

Implementing Entrustable Professional Activities in Plastic Surgery Residency Training



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Background

- The American Board of Surgery has implemented Entrustable professional activities (EPAs) in general and vascular surgery as a mode of assessing competency-based education
- Entrustable Professional Activity (EPA): Unit of professional practice that can be entrusted to a trainee, once they have demonstrated the necessary competence to execute this activity unsupervised
- Plastic surgery currently does not have an EPA curriculum

Aims

1. Design and implement an EPA assessment tool
2. Describe our experience implementing EPA assessments at a major plastic surgery residency program

Methods

- Followed American Board of Surgery EPA format and ACGME guidelines
- Used the Smartsheet platform to create our EPA assessment tool
- Created 4-5 broad questions per phase of care (limited participation, direct supervision, indirect supervision, practice ready)
- Entrustment level descriptions kept broad intentionally to cover many plastic surgery procedures
- Created a badge with a QR code linked to the EPA platform to increase accessibility for faculty
- Implemented EPA assessment tool in July 2024

Methods Continued

smartsheet

Entrustable Professional Activities for Plastic & Reconstructive Surgery - Resident

This form is for residents to self-evaluate their own competency based on EPAs. Goal is to complete at least two assessments per week.

Resident Name (Last, First)

Select or enter value

Attending Name (Last, First)

Select or enter value

Rotation

Select or enter value

Date of Procedure/Case

Select or enter value

Case/Procedure

Select or enter value

Case Difficulty Level

Select or enter value

Phase of Care (choose only one phase of care)

Select or enter value

Comments

Please comment on why you selected the answer above. Specifically note what steps you can take to achieve the next level of autonomy.

Case Difficulty Level

Select or enter value

Straightforward

Moderate

Complex

Comments

Phase of Care (choose only one phase of care)

Select or enter value

Preoperative (Outpatient/Clinic)

Preoperative (Inpatient/ED Consult)

Intraoperative

Postoperative

Faculty Assessment QR Code



UCSF EPA

Plastic & Reconstructive Surgery

QR Code for evaluation by: FACULTY

Results

- Adopted in July 2024 in a single integrated plastic surgery residency
- 2 EPAs/week/resident, self-evaluations encouraged
- Data from July 2024 – April 2025

Phase of Care	Total Number (n=203)	Resident	Completed EPAs (n = 203)
Preoperative (Outpatient/Clinic)	6	PGY4-6	127
		Research	2
		PGY1-3	74
Preoperative (Inpatient/ED Consult)	8	Difficulty Level	Results (n = 203)
Intraoperative	188	Straightforward	81
Postoperative	1	Moderate	87
		Complex	35

Breast	Hand	Craniofacial	Aesthetics	Soft Tissue Reconstruction
• Gender Affirming Mastectomy • Breast reduction • DTI, IE, Capsulectomy	• ORIF Finger/MC • Finger Amputation • Carpal Tunnel	• ORIF Mandibular Fracture • Cleft Lip/Palate • Excision Scalp Lesion	• Panniculectomy	• Pressure Sore • Spinal Coverage • LE Pedicle Flap

Figure 1: Most common procedures at our institution

Discussion

- We developed a generic EPA that can be applicable to all areas of plastic surgery
- Learned how it can encourage more real-time feedback compared to a single end of rotation evaluation
- Increased opportunities for feedback and communication
- Self-evaluations provided residents to self-identify areas of improvement
- Identified possible need for sub-EPAs
- Risk of evaluator bias and pattern recognition
- Potential role in less commonly performed procedures not in the core EPAs

Future Directions

- Create more descriptive EPAs to provide additional data for the Clinical Competency Committee to complete milestone scores
- Use the five categories we described to create a list of core EPAs
- Following development and validation, we hope to pilot the EPAs at our institution

References

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