

Making the EPAs meaningful:

Specialty Entrustable Professional Activities for Undergraduate Medical Education



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BACKGROUND

- The health and educational systems should partner to create a system which supports learners becoming the providers the system needs¹.
- In 2014 the AAMC published the Core Entrustable Professional Activities (EPAs) for Entering Residency².
- The Morsani College of Medicine (MCOM) decided that the entrustability of a student to perform the EPA with distant supervision, should be determined within a defined patient context.
- Annually 15-25% of MCOM students stay for residency at USF, therefore USF benefits if its graduates can do certain EPAs with distant supervision when they start residency.
- MCOM students complete specialty tracts in their future specialty their fourth year of medical school

PROJECT OBJECTIVES

- To create specific EPAs for each of our 13 specialty tracks.
- To have the MCOM undergraduate medical education (UME) partner with the graduate medical education (GME) team in order to determine what specific activities with specific patient context, the students need to be able to perform with distant supervision on the first day of their residency.
- Create a meaningful methodology to lead students to entrustment.

THE PLAN



APPROACH

- Give .1FTE support to faculty within each discipline to be the liaison between UME and GME in order to develop the EPAs and curriculum.
- Do a rollout of curriculum and assessments over 4 years so that lessons can be applied.
- Entrustability will not be determined by committee but by the passing of courses and assessments.

OUTCOMES

- The Covid-19 pandemic resulted in our curriculum being delivered virtually at the time the EPA courses would have been held.
- The curriculum for each specialty EPA was modified to be delivered via videoconferencing within the independent study developed for our students in response to Covid-19.
- Family Medicine, Internal Medicine, Ob-gyn and Neurology will pilot their curriculum in person AY20-21
- EPA leads for surgery, pathology, pediatrics and psychiatry were chosen and these specialties will pilot their curriculum in AY20-21.
- Because of the disruption from the pandemic, the last 5 track leads will be chosen in 2021, with a goal of piloting in AY22-23.

Figure 1: My EPA skills improved as a result of the EPA section

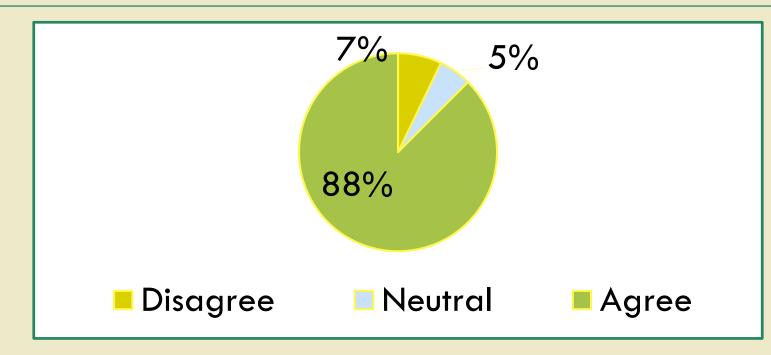
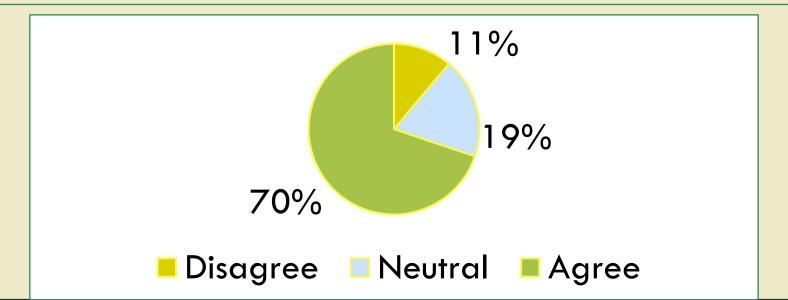


Figure 2: I feel prepared to perform the EPAs with distant supervision



DISCUSSION

- The context for entrustment is thoroughly defined in these EPAs.
- The complexity of activities can be increased with targeted training.
- UME and GME partner to determine what the key activities an intern should be able to do with distant supervision for the specialty.
- A lead faculty in each specialty is key for success to develop specialty specific EPAs and obtain departmental support for the curriculum.
- Resources are conserved because the training is focused on the specialty the student is pursuing.
- Entrustment is determined by the department who will have to trust the resident.

NEXT STEPS

- Refine the curriculum for the EPAs developed in Family Medicine, Internal Medicine, Neurology and Obstetrics and Gynecology.
- Implement the EPAs and curriculum developed for Surgery, Pathology, Pediatrics and Psychiatry.
- Develop and implement the last 5 specialty tracks:
 Ophthalmology, Neurosurgery, Med/Peds, Radiology,
 Orthopedics.
- Increase assessments for each set of EPAs.
- Follow up annually with USF MCOM residency programs to see if USF graduates are being entrusted with the activities outlined.

REFERENCES

- 1. https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas
- 2. Frenk et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. Vol. 376. Dec 2010

Collaborators/Mentors

- Charly Lockwood, MD Mentor
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- Rebecca Hurst, MD Collaborator
- Shanu Gupta, MD Collaborator
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Presented at the 2020 ELAM® Leaders Forum