Institution-Level Progress toward EPA Implementation

Leslie Wimsatt, PhD,1 Matt Henry PhD,2 Bret Ripley DO3
Academic Affairs,1 Physiology & Pharmacology,2 Family Medicine3 • DMU College of Osteopathic Medicine

Institutional Goals

- Develop longitudinal EPA-based learning threads1,3
- Support student knowledge/skill retention
- Improve value of feedback and assessment
- Balance formative vs. summative feedback

Project Overview

Background/context
At DMU-COM, parallel use of a “top down” & “bottom up” approach to EPA development & assessment
- Institution level - foundational work to develop key processes, structures & inventories
- Course level - assessment piloted to explore measurement of EPA building blocks (knowledge, skills, attitudes, behaviors)

Project focus
To map existing learning experiences & build a developmentally-ordered series of EPAs4,5
- Identification of gaps & opportunities
- Targeted measurement of functional EPA components
- “Top-down” piloting focused on targeted competencies

Core components
- Redesign organizational structures & processes
- Map sub-competencies & course-level support of core EPA functions
- Delivery of professional development
- Outline EPA frameworks & targeted pilot(s)

Concept example3
- EPA 1 states -Incoming residents can “gather a history & perform a physical exam”
- Related function - Ability to “perform a complete/accurate physical exam, including an osteopathic structural exam; identify, describe & document abnormal physical exam findings including osteopathic structural findings”
- Related competencies – OP&P, Patient Care, Professionalism, Interpersonal Communication Skills

Lessons Learned & Next Steps

- Time, financial constraints & infrastructure needs can pose challenges to EPA implementation6-8
- Clinical faculty involvement allows assessment design relevant to contemporary medical practice & patient care
- EPA development, systems-based assessment planning & integrated use of matrix mapping are labor-intensive tasks4-8
- Future directions include extending matrix mapping & EPA development farther into the clerkship rotations

References

Course-Level EPA Pre-Entrustment Inventories

Prototyping to Avoid Possible Design Errors6,7

* Scientific Knowledge Integrated into Patient Presentations