UC Irvine
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title
A Simulation-Based Curriculum for Evaluating the Entrustable Professional Activities (EPAs) During the Emergency Medicine Clerkship

Permalink
https://escholarship.org/uc/item/0g57q0bv

Journal
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 16(4.1)

ISSN
1936-900X

Authors
Moadel, T.
Evans, L.

Publication Date
2015

Copyright Information
Copyright 2015 by the author(s).This work is made available under the terms of a Creative Commons Attribution License, available at https://creativecommons.org/licenses/by/4.0/

84 A Simulation-Based Curriculum for Evaluating the Entrustable Professional Activities (EPAs) During the Emergency Medicine Clerkship

Moadel T, Evans L / Yale University School of Medicine, ANew Haven, CT

Introduction: Program directors (PDs) have expressed concern that some medical school graduates are not prepared for residency. This is a problem for emergency medicine (EM) because our residents treat critically ill patients and should all have a baseline level of competency. To address this issue, the American Association of Medical Colleges (AAMC) developed the Entrustable Professional Activities (EPAs), a list of tasks and responsibilities that medical students are expected to perform unsupervised upon graduation. It is likely that EPA evaluations will soon become embedded within existing medical school curricula and clerkships. Since the purpose of the EPAs is to evaluate whether medical students can perform these tasks independently, we can deduce that not all students are competent in all tasks. Since we do not know which tasks students can or cannot perform independently, one of the safest ways to evaluate them is through medical simulation.

Objectives: To develop a simulation-based framework for evaluating the EPAs during the EM clerkship.

Design: While all EPAs are relevant to EM, a majority can be evaluated through simulation, and 2 can be evaluated only by simulation (Figure 1). Our curriculum involves 1 weekly simulation session per 4 week clerkship where the student will independently perform 1 scenario. A maximum of 4 EPAs are evaluated per scenario. Each EPA is evaluated at least twice (before and after the half-way point) (Figure 2a). EPA performance is graded using a standardized scoring vignette

EPA 1: Gather a history and perform a physical examination
EPA 2: Prioritize a differential diagnosis following a clinical encounter
EPA 3: Recommend and interpret common diagnostic and screening tests
EPA 4: Enter and discuss orders and prescriptions
EPA 5: Document a clinical encounter in the patient record
EPA 6: Provide an oral presentation of a clinical encounter
EPA 7: Form clinical questions and retrieve evidence to advance patient care
EPA 8: Give or receive a patient handover to transition care responsibility
EPA 9: Collaborate as a member of an interprofessional team
*EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
EPA 11: Obtain informed consent for tests and/or procedures
*EPA 12: Perform general procedures of a physician
EPA 13: Identify system failures and contribute to a culture of safety and improvement

Legend:
Bold = EPAs that can be evaluated using simulation
* = EPAs that can *only* be evaluated using simulation

Figure 1. *EPA*, entrustable professional activities

which remains static for each EPA, and is based upon bulleted lists provided by the AAMC in their document, Core EPAs for entering residency (Figure 2b). Students receive feedback on performance and are tracked longitudinally.

Impact: A simulation-based curriculum during the EM clerkship may evaluate EPAs without compromising patient safety. Identification of and remediation of weak areas should improve competence and thus the proficiency of incoming interns.

Figure 2. *EPA*, entrustable professional activities

85 ALiEM AIR Series: Curating, Evaluating, and Monitoring Individualized Interactive Instruction Using Social Media Resources

Joshi N, Grock A, Morley E, Swaminathan A, Ankel F, Branzetti J, Taira T, Yarris L, Lin M / Stanford University, Stanford, CA; SUNY Downstate Medical Center, Brooklyn, NY; Stony Brook University, Brooklyn, NY; New York University, New York, NY; University of Minnesota, St. Paul, MN; University of Washington, Seattle, WA; University of Southern California, Los Angeles, CA; Oregon Health and Science University, Portland, OR; University of California San Francisco, San Francisco, CA

Background: In 2008, the emergency medicine (EM) Resident Review Committee endorsed a change in educational requirements to allow for asynchronous learning, or Individualized Interactive Instruction (III). This change coincided with increasing use of social media (SM) resources in medical education. Despite widespread SM use by learners, residency programs struggled to incorporate SM into III due to difficulties providing oversight, monitoring participation, and assessing quality of these resources. Academic Life in Emergency Medicine (ALiEM)