Persistent Challenges to Incorporating EPAs into the Curriculum

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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.”

c. David Jones 2012

Who’s the Boss?

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.

Assessment drives learning but often lags behind other changes

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?