



Tomorrow's Doctors, Tomorrow's Cures

The Core Entrustable Professional Activities for Entering Residency

Learn

Serve

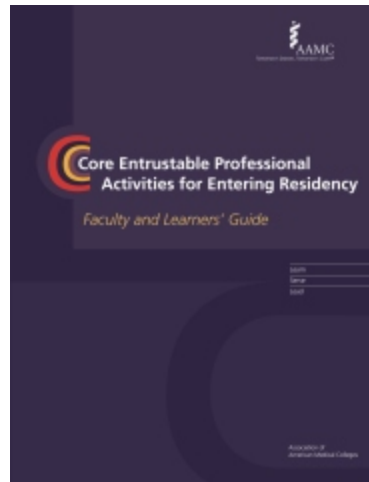
Lead

Spring Update 2015



Association of
American Medical Colleges

Background



Drafting Panel

- Timothy Flynn, Chair
- Stephanie Call
- Carol Carraccio
- Lynn Cleary
- Tracy Fulton
- Maureen Garrity
- Steve Lieberman
- Brenessa Lindeman
- Monica Lypson
- Rebecca Minter
- Jay Rosenfield
- Joe Thomas
- Mark Wilson

AAMC Staff:

- Carol Aschenbrener
- Bob Englander

Reactor Panel



Rationale

- Graduate Medical Education competencies well established
- Gaps identified between:
 - Expectations of Program Directors and the skills of entering residents
 - What residents do without supervision and what they have been documented as competent doing without supervision
- International focus on transitions

Understanding the Gap between Expectations and Residents' Performance on Day 1:

**Baseline data from the Program
Directors and the Learners**

	GQ 4 o 5	Program Directors All or most
1. Gather a history and perform a physical examination	94.9%	88.4%
2. Prioritize a differential diagnosis following a clinical encounter	88.3%	66.2%
3. Recommend and interpret common diagnostic and screening tests	83.9%	66.0%
4. Enter and discuss orders/prescriptions	54.9%	59.7%
5. Document a clinical encounter in the patient record	89.4%	80.2%
6. Provide an oral presentation of a clinical encounter	88.6%	81.2%
7. Form clinical questions and retrieve evidence to advance patient care	87.9%	63.8%

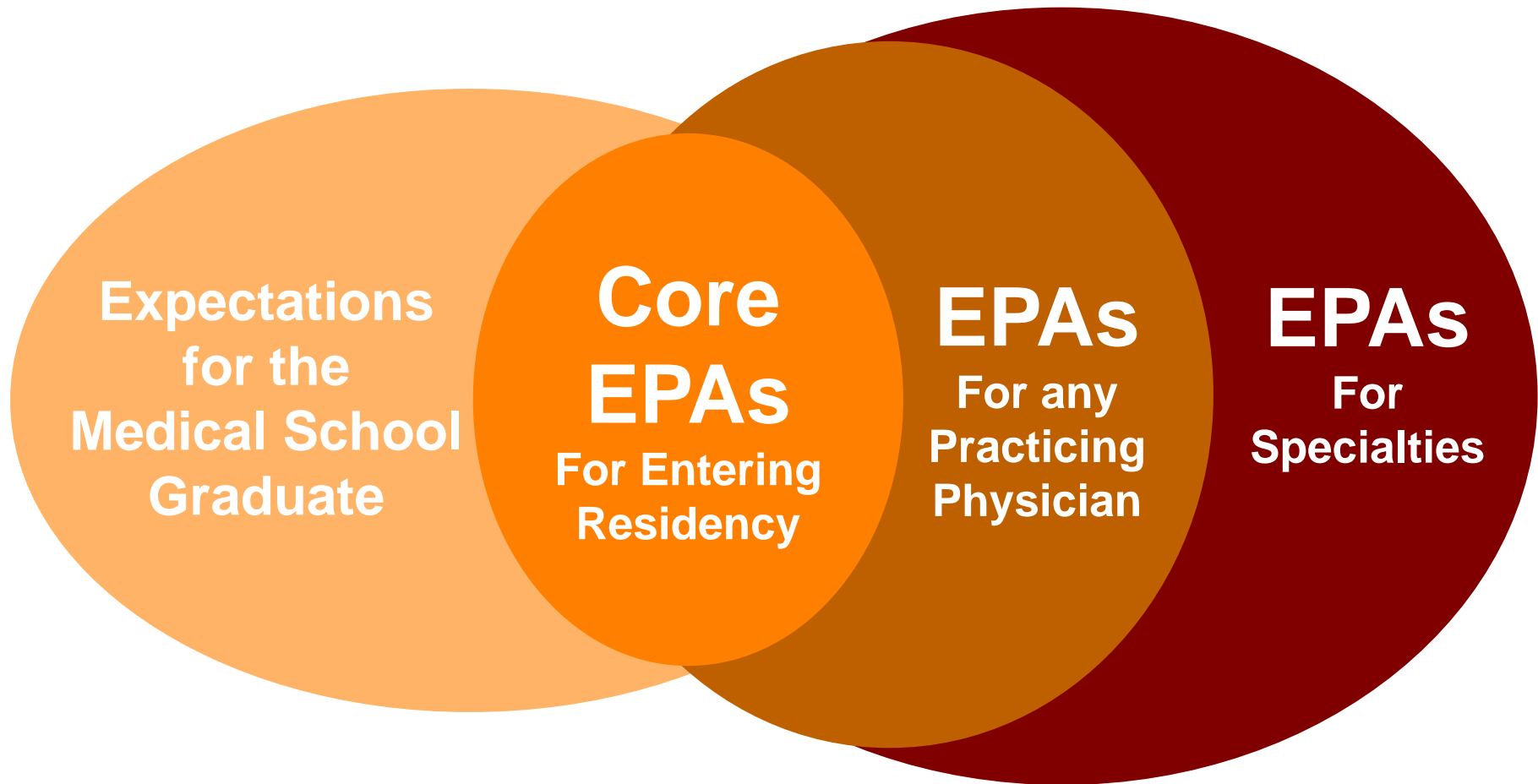
	GQ 4 or 5	Program Directors All or most
8. Give or receive a patient handover to transition care responsibility	77.3%	54.8%
9. Collaborate as a member of an inter-professional team	91.9%	78.3%
10. Recognize a patient requiring urgent or emergent care, and initiate evaluation and management	82.9%	55.5%
11. Obtain informed consent for tests and/or procedures	79.9%	49.6%
13. Identify system failures and contribute to a culture of safety and improvement	67.1%	30.7%

	GQ 4 or 5	Program Director's All or most
12. Perform general procedures of a physician (IV line insertion, Phlebotomy, BVM ventilation, CPR)		24.2%
IV line insertion	39.8%	
Phlebotomy	43.6%	
Bag-valve-make ventilation (BVM)	67.8%	
Cardiopulmonary resuscitation (CPR)	62.9%	

Project Charge



Develop a clear, concise list of what graduating medical students should be entrusted to do without direct supervision on DAY ONE of residency



Core EPAs for Entering Residency

- 1) Gather a history and perform a physical examination
- 2) Prioritize a differential diagnosis following a clinical encounter
- 3) Recommend and interpret common diagnostic and screening tests
- 4) Enter and discuss orders/prescriptions
- 5) Document a clinical encounter in the patient record
- 6) Provide an oral presentation of a clinical encounter
- 7) Form Clinical Questions and retrieve evidence to advance patient care

Core EPAs for Entering Residency

- 8) Give or receive a patient handover to transition care responsibility
- 9) Collaborate as a member of an interprofessional team
- 10) Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
- 11) Obtain informed consent for tests and/or procedures
- 12) Perform general procedures of a physician
- 13) Identify system failures and contribute to a culture of safety and improvement

Contents of the Complete Final Document Online (for Curriculum Developers)

- Full details for each EPA (description, critical competencies, milestones, expected behaviors and vignettes)
- Appendix A: Bulleted list of behaviors for the pre-entrustable and entrustable learner for all EPAs
- Appendix B: List of competencies used in the mapping process
- Appendix C: Grid of EPAs mapped to their critical Competencies

Contents of the Faculty Manual

For each EPA:

- Title
- Description
- List of expected behaviors, narrative of expected behaviors, and vignette describing the pre-entrustable learner
- List of expected behaviors, narrative of expected behaviors, and vignette describing the entrustable learner

Next Steps: Pilot

- Primary Goal: *To demonstrate the feasibility of implementing the Core EPAs for Entering Residency framework in the path to graduation of MD candidates. Specifically, for each EPA we are trying to establish the required:*
 - Curriculum
 - Assessment
 - Entrustment (including the UME to GME handoff)
 - Faculty Development

The Ten Pilot Schools

- Columbia University College of Physicians and Surgeons
- Florida International University
- Michigan State University
- New York University
- Oregon Health & Science University
- University of Illinois College of Medicine
- University of Texas Health Sciences Center at Houston
- Vanderbilt
- Virginia Commonwealth University
- Yale University

Next Steps: Beta Testing

- Much of what we learn will come from Beta-testing in the field
- We are partnering with institutions outside the pilot to create a community of practice
- Goal is to share lessons learned in implementing the Core EPAs
- Core EPAs listserv coming soon...stay tuned

Next Step: AAMC Medical Education Meeting

THE 2015 AAMC
MEDICAL EDUCATION MEETING
November 10–12, Baltimore, Maryland

Questions/Reflections

