

Myths and Realities Concerning Step 1 and the EPAs

Medical school admission attempts to select for promising students. Residency recruitment selects for promising clinicians. Residency programs recruit on the same basis as any other job application. They need to know that you can perform the duties required and that you will be an asset to the program if you are hired. This is not a degree program and you do not have the option of staying in isolation while you study for tests. Instead, you will have job responsibilities and if you become unable to perform them, you are not flunked out - you are fired! The myths and realities described below give some insight into this new training environment as part of your education about EPA Thinking.

USMLE Step 1

- *Myth:* Step 1 is a reward system. You are rewarded for a good score by a residency program giving you a high rank. This is like receiving the “Step 1 Award.”
- *Reality:* Step 1 is an insurance policy for the residency program that you won’t fail annual in-service board exams. It is a probability estimate that successful scores on national exams predict success on in-service exams.
- *Importance of in-service exams:* Residency programs must maintain certification and that usually entails maintaining a standard of passing performance on in-service exams. Even though a residency program does not offer a degree or a formal graduation, they do have an educational program that supports the clinical training in each specialty practice. In-service exams verify the adequacy of the required didactic activities, and failure of an in-service exam will lead to some form of intervention possibly including dismissal from the program. While this may seem like a problem for you, it is an even bigger problem for the residency program who can only hire once a year, i.e. at the match. A hospital, by comparison, can replace a physician immediately. Step 1, therefore, is insurance that they will not have to dismiss you for failure to pass their in-service exams.

Core Entrustable Professional Activities for Entering Residency (EPAs)

- *Myth:* The EPAs are a list of expectations by medical schools. This is one of the ways to evaluate students in their clerkship training.
- *Reality:* The EPAs are a list of expectations of residency programs. They are clinical activities that residents can be “trusted” to perform *without* supervision on *day-one* of residency. The EPAs were detailed in a special report after a study showed that current medical graduates were not entrustable.
- *Importance of the EPAs:* The EPAs are not goals, they are expectations. The goals of a residency are called “competencies” and completion of the competencies implies that you are eligible to sit for a specialty board examination. The EPAs are naturally related to the competencies because they were derived from them, but they differ in that the degree of skill is not at issue with the EPAs. Entrustability can be confused with competency since both require skill, but entrustability only requires a minimum adequate skill for you to begin

your training. Competency is acquired after skill development through several years of supervised practice. A medical graduate who is not entrustable, therefore, must be supervised until they can be left to perform the basic, or “core”, entrustable activities in clinical practice. The residency program is burdened by pre-entrustable medical graduates because they have to pull residents and/or attendings off of their service to supervise the new residents. This is expensive financially and compromises the quality of care provided by the residency program. When a program director can be assured that an applicant will be entrustable, they will be more inclined to rank that applicant above others.