



Persistent Challenges to Incorporating EPAs into the Curriculum

Walter Hartwig PhD, Glenn Davis MS, Jennifer Weiss DO, Tami Hendriksz DO, Greg Gayer PhD, Melissa Pearce DO
Touro University California College of Osteopathic Medicine, Vallejo CA

Context

EPAs were not created by the people who need to implement them in medical school curricula. Initiatives created ‘outside’ of a COM’s internal method for design and implementation pose a greater risk of perishing on the road of good intentions because the extensive degree of faculty development they require does not come with a concomitant sense of faculty ownership of the result. In some cases the unanticipated expenses and challenges are heightened compared to enhancements that come from within, and in other cases present new obstacles entirely.

Curriculum renovation that actually includes EPAs in the reality of the student experience requires diligence, persistence, and collaboration. In our experience the most **persistent challenges** involve extensive, helpful, and ongoing **faculty development**.

Future Directions

Until as faculty we are steeped fully in the value and utility of EPAs we will not model them fully or be able to claim that they anchor the delivered curriculum.

For our campus future directions include:

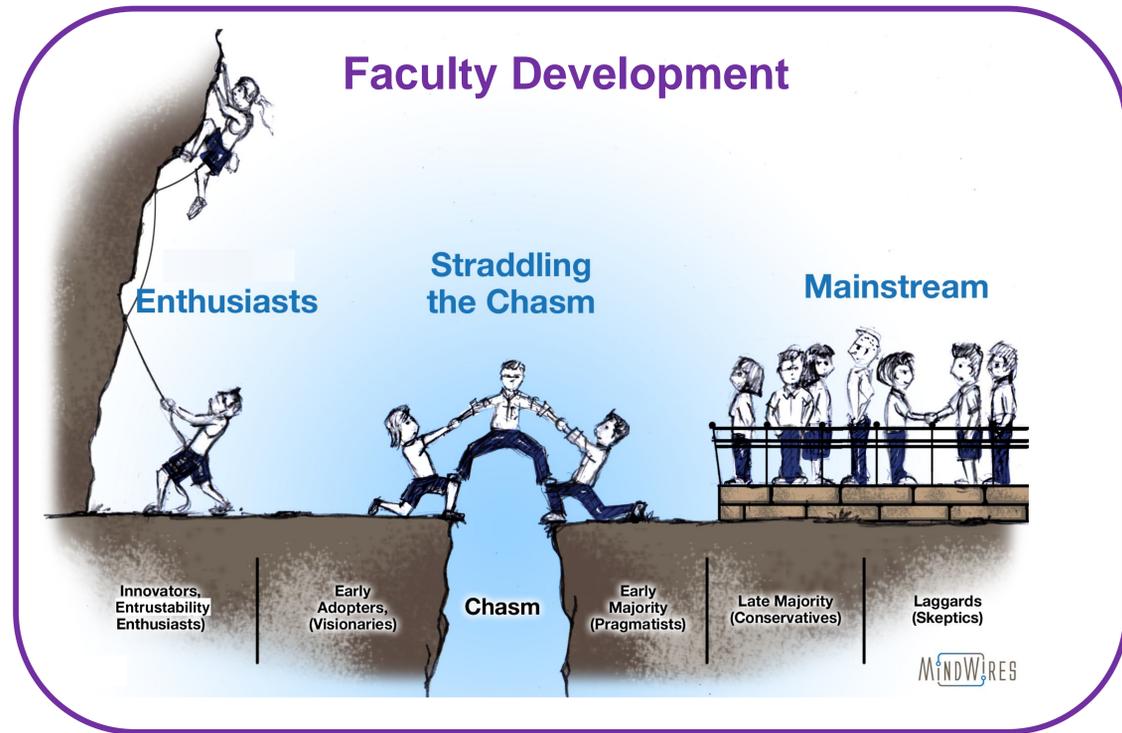
- extensive faculty development to normalize EPAs in campus culture
- expanding our initiatives that have been successful to other areas of the curriculum
- Creating EPA-based assessments using the ten Cate et al. (2015) rubric
- prioritizing learner-centered value-adds in the budgeting process versus teacher-based

References

ten Cate et al. (2015) Curriculum development for the workplace using Entrustable Professional Activities (EPAs). *Med Teach* 37:983-1002

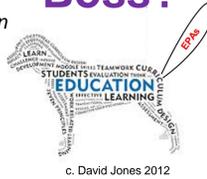
In theory, there is no difference between theory and practice. But, in practice, there is.

Jan L.A. van de Snepscheut



“EPAs are a creation of GME and we already endure too much incursion of GME into the end of Year 4 – GME orientations already ‘require’ students to begin prior to July 1st as it is. Changing our curriculum to appease another ‘ask’ of the GME system is a blatant case of the tail wagging the dog.”

Who's the Boss?



c. David Jones 2012



Too much of a good thing

Which way do we go? Every campus has thought leaders and innovation enthusiasts – but they do not always agree on which direction to take a curriculum initiative.



Budget

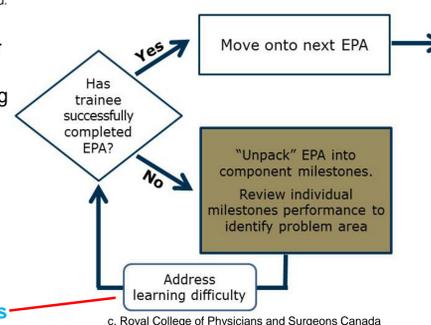
According to the law of unintended consequences, the best curricular innovations come with the highest number of unanticipated costs. Some primary curricular changes for incorporating EPAs that entail increased costs include EPA-directed **OSCEs**, focused **clinical faculty development**, and additional **simulated patient labs**.

Learning Paradigm	Teacher Centered		Student Centered	
Curricular reforms	Informative		Formative	Transformative
Type of Curriculum	Discipline-based	Integrated	Problem-Oriented	Health Systems needs-based
Curricular Product	Expert		Professional	Effective Change Agent

Chacko (2014) Moving toward competency-based education: challenges and the way forward. *Archives of Medicine and Health Sciences* 2:247-253.

Assessing EPAs is a challenge at the UME level. A major appeal of EPAs in our curricula is how well they align with a **student-centered** model of **competency-based** training – and the shared outcome of **professional** attainment. However, GME standards of assessing EPAs do not translate to the UME timeframe for two reasons: one, GME programs are unlikely to accept the attestation of a UME program that its graduate has satisfied an objective standard for each of the EPAs (how often do we let an applicant’s undergraduate program dictate whether or not their courses satisfy our prerequisites?); and, two, under what circumstances would we **arrest the Year 4 progress** of one of our matched students because they have failed to reach our prescribed milestone of development on one or more EPAs, despite passed boards and glowing preceptor evaluations?

Assessment drives learning but often lags behind other changes



c. Royal College of Physicians and Surgeons Canada

If you have milestones do you need EPAs?



If you are running your curriculum on the seven core competencies, and have detailed the milestones that mark expectations of student progress, and agree that a Year 4 EPA exit exam is not tenable, then is it possible that you already are incorporating EPAs to the most practical extent possible? If faculty can be developed just to understand why EPAs were created in the first place then is that enough?