

EPA Thinking - Module 10

Mentor supplement with examples and prompts

Mentor Briefing: It will be important to inform the students of the points below before you proceed with the module exercise so they will understand that the process they will follow gets more natural.

- Students should keep in mind that they are evaluating thinking needed to learn clinical procedures. These procedures will require decisions.
- Decisions can be pre-entrustable or entrustable. They cannot be memorized effectively nor are they acquired by experience alone.
- The flipped classroom causes attention to be focused on comparing current decisions in studying vs. future decisions in the clinic.
- Awareness of the EPAs and their understanding of how to acquire entrustability can be powerful in selling themselves to residency programs. Make them repeat this back and try to give their own explanation. Tell them not to worry, but just to focus on their own way of thinking.

You, the mentor, will be aided by several enhancements:

1. This supplement is composed of the materials that the students have with the enhancements added to provide an all-in-one document.
2. [brackets] are used to provide notes or suggestions.
3. Highlighting is used for faster reference on the page.
4. The sample responses in the section following the discussion questions are excerpted from the reading materials to help you prompt the students as needed.
5. Additional background material is also included in the sample responses.

EPA 10 Flipped Classroom Exercise

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

AAMC description of activity: The goal is to be able to *promptly recognize* a patient who requires urgent or emergent care, *initiate evaluation and management*, and seek help.

Discussion Questions:

1. First student: **Identify a behavior** from the pre-entrustable description for this EPA in the AAMC Faculty and Learners' Guide.
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory? [**novice**]
 - What is novice thinking? [direct recall; **absence of awareness of significance**]
 - What is the corresponding study behavior, i.e. how do robotic thinkers study? [emphasis on recognition of facts; **absence of personal organization of facts**]
 - b. Next student: Where do you think the information for this EPA is addressed in the preclinical curriculum? (starter example: What anatomy content is needed for this

- EPA?) [anatomy provides insight into function and relationships; physiology and biochemistry provide insight into normal communication between tissues, etc.]
2. Next student: Identify another behavior from the pre-entrustable description.
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory?
 - b. Next student: Where is this type of thinking addressed in the preclinical curriculum?
 3. Continue this analysis until there is general agreement that at least three examples have been identified. [Note: Inclusion of at least three assures an appreciation of the variety of behaviors observed.]
 4. Next student: Identify a behavior from the **entrustable vignette**.
 - a. Next student: What type of thinking is associated, novice/robotic or integrated/anticipatory? [**integrated/anticipatory**]
 - b. Next student: Where is this type of thinking addressed in the preclinical curriculum? Also, in your own study skills? [As above, but **disciplines are related to each other by the student**, e.g. heart anatomy is reviewed during cardiovascular physiology.]
 5. Continue this questioning until there is general agreement that all have been identified.
 6. Next student: Show how ES Peak Mapping helps to develop the skills needed for this EPA. (Example: **could you organize this topic in a concept map?**)
 7. Next student: How does deliberate practice apply to this skill development [self-reflection is encouraged along with review of deficiencies]?
 8. Next student: How does Jungian type apply to this EPA?
 - a. Limit discussion to intuitive and sensing preferences. How does each preference prefer to think? [Sensing types: linear, memorization, recognition-based. Intuitive types: big picture, relationships, comparison-based.]
 - b. Discussion should involve reflection on what preference requires most effort and is least trusted. [**Sensing types** tend to focus on... ; **intuitive types** tend to focus on...]
 9. Pursue additional interests of the group or needs for clarification as they arise.

Sample excerpts from description and vignettes

Pre-EPA excerpts from description and vignettes with relevant contribution from ESP

1. has an incomplete understanding of **personal limitations**;
2. has difficulty gathering, filtering, and **prioritizing the critical data** for a patient;
3. has gaps in his medical knowledge and **inconsistently applies** the knowledge he does have;
4. fails to recognize **variations of vital signs** that may occur with age or various disease states;
5. **Gaps in medical knowledge** make it challenging for him to anticipate next steps;
6. difficulty **mobilizing the skills and abilities of team members** or using escalation in care policies and procedures;
7. demonstrate a **defensive and/or argumentative attitude** in debriefing sessions

EPA thinking required for activity with relevant contribution from ESP:

1. has **insight** into his personal limitations;

2. ability to gather, filter, and **prioritize information** such as vital signs, focused physical exam, past medical history, recent tests or procedures, and medications to form a focused differential diagnosis;
3. can **anticipate next steps** in care;
4. entrustable learner **seeks guidance and feedback** from the health care team to improve future patient care