EPAC:
Education in Pediatrics Across the Continuum

Grand Rounds
Betsy Murray, MD and Patty Hobday, MD
February 26, 2014
Objectives

1. Understand the key elements of the Education in Pediatrics Across the Continuum (EPAC) educational pilot.

2. Understand the role of longitudinal integrated clerkships in medical student education.

3. Describe competency-based assessment for medical learners.
Disclosures

• None.
Introductions

- Patricia Hobday, MD, Course Director
- John Andrews, MD, Project Director
- Emily Borman-Shoap, MD, GME Director
- Betsy Murray, MD, UME Director
- Danielle Hans, Course Administrator
Goal

Establish a **time-variable** model of medical education with **meaningfully-assessed** demonstration of competence and **deliberate entrustment** of responsibility across the UME-GME continuum.
Consortium Members

- University of California – San Francisco
- University of Colorado
- University of Minnesota
- University of Utah
Partners

• Association of American Medical Colleges (AAMC)
• Accreditation Council for Graduate Medical Education (ACGME)
• American Board of Pediatrics (ABP)
Funding

• Josiah Macy, Jr. Foundation - $900,000
• Dean’s commitment to existing and in-kind support for at least 4 EPAC cohorts
Basic Project Elements

• Longitudinal Integrated Clerkship with a Pediatric Focus
• Competency-based assessment
• Seamless progression from undergraduate medical education (UME) to graduate medical education (GME)
Longitudinal Integrated Clerkships
EPAC: Local Context

• RPAP/MetroPAP
• UCAM
• VA-LIC
Longitudinal Integrated Clerkships: Basic Structure
## Longitudinal Integrated Clerkships: Basic Structure

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>Surgery Clinic</td>
<td>Adol Gyn Clinic</td>
<td>Self-directed</td>
<td>Gen Peds Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-directed</td>
<td>Medicine Clinic</td>
<td>Self-directed</td>
<td>Family Medicine</td>
<td>OB</td>
<td></td>
<td>Inpatient night shift</td>
</tr>
</tbody>
</table>
Longitudinal Integrated Clerkships: Educational Continuity

• Patient care
• Curriculum
• Supervision
Longitudinal Integrated Clerkships: Current Knowledge

• Academic results are equivalent or better
• Improved patient communication
• Understanding of psychosocial issues
• More prepared for higher-order clinical skills
• More confidence in dealing with ethical problems
Competency-Based Assessment
Goal

Establish a time-variable model of medical education with meaningfully-assessed demonstration of competence and deliberate entrustment of responsibility across the UME-GME continuum.
Competency-Based Assessment

2 main frameworks:
1. Competencies
2. Entrustable Professional Activities (EPAs)
Competencies example

• ACGME core competencies (6)
• e.g., Patient Care
  – Is able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  • Gather essential and accurate information about their patients
Milestones

- Benchmarks on a developmental road map
- Pediatrics Milestone Project (2009)
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.</td>
<td>Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories.</td>
<td>Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.</td>
<td>Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.</td>
<td>Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.</td>
</tr>
</tbody>
</table>

Comments:
Entrustable Professional Activities (EPAs)

• Describe routine activities of a physician
• Focuses on level of supervision needed to carry that out
EPA example

- Core Entrustable Professional Activities for Entering Residency (CAPAER)
  - Gather a history and perform a physical exam
  - Enter and discuss patient orders/prescriptions
Back to EPAC

• Fits well into synergy of developed/developing competencies and EPAs across the medical education continuum
Conclusions

1. Understand the key elements of the Education in Pediatrics Across the Continuum (EPAC) educational pilot.
2. Understand the role of longitudinal integrated clerkships in medical student education.
3. Describe competency-based assessment for medical learners.
Questions/Discussion
References


Core Entrustable Professional Activities for Entering Residency (CEPAER), Association of American Medical Colleges, Nov 2013, Draft

ACGME Outcome Project General Competencies: [http://www.mc.vanderbilt.edu/medschool/otlm/ratl/references_pdf/Module_4/ACGMEOutcomeProject.pdf](http://www.mc.vanderbilt.edu/medschool/otlm/ratl/references_pdf/Module_4/ACGMEOutcomeProject.pdf)

ACGME Pediatric Milestones: [http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsMilestones.pdf](http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsMilestones.pdf)

