ABSTRACT

Background: EPAC is a pilot project at four medical schools (UC-San Francisco, Colorado, Utah and Minnesota) that use a competency-based framework to determine advancement through medical education from early in medical school through completion of residency training. Entrustable Professional Activities (EPAs) represent their critical competencies and milestones, students will advance based on demonstration of competence or entrustment rather than completion of time requirements. The overarching goal is to establish a model for competency-based medical education through a meaningful assessment of competence across the undergraduate (UME)–graduate (GME) medical education continuum.

Primary Aims: 1) Create standardized outcomes; 2) Demonstrate feasibility; 3) Develop and implement assessment system.

Methods: The initial cohorts of first-year students will be enrolled in 2013-2014. These first-year students will have demonstrated an interest in a career in pediatrics and would be willing to stay at their medical school sites for residency. In the second year, a cohort of 4-5 students/site will be chosen from among the original cohort and will transition to residency training at that site once they have demonstrated expected competency and entrustment standards. The UME curricula will meet all Liaison Committee on Medical Education and medical school requirements and will provide a pediatrics lens when engaged in learning experiences with adult patients. Pediatric experiences will include longitudinal integrated clerkships at two schools and longitudinal continuity experiences at the other two schools.

Anticipated Outcomes: Learners in the pilot project will advance from UME to GME and from UME to practice fandom in a time-variable fashion, based on their achievement of EPAs and milestones.

BACKGROUND AND OBJECTIVES

The current four-year time-based medical school curriculum resulted from the Flexner report of 1910. Despite criticisms of the current system and calls for widespread change, medical education has remained grounded on time and tradition. The emergence of the ACGME Core Competencies for residency training in 2002 provided an impetus for change. Competency-based education holds promise for addressing the suggested reforms, but few have attempted to test a time-variable educational pathway in the formation of a physician. Using pediatrics as the focus, this pilot project seeks to do just that.

In 2011 medical educators, sponsored by the AAMC, began discussions of a novel approach to medical education employing Entrustable Professional Activities (EPAs) as the metric and pediatrics as the focus. From these discussions emerged EPAC, Education in Pediatrics Across the Continuum, a program designed to move medical education from a time-based to competency-based process.

METHODS

The curriculum seeks to optimize learners’ competence throughout the pathway to board eligibility, using an organizing framework of Entrustable Professional Activities (EPAs). Specific strategies include: 1) longitudinal relationships between the learners and patients, peers, faculty and interprofessional team members; and 2) longitudinal mentors to guide development. The primary outcome is successful completion of the MD degree and residency training in a variable-time fashion. The secondary outcomes include assessing relationships between: 1) longitudinal experiences and patient/learner outcomes; 2) early specialty differentiation and learner outcomes; 3) performance in this pathway and measures of intrinsic motivation; and 4) faculty engagement in the pathway and job satisfaction.

Educational Intervention #1: Develop a set of standardized outcomes and performance indicators that span the UME-GME continuum and define readiness for a learner to cross key transition points and ultimately practice general pediatrics without supervision.

Educational Intervention #2: Develop a training pathway spanning the UME-GME continuum that supports the achievement of the standardized outcomes developed in educational Intervention #1; and allows adaptation and flexibility to meet desired career aspirations. The initial cohorts of first-year students will be enrolled in 2013-2014. These first-year students will have demonstrated a strong interest in a career in pediatrics and are willing to stay at their medical school sites for residency. In the second year, a cohort of 4-5 students/site will be chosen from among the original cohort and will transition to residency training at that site once they have demonstrated expected competency and entrustment standards. The UME curricula will meet all Liaison Committee on Medical Education and medical school requirements and will provide a pediatrics lens when engaged in learning experiences with adult patients. Pediatric experiences will include longitudinal integrated clerkships at two schools and longitudinal continuity experiences at the other two schools (Colorado and Utah).

A unique and important aspect of the EPAC program is the pediatric continuum from UME to GME. Students accepted into the EPAC program at each site will be guaranteed a position in the pediatric residency program at their respective sites. This enables medical school and residency program educators to collaborate and innovate and to ensure that the skills, knowledge, attitudes and entrustment activities essential to the effective practice of pediatrics are acquired by each EPAC learner.

ANTICIPATED OUTCOMES

Learners in this pilot project will advance from UME (medical school) to GME (residency) and from GME to fellowship or practice in a time-variable fashion, based on their achievement of pediatric-specific EPAs and milestones.

REFERENCES AND SUGGESTED READINGS


Englebard B, Carraccio C. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. Acad Med 2013;88:1089-94