ABSTRACT

To address the need for Entrustable Professional Activity (EPA) based undergraduate medical education curriculum, Philadelphia College of Osteopathic Medicine (PCOM) created a course in Spring 2014 geared to 3rd year Osteopathic medical students (OMS3) about to enter into clinical clerkships termed, Introduction to Clerkships (ICO). The Family Medicine department’s ICO module addressed multiple EPAs. The learning objectives focused on EPA #8 and involved the transition of care of an acutely ill patient. Additionally, EPAs #1, 2, 4, 6, 10 and 11 were also addressed. In this transition of care module, learners participated in 3 distinct interactive scenarios with standardized patients (SPs) over a 4 hour time block, facilitated by a Family Medicine faculty member. Students were exposed to multiple learning environments. Learners were responsible for a preparatory reading assignment, participated in both individual and group simulation, group debriefing, and finally an integration and assessment session. Data submitted for publication shows that this simulation-based education model for EPAs, including our EPA #8 activity, improved learner’s comfort in readiness and faculty perception of preparedness for third year clerkships.

INTRODUCTION

“Entrustable Professional Activities (EPAs) for entering residency” was published by AACOM in April, 2016. EPAs provide confidence in both the learner and faculty that he/she can provide safe care to patients and assume the duties required of a starting PGY-1 resident. Some EPAs are taught by formal lecture; however, EPAs like #3, 6, 10, 11, and 13 appear to be more easily taught through simulation. With an ever-increasing number of Osteopathic medical schools, and the emergence of the single accreditation system, simulation is imperative to medical education. Not all institutions and students are prepared for these endeavors; this simulation creates a framework to meet a third year undergraduate Osteopathic medical student’s EPA educational needs.

METHODS

Time Frame: 4 hours
Pre-Classroom Work – 90 minutes
- S.B.A.R. Readings
- Hand-Off Technique Readings

S/P Experience - 1 hour
- Instruction Video – 5 minutes
- Split Into Teams – 5 minutes
- 3 Cases with Team Interaction – 30 minutes
- Debrief – 15 minutes
- S/P
- Faculty Mediator
- Switch Teams – 5 minutes

Assessment and Integration – 1 hour
- Group Debrief with Faculty
- Integration
- Medication Reconciliation Assessment Tool

Figure 2: Simulation Design

This figure depicts the flow chart of earning EPA #8.

Figure 3: Simulation Participants

This figure depicts the roles for each of these simulations.

Figure 4: Simulation Participants

This figure depicts the flow chart of earning EPA #8.

RESULTS

- Data submitted for publication for the entire I2C project, (Buitts et al. surveyed 232 medical students and 132 faculty members.
- Statistical significance was achieved for increase in student comfort in patient assessment, effective communication, hospital logistics, procedural skills and core knowledge.
- Faculty perception was also reported to demonstrate an overall improvement in student readiness for clerkship.
- The Family Medicine department’s “Family Medicine Approach to Assessment and Transition to the III patient, Part 1” activity, emphasizing EPA #8, was among the analyzed data.

DISCUSSION

CHALLENGES
- Faculty Time Required
- Over a 4 week block 104 hours of Family Medicine faculty time were required.
- Longitudinal data for assessment and retention of EPA #8 was not assessed
- Short term assessment was conducted at the conclusion of the educational activity.

LESSONS LEARNED
- Assessment for completion of pre-classroom work is required.
- Failure of student preparation impedes the benefits of this group learning experience.
- Unexpectedly, this activity provided review, integration, and synthesis of basic science coursework with clinical application.
- This may be helpful to students preparing to take COMLEX-1 during 12C.

REFERENCES