EPA Thinking - Module 2 Mentor Supplement with examples and prompts

<u>Mentor Briefing:</u> 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:

Highlighting is used for faster reference on the pa

- 4. The sample responses in the section following the the reading materials to help you prompt the study.
- Additional background material is also included in

EPA x Flipped Classroom Exercise

EPA 2: Prioritize a differential diagnosis following a clinical encounter

<u>AAMC Description of Activity</u>: The goal is to be able to integrate patient data to *formulate an assessment*, *developing a list of potential diagnoses* that can be *prioritized* and lead to *selection of a working diagnosis*.

Discussion Questions:

- 1. <u>First student</u>: <u>Identify a behavior</u> from the pre-entrustable description for this EPA in the AAMC Faculty and Learners' Guide.
 - a. <u>Next student</u>: 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? [Students should

13. Pursue additional interests of the group or needs for clarification as they arise. [The degree of engagement increases beginning with the second session and leads to increased initiation of discussion independent of the mentor. At this point, the mentor still needs to guide the conversation so that the conversation remains focused on the questions.]

Sample excerpts from description and vignettes

<u>Pre-entrustable sample responses:</u>

[For each example (remember that only three are needed) bring out how study should change to correct the thinking to entrustable.]

1. Approaches assessment of a patient problem IBT/CS0gem Ibregath(n)1pptr leatr Tc 0 Tw 3.98 0 obegedn th0