Designing a Curriculum and Program of Assessment around EPAs

Rocky Vista University College of Osteopathic Medicine – Physician Assistant Program

Cathy C. Ruff, MS, PA-C, Debra F. Nickell, PhD, PA-C

OVERVIEW

- RVU is in the process of developing a Physician Assistant (PA) program.
- Teaching methods and assessments will be designed using the entrustable professional activities (EPAs) identified by the AAMC as a template.
- PA and osteopathic professional competencies will be woven throughout the curriculum to ensure integration of philosophies.

INTRODUCTION

- There is a world-wide shift toward competency-based medical education.
- EPAs provide a framework from which to assess competence.
- Because residency training for allopathic and osteopathic programs will be merging by 2020, the AAMC is working collaboratively with AACOM to develop a shared list of EPAs.
- PA training follows the medical model; as RVU COM embarks upon the creation of a new PA program, it is utilizing the proposed shared EPA framework to design its entire curriculum.

METHODS

- Each of the course objectives within the PA curriculum is created based on the proposed shared EPAs.
- Expectations for learner progress are identified in each objective and are grounded in the 5-level milestone descriptors, as designated by Dreyfus. (Figure 1)
- Instructional design for each course is based on the tasks measured. For example, in courses where clinical skills competencies are most prevalent (history taking, physical exam, etc.), the course utilizes a lab format and simulation.
- Assessments will be constructed according to the milestones associated within each EPA, and appropriate to each courses’ instructional design. (Table 1)

RESULTS

- Milestone progression along each of the competencies within the 13 EPAs will be illustrated in a way that parallels the widely accepted Denver Developmental Screening Test (Table 2).
- Student performance will be plotted within each EPA and measured over time. Program expectations are that 85% of learners will reach Level 3 (competence) by late year 2 of training.

CONCLUSION

- Competency-based medical education (CBME) more clearly delineates performance expectations of graduates. A variety of CBME frameworks have been adopted for graduate medical education.
- While residency programs must ensure their graduates can practice medicine unsupervised and with the ability to supervise others, PA graduates must be competent to practice general medicine with distant supervision.
- The AAMC/AACOM shared EPA framework offers several advantages to PA and medical student training.
- Learner outcomes associated with competency-based curriculum design will be measured and evaluated.

REFERENCES