Supplementary Figure 2: Expert and Stakeholder EPA Survey

Features of my hematopathology practice (check all that apply)

- I am in training (pathology residency/fellowship)
- I am < 5 years in practice
- I am 5-10 years in practice
- I am >10 years in practice
- I am a private or community practice pathologist
- I am an academic hematopathologist
- N/A, not a hematopathologist in training or practice

This survey is distributed on behalf of the Hematopathology EPA Working Group of the Society for Hematopathology.

This survey is distributed as an anonymous link, but information that you provide as free text as well as information that you provide regarding years in practice and practice type could theoretically be identifying.

By checking this box, I certify that I am at least 18 years old and that I give my consent freely to participate in this survey.

EPAs are "units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he or she has attained sufficient specific competence." EPAs describe units of work, often assessed by level of supervision required, whereas competencies describe the learner. Multiple competencies are often needed to perform an EPA.

An example of an EPA for entering residency is "Gather a history and perform a physical examination."

Englander R et al. Toward Defining the Foundation of the MD Degree: Core Entrustable Professional Activities for Entering Residency. Acad Med. 2016 Oct;91(10):1352-1358

Hematopathology EPA Working Group of the Society for Hematopathology has put together ten proposed EPAs for hematopathology fellowship. Example scenarios are presented to clarify the intent of the EPA.

We are seeking your feedback on each EPA, and at the end you will have a chance to provide general feedback.

EPA 1: Guide selection of diagnostic assays and triage appropriate specimen

Example scenarios: Determine appropriate immunohistochemical stains to order when limited material available.

Triage cerebrospinal fluid (CSF) or fine needle aspiration (FNA)/needle core biopsy material to appropriate diagnostic assays.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No)

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 2: Identify and communicate critical values and urgently actionable results

Example scenarios: Identify and communicate acute promyelocytic leukemia (APL), thrombotic thrombocytopenic purpura (TTP), hemophagocytic lymphohistiocytosis (HLH), blasts in CSF, organisms in CSF.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 3: Complete workup and diagnostic reporting of a simple hematolymphoid specimen

Example scenarios: Work up large B-cell lymphoma and classic Hodgkin lymphoma.

Provide verbal and/or written preliminary reports to colleagues and to the patient-facing team, including discussion of level of uncertainty and significance of pending studies. Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 4: Complete workup and diagnostic reporting of a complex hematolymphoid specimen

Example scenarios: Perform complete diagnostic workup of myelodysplastic syndromes with incorporation of NGS panel testing

Perform complete diagnostic workup of gray zone lymphomas with discussion and weighting of diagnostic criteria and references to appropriate literature.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 5: Compose an interpretative report for flow cytometry

Example scenarios: Recognize the typical and atypical immunophenotypic patterns for chronic lymphocytic leukemia (CLL).

Assign lineage to an acute leukemia.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 6: Interpret hematology tests and provide consultation

Example scenarios: Work up von Willebrand disease, factor deficiencies, and inhibitors

Guide and interpret testing for lupus anticoagulant testing, protein C or S deficiency.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 7: Provide guidance on testing parameters and limitations for routine hematology, ancillary, or coagulation testing

Example scenarios: Troubleshoot and provide counseling on effects of elevated bilirubin and cryoglobulins on automated hematology and coagulation testing.

Evaluate automated hematology analyzer flagging criteria, manual differential/pathologist review criteria.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 8: Present at interdisciplinary conferences and effectively communicate in a consultative role

Example scenarios: Actively participate in multidisciplinary tumor boards. Present at morbidity and mortality conferences.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice?

Please provide any suggested improvements to this proposed EPA.

EPA 9: Improve quality of care and patient safety

Example scenarios: Evaluate, choose, and validate a new test/instrument/assay.

Participate in a safety huddle, QI project, laboratory inspection.

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

EPA 10: Perform bone marrow aspiration and biopsy

Does this proposed EPA capture a professional activity that is relevant and important to hematopathology practice? (Yes/No).

Please provide any suggested improvements to this proposed EPA. (Free text comment).

Proposed hematopathology EPAs:

EPA 1: Guide selection of diagnostic assays and triage appropriate specimen allocation.

EPA 2: Identify and communicate critical values and urgently actionable results.

EPA 3: Complete workup and diagnostic reporting of a simple hematolymphoid specimen.

EPA 4: Complete workup and diagnostic reporting of a complex hematolymphoid specimen.

EPA 5: Compose an interpretive report for flow cytometry immunophenotyping.

EPA 6: Interpret hematology tests and provide consultation.

EPA 7: Provide guidance on testing parameters and limitations for routine hematology, ancillary, or coagulation testing.

EPA 8: Present at interdisciplinary conferences and effectively communicate in a consultative role.

EPA 9: Improve quality of care and patient safety.

EPA 10: Perform bone marrow aspiration and biopsy.

Do these 10 proposed EPAs capture the major important professional activities of hematopathology practice? (Yes/No).

Please provide any additional major professional activities that should be included. (Free text comment).

Thanks for participating in this survey. Your answers will help inform the development of hematopathology specific entrustable professional activities by the Hematopathology EPA Working Group.