Entrustable Professional Activity (EPA) Statements for Pharmacy Graduates (DRAFT)

Stuart T. Haines, PharmD, BCPS, BCACP, BC-ADM
Chair, 2015-16 Academic Affairs Standing Committee

Jennifer Trujillo, PharmD, BCPS, CDE
2015-16 Academic Affairs Standing Committee
President Cynthia Boyle appointed the 2015-16 Academic Affairs Standing Committee to:

*Identify the EPAs for pharmacy graduates as they transition from completion of the Doctor of Pharmacy degree into practice and post-graduate opportunities such as residency training.*
Methodology

Key Resources:

- AACP CAPE 2013 Educational Outcomes
- JCPP Patient Care Process
Methodology

• Round 1 – brainstorming task statements
• Round 2 – identifying tasks
• Round 3 – consolidating and parsing task statements
• Round 4 – final task statements and describing conditions. Also created the different task domains by grouping them together
What are EPAs?

- EPAs are units of professional practice, specific tasks or responsibilities, to be entrusted to the unsupervised execution by a trainee or pharmacist once she or he has sufficient competence.

- EPAs are independently executable, observable, and measurable in both process and outcome.

- Translate competency statements to practice
5 levels of supervision*

1. Observation only, even with direct supervision
2. Execution with direct and proactive supervision
3. Execution with reactive supervision (on request and quickly available)
4. Supervision at a distance and/or post hoc
5. Able to supervise/teach others

*Source: ten Cate O, Nuts and Bolts of Entrustable Professional Activities. Journal of Graduate Medical Education, March 2013
Degree of Supervision

- **Entrustable (E)** = can be performed without supervision at the time of graduation under most conditions

- **Pre-entrustable (PE)** = indirect supervision (or reactive supervision)

- **E + PE** = may be entrustable or pre-entrustable depending on the conditions
Progression of EPA Development with Training and Experience

Patient Population Complexity
Determined by:
- Stability/Urgency
- Number of Meds
- Co-morbidities
- Health Literacy
- Social Support and Resources

Environment/Setting Complexity
Determined by:
- Decisional Authority/Scope of Practice
- Information Access
- Work Volume/Staffing
- Technical and Collegial Support
Task Domains

- Patient Care Provider
- InterProfessional Team Member
- Population Health/Care Provider
- Practice Manager
- Information Master
- Self-Developer
Task Domains

- **Essential (or Fundamental) EPA**: all pharmacists must be able to carry out this function/task/activity

- **Supporting EPA**: closely associated with an essential EPA; an EPA that must be done in order to accomplish an essential EPA
When considering each statement

- Would a new pharmacy graduate at the time of licensure be able to perform these tasks under most conditions, either unsupervised or with reactive supervision?
Feedback Questions

1. When a specific tool or technique (e.g., motivational interviewing) is proposed in an EPA statement, is the tool or technique commonly used and relevant in most practice settings? Are there additional tools or techniques that should be specifically mentioned in these statements?

2. Is there pharmacy-specific jargon that should be clarified or defined in a glossary? Examples might include adherence and drug use behaviors. Are there others?

3. Are there any style considerations (using the term drug versus medication)? Is there preferred terminology? Are there specific words or phrases that should be used or avoided?
Feedback Questions

4. **Figure:** EPA Development with Training and Experience. Are specific examples needed with regard to what comprises a low complexity patient versus high complexity patient AND a low complexity environment versus a high complexity environment? Or is the figure self-explanatory and sufficient as is?

5. Are the EPA role descriptors appropriate? Are they the most effective ways to describe the role aligned with the task statements underneath?
Feedback Questions

6. From your perspective, are there any tasks that are missing from the EPA statements that every pharmacy graduate should be able to do? Are there any statements that should not be included?

7. Taken as a whole, do these statements represent what pharmacists do?
How to Submit Feedback

- Please submit written comments by March 15, 2016 to the AACP Academic Affairs Standing Committee using the following link: https://www.surveymonkey.com/r/N7B2ZYG