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Entrustable Professional Activities to Assess Trainee Management of the Social Determinants of Health

Brown David

West Kendall Baptist Hospital, davidrb@baptisthealth.net

Karim Hanna

West Kendall Baptist Hospital, karimh@baptisthealth.net

Kaitlin Ross

West Kendall Baptist Hospital, kaitlinr@baptisthealth.net

Hugo Jimenez-Vazquez

West Kendall Baptist Hospital, hugoj@baptisthealth.net

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Investigators: Katherine Chung-Bridges, MD, MPH, Family Medicine, FIU; Ebony Whisenant, MD, Family Medicine, FIU; David Brown, MD, FIU, WKBH; Onelia Lage, MD; Tahirah Tyrell, MD, MSc; Kathryn Hartlieb, PHD, RDN/LDN, FAND; Maryse Pedoussaut, MD; Karim Hanna, MD; Kaitlin Ross, MD; Hugo Jimenez-Vazquez, MD; Carla Lupi, MD

Purpose: FIU's Neighborhood HELP teaches medical students and residents to address social determinants of health through inter-professional household visits. We define a set of entrustable professional activities (EPAs) by iteratively identifying activities, functions, competencies, and behaviors involved in addressing social determinants. These EPAs will be applied for assessing medical students and residents.

Methods: This process was adapted from Calaman et al., and based on our initial years of experience. We are identifying the key professional activities involved in household visits. This process involves defining activities, key functions, and competencies. We then identify developmental behaviors observed by supervising faculty, which correspond with each of the key functions. A reactor panel provides feedback for each EPA. The process is edited and repeated until there is agreement on the product.

Findings: We have identified four key professional activities associated with teaching household centered care including: "Collaborate as a member of an inter-professional team;" "Identify and help to manage the social determinants that impact the health of the members of a household;" "Perform behavioral counseling/motivational interviewing;" and "Supervise household-centered care visits." For each of these activities, we describe the key functions, competencies, and related milestones for entrustment of indirect supervision. These four entrustable professional activities for population health at the household level are being developed based on a decade of experience with household centered care at Florida International University. These EPAs, along with their corresponding milestones, will be utilized in assessing student and resident participation in NHELP. Implementation of this assessment tool is expected to result in further refinements with faculty feedback. We will gather data on utility for communicating expectations to learners, and guiding their learning. Future efforts will report progress as students and residents enhance the skills of household centered care. Components of this may be replicated or adapted as programs face the challenge of assessing students and residents with EPAs.

Function	Entrustable Professional Activity: Resident Supervision of Medical Student on Household Visits		
	Requires Immediate Intervention	Developing	Ready for Indirect Supervision
Prepare for the visit by reviewing notes and the health risk profile (HRP), and Electronic Medical Records (EMR).	Neglects key elements of the medical and social history available in the electronic records.	Identifies major elements of medical and social history available in EMR.	Facilitates student learning about the causative and associative relationships among the key elements of available sociomedical history.
Communicate with the inter-professional team in preparation for the household visit.	Responds more than 24 hours after the medical student's email with pre-visit documentation.	Responds within 24 hours to the medical student's email with pre-visit documentation and provides minimal feedback.	Responds within 24 hours to the medical student's pre-visit documentation and provides feedback which helps the student to prepare.
Lead the huddle pre- and post-visit.	Does not elicit student's goals for the visit or student's post-visit reflections. Neglects to discuss key sociomedical issues or related resources.	Communicates their goals and allows the student to communicate their goals for the visit.	Identifies student goals, communicates own goals, and fosters self-directed learning and follow up relevant to visit goals, activities, and outcomes.
Supervise the household visit.	Important issues are neglected, or the household member is misinformed about relevant information.	Relevant information is elicited from and communicated to the household member.	Assures a positive learning environment, assures proper time management of the visit, fills information gaps, and assures complete communication of relevant information to household members.
Conduct an assessment of the student(s) and provide feedback.	Gives inappropriate or exclusively negative feedback. Neglects to complete required assessment(s).	Provides reasonable feedback to student and completes required evaluation forms.	Asks the learner to self-assess, gives effective feedback, with an explanation for any corrections and suggestions for improvement. Completes required evaluation forms on the same day.
Possess an enthusiastic, humble, and empathic attitude toward the medical student, inter-professional team members, and the household members.	Dismisses household or student concerns.	Demonstrates empathy toward household members and respect toward the team members.	Demonstrates empathy toward household members and all members of the inter-professional team. Demonstrates enthusiasm, warmth, and humility consistently.
Coordinate with members of the inter-professional team to navigate the household members to needed resources in the community.	Decides on appropriate care unilaterally or neglects to incorporate members of the team, or neglects to encourage use of important community resources.	Incorporates members of the inter-professional team and community resources.	Assures that all appropriate referrals are made, and elicits recommendation for care from all members of the inter-professional team.

Competencies	
MK-1	Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine.
MK-2	Applies critical thinking skills in patient care.
PC-2	Cares for patients with chronic conditions.
PC-3	Partners with the patient, family, and community to improve health through disease prevention and health promotion.
SBP-3	Advocates for individual and community health.
SBP-4	Coordinates team-based care.
PBL-1	Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems.
PBL-2	Demonstrates self-directed learning.
Prof-1	Completes a process of professionalization.
Prof-2	Demonstrates professional conduct and accountability.
Prof-3	Demonstrates humanism and cultural proficiency.
C-1	Develops meaningful, therapeutic relationships with patients and families.
C-2	Communicates effectively with patients, families, and the public.
C-2	Develops relationships and effectively communicates with physicians, other health professionals, and health care teams.

Author Contact

Katherine Chung-Bridges, MD, MPH
 Florida International University
 Herbert Wertheim College of Medicine
 Department of Humanities, Health, and Society
 Division of Family Medicine
 11200 SW 8th Street
 AHC2 589A
 Miami, FL 33199
 Office: (305) 348-9171
kchung@fiu.edu

Discussion: Medical education is changing. Assessment of those in training needs to be widely applicable and indicative of capacity to practice medicine with cohesiveness. The AAMC has started this trend toward entrustable professional activities in evaluating students and residents.

Implications for Practice: 1. Refine milestones in home visits for medical students and residents 2. Formulate new entrustable professional activities by which to assess trainees in home-centered care.

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