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

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

**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 enthrustable professional activities in evaluating students and residents.

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

**References**


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**Complainces**

MK-1: Demonstrates medical knowledge of sufficient breadth and depth to practice medicine.

MK-2: Applies critical thinking skills in patient care.

PC-1: Demonstrates knowledge of fundamental medical and related sciences.

PC-2: Demonstrates knowledge of the factors that shape the health of individuals and populations.

PC-3: Demonstrates knowledge of the factors that shape the health of individuals and populations.

SBP-2: Advocates for individual and community health.

SBP-3: Applies knowledge of the impact of social and economic conditions on health and illness.

PBL-1: Identifies and utilizes resources in the community.

PBL-2: Identifies and utilizes resources in the community.

PBL-3: Identifies and utilizes resources in the community.

PBL-4: Identifies and utilizes resources in the community.

PBL-5: Identifies and utilizes resources in the community.

PBL-6: Identifies and utilizes resources in the community.

PBL-7: Identifies and utilizes resources in the community.

PBL-8: Identifies and utilizes resources in the community.

PBL-9: Identifies and utilizes resources in the community.

PBL-10: Identifies and utilizes resources in the community.