



Task Force on Competency-Based Medical Education

Charge

- Identify AAHSL libraries that are participating to a significant degree in incorporating Core Entrustable Professional Activities (Core EPAs) in the medical education curriculum, through design, development, teaching, evaluation, and/or similar engagement.
- Develop a methodology to characterize the nature and depth of the participation.
- Map and cross-reference existing ACGME, AAMC, LCME, and other EBM competencies as identified by the Task Force. Identify gaps in EBM competencies.
- 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.)

The initial charge for this task force will extend for a period of approximately two years from its formation, with a final report due by October 1, 2018, or no later than one month prior to the 2018 AAHSL annual meeting.

Background

The recent (2014) formulation and roll out of *Core Entrustable Professional Activities* (EPAs) by the AAMC, competencies that beginning residents are expected to be proficient in, has prompted medical schools to assess how well their curricula prepare medical students to meet this expectation. Two EPAs in particular (see appendix) are about forming clinical questions, retrieving evidence, evaluating the relevance and strength of knowledge, guidelines, etc. This presents a direct opportunity for health sciences libraries to be involved in the medical education curriculum.

Many AAHSL libraries are actively engaged in a variety of ways with evidence-based components of the medical education curriculum, both at the undergraduate and graduate levels. It would be useful for AAHSL members to have a current and reasonably complete understanding of the forms that involvement takes. It would also be useful for AAHSL, as an advocate for member libraries, to have an authoritative statement to present to organizations such as AAMC and ACGME, describing the contributions of health sciences librarians to evidence-based medical education, and to the extent known, the impacts of that engagement.

Many medical schools within the AAMC community are engaged in curriculum reform and renewal. All member schools are at some stage of incorporating competency-based education and appropriate assessment techniques. This is an opportunity for AAHSL to reinforce its role as an educational partner in this transformational effort and to add clarity and value to the knowledge of competency-based medical education.

Appendix

Developed by Heather Collins (University of Kansas Medical Center), Rikke Ogawa (UCLA), Kelly Thormodson (University of North Dakota), Rachel Vukas (University of Kansas Medical Center).

Knowing that medical knowledge underpins all medical practice, it would be difficult to identify all objectives related to evidence-based practice fluency, but there are some explicit statements from relevant medical education groups, AAMC, LCME and ACGME:

AAMC Core Entrustable Professional Activities for Entering Residency: *Curriculum Developers' Guide, 2014*

EPA 7: Form clinical questions and retrieve evidence to advance patient care

- PBLI 6: Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- PBLI 7: Use information technology to optimize learning and care

EPA 13: Identify system failures and contribute to a culture of safety and improvement

- PBLI 4: Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement
- PBLI 10: Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
- SBP 5: Participate in identifying system errors and implementing potential systems solutions

LCME Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree Published April 2015, Standards and Elements Effective July 1, 2016

Standard 7: Curricular Content

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

- 7.3 Scientific Method/Clinical/Translational Research
The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).
- 7.4 Critical Judgment/Problem-Solving Skills
The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.

ACGME Common Program Requirements

ACGME approved focused revision: September 28, 2014; effective: July 1, 2015

IV. Educational Program

IV.A.5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.5.c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

IV.A.5.c).(7) use information technology to optimize learning; and,

IV.B. Residents' Scholarly Activities

IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

IV.B.2. Residents should participate in scholarly activity.

[As further specified by the Review Committee]

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

References

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