

AAHSL Task Force Evaluating AAMC Core EPAs

What is an EPA?

EPA = Entrustable Professional Activity
 “Units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he or she has attained sufficient specific competence.”[1]

What is a competency?

“An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.”[2]

What is competency-based medical education?

“An outcomes-based approach to the design, implementation, assessment of learners, and the evaluation of medical education programs, using an organizing framework of competencies.”[2]



What are the AAMC Core EPAs?

The 13 Core EPAs from AAMC identify what is expected of medical school graduates on the first day of residency:[3]

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**
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**

Task Force Charge

1. Identify AAHSL libraries that are participating to a significant degree in incorporating Core EPAs in the medical education curriculum, through design, development, evaluation, and/or similar engagement.
2. Develop a methodology to characterize the nature and depth of the participation.
3. Map, cross-reference existing ACGME, AAMC, LCME and other EBM competencies as identified by the Task Force. Identify gaps in existing EBM competencies.
4. Compose a white paper or similar work for publication on the state of the art of librarians' roles and involvement in all phases of competency-based medical education. Include recommendations for additional work that is needed (e.g., developing standard definitions of EBM concepts, translating EBM concepts into teachable components, evaluation of the effectiveness of EBM curriculum).

Task Force Members

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References

1. Ten Cate, O. (2013). “Nuts and bolts of entrustable professional activities.” *JGME* 5(1)157-8. PMID PMC3613304
2. Frank JR, Snell LS, Ten Cate O et al (2010). “Competency-based medical education: theory to practice” *Med Teach.* 32 (8) 638-645.
3. Association of American Medical Colleges (AAMC). *Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide.* 2014. <http://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf>