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

- Our institutional goal in the implementation and utilization of the EPAs has been to build a bridge between undergraduate and graduate medical education.
- Toward that goal, we have developed EPA-based lectures and activities for curricular direction.
- It was not the intent to replace the Core Competencies, with the EPAs, but provide a means to translate these competencies into clinical proficiency.
- EPAs can be subsumed under the Core Competencies and students can be taught and assessed on these essential domains beginning in year one, thereby allowing for provision of 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

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