Competencies, Milestones and EAPs

Program Director Series
October 20, 2015
Objectives

• Review the history of new approach to evaluation by the ACGME
• Show the differences between standard Likert scale evaluations and the Milestones
• Demonstrate samples of Milestones from various specialties
• Discuss EPAs
• Where is the ACGME going from here?
Outcomes Project (1999)

- David Leach (former CEO of ACGME):
  - Called for true competency-based GME
  - Authentic and specific determinants in assessment
  - Identified 6 areas of general competence
  - Relevant areas of “subcompetence”
  - Competencies were introduced into ACGME language and began to be taught and assessed for accreditation and certification
  - Direct observation of residents
Core Competencies

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Interpersonal and communication skills
- Professionalism
- Systems Based Practice
Sub Competencies (Patient Care)

1. Gather essential and accurate information about the patient
2. Organize and prioritize responsibilities to provide patient care that is safe, effective, and efficient*
3. Provide transfer of care that ensures seamless transitions*
4. Interview patients and families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease
5. Perform complete and accurate physical examinations
6. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
7. Develop and carry out management plans
8. Prescribe and perform all medical procedures
9. Counsel patients and families
10. Provide effective health maintenance and anticipatory guidance
11. Use information technology to optimize patient care
12. Provide appropriate role modeling*
13. Provide appropriate supervision*
Table Exercise

- [https://www.youtube.com/watch?v=vA_fABEvg40](https://www.youtube.com/watch?v=vA_fABEvg40)
- Watch the video and use the standard likert scales to rate the trainee

- Thanks to Drs. Dan Schumacher and Brad Benson from the Milestones Working Group for writing and filming this video, respectively, and making it available for public use.
Patient Care (Overall)
Complete and accurate medical interviews, physical examinations, and review of other data. Analyzes clinical data and considers patient preferences when making medical decisions. Judicious use of referrals and testing.

A. 1-Unsatisfactory
B. 2-Unsatisfactory
C. 3-Unsatisfactory
D. 4-Satisfactory
E. 5-Satisfactory
F. 6-Satisfactory
G. 7-Superior
H. 8-Superior
I. 9-Superior

Unsatisfactory=Several Behaviors performed poorly or missed
Satisfactory=Most behaviors performed acceptable
Superior=All behaviors performed very well
Patient Care (Interviewing)
Complete, logical, and efficient

A. 1-Unsatisfactory
B. 2-Unsatisfactory
C. 3-Unsatisfactory
D. 4-Satisfactory
E. 5-Satisfactory
F. 6-Satisfactory
G. 7-Superior
H. 8-Superior
I. 9-Superior

Unsatisfactory=Several Behaviors performed poorly or missed
Satisfactory=Most behaviors performed acceptable
Superior=All behaviors performed very well
Interpersonal and Communication Skills
Pertinent, organized, and fluent presentations.

A. 1-Unsatisfactory
B. 2-Unsatisfactory
C. 3-Unsatisfactory
D. 4-Satisfactory
E. 5-Satisfactory
F. 6-Satisfactory
G. 7-Superior
H. 8-Superior
I. 9-Superior

Unsatisfactory=Several Behaviors performed poorly or missed
Satisfactory=Most behaviors performed acceptable
Superior=All behaviors performed very well
Patient Care (Physical Examination)

Complete or problem-focused (as appropriate), accurate, reliable.

A. 1-Unsatisfactory
B. 2-Unsatisfactory
C. 3-Unsatisfactory
D. 4-Satisfactory
E. 5-Satisfactory
F. 6-Satisfactory
G. 7-Superior
H. 8-Superior
I. 9-Superior

Unsatisfactory=Several Behaviors performed poorly or missed
Satisfactory=Most behaviors performed acceptable
Superior=All behaviors performed very well
Milestones

An evaluation tool based on the idea of developmental progression
Milestone
A marker that defines for you where you are in your journey

Milestone
A marker for achievement of a significant goal
Milestones (ACGME)

- Description of the framework for the performance levels residents are expected to demonstrate for skills, knowledge, and behaviors (attitudes) in the six competency domains
- Allow learners to receive feedback regarding their position along the path to becoming a competent physician
- One indicator of a program’s educational effectiveness
Milestones

• What do they know? (Medical Knowledge)

• What can they do? (Patient Care)

• How do they conduct themselves? (Interpersonal and Communication Skills, Practice-based Learning and Improvement, Professionalism, and Systems-based Practice)
Milestones Background – How are they used?

ACGME
- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

Residency Programs
- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

Certification Boards
- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

Residents
- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents
Milestones Development

• Work commissioned and jointly developed by each ABMS program and the ACGME
• Working groups
  • RRCs
  • Certification Boards
  • Program Directors
  • Residents/Fellows
  • Specialty Societies
The Family Medicine Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education

and

The American Board of Family Medicine

July 2015
Milestone were NEVER meant to be put on the ‘end of the rotation’ evaluation forms!!!
**Milestone Development – How?**

<table>
<thead>
<tr>
<th>Milestone Description: Template</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td><strong>Level 2</strong></td>
<td><strong>Level 3</strong></td>
<td><strong>Level 4</strong></td>
<td><strong>Level 5</strong></td>
</tr>
<tr>
<td>What are the expectations for a beginning resident?</td>
<td>What are the milestones for a resident who has advanced over entry, but is performing at a lower level than expected at mid-residency?</td>
<td>What are the key developmental milestones mid-residency?</td>
<td>What does a graduating resident look like?</td>
<td>Stretch Goals – Exceeds expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What should they be able to do well in the realm of the specialty at this point?</td>
<td>What additional knowledge, skills &amp; attitudes have they obtained?</td>
<td>Are they ready for certification?</td>
</tr>
</tbody>
</table>

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### Patient Care 2: Anesthetic Plan and Conduct

<table>
<thead>
<tr>
<th>Has not Achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Formulates patient care plans that include consideration of underlying clinical conditions, past medical history, and patient, medical, or surgical risk factors</td>
<td>Formulates anesthetic plans for patients undergoing routine procedures that include consideration of underlying clinical conditions, past medical history, patient, anesthetic, and surgical risk factors, and patient choice</td>
<td>Formulates anesthetic plans for patients undergoing common subspecialty procedures that include consideration of medical, anesthetic, and surgical risk factors, and that take into consideration a patient’s anesthetic preference</td>
<td>Formulates and tailors anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors and patient preference for patients with complex medical issues undergoing complex procedures with conditional independence</td>
<td>Independently formulates anesthetic plans that include consideration of medical, anesthetic, and surgical risk factors, as well as patient preference, for complex patients and procedures</td>
</tr>
<tr>
<td>Adapts to new settings for delivery of patient care</td>
<td>Conducts routine anesthesics, including management of commonly encountered physiologic alterations associated with anesthetic care, with indirect supervision</td>
<td>Conducts subspecialty anesthesics with indirect supervision, but may require direct supervision for more complex procedures and patients</td>
<td>Conducts complex anesthesics with conditional independence; may supervise others in the management of complex clinical problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Internal Medicine Milestones
Patient Care 1

A. 1
B. 1 1/2
C. 2
D. 2 1/2
E. 3
F. 3 1/2
G. 4
H. 4 1/2
I. 5
Emergency Medicine Milestones
Patient Care 2

A. 1
B. 1 1/2
C. 2
D. 2 1/2
E. 3
F. 3 1/2
G. 4
H. 4 1/2
I. 5
Pediatric Milestones
Patient Care 4

A. 1
B. 1 1/2
C. 2
D. 2 1/2
E. 3
F. 3 1/2
G. 4
H. 4 1/2
I. 5
Surgery Milestones
Medical Knowledge 1

A. 1
B. 1 1/2
C. 2
D. 2 1/2
E. 3
F. 3 1/2
G. 4
H. 4 1/2
I. 5
### Orthopedic Surgery

#### Ankle Fracture – Patient Care

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>
| - Obtains history and performs basic physical exam  
  - Appropriately orders basic imaging studies  
  - Prescribes non-operative treatments  
  - Splints fracture appropriately  
  - Provides basic peri-operative management  
  - Lists potential complications | - Obtains focused history and performs focused exam; recognizes implications of soft tissue injury  
  - Appropriately interprets basic imaging studies  
  - Prescribes and manages non-operative treatment  
  - Performs a closed reduction  
  - Completes pre-operative planning with instrumentation and implants  
  - Performs surgical exposure of the lateral malleolus  
  - Provides post-operative management and rehabilitation  
  - Capable of diagnosis and early management of complications | - Appropriately orders and interprets advanced imaging studies (e.g., stress views, computed tomography [CT] scan)  
  - Provides a comprehensive assessment of most fractures on imaging studies  
  - Completes comprehensive pre-operative planning with alternatives  
  - Performs surgical reduction and fixation of a simple fracture (e.g., lateral or bimalleolar ankle fracture)  
  - Modifies and adjusts post-operative treatment plan as needed  
  - Capable of treating complications both intra-operatively and post-operatively (e.g., wound breakdown following malleolar fixation) | - Provides comprehensive assessment of complex fracture patterns on imaging studies (e.g., pilon fracture)  
  - Recognizes indications for and provides non-operative treatment of an unstable fracture (e.g., diabetes, medical comorbidities, non-compliance)  
  - Performs surgical reduction and fixation of a moderately complex fracture (e.g., open reduction internal fixation [ORIF] trimalleolar ankle fracture or simple pilon fracture) | - Performs surgical reduction and fixation of a full range of fractures and dislocations (e.g., ORIF complex pilon fracture)  
  - Develops unique, complex post-operative management plans  
  - Surgically treats complex complications (e.g., revision fixation after failed ORIF) |

#### Comments:

[ ] Not yet rotated
## 1. Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (PC1)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not collect accurate historical data</td>
<td>Consistently acquires accurate and relevant histories from patients</td>
<td>Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Identifies subtle or unusual physical exam findings</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Consistently performs accurate and appropriately thorough physical exams</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
</tr>
<tr>
<td>Fails to recognize patient’s central clinical problems</td>
<td>Uses collected data to define a patient’s central clinical problem(s)</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
</tr>
<tr>
<td>Fails to recognize potentially life threatening problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
# General Surgery

<table>
<thead>
<tr>
<th>Practice Domain</th>
<th>Competency</th>
<th>Critical Deficiencies</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance of Operations and Procedures (POP)</td>
<td>MEDICAL KNOWLEDGE (MK2)</td>
<td>This resident does not have basic knowledge about the common &quot;essential&quot; surgical operations that a medical student would be exposed to in clerkship</td>
<td>This resident has a basic knowledge of the common &quot;essential&quot; surgical operations that a medical student would be exposed to in clerkship</td>
<td>This resident has basic knowledge of the operative steps, perioperative care, and postoperative complications for many of the &quot;essential&quot; operations in the SCORE curriculum and a basic knowledge of some of the &quot;complex&quot; operations</td>
<td>This resident has a sophisticated knowledge of the operative steps, perioperative care, and postoperative complications for most of the &quot;essential&quot; operations in the SCORE curriculum and a basic knowledge of many of the &quot;complex&quot; operations</td>
<td></td>
</tr>
<tr>
<td>Care For Diseases and Conditions (CDC)</td>
<td>PATIENT CARE (PC1)</td>
<td>This resident is not able to perform an efficient and accurate initial history and physical for patients admitted to the hospital</td>
<td>This resident is able to perform a focused, efficient and accurate initial history and physical of all patients admitted to the hospital, including critically ill patients</td>
<td>This resident can accurately diagnose most &quot;broad&quot; surgical conditions and initiate appropriate management for some common conditions</td>
<td>This resident can accurately diagnose all &quot;broad&quot; conditions and some &quot;focused&quot; conditions and initiate appropriate management for all common surgical conditions independently</td>
<td>This resident can lead a team who can care for common and complex conditions and can delegate appropriate clinical tasks to other health care team members. This resident recognizes atypical presentations of a large number of conditions</td>
</tr>
</tbody>
</table>

**Comments:**
Table Exercise

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**Thanks to Drs. Dan Schumacher and Brad Benson from the Milestones Working Group for writing and filming this video, respectively, and making it available for public use.**
Clinical Competence Committee

- CCC members synthesize assessment data and make a consensus judgment about the progress of each resident in terms of milestones
- Offer a group perspective to the PD
- Serve as an early warning system for residents failing to progress
### What is your opinion?

<table>
<thead>
<tr>
<th></th>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK-1</td>
<td>3.2</td>
<td>3.3</td>
<td>4.0</td>
</tr>
<tr>
<td>PC-3</td>
<td>3.5</td>
<td>3.6</td>
<td>3.9</td>
</tr>
<tr>
<td>SBP-2</td>
<td>3.1</td>
<td>3.3</td>
<td>3.8</td>
</tr>
<tr>
<td>IC-1</td>
<td>3.6</td>
<td>4.0</td>
<td>4.1</td>
</tr>
<tr>
<td>PROF-4</td>
<td>3.8</td>
<td>3.9</td>
<td>4.2</td>
</tr>
<tr>
<td>PBLI-3</td>
<td>2.9</td>
<td>3.5</td>
<td>4.0</td>
</tr>
</tbody>
</table>

PGY-1s are rated too highly
Shows the need for faculty development in the use of Milestones
Often caused by the Milestones being placed directly on the rotation evaluations
Nice progression of skills…Program is doing a nice job of training the residents. Could be also due to placing Milestones on the end of the rotation evaluations and limiting choices of Milestones.
Thoughts?

<table>
<thead>
<tr>
<th></th>
<th>PGY-1</th>
<th>PGY2</th>
<th>PGY-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK-1</td>
<td>1.3</td>
<td>2.9</td>
<td>3.8</td>
</tr>
<tr>
<td>PC-3</td>
<td>1.6</td>
<td>2.8</td>
<td>3.9</td>
</tr>
<tr>
<td>SBP-2</td>
<td>2.0</td>
<td>2.4</td>
<td>3.0</td>
</tr>
<tr>
<td>IC-1</td>
<td>1.4</td>
<td>2.8</td>
<td>3.7</td>
</tr>
<tr>
<td>PROF-4</td>
<td>2.9</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>PBLI-3</td>
<td>1.2</td>
<td>1.4</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Present curriculum needs improvement in teaching S,K, and A of PBLI-3 and perhaps SBP-2
Program does not have a good way of evaluating PBLI-3 and perhaps SBP-2
Thoughts?

<table>
<thead>
<tr>
<th></th>
<th>PGY-1</th>
<th>PGY2</th>
<th>PGY-3</th>
</tr>
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<tr>
<td>MK-1</td>
<td>3.3</td>
<td>4.1</td>
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<tr>
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<td>3.6</td>
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<td>IC-1</td>
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<td>PROF-4</td>
<td>3.9</td>
<td>4.5</td>
<td>5.0</td>
</tr>
<tr>
<td>PBLI-3</td>
<td>3.2</td>
<td>3.8</td>
<td>4.4</td>
</tr>
</tbody>
</table>

You have AMAZING residents and a FANTASTIC teaching program. Your residency is located in Lake Wobagon. Your faculty are in desperate need of faculty development around the use of Milestones as an evaluation too.
Important Points!

- Milestones represent a graduation *target* and do not represent a graduation *requirement*.

- Completion of program and ability to practice without supervision still rests at the discretion of the program director.

- Requirements for board certification still rest with ABMS certification board.
Entrustable Professional Activities

• Professional activities that together constitute the mass of critical elements that operationally define a specialty
• Place the competencies in the everyday work of a physician (puts competencies in context)
• Activities lead to some observable outcome
• Complexity of these activities requires an integration of knowledge, skills and attitudes across competency domains
• Specific number for each specialty (16 for general pediatrics)

Ten Cate O, Scheele F. Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice. Acad Med;2007:82:542-547
Entrustable Professional Activities (restated)

- They describe the routine activities of a physician
- EPAs offer a new method of assessment that focuses on the level of supervision needed to carry out the activity. The targeted question becomes “is this learner ready to be entrusted to perform this professional activity without direct supervision?”
Entrustment and Competence

- Entrustment occurs when direct supervision is no longer needed
- Faculty understand entrustment more than competence
- Entrustment infers competence
- Doesn’t suggest that graduating residents reach a standard of performance to practice every EPA without direct supervision
- Opens the door for structured learning after residency as part of MOC
### Relationship Between EPAs and Competencies

<table>
<thead>
<tr>
<th>ACGME competencies‡</th>
<th>EPAs</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Care of uncomplicated pregnancies</td>
<td>Normal delivery</td>
<td>Uncomplicated puerperium and neonate</td>
<td>The high risk complicated delivery</td>
<td>Perioperative care</td>
</tr>
<tr>
<td>The ability to provide adequate patient care</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>The possession and ability to apply medical knowledge</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>The ability to learn from clinical practice and to improve it</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>The possession and ability to apply interpersonal and communication skills</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>The ability and commitment to carry out professional responsibilities</td>
<td></td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>The awareness of and ability to operate optimally within the context, system, and resources of health care</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

EPAs are the focus of assessment, by observation, ratings or otherwise

The overall assessment of competencies is not actually done. In stead, their presence is inferred from the assessment of sufficient EPAs.

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Ten Cate O, Scheele F. Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice. Acad Med;2007:82:542-547
EPAs in Ob-Gyn and Expected Levels of Confidence in a Time Schedule

<table>
<thead>
<tr>
<th>EPA</th>
<th>PGY-2</th>
<th>PGY-4</th>
<th>PGY-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>The care of uncomplicated pregnancies</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>The care of complicated pregnancies</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The normal delivery</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>The complicated delivery</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The complicated delivery, estimated as high risk</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>The uncomplicated puerperium and neonate</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Levels of Confidence**

| Has Knowledge                                              | 1     |
| May act under full supervision                              | 2     |
| May act under moderate supervision                          | 3     |
| May act independently                                       | 4     |
| May act as a supervisor or instructor                       | 5     |

Level 4 reflects the entrustment of the activity

Ten Cate O, Scheele F. Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice. Acad Med;2007:82:542-547
Sample of Pediatric EPAs

1. Care for the well newborn
2. Manage patients with acute, common, single system diagnoses in an ambulatory, emergency, or inpatient setting.
3. Manage patients with acute complex multi-system disease in an ambulatory, emergency, or inpatient setting.
4. Provide a medical home for well children of all ages.
5. Provide a medical home for patients with complex, chronic, or special health care needs.
Sample of GI EPAs

1. Manage common acid peptic–related problems.
2. Manage common functional GI disorders.
3. Manage common GI motility disorders.
4. Manage liver diseases.
5. Manage complications of cirrhosis.
6. Perform upper and lower endoscopic evaluation of the luminal GI tract for screening, diagnosis, and intervention.
7. Perform endoscopic procedures for the evaluation and management of GI bleeding.
GI EPAs tracked to Milestones

1. Manage common acid peptic–related problem
   PC3, PC5, MK2, SBP1, SBP3, PROF1, PRO2, ICS2, ICS3

2. Manage common functional GI disorders
   PC3, PC5, MK1, MK2, SBP1, SBP3, PBLI1, PBLI3, PROF1, PROF3, ICS2, ICS3
Entrustable Professional Activities

- “This can serve to move toward competency based training, in which a flexible length of training is possible and the outcome of training becomes more important than its length.”

Ten Cate O, Scheele F. Competency-based postgraduate training: Can we bridge the gap between theory and practice. Acad Med;2007:82:542-547
Conclusion

• The move to ‘outcomes based’ education has lead to many changes in GME

• Milestones are a way to evaluate residents along a developmental spectrum

• EPAs describe routine work done by a physician with encompasses several competencies and sub-competencies.