

EPA Thinking and Residency – Module 14 Instructions

Mentor Briefing: It will be important to inform the students of the points below before you proceed with this additional module exercise so they will understand that the process how the thinking about application of EPA thinking proceeds.

Student Briefing for exercise:

This session is aimed at translating a knowledge of EPA thinking into a competitive application for residency. It will teach you what residency program directors want from you and how you can use a working knowledge of your EPA thinking to provide that to them. You will find that EPA thinking skills overlap with the predictive validity of Step 1 – and, now that Step 1 has been masked, your ability to represent your self-directed and self-regulated skills is even more important.

- You will need to review the following documents provided at the website:
 - 1) Myths and realities concerning Step 1 and the EPAs.
 - 2) The Core Entrustable Professional Activities (EPAs): The Next Step 1?
 - 3) How Can the Core Entrustable Professional Activities (EPAs) Help My Residency Application?
- The flipped classroom will help you hear how others view their own assets that can be used in framing a personal statement and in responding to questions in an interview. [Expect some “learned helplessness” expressed as “I don’t know enough to comment.” Try to bring out what they do know and their reactions to the documents.]
- Awareness of the EPAs and your

biosketch from information you have entered into your EPA Journal.

- a) Next student: How does EPA thinking correlate with Step 1 thinking?
- What kind of study methods produce good Step 1 scores?
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- a) Next student: How do pre-clinical critical incidents differ from clinical critical incidents? How are they alike? [pre-clinical are study sessions; clinical are patient experiences]
 - b) Next student: How does documentation produce awareness? [you don't forget documentation]
 - c) Next student: What type of incidents does the EPA Critical Incident Protocol include? Can you think of any others? [possibly redundant but see where this goes; can cite type of study and outcome or difficulty with clinical situation]
 - d) Next student: Would it make sense to periodically summarize your experience? [not mentioned in documentation, but maybe a good wind-up conversation]
5. Pursue additional interests of the group or needs for clarification as they arise.