CBME AND NEW ACGME REQUIREMENTS: A PROGRAM REFRAME

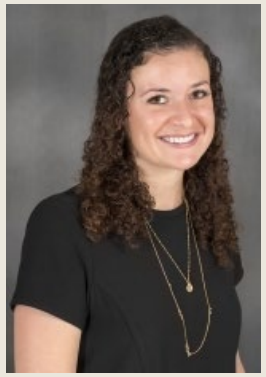
EPA Education Series, Session 1

Who we are:



Suzie Reed

Nationwide Children’s Hospital



Meghan O’Connor

University of Utah



Mackenzie Frost

Children’s Hospital of Philadelphia



Where we started: Assessment LC EPA WG formed in 2022



Along the Way :

- ELS at APPD 2023 Spring Meeting
- VC Aug 2023
- ELS at APPD 2024 Spring Meeting
- Expanded WG in 2024
- **EPA Education Series, Sep ‘24-Mar ‘25**



Where we’re going :

You and your program: ready by 2028!

Sep ‘24 — **Session 1:** CBME and new ACGME requirements: A program reframe

Oct ‘24 — **Session 2:** Breakdown of EPAs (Residency and Fellowship)

Nov ‘24 — **Session 3:** EPAs: Getting Started

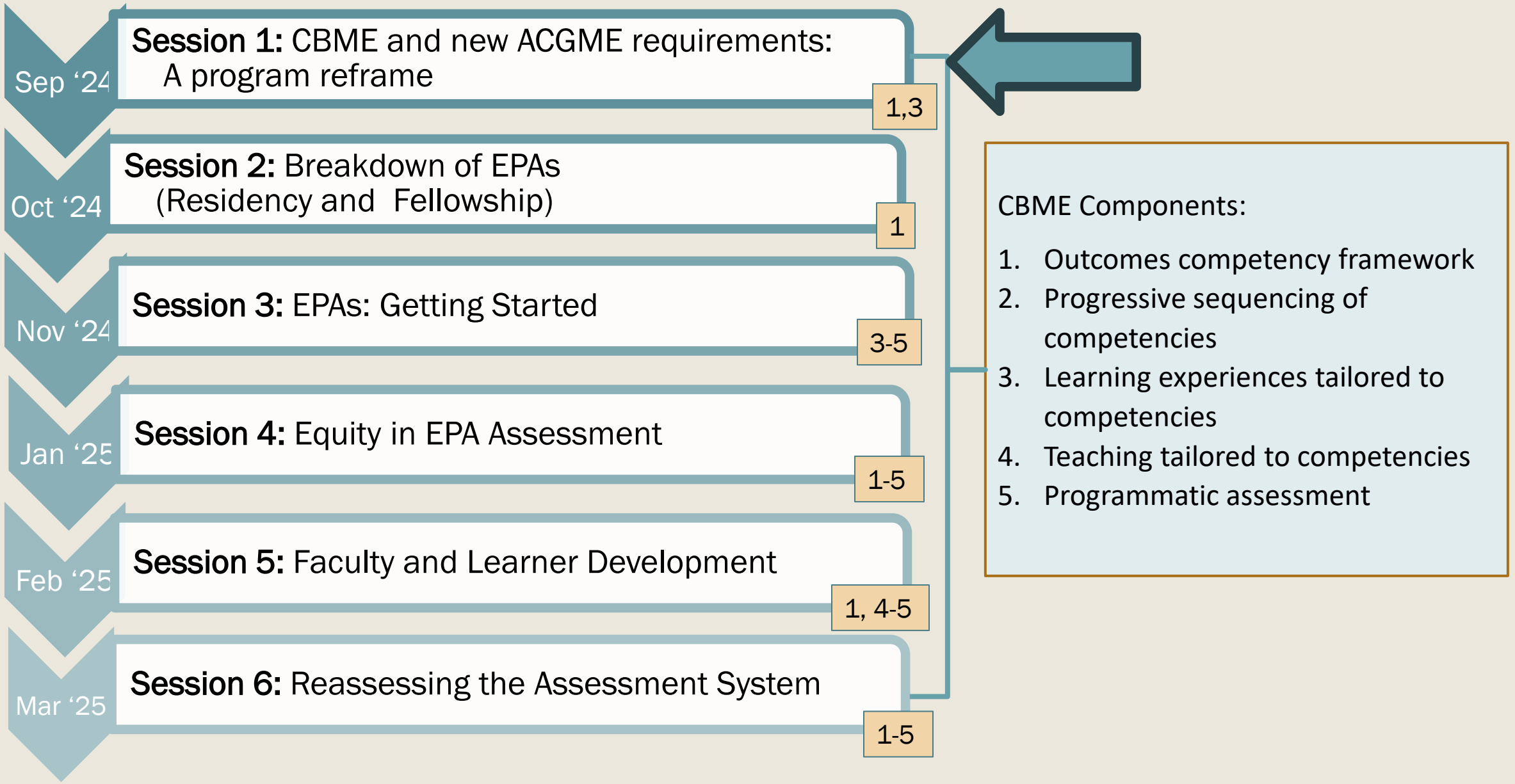
Jan ‘25 — **Session 4:** Equity in EPA Assessment

Feb ‘25 — **Session 5:** Faculty and Learner Development

Mar ‘25 — **Session 6:** Reassessing the Assessment System

CBME Components:

1. Outcomes competency framework
2. Progressive sequencing of competencies
3. Learning experiences tailored to competencies
4. Teaching tailored to competencies
5. Programmatic assessment


Sep '24
Session 1: CBME and new ACGME requirements: A program reframe
1,3
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1
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Session 3: EPAs: Getting Started
3-5
Jan '25
Session 4: Equity in EPA Assessment
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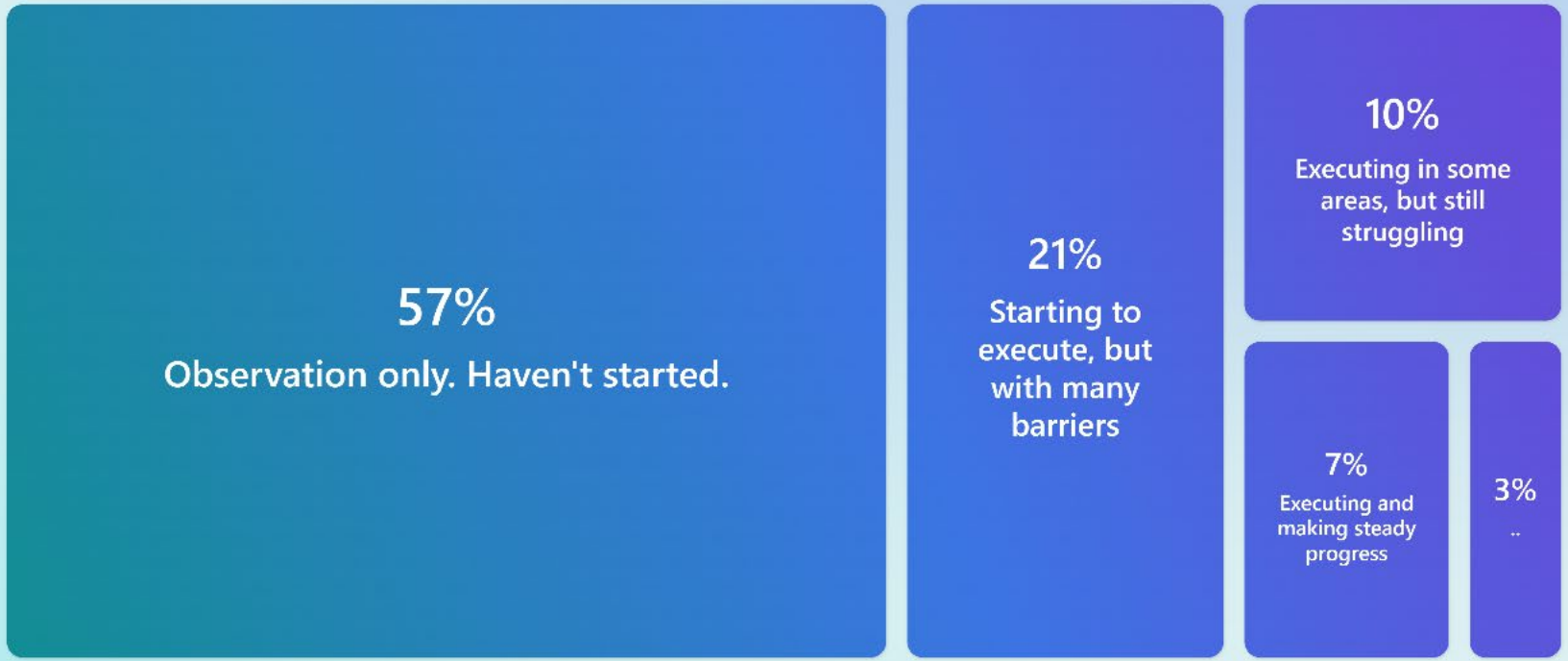
Scan the QR or use link to join

https://forms.office.com/r/BbEtZC1Pvy

Copy link

28 responses submitted

Rate the level of your program's EPA overall implementation:



Treemap | Bar

1 of 1

CBME and new ACGME requirements: A program reframe

By the end of this session, you will be able to:

- Describe foundations of CBME and EPAs
- Consider how the EPAs can be incorporated into the framework of the new ACGME requirements
- Conceptualize a curriculum re-design, incorporating ACGME requirements and EPAs

Assessment assessment

How do you think your system of assessment is working?





CBME: the big picture

Patient focused:

Patient needs are the "outcomes"

Learner centered:

Individualized approach to get learners to

"Competency-based medical education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs."[14]

CBME components

Competencies required for practice are clearly identified

Outcomes competencies

Competencies (and developmental markers) are sequenced progressively

Sequenced progressively

Learning experiences facilitate developmental acquisition of competencies

Tailored learning experiences

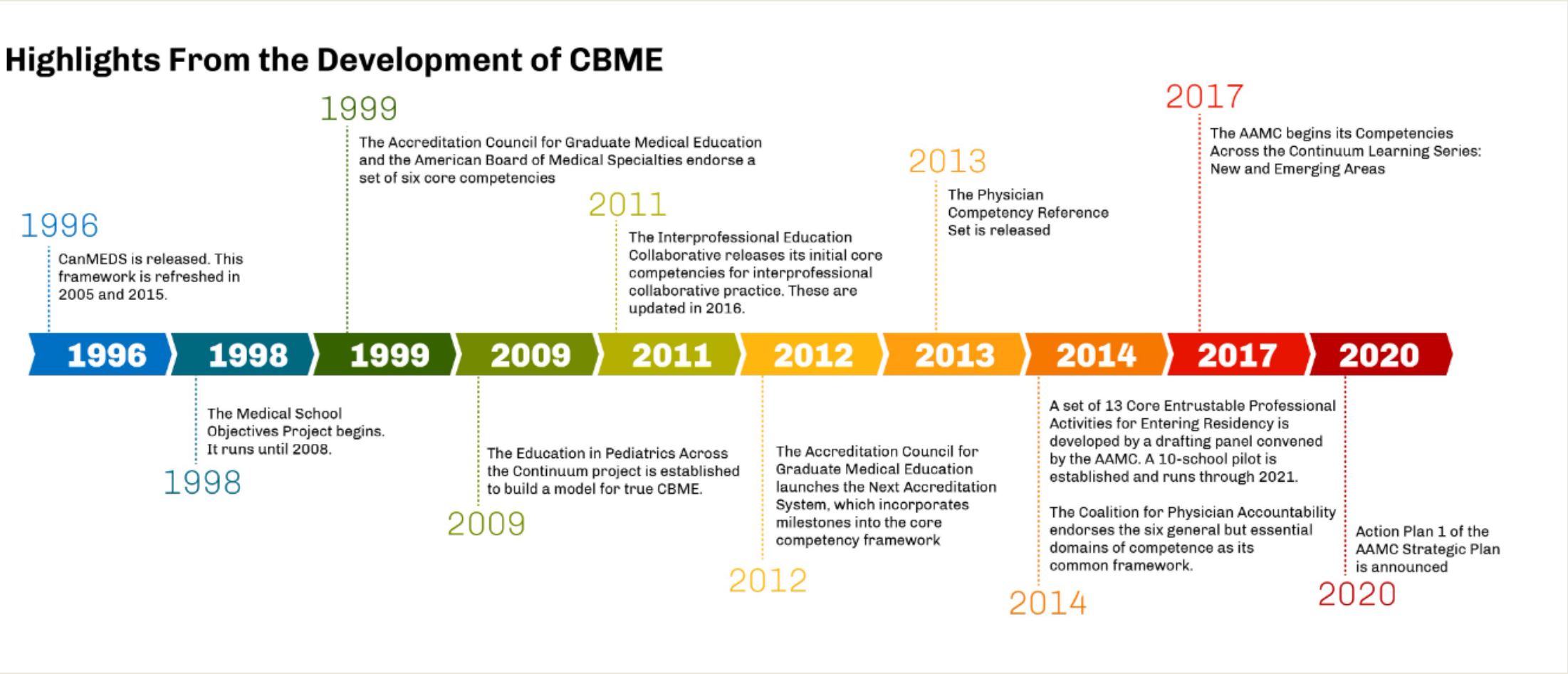
Teaching practices promote the acquisition of competencies

Competency-focused instruction

Assessment system supports and documents acquisition of competencies

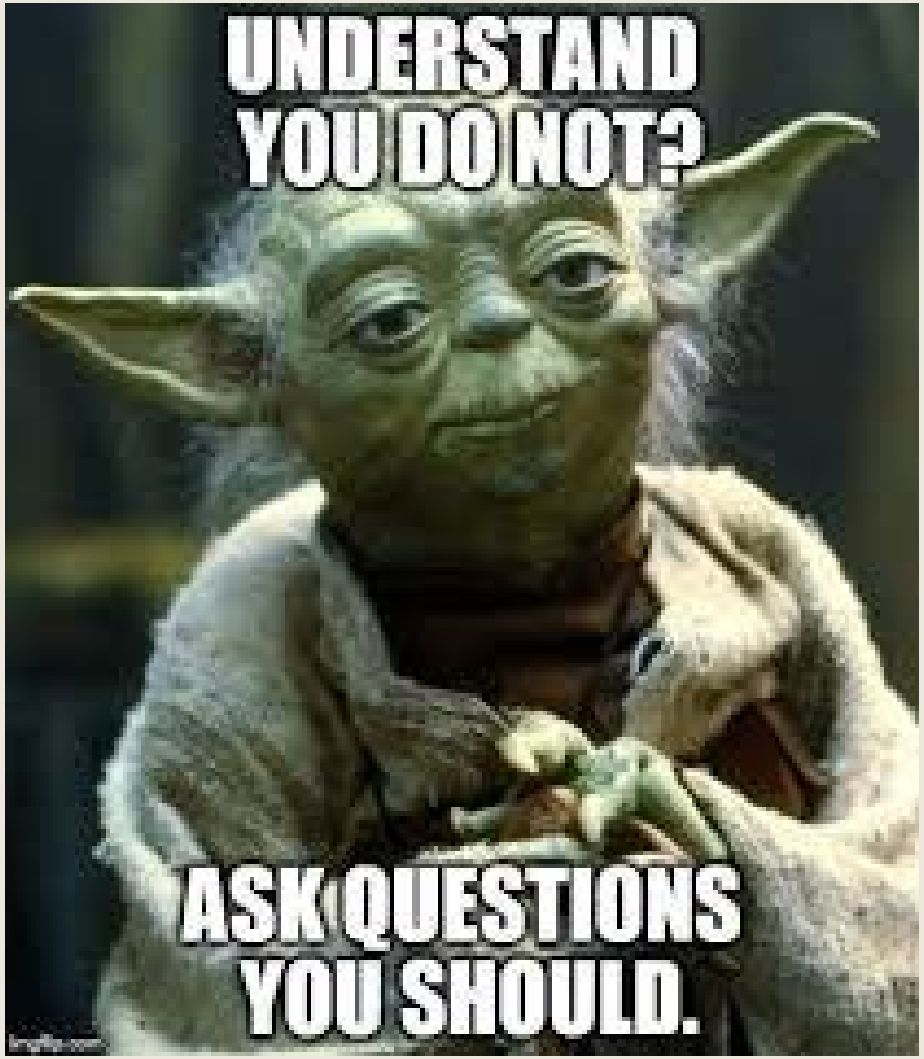
Programmatic assessment

Van Melle, et al.
Acad Med, 2019



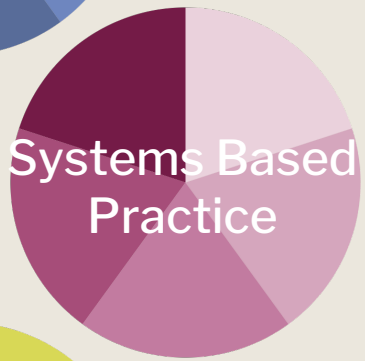
From aamc.org

If we have Competencies and Milestones, why do we need EPAs?



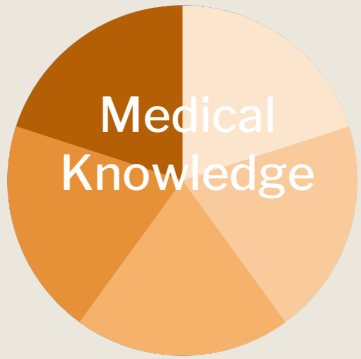
Milestones Leave Gaps in Assessment







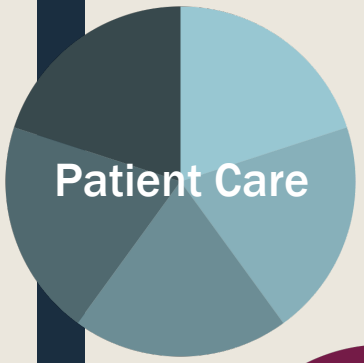
- Competencies and Milestones focus on **small, isolated tasks**
- Care delivery requires the integration of those tasks
- Assessment of milestones is difficult without **context**







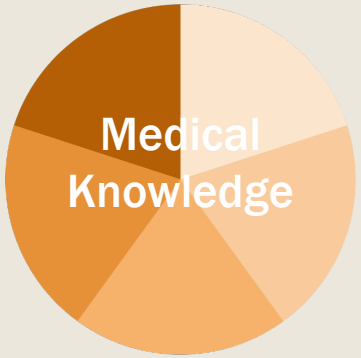
EPAs Bring Together Competencies and Focus on Activities that Patients Need

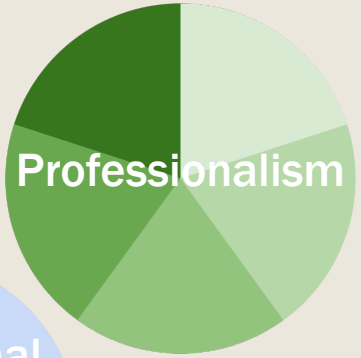






EPAs







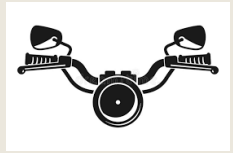
A Non-Medical Example of an EPA

Competencies and Milestones

Can he control the handlebars?



Can he use the breaks?





Can he independently secure his helmet?





Can he follow traffic laws and road signs?

EPA



Can he safely ride a bike?

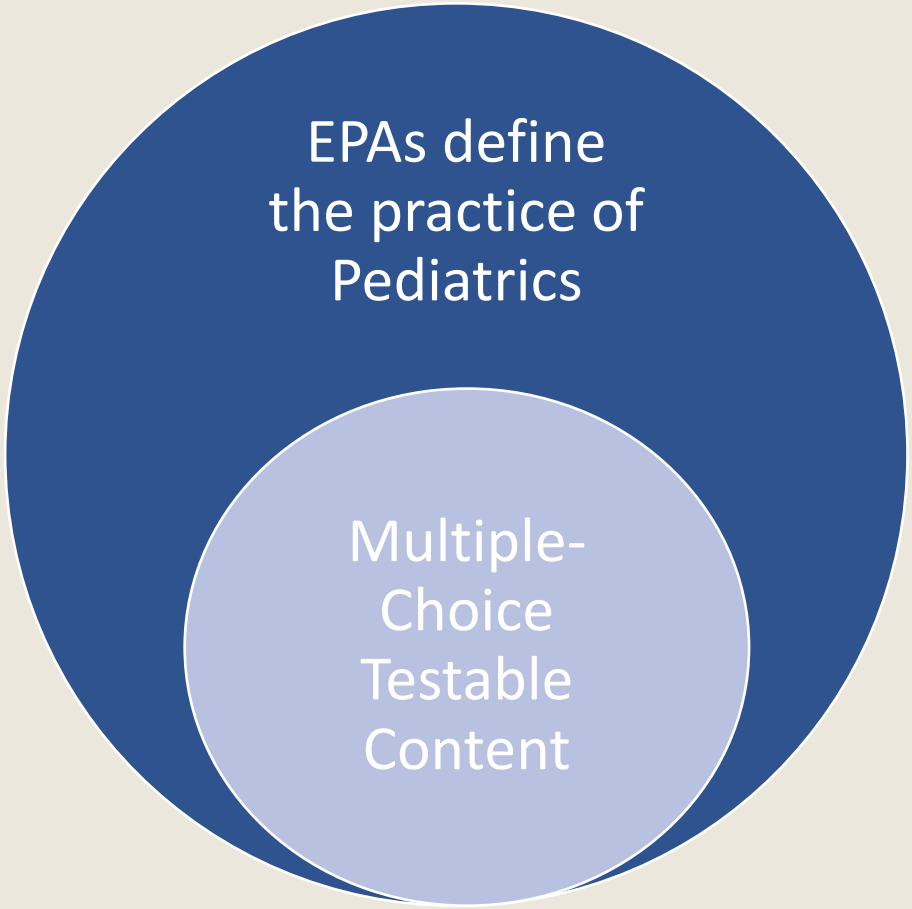
Why should we care?



CBME and EPAs:

1. Are a framework for comprehensive medical education, valuing both the patient and the learner
2. Will be used by the ABP for certification decision making starting 2028

EPAs Define the Practice of Pediatrics



EPAs answer the question:

What do patients and families expect and need from their physician?

But—only *some* of the knowledge essential to this practice can be tested by the Board exam

What does an EPA look like?

EPA 3: Care for the well newborn

Description of the Activity

Care of the well newborn in the immediate perinatal period will occur predominantly in the newborn nursery. Scope of practice for this EPA includes well full-term and late pre-term infants. A pediatrician is also expected to manage the common problems that occur in these newborns.

The specific functions which define this EPA include:

- Performing a physical examination to look for normal variations, abnormal signs and congenital anomalies
- Identifying and applying key evidence-based guidelines for care of the newborn
- Providing routine care, as well as addressing common problems that develop within the first 28 days of life
- Using judgment to know when common problems can be handled at home, and arrange for discharge and follow up
- Assessing maternal/family readiness to care for the infant post discharge
- Transitioning care to the community practitioner
- Demonstrating confidence that puts new parents at ease

The million $ question

At the end of training, can each learner be trusted to perform essential professional activities without supervision?

Often not ☹

Schumacher, et al. *JAMA Network* 2020

The Bottom Line (or TL; DR)



- EPAs are fundamentally important, to the patient and the learner
- The Board recognizes this, and is going to use them starting 2028
- We have more work to do to get our learners there



Changes bring opportunities!

- CBME is an important philosophical shift
- EPAs are a part of that shift
- New ACGME requirements are coming!
- Changes to Board eligibility are coming!

Part 2: The Argument for Incorporating EPAs now

ABP EPA Requirements

To address gaps, advance education and assessment, and maintain accountability to the public, with an ultimate goal of improved patient outcomes, the ABP announced in 2021 its plan to incorporate entrustable professional activities (EPAs) into initial certification decision making by 2028.

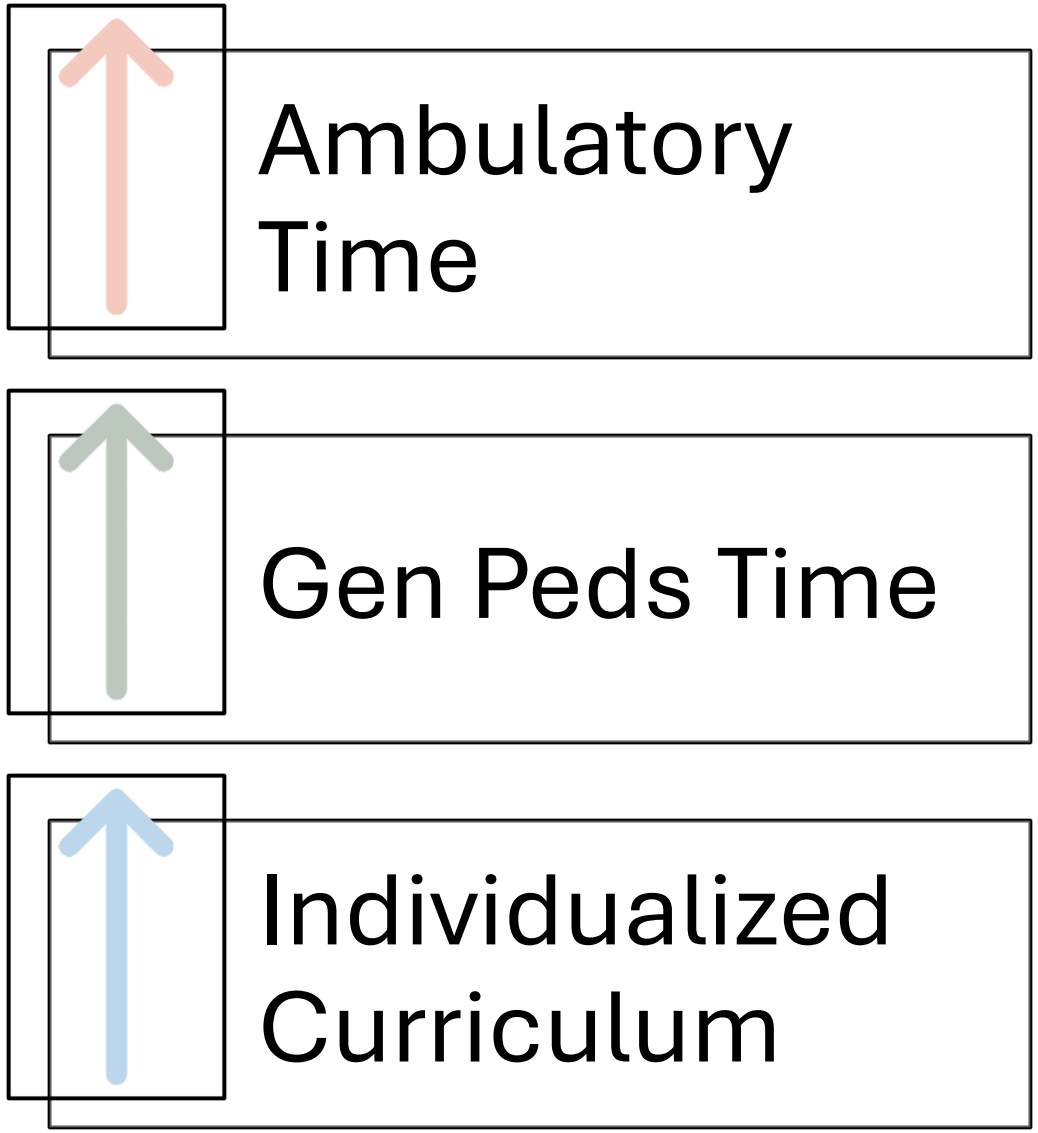


ACGME Program Requirements for Graduate Medical Education in Pediatrics

Revision Information
ACGME-approved major revision: February 4, 2024; effective July 1, 2025

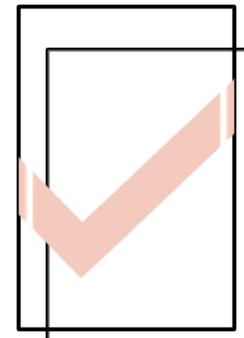
ACGME New Guidelines - 2025

PEDIATRIC RESIDENCY

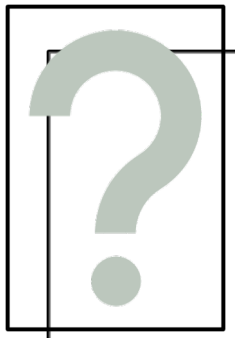


ACGME Guidelines

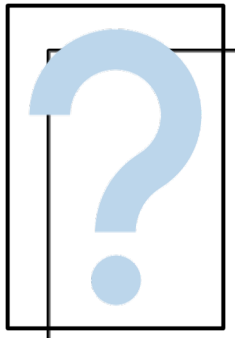
PEDIATRIC FELLOWSHIPS



Meet current fellowship requirements



Will our fellows start with a different level of baseline experience with our subspecialty?



Do we need to adjust our curriculum to meet the educational needs of the fellows?

The Timing is Right…

- ACGME requirements for residents starting 2025
- ABP requirements for graduates 2028



Typical Pediatric Residency Program



Use of EPAs to Support Curricular Design:

Does the curriculum prepare trainees to perform the everyday activities of a general pediatrician or subspecialist?



How to Incorporate the EPAs?

How to Incorporate the EPAs?

Approach A:

For the curricular changes you're considering, look at the EPAs:

How to Incorporate the EPAs?

Approach A:

For the curricular changes you're considering, look at the EPAs:

1. Are there gaps in experience to practice any of the EPAs?

2. If yes, should you consider different options?

How to Incorporate the EPAs?

Approach A:

For the curricular changes you're considering, look at the EPAs:

1. Are there gaps in experience to practice any of the EPAs?

2. If yes, should you consider different options?

Approach B:

Look at the curricula that will stay the same:

How to Incorporate the EPAs?

Approach A:

For the curricular changes you're considering, look at the EPAs:

1. Are there gaps in experience to practice any of the EPAs?

2. If yes, should you consider different options?

Approach B:

Look at the curricula that will stay the same:

1. Which EPAs are the residents getting experience with?

2. What are the gaps?

3. What experiences might fill these gaps & meet the ACGME requirements?



Integrating EPAs into assessment early and often facilitates addressing ***both*** curricular issues at the program level and individual learning gaps.

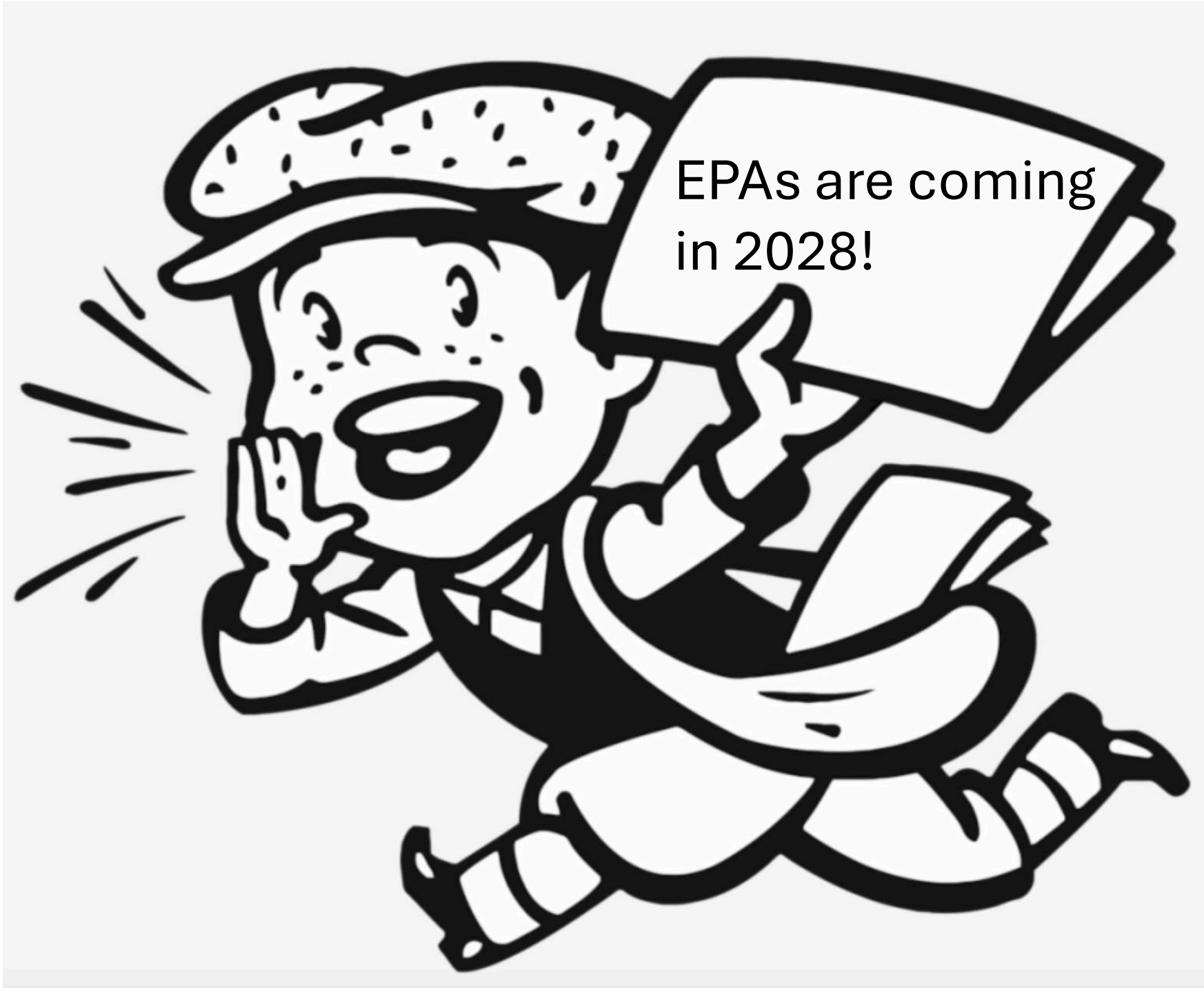
Using EPAs to Support Individualized Curriculum



ACGME: minimum 40 weeks: must be determined by the **learning needs** and career plans of each resident

Using the CCC to identify areas that need increased exposure:

- Not on trajectory to demonstrate readiness for *independent practice* by graduation? What experiences may help with this?


EPAs are coming
in 2028!

Opportunities during EPA Implementation

Assessment Revamp



Curriculum Development

Feedback Framework

Core EPAs for General Pediatrics

- Manage patients with acute, common diagnoses in an ambulatory, emergency or inpatient setting (EPA 4)
- Recognize, provide initial management and refer patients presenting with surgical problem (EPA 7)
- Assess and manage patients with common behavior/mental health problems (EPA 9)
- Manage information from a variety of sources for both learning and application to patient care (EPA 11)
- Contribute to the fiscally sound, equitable and collaborative management of a healthcare workplace (EPA 13)
- Lead an interprofessional health care team (EPA 15)
- Facilitate handovers to another health care provider either within or across settings (EPA 16)
- Demonstrate competence in performing the common procedures of the general pediatrician (EPA 17)

Core EPA for Subspecialties

- Provide consultation to other health care providers caring for children and adolescents and refer patients requiring further consultation to other subspecialty providers if necessary
- Contribute to the fiscally sound, equitable and collaborative management of a health care workplace
- Use population health strategies and quality improvement methods to promote health and address racism, discrimination and other contributors to inequities among pediatric populations
- Lead an interprofessional health care team
- Facilitate handovers to another health care provider either withing or across settings
- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge
- Lead within the subspecialty profession

EPAs for Neonatology

- Management patients with acute, common single system diseases in an inpatient setting
- Manage patients with complex, multisystem diseases in the NICU
- Provide care to patients in the NICU with surgical problems in collaboration with pediatric and subspecialty surgeons
- Provide resuscitation and stabilization of neonates and infants that aligns care with severity of illness
- Management of neonatal care systems

EPAs for Hematology/ Oncology

- Manage patients with hematology-oncology conditions, whether acute or chronic, simple or complex, in an ambulatory, emergency or inpatient setting
- Enroll and treat patients on clinical research trials
- Provide a medical home for patients with hematologic, oncologic or stem cell transplant needs
- Introduce and facilitate the integration of palliative care for patients with advanced disease
- Demonstrate competence in performing and interpreting common procedures of a pediatric hematologist/oncologist
- Facilitate the transition of care

Overlapping EPAs

- Provide consultation to other health care providers caring for children and adolescents and refer patients requiring further consultation to other subspecialty providers if necessary
- Contribute to the fiscally sound, equitable and collaborative management of a health care workplace
- Use population health strategies and quality improvement methods to promote health and address racism, discrimination and other contributors to inequities among pediatric populations
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- Facilitate handovers to another health care provider either within or across settings
- Engage in scholarly activities through the discovery, application, and dissemination of new knowledge
- Lead within the subspecialty profession

Entrustable Professional Activities

EPA 16 for General Pediatrics

EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision with verification of information after the handover for most simple and some complex cases
4. Trusted to execute with indirect supervision and verification of information after the handover for selected complex cases
5. Trusted to execute without supervision

    5a. Not yet ready to also supervise others in the execution of this EPA

    5b. Also trusted to supervise others in execution of this EPA

    **Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA*

SBP 4: Systems-Based Practice

3 System Navigation for Patient Centered Care- Transitions of Care: To effectively navigate the health delivery system during transitions of care to ensue high quality patient outcomes

Level 1	Level 2	Level 3	Level 4	Level 5
Uses a standard template for handoffs.	Adapts standard template, recognizing key elements for safe and effective handoffs in routine clinical situations.	Ensures closed-loop communication to perform safe and effective handoffs in complex clinical situations.	Performs transitions of care within and across health care delivery systems, including transitions to adult care.	Coaches others in improving transitions of care/handovers within and across health care delivery systems.
○	○	○	○	○	○	○	○	○

○ Not applicable

Comment

Entrustable Professional Activities

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Supervision Scale for This EPA

1. Trusted to observe only
2.
3.
4.
5.

Judicious Mapping to Competencies Critical to Entrustment Decisions*

PC 3:	Organize and Prioritize Care
SBP 4:	System Navigation for Patient-Centered Care – Transitions in Care
PBLI 2:	Reflective Practice and Commitment to Personal Growth
ICS 2:	Interprofessional and Team Communication
ICS 3:	Communication Within Health Care Systems

**Modified based on Pediatrics Milestones 2.0. ©2021 ACGME/ABP. All rights reserved.*

and further trainee development by tailoring supervision level for this EPA

Entrustable Professional Activities
EPA 16 for General Pediatrics

EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Description of the Activity

As the health care system has increased in complexity, we have seen a commensurate increase in the number of handovers both within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g., home-to-hospital and hospital-to-rehabilitation facility). Transitions of care are extremely vulnerable to error. This EPA is thus critical to our ability to optimize patient safety.

Functions of the health care provider handing over the care of a patient include:

- Engaging in bidirectional communication of plans and conveying family and patient preferences
- Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
- Communicating situation awareness, illness severity, patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

- Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
- Asking questions when needed for clarifying information and to fill any perceived gaps
- Restating key action items to ensure understanding

Curricular Components That Support the Functions of EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Functions of the health care provider handing over the care of a patient:

1. Engaging in bidirectional communication of plans and conveying family and patient preferences
    - Integrates the expectations of the patients, families, and caregivers to ensure consistency of the plan
    - Encourages the receiver to ask clarifying questions
    - Promotes a shared mental model of the patient and plan of care at the time of transition
2. Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
    - Demonstrates effective use of a standardized written or computer-based template to prioritize and organize information for handover
    - Ensures document efficiently and effectively supports the transfer of information
    - Appropriately updates document with new information added, while removing information that is no longer relevant
3. Communicating situation awareness, illness severity, a patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer
    - Follows a template to eliminate omissions of data
    - Modifies template as needed based on patient acuity or needs of the receiver (for example, delivering the patient summary by systems in an intensive care unit, but by problems for an outpatient setting)
    - Demonstrates the ability to assign illness severity, recognizing differences in patient acuity level by setting
    - Utilizes a concise patient summary within the template to create a shared mental model about the patient, a description of pertinent events and course to date, and an up-to-date assessment and plan for the patient's diagnoses and problems
    - Develops a discrete action list with clear instructions with respect to timeline, priority, and the person responsible for completion
    - Communicates clear contingency plans in an "if … then …" fashion that promotes situation awareness and a shared mental model of patient care

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

1. Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
    - Delivers a synthesis of the handover, not a repetition of the complete handover, to confirm a shared mental model of the information communicated
    - Takes ownership for ensuring understanding of the information provided
2. Asking questions when needed for clarifying information and to fill any perceived gaps
    - Asks clarifying questions as needed to ensure accurate transfer of complete patient information without ambiguity and to correct any erroneous information delivered
    - Ensures that there are no miscommunications or errors of omission
3. Restating key action items to ensure understanding
    - Clarifies timelines for key action items
    - Ensures that contingency plans, for the patient, are established and understood
4. Providing feedback to the individual initiating the handover on any problems/errors that occurred, including inaccurate information transmission
    - Corrects written tool as appropriate if errors are noted
    - Engages in a post-shift dialog with the handover provider to provide feedback when a problem/error, resulting from a gap in the handover information, occurs during a shift

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Entrustable Professional Activities
Curricular Components Supporting EPA 16 for General Pediatrics

Curricular Components Authors

Michael Barone (lead), Marsha Anderson, Ann Burke, Sharon Calaman, Anna Kuo, Jerry Larrabee, Kenya McNeal-Trice, Sue Poynter

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Reference

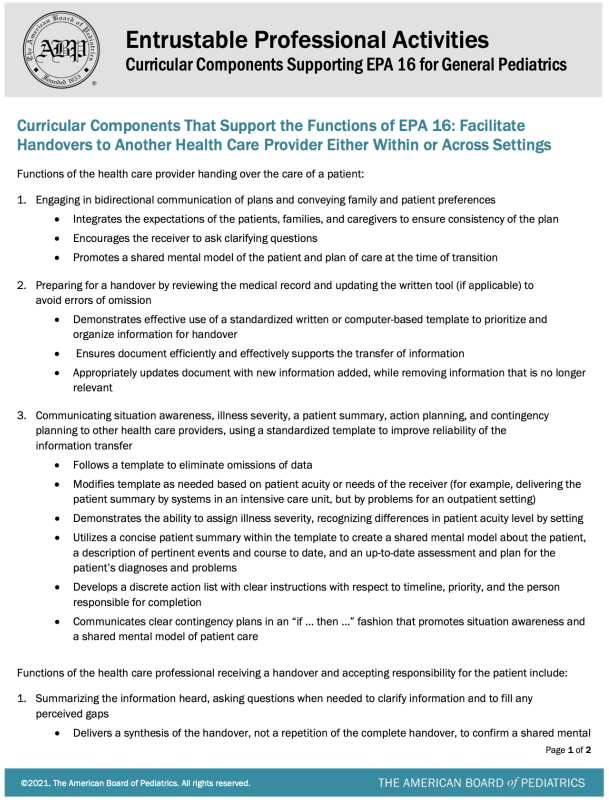
1. Spector N, Starmer A, Allen A, et al. I-PASS handoff curriculum: core resident workshop. MedEdPORTAL Publications. 2013;9:9311. http://dx.doi.org/10.15766/mep_2374-8265.9311

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Opportunity Alert! Approach A

- Are there gaps in your current handoff curriculum that need to be addressed?



Entrustable Professional Activities
Curricular Components Supporting EPA 16 for General Pediatrics

Curricular Components That Support the Functions of EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

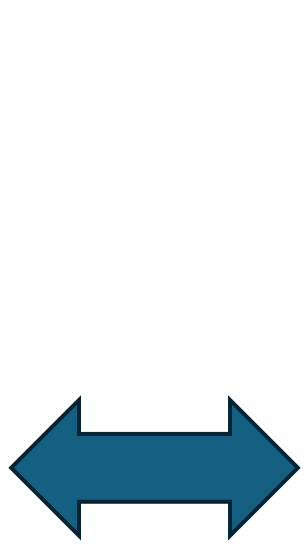
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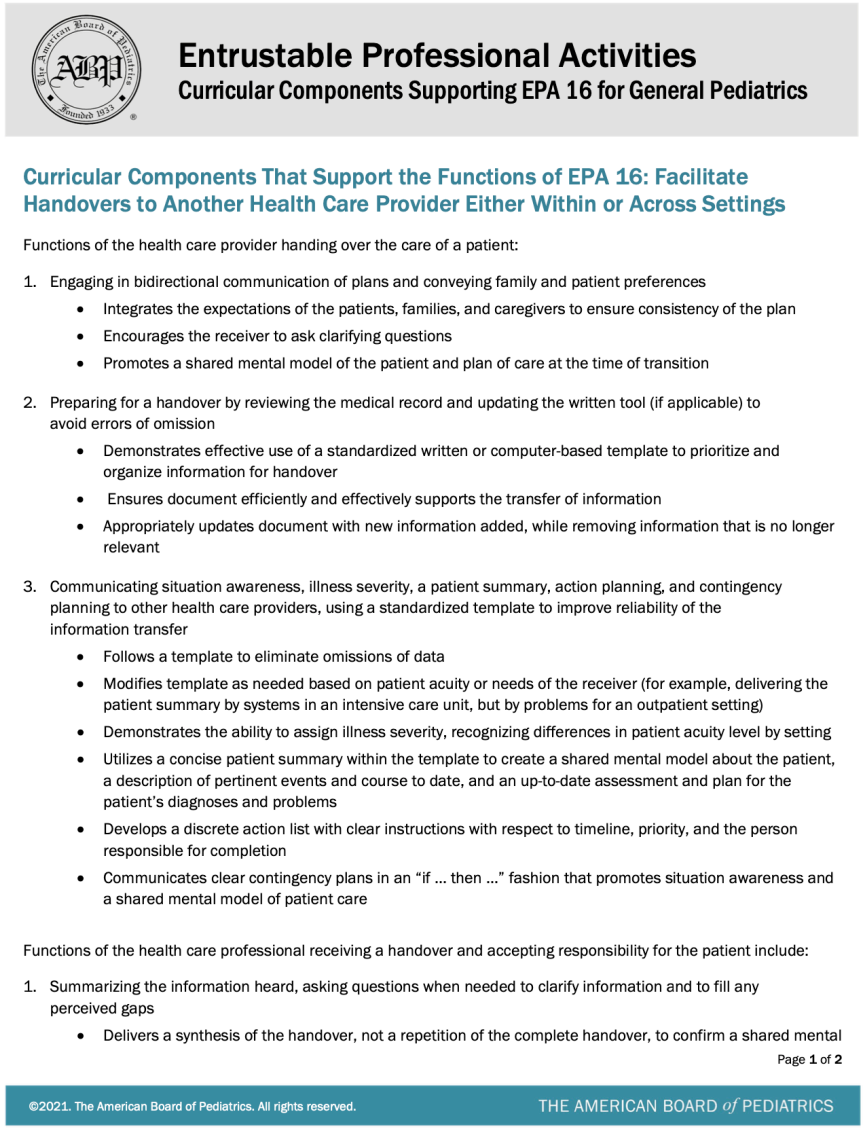
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Opportunity Alert! Approach B

- But wait…. I don't have a formal curriculum on handoffs. Where do I start if I want to create one??



Entrustable Professional Activities
Curricular Components Supporting EPA 16 for General Pediatrics

Curricular Components That Support the Functions of EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

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    - Encourages the receiver to ask clarifying questions
    - Promotes a shared mental model of the patient and plan of care at the time of transition
2. Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
    - Demonstrates effective use of a standardized written or computer-based template to prioritize and organize information for handover
    - Ensures document efficiently and effectively supports the transfer of information
    - Appropriately updates document with new information added, while removing information that is no longer relevant
3. Communicating situation awareness, illness severity, a patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer
    - Follows a template to eliminate omissions of data
    - Modifies template as needed based on patient acuity or needs of the receiver (for example, delivering the patient summary by systems in an intensive care unit, but by problems for an outpatient setting)
    - Demonstrates the ability to assign illness severity, recognizing differences in patient acuity level by setting
    - Utilizes a concise patient summary within the template to create a shared mental model about the patient, a description of pertinent events and course to date, and an up-to-date assessment and plan for the patient's diagnoses and problems
    - Develops a discrete action list with clear instructions with respect to timeline, priority, and the person responsible for completion
    - Communicates clear contingency plans in an "if … then …" fashion that promotes situation awareness and a shared mental model of patient care

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

1. Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
    - Delivers a synthesis of the handover, not a repetition of the complete handover, to confirm a shared mental

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Entrustable Professional Activities
EPA 16 for General Pediatrics

EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Description of the Activity

As the health care system has increased in complexity, we have seen a commensurate increase in the number of handovers both within settings (e.g., hospital ER-to-floor and floor-to-ICU) and between settings (e.g., home-to-hospital and hospital-to-rehabilitation facility). Transitions of care are extremely vulnerable to error. This EPA is thus critical to our ability to optimize patient safety.

Functions of the health care provider handing over the care of a patient include:

- Engaging in bidirectional communication of plans and conveying family and patient preferences
- Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
- Communicating situation awareness, illness severity, patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer

Functions of the health care professional receiving a handover and accepting responsibility for the patient include:

- Summarizing the information heard, asking questions when needed to clarify information and to fill any perceived gaps
- Asking questions when needed for clarifying information and to fill any perceived gaps
- Restating key action items to ensure understanding

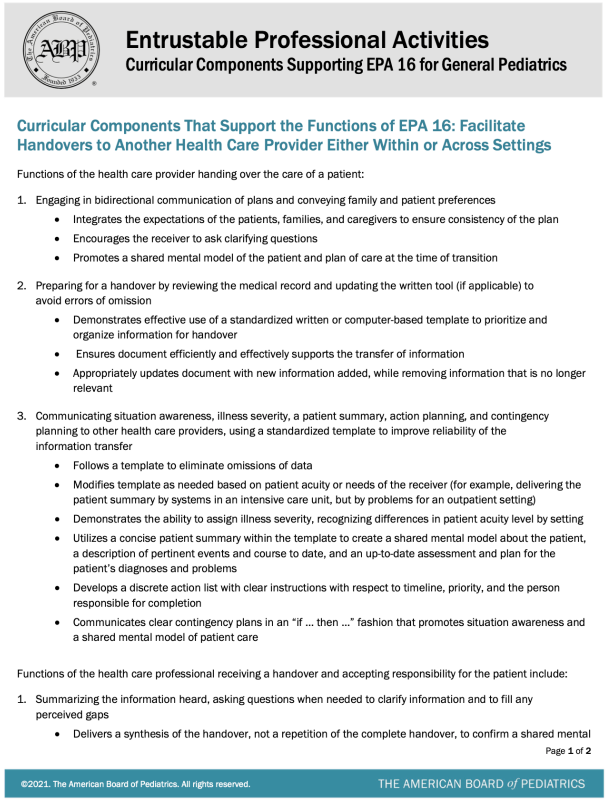
Opportunity Alert! Feedback Framework

Use the description of handover activities as a framework for feedback that gives concrete actionable items for improvement.

Opportunities during EPA Implementation

Assessment

Curriculum



Entrustable Professional Activities
Curricular Components Supporting EPA 16 for General Pediatrics

Curricular Components That Support the Functions of EPA 16: Facilitate Handovers to Another Health Care Provider Either Within or Across Settings

Functions of the health care provider handing over the care of a patient:

1. Engaging in bidirectional communication of plans and conveying family and patient preferences
   - Integrates the expectations of the patients, families, and caregivers to ensure consistency of the plan
   - Encourages the receiver to ask clarifying questions
   - Promotes a shared mental model of the patient and plan of care at the time of transition
2. Preparing for a handover by reviewing the medical record and updating the written tool (if applicable) to avoid errors of omission
   - Demonstrates effective use of a standardized written or computer-based template to prioritize and organize information for handover
   - Ensures document efficiently and effectively supports the transfer of information
   - Appropriately updates document with new information added, while removing information that is no longer relevant
3. Communicating situation awareness, illness severity, a patient summary, action planning, and contingency planning to other health care providers, using a standardized template to improve reliability of the information transfer
   - Follows a template to eliminate omissions of data
   - Modifies template as needed based on patient acuity or needs of the receiver (for example, delivering the patient summary by systems in an intensive care unit, but by problems for an outpatient setting)
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   - Delivers a synthesis of the handover, not a repetition of the complete handover, to confirm a shared mental

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Feedback

So, by attending this EPA series…you'll be better prepared to:



MEET THE ABP REQUIREMENTS STARTING 2028



APPROACH CURRICULAR CHANGES TO ADDRESS THE ACGME REQUIREMENTS STARTING 2025

From a residency & fellowship perspective…



Session 2!

Breakdown of EPAs:

Residency

10/3/24, 4pm ET/1pm PT

Fellowship

TBD

Your homework for Session 2: Get to know your EPAs!

Gen peds:

https://www.abp.org/content/entrustable-professional-activities-general-pediatrics

Peds subs:

https://www.abp.org/content/entrustable-professional-activities-subspecialties

Join us for the rest of our series!

- Sep '24 — **Session 1:** CBME and new ACGME requirements: A program reframe
- Oct '24 — **Session 2:** Breakdown of EPAs (Residency and Fellowship)
- Nov '24 — **Session 3:** EPAs: Getting Started
- Jan '25 — **Session 4:** Equity in EPA Assessment
- Feb '25 — **Session 5:** Faculty and Learner Development
- Mar '25 — **Session 6:** Reassessing the Assessment System



THANK YOU FOR JOINING US!



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