

# Fast Facts: Core Entrustable Professional Activities - EPA's

Association of Academic Health Sciences Libraries

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## Core Entrustable Professional Activities - EPAs

### *Why were the Core Entrustable Professional Activities - EPAs- developed?*

Published in May 2014 by the Association of American Medical Colleges (AAMC), the Core Entrustable Professional Activities, or EPAs are guidelines that provide expectations for performance and assessment of medical students. Based on literature documenting a clinical competency gap at the transition point from medical school to residency, the 13 EPAs describe the work medical students will be expected to competently perform, regardless of specialty, on their first day of residency.

### *What are Core Entrustable Professional Activities?*

The EPA's are descriptors of work that are competency-based and provide a common, core set of behaviors that could be entrusted to an unsupervised trainee upon demonstrating competence. The [13 EPAs](#) form a framework that is a practical approach to assessing competence in real-world settings and impact both learners and patients

### *Where is the project now?*

The project has selected [10 AAMC- member medical schools](#) to participate in a pilot cohort to test the implementation of the 13 EPAs. The project has two main goals:

1. To demonstrate feasibility of implementing EPAs into undergraduate medical education and to specifically address: curriculum development, assessment of competency using the EPA framework, the path to entrustment, and faculty development.
2. To demonstrate improvement in the gap between performance and expectations for students entering residency who have been entrusted on the Core EPAs.



## Learn More

[AAMC Core EPAs Home](#)

### **AAMC EPA Guides**

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers Guide](#)

[Core Entrustable Professional Activities for Entering Residency: Faculty and Learner's Guide](#)

### Scholarship

Englander R, Flynn T, Call S, Carraccio C, Cleary L, Fulton TB, Garrity MJ, Lieberman SA, Lindeman B, Lybson ML, Minter RM, Rosenfield J, Thomas J, Wilson MC, Aschenbrener CA. [Toward Defining the Foundation of the MD Degree: Core Entrustable Professional Activities for Entering Residency](#). Acad Med. 2016 Apr 19. PubMed PMID: 27097053 [Epub ahead of print]

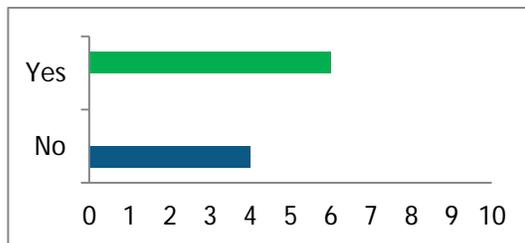
Carraccio C, Englander R, Gilhooly J, Mink R, Hofkosh D, Barone MA, Holmboe ES. [Building a Framework of Entrustable Professional Activities, Supported by Competencies and Milestones, to Bridge the Educational Continuum](#). Acad Med. 2016 Mar 8. PubMed PMID: 26959225 [Epub ahead of print]

Hawkins RE, Welcher CM, Holmboe ES, Kirk LM, Norcini JJ, Simons KB, Skochelak SE. Med Educ. [Implementation of competency-based medical education: are we addressing the concerns and challenges?](#) 2015 Nov;49(11):1086-102. doi: 10.1111/medu.12831. Review. PubMed PMID: 26494062

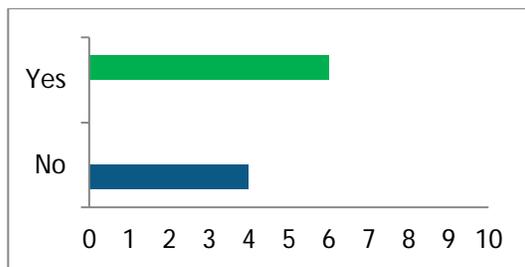
Hauer KE, Boscardin C, Fulton TB, Lucey C, Oza S, Teherani A. [Using a Curricular Vision to Define Entrustable Professional Activities for Medical Student Assessment](#). J Gen Intern Med. 2015 Sep;30(9):1344-8. PubMed PMID: 26173516; PubMed Central PMCID: PMC4539334.

In September 2015, AAHSL issued a survey to the library directors of each of the 10 EPA schools to gauge their library's involvement in their medical school's EPA program. Their answers ranged from cases of limited participation to instances of extensive involvement. Only one library was unaware of the EPA pilot program taking place at its school. Three libraries expressed great satisfaction with the new partnerships the program was helping them build. At least half of the survey participants responded positively to each question.

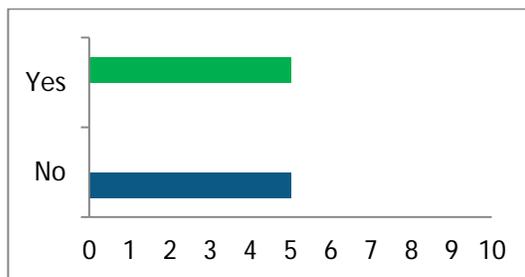
When asked if they *“had or sought involvement in the EPAs at their institution”* six responded in the affirmative. Four schools reported that one or more of their librarians regularly attended meetings where EPAs were discussed.



When asked if the library already had or was seeking involvement in *Core EPA #7 “[that residents be able to] form clinical questions and retrieve evidence to advance patient care”*, half the respondents specifically mentioned their embeddedness prior to the pilot program.



In reference to *Core EPA #9 and asked if any of their staff have been members of interprofessional (IPE) teams*, half of the respondents variously cited their librarians serving on IPE teams, teaching IPE, and helping to develop the school's IPE curriculum.



Finally, when asked if they were aware of any EPA-related curricular changes at their institutions, all but one library responded in the affirmative. Among these schools, librarians are drafting learning objectives, researching best instructional practices, and serving on committees to revise certain departmental curriculums.

In their concluding remarks, the most enthusiastic library directors highlighted the new partnerships forming between librarians, faculty members, departments, and administrators at their institution. Other libraries reported less impact, however. This was either because their library was already heavily involved in instruction and as yet saw no room for expansion, the EPA program's implementation stage was still too early, or the specific EPAs #7 or #9 were not being piloted. Some of the schools who are not involved are monitoring for possible opportunities in the future.

The Ten EPA schools are: Columbia University Medical Center, Florida International University, Michigan State University, NYU Langone Medical Center, Oregon Health & Science University, University of Illinois at Chicago, University of Texas Medical School at Houston, Vanderbilt University, Virginia Commonwealth University, and Yale University.