

Using the Core Entrustable Professional Activities as a Roadmap: Developing a More Linear Medical Education Experience by Introducing EPAs Early in the Curriculum

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Introduction

- Trust is essential for both safe and effective health care, and EPAs were introduced into medical education as units of professional practice to build this trust.
- Our institution is proactive in implementing the EPAs into the curriculum, starting in year one of the preclinical years.
- The goal of this implementation is to build a bridge between undergraduate and graduate medical education. We have developed EPA-based lectures and activities for curricular direction toward that goal.
- This has resulted in a more linear educational trajectory across the preclinical and clinical years, and into residency training.



Objectives

- To demonstrate the usefulness of the Entrustable Professional Activities (EPAs) as a framework for directing all levels of Medical Education
- To show where application of the EPAs has resulted in better preparation for clinical rotation and residency performance.

Description

- Preclinical medical education has traditionally been delivered from basic science and systems-based silos; little directed integration with clinical preparation occurred.
- Our goal consists of using EPAs, tagged as developmental core skill sets, to better prepare our students for clinical training and residency.
- EPAs are intended to drive the education toward the core competencies, and provide a means to translate these competencies into clinical proficiency.
- By subsuming EPAs under the core competencies, students can be taught and assessed on these essential domains beginning in year one, and provide an objective means to bridge all years of medical education.

Medical Knowledge

- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests

Patient Care

- EPA 1: Gather a history and perform a physical examination
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

- EPA 12: Perform general procedures of a physician

Interpersonal Communication Skills

- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient's medical record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 8: Give or receive a patient handover to transition care responsibility

Professionalism

- EPA 9: Collaborate as a member of an inter-professional team
- EPA 11: Obtain informed consent for tests and/or procedures

Practice Based Learning and Improvement

- EPA 7: Form clinical questions and retrieve evidence to advance patient care

System-based Practice

- EPA 13: Identify system failures and contribute to a culture of safety and improvement

Osteopathic Philosophy and OMM

- EPA 12: Perform general procedures of a physician

Curriculum Integration

Step 1:

- Initially, the EPAs were integrated into 2 courses, Clinical Skills and Community Doctoring, with every lecture and activity mapped to an EPA.
- Concurrently, there was full integration of basic science and systems courses during preclinical years allowing for introduction of clinically relevant instruction in year one.

Step 2:

- As a result of early exposure to EPA milestones, the 3rd and 4th year students (clinical years) have begun to develop a better understanding of what is required of them in their clinical education.
- The clinical faculty have now begun to use the EPAs as a means to assess the students' progress toward residency application with didactics directed toward the development of EPA skillsets.

Step 3:

- The EPAs are a means to: 1) integrate varied basic core skill sets into the curriculum early, even in the preclinical years, 2) develop a more linear continuum of education allowing exposure to core skillsets early, and 3) continue refining them throughout their educational pathway into and through residency.

References

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