, PBLI1, PBLI2, PROF3]**	NA	1	2	3	4	5	6	7	8	9
6. Self-reflection that considers both good and bad outcomes of patient care delivered **[PC3, PC4a/b, MK1, MK2, SBP2, SBP3, PBLI1, PBLI2, PBLI3, PROF4]**	NA	1	2	3	4	5	6	7	8	9
a. Ability to incorporate constructive feedback into future patient care encounters **[PBLI1, PBLI2, PBLI3, PBLI4, PROF4]**	NA	1	2	3	4	5	6	7	8	9

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[5] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

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Cognitive Skills Assessment[6]

Expected Progression of Skills:

- Expected spectrum of skill for a Year 1 GI Fellow is denoted in **GREEN**
- Expected spectrum of skill for a Year 2 GI Fellow is denoted in **ORANGE**
- Expected spectrum of skill for a Year 3 GI Fellow is denoted in **PURPLE**
- **Please refer to the Evaluation Instructions for further definitions of the evaluation domains.**

ATTENDING FEEDBACK OPPORTUNITY

1) Pick one Area of Strength to discuss with your Fellow.
2) Pick one Area for Improvement to discuss with your Fellow.
3) Which of these areas can you work on together next time?

	Novice			Early Learner			Advanced Learner			Proficient			Attending-Level	
Academic Inquisitiveness														
1. Breadth of pertinent medical knowledge **[MK1]**	NA	1	2	3	4	5	6	7	8	9				
2. Appropriate application of pertinent medical knowledge **[PC2, MK1]**	NA	1	2	3	4	5	6	7	8	9				
3. Formulation of clinical questions **[MK3, PBLI4]**	NA	1	2	3	4	5	6	7	8	9				
4. Demonstration of independent learning (improving fund of knowledge through literature/textbook review, conferences attended, and presentations) **[MK3, PBLI4]**	NA	1	2	3	4	5	6	7	8	9				
5. Active participation in clinical discussion during work/teaching rounds **[PC2, PC3, MK1, MK2, PBLI4]**	NA	1	2	3	4	5	6	7	8	9				
Quality of Consultations														
1. Completeness of medical chart/outside record review **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9				
2. Thoughtful and accurate History & Physical Exam obtained from patient/family, focused when appropriate **[PC1, PROF3, ICS1]**	NA	1	2	3	4	5	6	7	8	9				
3. Accurate identification of active medical problems **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9				
4. Accurate patient prioritization based on medical acuity **[PC1, PC2, PC3, MK1, PROF2]**	NA	1	2	3	4	5	6	7	8	9				
5. Determination for need and timing of intervention (imaging, endoscopy, etc.) **[PC4a/b, MK2, SBP3]**	NA	1	2	3	4	5	6	7	8	9				
6. Proficiency in data sifting and interpretation **[PC1, PC3]**	NA	1	2	3	4	5	6	7	8	9				
7. Pertinent/cogent plan formation **[PC2, PC3, PROF3]**	NA	1	2	3	4	5	6	7	8	9				
Documentation														
1. Completeness of key consult elements (HPI, Past Medical/Surgical History, Social/Family History) **[PC3, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9				
2. Clear communication of clinical assessment **[PC3, PC5, SBP4, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9				
3. Clear communication of initial consultative plan **[PC3, PC5, SBP4, ICS2, ICS3]**	NA	1	2	3	4	5	6	7	8	9				
Care Coordination/Communication														
1. Appropriate inpatient follow-up (procedural, non-procedural consultation) **[PC3, PC5, SBP4]**	NA	1	2	3	4	5	6	7	8	9				
2. Timely communication with referring teams/physicians (written and/or verbal) **[PC5, SBP1, SBP4, PROF1, ICS2]**	NA	1	2	3	4	5	6	7	8	9				
3. Incorporation of ancillary Consult team and non-Consult team members (students/residents, nurses, APPs, etc.) **[PC5, SBP1, PROF1, ICS2]**	NA	1	2	3	4	5	6	7	8	9				
4. Consideration for outpatient follow-up if necessary **[PC5, SBP4]**	NA	1	2	3	4	5	6	7	8	9				
5. Consideration for cost-effective care **[MK1, SBP3, PROF3]**	NA	1	2	3	4	5	6	7	8	9				

[6] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

Quality Improvement/Scholarship

	Novice		Early Learner		Advanced Learner		Proficient	Attending-Level	
1. Seeks out opportunities to review documentation following Attending amendments and incorporates changes into future documentation (initial consultations, progress notes, procedure notes) **[PBLI1, PBLI3]**	NA	1 | 2	| 3	4	5	6	7	8	9
2. Employs a scholarly approach to formal presentations, capable of performing and discussing the products of a thoughtful literature review (adequate incorporation of historical literature, accurate citations in presentations/publications) **[MK3]**	NA	1 | 2	| 3	4	5	6	7	8	9
3. Seeks out opportunities to improve delivery and efficiency of care in clinical practice (template creation and dissemination, formal QI projects) **[SBP2, PBLI2]**	NA	1 | 2	| 3	4	5	6	7	8	9
4. Generates ideas for formal publications/presentations or Quality Improvement projects, and able to carry them through to completion **[MK3, PBLI4, PROF2]**	NA	1 | 2	| 3	4	5	6	7	8	9

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Gastroenterology Procedural Skills Assessment[7]

Expected Progression of Skills:

- Expected spectrum of skill for a Year 1 GI Fellow is denoted in **GREEN**
- Expected spectrum of skill for a Year 2 GI Fellow is denoted in **ORANGE**
- Expected spectrum of skill for a Year 3 GI Fellow is denoted in **PURPLE**
- **Please refer to the Evaluation Instructions for further definitions of the evaluation domains.**

Pre-Procedural Skills

1. Appropriate History & Physical Exam, medical chart review **[PC4a/b, MK1, MK2]**
2. Empathetic, culturally-sensitive patient counseling **[PROF1, PROF3, ICS1]**
3. Accurate sedation risk assessment **[PC4a/b, MK2, PROF3]**
4. Understanding of Informed Consent, ability to obtain Informed Consent **[PC4a/b, PROF3, PROF4, ICS1, ICS3]**

Intra-Procedural Skills (Technical Proficiency)

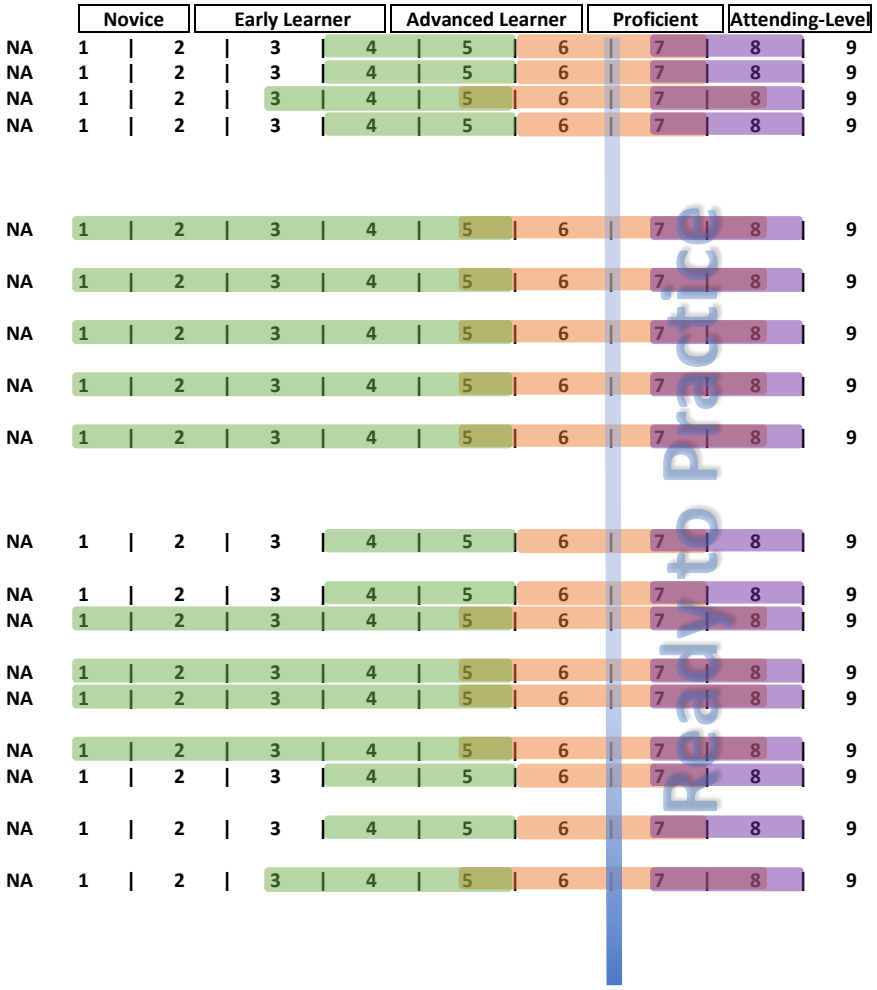
1. Ability to complete procedure without physical Attending assistance (documenting when assistance needed) **[PC4a/b, SBP1, ICS2]**
2. Ability to accurately identify key anatomical landmarks without Attending assistance **[PC4a/b, MK1, MK2, SBP1, ICS2]**
3. Ability to accurately identify key pathology without Attending assistance **[PC4a/b, MK1, MK2, SBP1, ICS2]**
4. Proficient utilization of therapeutic options (hemostatic maneuvers, polypectomy, dilation, etc.) **[PC4a/b, MK2, SBP1, ICS2]**
5. Overall patient experience/comfort (Fellow awareness and response, Nurse/Attending impression) **[PC4a/b, PROF3, ICS1]**

Post-Procedural Skills

1. Empathetic, culturally-sensitive patient counseling regarding procedure findings **[PROF1, PROF3, ICS1]**
2. Timely, accurate documentation of procedure findings **[PROF1, ICS2, ICS3]**
    a. Accurate description of endoscopic findings (not simply auto-completed statements unless appropriate, minimal editing required) **[MK1, MK2, ICS3]**
    b. Accurate description of any therapeutic measures performed **[ICS3]**
    c. Accurate inclusion and description of any images obtained (not just location) **[MK1, MK2, ICS3]**
    d. Evidence of interpretation of endoscopic findings **[MK1, MK2, ICS2, ICS3]**
    e. Implementation of a plan based on procedure performed (demonstrating understanding of next steps in care) **[SBP4, ICS1, ICS2]**
3. Seeking constructive feedback on performance (active interest in ongoing improvement) **[SBP1, PBLI3, PBLI4, PROF1, ICS1, ICS2]**
    a. Ability to incorporate constructive feedback into future procedures **[PBLI1, PBLI2, PBLI3, PBLI4, PROF4]**

ATTENDING FEEDBACK OPPORTUNITY

1) Pick one Area of Strength to discuss with your Fellow.
2) Pick one Area for Improvement to discuss with your Fellow.
3) Which of these areas can you work on together next time?



[7] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

UNIVERSITY OF MINNESOTA

Professionalism Assessment[8]

ATTENDING FEEDBACK OPPORTUNITY

1) Pick one Area of Strength to discuss with your Fellow.
2) Pick one Area for Improvement to discuss with your Fellow.
3) Which of these areas can you work on together next time?

Expected Progression of Skills:

- Expected spectrum of skill for a Year 1 GI Fellow is denoted in **GREEN**
- Expected spectrum of skill for a Year 2 GI Fellow is denoted in **ORANGE**
- Expected spectrum of skill for a Year 3 GI Fellow is denoted in **PURPLE**
- **Please refer to the Evaluation Instructions for further definitions of the evaluation domains.**

Conduct and Behavior that demonstrates Respect

1. Respect for patient autonomy, privacy, and personhood (HIPAA compliance, confidentiality, observing healthy boundaries in the physician/patient relationship) **[PROF1, PROF3, PROF4]**
2. Respect for other healthcare professionals (observing healthy boundaries in work relationships, respectful communication, lack of disruptive behavior patterns, ability to work in a multidisciplinary team) **[PROF1, PROF4]**
3. Respect for oneself ("ready to learn" attitude, punctuality, unaddressed/disruptive mental health and/or substance abuse concerns despite intervention, etc.) **[PROF1, PROF2]**

Conduct and Behavior that demonstrates Compassion

1. Care that puts the patient's interests above one's own (empathy) **[SBP2, SBP4, PROF1, PROF3, ICS1]**
2. Empathetic consultative and procedural counseling provided to patient and family **[PROF1, PROF3, ICS1]**
3. Cultural awareness and sensitivity **[PROF1, PROF3, ICS1]**

Conduct and Behavior that demonstrates Accountability

1. Timely completion of chart/procedure documentation **[PROF2, ICS3]**
2. Timely follow-up on patient results and histology **[PROF2, ICS3]**
3. Timely completion of administrative tasks (RMS work hour logging, procedure logs, vacation requests, credentialing, etc.) **[PROF1, PROF2]**
4. Adheres to best ethical practices in clinical care, interactions with patients/caregivers and colleagues, and scholarship (mitigating/disclosing conflicts of interest, pursuing appropriate IRB approval, ascribing scholarly credit where due, etc.) **[MK3, PROF4]**
5. Self-reflection and consideration of constructive criticism **[MK3, SBP2, PBLI1, PBLI2, PROF3]**
6. Self-reflection that considers both good and bad outcomes of patient care delivered **[PC3, PC4a/b, MK1, MK2, SBP2, SBP3, PBLI1, PBLI2, PBLI3, PROF4]**
   a. Ability to incorporate constructive feedback into future patient care encounters **[PBLI1, PBLI2, PBLI3, PBLI4, PROF4]**

Item		Novice		Early Learner		Advanced Learner		Proficient		Attending-Level
Respect 1	NA	1	2	3	4	5	6	7	8	9
Respect 2	NA	1	2	3	4	5	6	7	8	9
Respect 3	NA	1	2	3	4	5	6	7	8	9
Compassion 1	NA	1	2	3	4	5	6	7	8	9
Compassion 2	NA	1	2	3	4	5	6	7	8	9
Compassion 3	NA	1	2	3	4	5	6	7	8	9
Accountability 1	NA	1	2	3	4	5	6	7	8	9
Accountability 2	NA	1	2	3	4	5	6	7	8	9
Accountability 3	NA	1	2	3	4	5	6	7	8	9
Accountability 4	NA	1	2	3	4	5	6	7	8	9
Accountability 5	NA	1	2	3	4	5	6	7	8	9
Accountability 6	NA	1	2	3	4	5	6	7	8	9
Accountability 6a	NA	1	2	3	4	5	6	7	8	9

Ready to Practice

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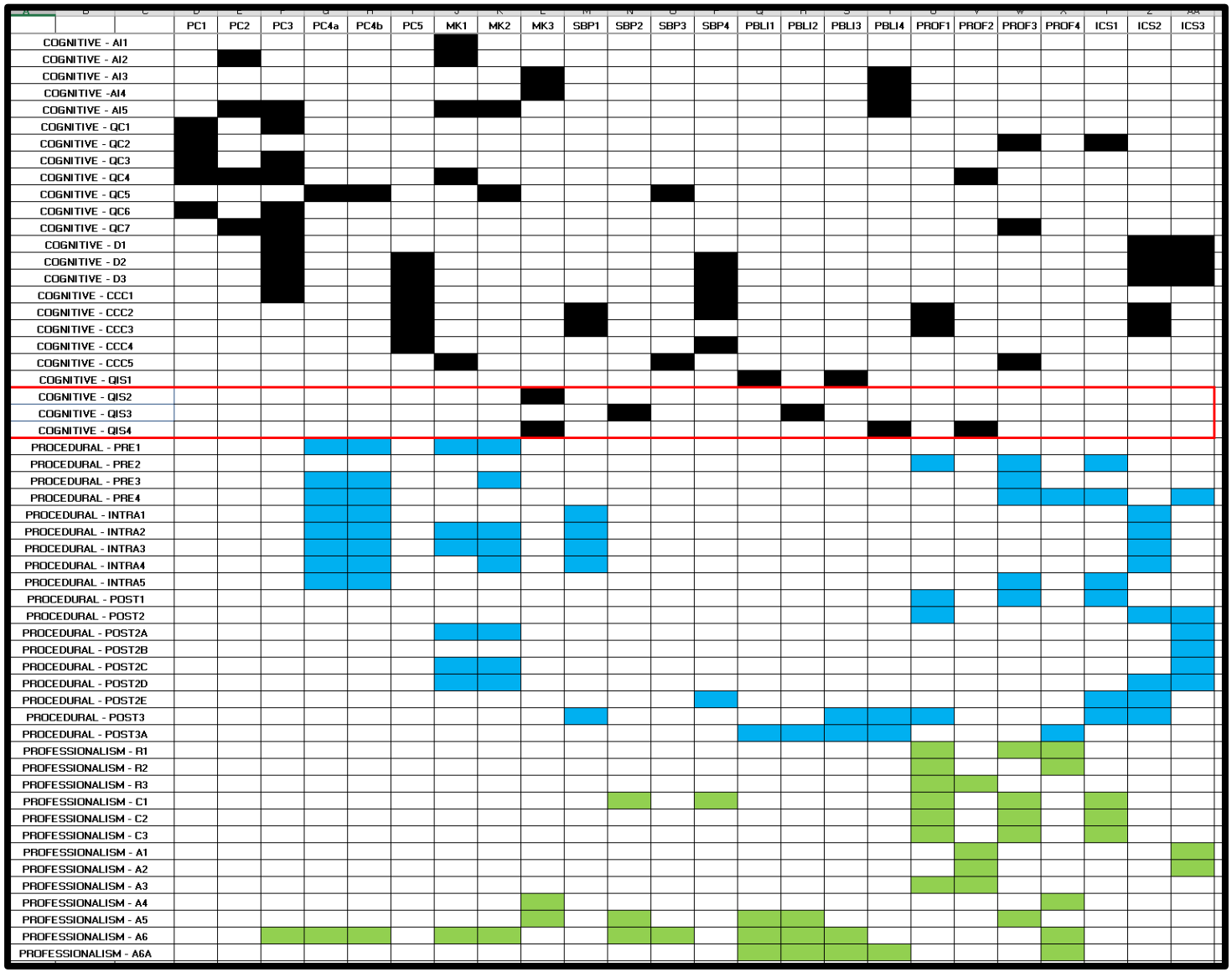
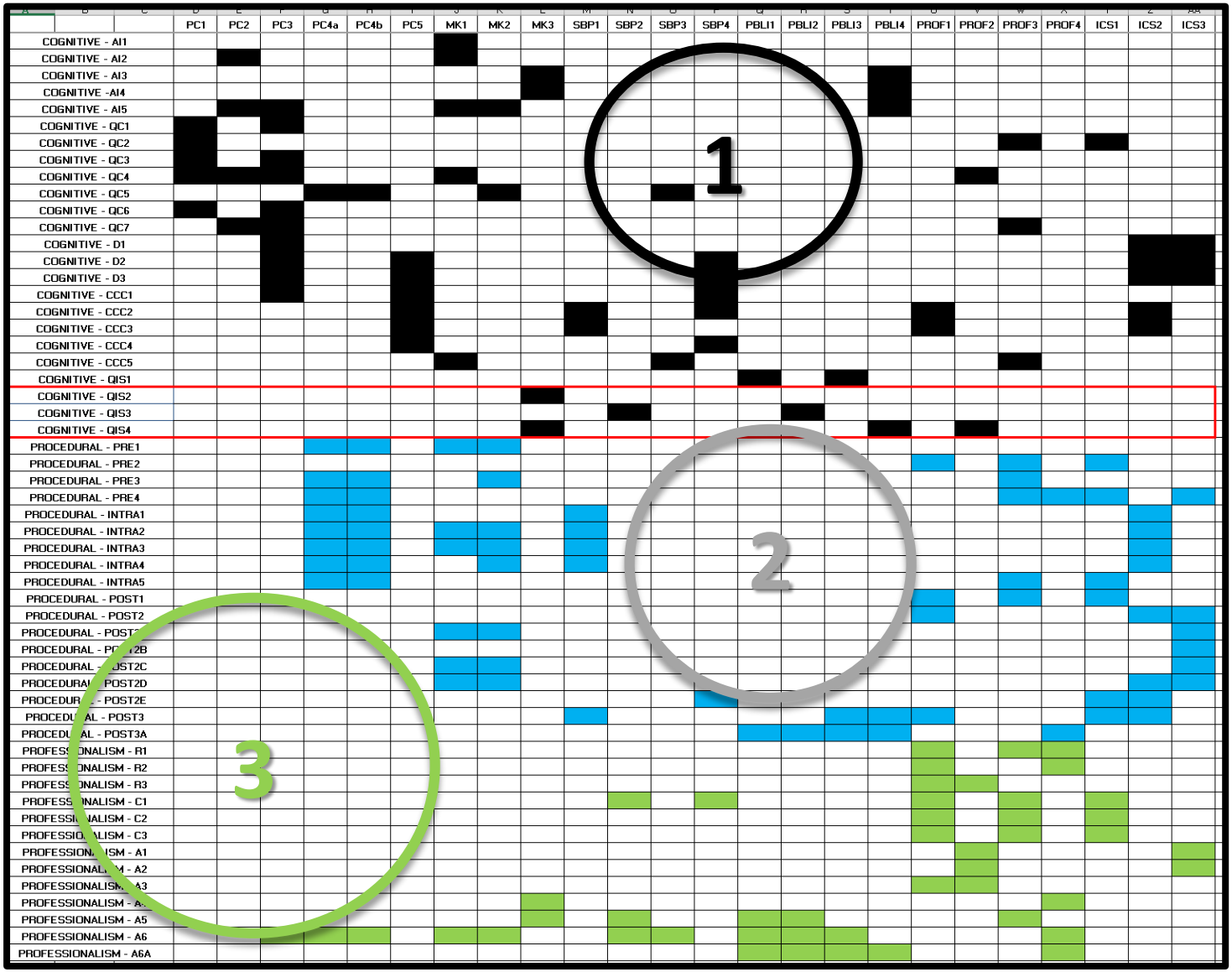
[8] All EPAs discussed above are linked to the ABIM/ACGME Internal Medicine Subspecialty Milestones: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf.

OBSERVED EPA REPORT MILESTONE MAP



OBSERVED EPA REPORT MILESTONE "GAPS"



Each of these Milestone "gaps" demonstrate an important concept – an Assessment/Evaluation Tool does not take the place of actual hands-on teaching of a Fellow by their Attending. These gaps represent incredible educational opportunities occurring at interesting intersections within the Milestones – these intersections can feed development of curricular initiatives, Quality Improvement projects, bedside teaching objectives, etc. These are expounded upon further below:

OER Milestone Gap #1 – Intersection within Cognitive Skills and Systems-Based Practice + Practice-Based Learning Improvement:

Examples of Activities & Curricular Initiatives that Address the Milestone Gap

- Role-modeling by the Attending of interdisciplinary care coordination and joint medical-decision making
    - Monday PM Pancreas-Biliary Tumor Conference
    - Tuesday PM Transplant Selection Meeting
    - Thursday AM GI/Surgery Conference
    - Friday PM Liver Tumor Conference
- Formal didactic training in Quality Improvement Project development, opportunities to begin and follow QI project through completion during Fellowship.
- Journal Club didactics (introduction to study design, introduction and practice in critical review of the medical literature).

OER Milestone Gap #2 – Intersection within Procedural Skills and Systems-Based Practice + Practice-Based Learning Improvement:

Examples of Activities & Curricular Initiatives that Address the Milestone Gap

- Instituting formal procedure and pathology review of Fellow cases at the end of each rotation, can determine Adenoma Detection Rate and Cecal Intubation Rate.
- Developing a Capsule Endoscopy Training Curriculum with scheduled Attending tutoring to improve Lesion Detection Rate.
- Developing a Manometry Training Curriculum with scheduled Attending tutoring on stock cases.
- Role-modeling by the Attending of pathology report interpretation and communication of the results to the patient and referring providers.

OER Milestone Gap #3 – Intersection within Professionalism and Patient Care + Medical Knowledge:

Examples of Activities & Curricular Initiatives that Address the Milestone Gap

- Bedside rounds with Attending, Fellow, and any additional trainees on inpatient service.
    - Opportunity to observe Fellow's interactions, examination, and clinical assessment of patient.
    - Opportunity for Attending to role model management of patient/family expectations, clinical assessment, and management.
    - Opportunity to set the stage for clinical discussion prior to patient encounter, and debriefing the learning points afterwards.
- Scheduled formal Chart Review with Attending and Fellow
    - Review 1 or 2 patient charts from the inpatient consult week together to discuss clinical assessment, management, and outpatient plan.
        - Can review points regarding appropriate documentation and billing, cost-effective care.
    - Review 1 or 2 patient charts from prior month in outpatient clinic to discuss clinical assessment, management, and anticipated outcomes of care.
        - Can review points regarding appropriate documentation and billing, cost-effective care.
- Department of Medicine Professionalism Workshop
- Citywide Conference, Morbidity & Mortality Conference by Year 3 GI Fellows

N.B.: This method of mapping expected behaviors to the Milestones to identify gaps in the curriculum can be applied to every educational activity within a Residency/Fellowship program – it can help identify areas of opportunity for future program innovation and ongoing Faculty/Trainee development.

Each Assessment (Cognitive Skills, Procedural Skills, and Professionalism) have built-in guides to orient both the Learner and Teaching Faculty regarding the expected level of proficiency for each year of training (particularly regarding scores that reflect achievement of proficiency amenable to independent practice); this serves to both curb the grade-inflation common to Likert scale evaluation as evidenced by our own internal evaluation review, as well as to better communicate the everyday clinical behaviors that have the most impact on attaining proficiency to both Learners and observing Teaching Faculty alike.