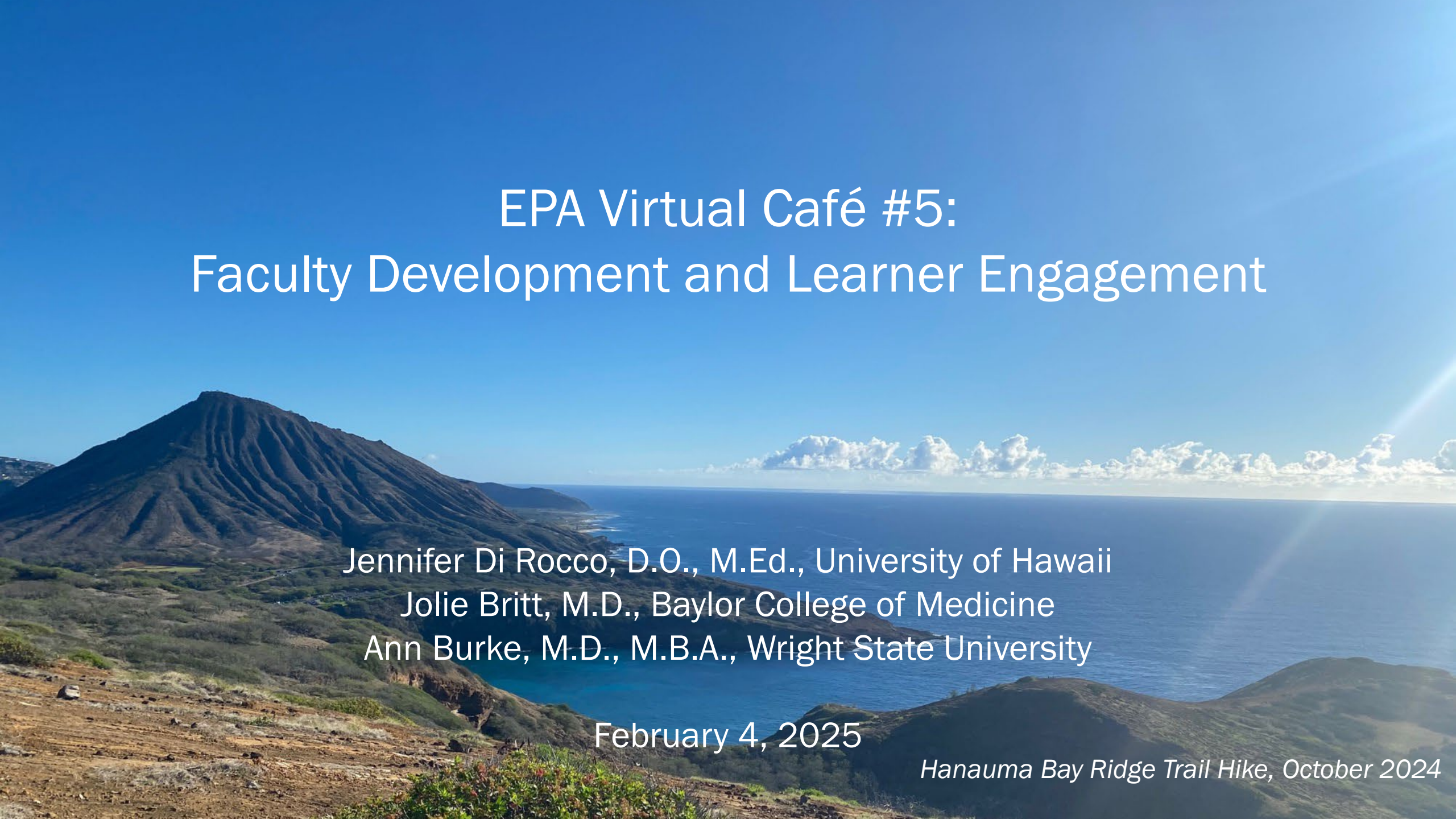
EPA Virtual Café #5:
Faculty Development and Learner Engagement

Jennifer Di Rocco, D.O., M.Ed., University of Hawaii
Jolie Britt, M.D., Baylor College of Medicine
Ann Burke, M.D., M.B.A., Wright State University

February 4, 2025



Hanauma Bay Ridge Trail Hike, October 2024

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

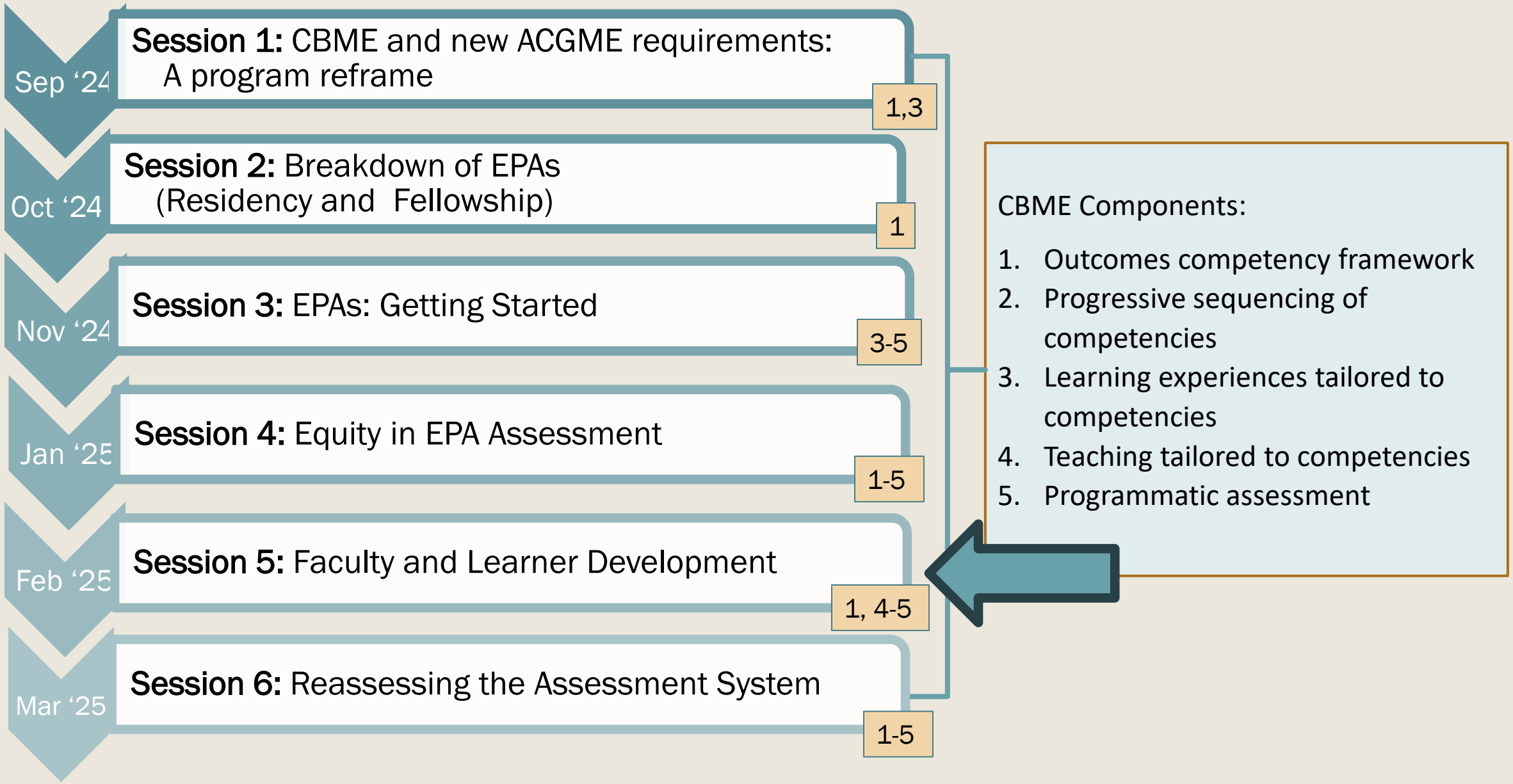
Jan ‘25 — **Session 4:** Equity in EPA Assessment

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
Oct '24
Session 2: Breakdown of EPAs (Residency and Fellowship)
1
Nov '24
Session 3: EPAs: Getting Started
3-5
Jan '25
Session 4: Equity in EPA Assessment
1-5
Feb '25
Session 5: Faculty and Learner Development
1, 4-5
Mar '25
Session 6: Reassessing the Assessment System
1-5
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

Agenda

Time	Topic
5 min	Introductions/Background
10 min	Highlights from Faculty Development including CBME
10 min	Breakout Room #1 - Discussion of Faculty Development Efforts: Successes and Challenges (in cohorts of smaller and larger programs)
5 min	Regroup, discuss themes
10 min	Highlights from Trainee Engagement Initiatives
10 min	Breakout Room #2 – Discussion of Trainee Engagement Efforts: Successes and Challenges (in cohorts of smaller and larger programs)
5 min	Regroup, discuss themes
5 min	Wrap-up/Homework

Objectives:

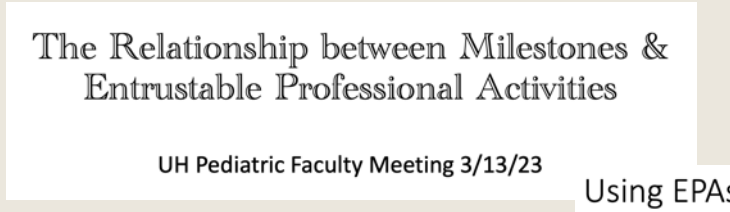
-Design an approach to faculty development in understanding CBME and EPAs

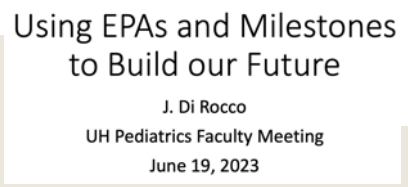
-Design an approach to learner engagement in CBME and EPA assessments

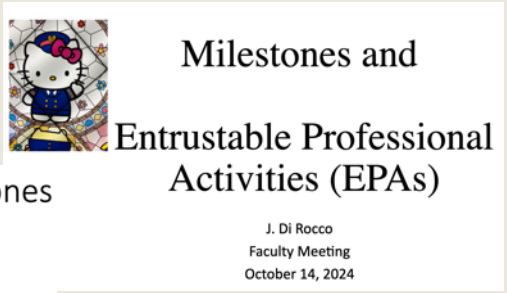

Faculty Development Highlights
Kailua Beach, October 2021

An Approach to Introducing EPAs to Faculty

- Which faculty actually need to know?
  - Front line faculty preceptors/evaluators
  - Rotation Directors
  - CCC members
  - Resident Advisors







- How were these introduced?
  - Faculty meeting "snippets"
    - Introduced general concept of EPAs
    - Provided specifics with varying examples
    - Always including relationship to the milestones which were familiar
    - Ongoing repetition and then finally, "aha!" by some of the core faculty
    - Attempted development of CCC "EPA champions"

- Where do these live in the curriculum?
  - Used what we knew with our milestones spreadsheet: rotation directors given first pass for approval, tried it out with frontline EPAs in evaluations
  - PDSA cycles for improvement
  - CCC members championed one EPA to the rest of the committee to argue for improved assessment

Mapping Milestones and EPAs across rotations

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**2.0 Milestone**	ADOL	Ambulatory	Conti Clinic	DBP	ED	Hem/Onc	ID	IEU	NICU	Nursery	PICU	QI	R3E	SSR	Wards DF/NF	Wards	Peer Eval	**Total Areas Eval Indiv Milestone**
2	PC1: History	1		1		1	1	1		1	1				1	1	1		10
3	PC2: Physical Examination	1		1		1	1	1		1	1				1	1	1		10
4	PC3: Organize and Prioritize Patient Care					1					1	1				1	1		5
5	PC4: Clinical Reasoning			1		1		1		1						1	1		6
6	PC5: Patient Management					1	1					1				1	1		5
7	MK1: Clinical Knowledge	1		1	1		1	1		1		1			1	1	1		10
8	MK2: Diagnostic Evaluation			1		1		1		1						1	1		6
9	SBP1: Patient Safety									1			1				1		3
10	SBP2: Quality Improvement			1									1						2
11	SBP3: Coordination of Care			1			1										1		3
12	SBP4: Handoffs/Transitions in Care									1		1						1	3
13	SBP5: Population and Community Health		1	1							1								3
14	SBP6: Physician Role in Health Care Systems			1											1		1		3
15	PBLI1: Evidence-Based and Informed Practice				1	1	1	1				1					1		6
16	PBLI2: Reflective Practice & Commitment to Personal Growth	1	1	1	1	1	1	1	1	1	1	1		1			1		13
17	PROF1: Professional Behavior			1	1			1		1	1	1							6
18	PROF2: Ethical Principles	1	1				1	1		1		1							6
19	PROF3: Accountability/Consciousness		1	1		1		1	1		1		1	1		1	1		10
20	PROF4: Well-Being																		0
21	ICS1: Pt and Family Centered Communication	1		1	1		1	1			1	1			1		1		9
22	ICS2: Interprofessional and Team Communication	1				1	1			1		1					1		6
23	ICS3: Communication within Healthcare Systems	1	1	1			1	1		1	1	1			1	1	1	1	12
24																			
25	**Total Milestones Per Rotation**	8	5	14	5	10	11	12	2	12	9	11	3	2	6	9	16	2	
26	(required entry for core or 4 week rotations)																		
27																			
28	EPA1 Provide Pediatric Consultation - Tiffany					X		X		X		X			X				5
29	EPA2 Recommended Health Screening	X		X															2
30	EPA3 Care for Well Newborn - Joan			X							X								2
31	EPA4 Manage Acute Diagnoses - Drew		X			X										X	X		4
32	EPA5 Provide a Medical Home for Well Children			X															1
33	EPA6 Chronic/Complex Needs Medical Home - Kara			X			x									X	X		3
34	EPA7 Surgical Management/Referral - Marian					X				X		X							3
35	EPA8 Transition to Adult Care - Bob	X		X												X	X		5
36	EPA9 Manage Behavior/Mental Health Problems - Pia	X	X	x	x														3
37	EPA10 Resuscitate and Stabilize - Loren					X				X		X							3
38	EPA11 Manage Info for Learning and Pt Care - Travis							X						X					2
39	EPA12 Refer Patients who need Consultation - Melissa									X						X	X		3
40	EPA13 Fiscally Sound, Equitable Practice- Gina															X	X		2
41	EPA14 QI Plus		X										X						2
42	EPA15 Lead Interprofessional Team - Marissa																X		1
43	EPA16 Handovers to Another Provider - Prashant									X									1
44	EPA17 Procedures of General Pediatrician					X						X							2
45																			
46	**Total EPAs Per Rotation**	3	3	6	1	5	1	2	0	5	1	4	1	1	1	5	6		

The Reasoning behind the Milestones

- Once upon a time…

What does it take to make a great pediatrician?

We know it when we see it!

But what is the recipe? Let's break it down into small, observable, achievable parts



Pediatrics Milestones

The Accreditation Council for Graduate Medical Education

Example Milestone on a resident evaluation

Patient Care 1: History				
Level 1	Level 2	Level 3	Level 4	Level 5
Gathers information strictly following a template	Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations	Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations	Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

The C major scale

Example EPA on a resident evaluation

18 **EPA 4: Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting**

The resident is trusted to participate in this activity

Only as an observer	With direct supervision	With indirect supervision	Independently	As an instructor of junior colleagues	Did not observe
○	○	○	○	○	○

Comment

The Symphony in C major, on tour



Knowledge, skills and attitudes that you have observed of the resident

EPAs: Entrustment Decisions for the Future



Milestones

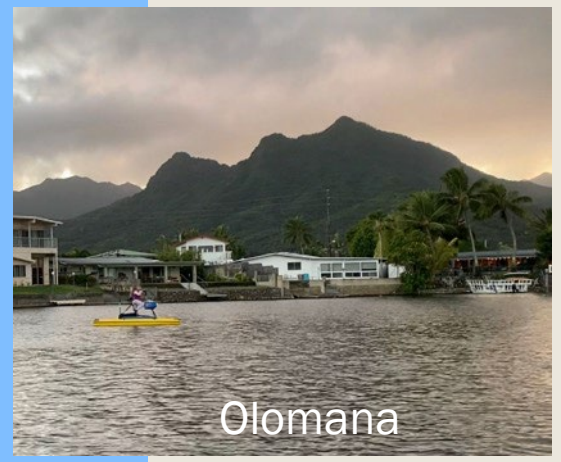
Milestones ask us to assess and report performance *in the past*. The have a *retro*spective orientation and do not ask us to predict or make a decision about future performance.



EPAs

EPAs ask us to make entrustment decisions *about the future*. We cannot make a decision about what we will entrust someone to do the past. We can only decide what we will entrust them to do in the future. Thus, entrustment decisions have a *pro*spective orientation and ask us to make a decision about how much we will or will not entrust someone to execute a task in the future.

Schematic credit to D. Schumacher, provided during the Crosswalk Study



What you would trust the resident to do in the future

(regardless of opportunity to do these things in your rotation)

Entrustable Professional Activities
EPA 9 for General Pediatrics

EPA 9: Assess and Manage Patients with Common Behavior/Mental Health Problems

How does this EPA intersect with the milestones? (i.e. what are the basic skills needed to successfully accomplish trustworthiness in caring for patients with problems in mental health/behavior?)

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   - 2a. As a coactivity with the supervisor
   - 2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervisor immediately available
   - 3a. ALL findings double checked by supervisor
   - 3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
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 the 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*

Judicious Mapping to Competencies Critical to Entrustment Decisions*

PC 5:	Patient Management
MK 1:	Clinical Reasoning
ICS 2:	Interprofessional and Team Communication
SBP 3:	System Navigation for Patient Centered Care – Coordination of Care

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

Context for the EPA

Rationale: Pediatricians must be able to assess behavioral wellness and address prevention as well as anticipate,identify, and manage the behavioral and mental health needs of patients through young adulthood, recognizing when further consultation from a mental or behavioral health specialist is needed.



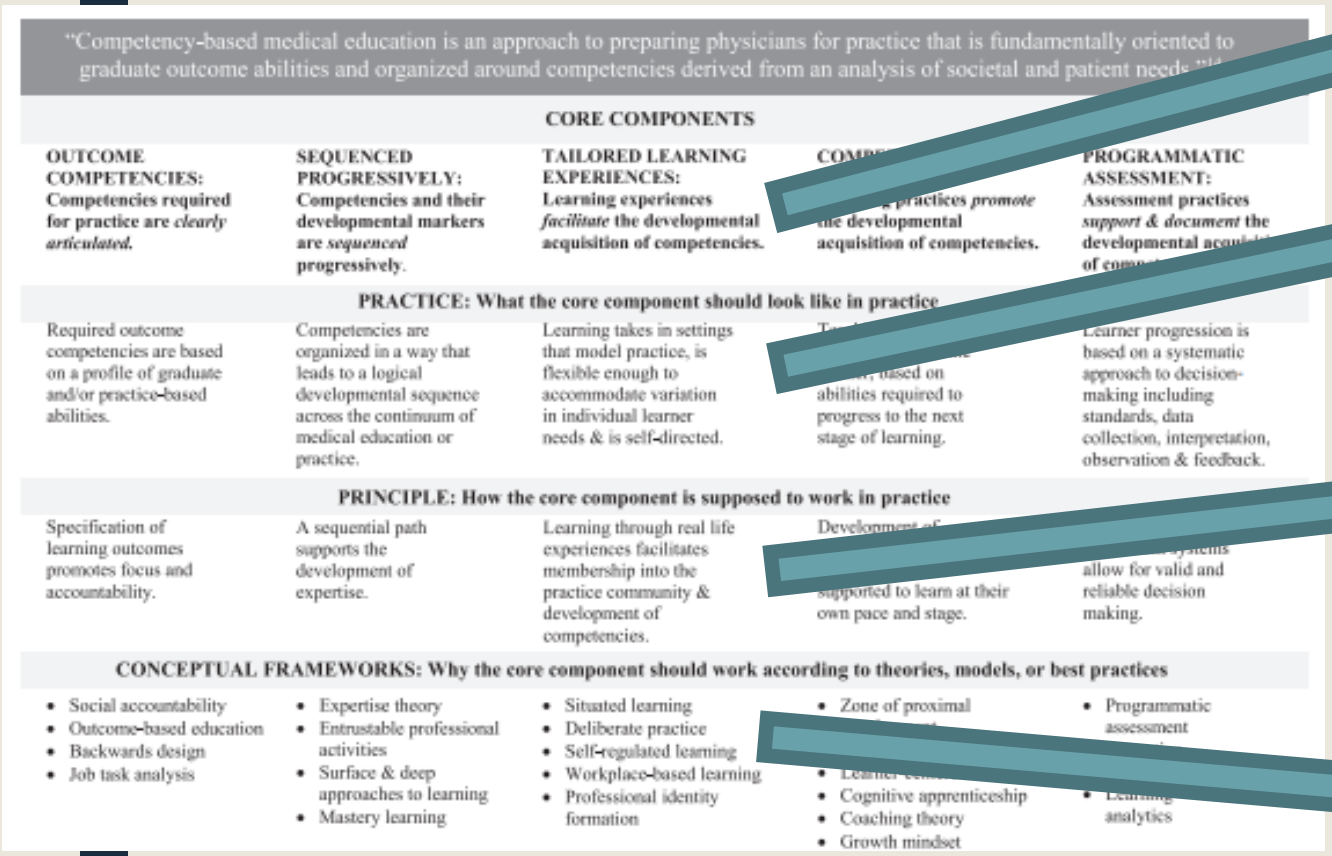
Breakout Room #1!!

Please join either the smaller program or larger program room to discuss successes and challenges in faculty development

Waimea Canyon State Park, 2018


Learner Engagement
Waimānalo Country Farms, 2021

CBME Core Components: Guiding Tailored Learning Experiences.



"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."

CORE COMPONENTS

OUTCOME COMPETENCIES: Competencies required for practice are *clearly articulated.*	SEQUENCED PROGRESSIVELY: Competencies and their developmental markers are *sequenced* progressively.	TAILORED LEARNING EXPERIENCES: Learning experiences *facilitate* the developmental acquisition of competencies.	COMP… practices *promote* …e developmental acquisition of competencies.	PROGRAMMATIC ASSESSMENT: Assessment practices *support & document* the developmental acqui… of comp…
PRACTICE: What the core component should look like in practice				
Required outcome competencies are based on a profile of graduate and/or practice-based abilities.	Competencies are organized in a way that leads to a logical developmental sequence across the continuum of medical education or practice.	Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.	T… …, based on abilities required to progress to the next stage of learning.	Learner progression is based on a systematic approach to decision-making including standards, data collection, interpretation, observation & feedback.
PRINCIPLE: How the core component is supposed to work in practice				
Specification of learning outcomes promotes focus and accountability.	A sequential path supports the development of expertise.	Learning through real life experiences facilitates membership into the practice community & development of competencies.	Development of … supported to learn at their own pace and stage.	… allow for valid and reliable decision making.
CONCEPTUAL FRAMEWORKS: Why the core component should work according to theories, models, or best practices				
• Social accountability • Outcome-based education • Backwards design • Job task analysis	• Expertise theory • Entrustable professional activities • Surface & deep approaches to learning • Mastery learning	• Situated learning • Deliberate practice • Self-regulated learning • Workplace-based learning • Professional identity formation	• Zone of proximal … • Cognitive apprenticeship • Coaching theory • Growth mindset	• Programmatic assessment • … analytics

TAILORED LEARNING EXPERIENCES:
Learning experiences *facilitate* the developmental acquisition of competencies.

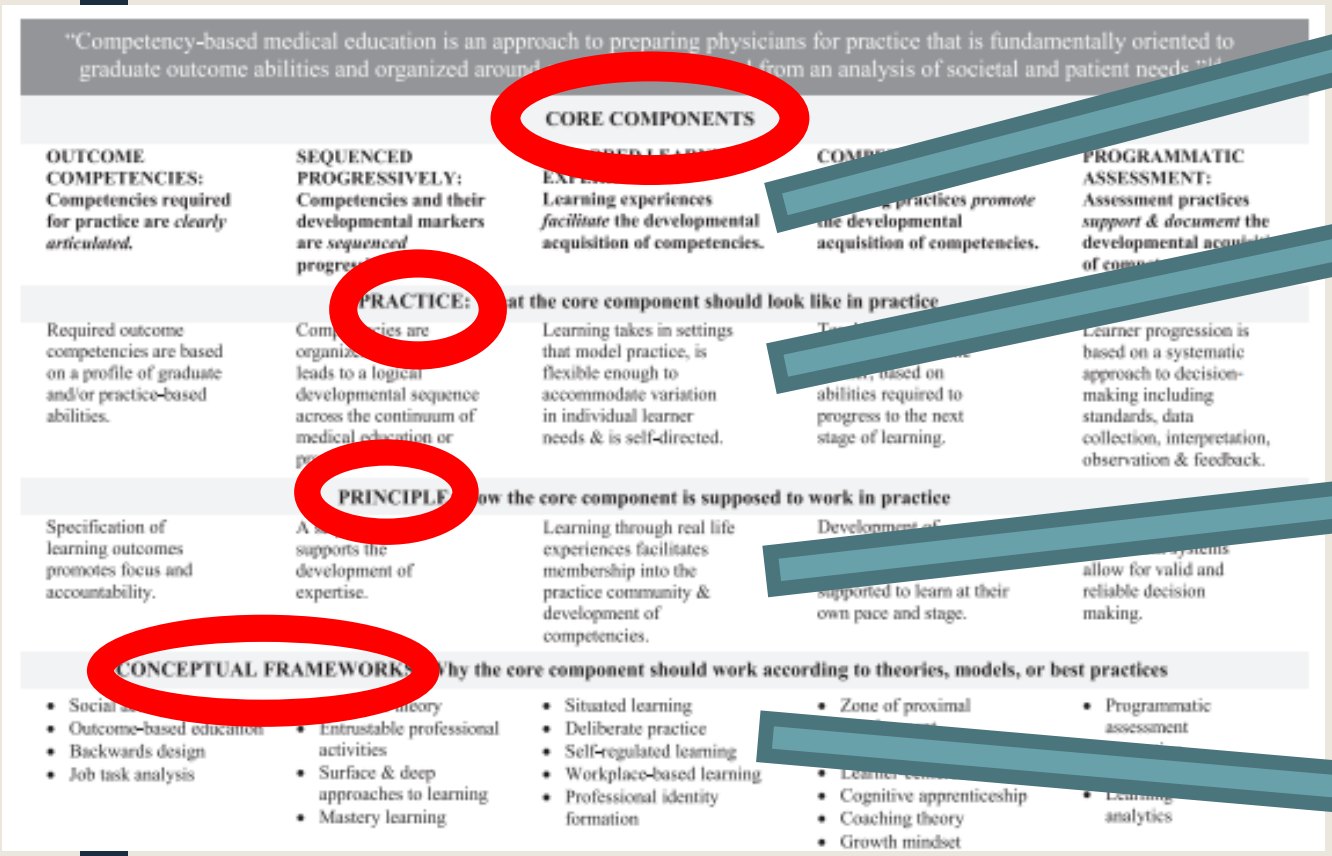
Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.

Learning through real life experiences facilitates membership into the practice community & development of competencies.

- Situated learning
- Deliberate practice
- Self-regulated learning
- Workplace-based learning
- Professional identity formation

Van Melle E, et al. A core components framework for evaluating implementation of CBME programs. Academic Medicine 2019. 94(7): 1002-1009

CBME Core Components: Guiding Tailored Learning Experiences.



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

CORE COMPONENTS

OUTCOME COMPETENCIES: Competencies required for practice are *clearly articulated.*	**SEQUENCED PROGRESSIVELY:** Competencies and their developmental markers are *sequenced* progress...	**EXP...** Learning experiences *facilitate* the developmental acquisition of competencies.	**COMP...** ...practices *promote* the developmental acquisition of competencies.	**PROGRAMMATIC ASSESSMENT:** Assessment practices *support & document* the developmental acqui... of comp...
PRACTICE: ...t the core component should look like in practice				
Required outcome competencies are based on a profile of graduate and/or practice-based abilities.	Comp...cies are organiz... leads to a logical developmental sequence across the continuum of medical education or p...	Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.	T... ..., based on abilities required to progress to the next stage of learning.	Learner progression is based on a systematic approach to decision-making including standards, data collection, interpretation, observation & feedback.
PRINCIPLE ...ow the core component is supposed to work in practice				
Specification of learning outcomes promotes focus and accountability.	A ... supports the development of expertise.	Learning through real life experiences facilitates membership into the practice community & development of competencies.	Development of ... supported to learn at their own pace and stage.	... allow for valid and reliable decision making.
CONCEPTUAL FRAMEWORKS: ...hy the core component should work according to theories, models, or best practices				
• Social ... • Outcome-based education • Backwards design • Job task analysis	• ... theory • Entrustable professional activities • Surface & deep approaches to learning • Mastery learning	• Situated learning • Deliberate practice • Self-regulated learning • Workplace-based learning • Professional identity formation	• Zone of proximal ... • Cognitive apprenticeship • Coaching theory • Growth mindset	• Programmatic assessment • ... analytics

TAILORED LEARNING EXPERIENCES:
Learning experiences *facilitate* the developmental acquisition of competencies.

Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.

Learning through real life experiences facilitates membership into the practice community & development of competencies.

- Situated learning
- Deliberate practice
- Self-regulated learning
- Workplace-based learning
- Professional identity formation

Van Melle E, et al. A core components framework for evaluating implementation of CBME programs. Academic Medicine 2019. 94(7): 1002-1009

CBME Core Components: "Competency Focused Instruction"

"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]

CORE COMPONENTS

OUTCOME COMPETENCIES: Competencies required for practice are *clearly articulated.*	SEQUENCED PROGRESSIVELY: Competencies and their developmental markers are *sequenced* progressively.	TAILORED LEARNING EXPERIENCES: Learning experiences *facilitate* the developmental acquisition of competencies.	COMPETENCY-FOCUSED INSTRUCTION: Teaching practices *promote* the developmental acquisition of competencies.	[illegible] practices *support & document* the developmental acquisition of competencies.
PRACTICE: What the core component should look like in practice				
Required outcome competencies are based on a profile of graduate and/or practice-based abilities.	Competencies are organized in a way that leads to a logical developmental sequence across the continuum of medical education or practice.	Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.	Teaching is individualized to the learner, based on abilities required to progress to the next stage of learning.	[illegible] systematic approach to decision-making including standards, data collection, interpretation, observation & feedback.
PRINCIPLE: How the core component is supposed to work in practice				
Specification of learning outcomes promotes focus and accountability.	A sequential path supports the development of expertise.	Learning through real life experiences facilitates membership into the practice community & development of competencies.	Development of competence is stimulated when learners are supported to learn at their own pace and stage.	[illegible] allow for valid and reliable decision making.
CONCEPTUAL FRAMEWORKS: Why the core component should work according to theories, models, or best practices				
• Social accountability • Outcome-based education • Backwards design • Job task analysis	• Expertise theory • Entrustable professional activities • Surface & deep approaches to learning • Mastery learning	• Situated learning • Deliberate practice • Self-regulated learning • Workplace-based learning • Professional identity formation	• Zone of proximal development • Constructive friction • Learner-centered teaching • Cognitive apprenticeship • Coaching theory • Growth mindset	• Programmatic assessment • [illegible] • [illegible] analytics

COMPETENCY-FOCUSED INSTRUCTION:
Teaching practices *promote* the developmental acquisition of competencies.

Teaching is individualized to the learner, based on abilities required to progress to the next stage of learning.

Development of competence is stimulated when learners are supported to learn at their own pace and stage.

- Zone of proximal development
- Constructive friction
- Learner-centered teaching
- Cognitive apprenticeship
- Coaching theory
- Growth mindset

Van Melle E, et al. A core components framework for evaluating implementation of CBME programs. Academic Medicine 2019. 94(7): 1002-1009

CBME Core Components: "Competency Focused Instruction"

"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]

CORE COMPONENTS

OUTCOME COMPETENCIES: Competencies required for practice are *clearly articulated.*	**SEQUENCED PROGRESSIVELY: Competencies and their developmental markers are *sequenced* progressively.**	**TAILORED LEARNING EXPERIENCES: Learning experiences *facilitate* the developmental acquisition of competencies.**	**COMPETENCY-FOCUSED INSTRUCTION: Teaching practices *promote* the developmental acquisition of competencies.**	**PR[illegible] ...T: ...ssment practices *support & document* the developmental acquisition of competencies.**
PRACTICE: What the core component should look like in practice				
Required outcome competencies are based on a profile of graduate and/or practice-based abilities.	Competencies are organized in a way that leads to a logical developmental sequence across the continuum of medical education or practice.	Learning takes in settings that model practice, is flexible enough to accommodate variation in individual learner needs & is self-directed.	Teaching is individualized to the learner, based on abilities required to progress to the next stage of learning.	...ystematic approach to decision-making including standards, data collection, interpretation, observation & feedback.
PRINCIPLE: How the core component is supposed to work in practice				
Specification of learning outcomes promotes focus and accountability.	A sequential path supports the development of expertise.	Learning through real life experiences facilitates membership into the practice community & development of competencies.	Development of competence is stimulate[d] when learners are supported to learn at their own pace and stage.	...ystems allow for valid and reliable decision making.
CONCEPTUAL FRAMEWORKS: Why the core component should work according to theories, models, or best practices				
• Social accountability • Outcome-based education • Backwards design • Job task analysis	• Expertise theory • Entrustable professional activities • Surface & deep approaches to learning • Mastery learning	• Situated learning • Deliberate practice • Self-regulated learning • Workplace-based learning • Professional identity formation	• Zone of proximal development • Constructive friction • Learner-centered teaching • Cognitive apprenticeship • Coaching theory • Growth mindset	• Programmatic assessment • ... • Learning analytics

COMPETENCY-FOCUSED INSTRUCTION: Teaching practices *promote* the developmental acquisition of competencies.

Teaching is individualized to the learner, based on abilities required to progress to the next stage of learning.

Development of competence is stimulated when learners are supported to learn at their own pace and stage.

- Zone of proximal development
- Constructive friction
- Learner-centered teaching
- Cognitive apprenticeship
- Coaching theory
- Growth mindset

Van Melle E, et al. A core components framework for evaluating implementation of CBME programs. Academic Medicine 2019. 94(7): 1002-1009

Growth Mindset:

MEDICAL TEACHER
2021, VOL. 43, NO. 7, 751–757
https://doi.org/10.1080/0142159X.2021.1928036

MEDICAL TEACHER

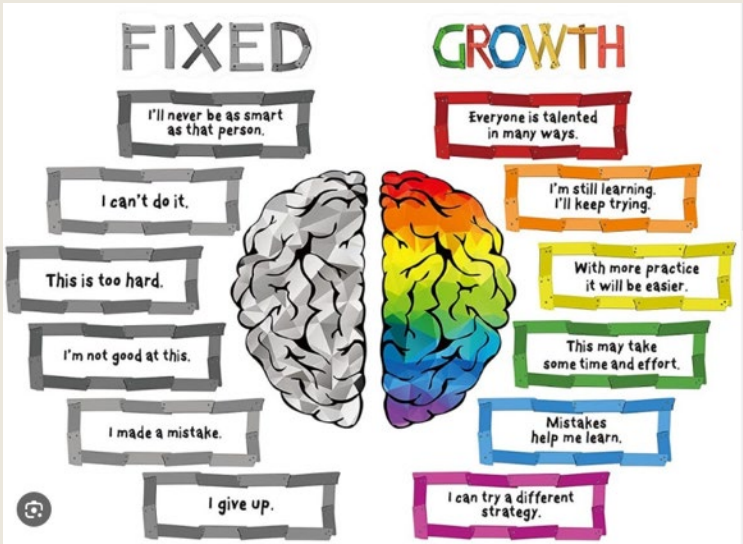
Taylor & Francis
Taylor & Francis Group

Check for updates

Growth mindset in competency-based medical education

Denyse Richardson[a,b], Benjamin Kinnear[c], Karen E. Hauer[d], Teri L. Turner[e], Eric J. Warm[c], Andrew K. Hall[b,f], Shelley Ross[g], Brent Thoma[b,h] and Elaine Van Melle[b,i]; on behalf of the ICBME Collaborators

- The implicit belief that one can improve with focused effort, persistence, and coaching aligns with CBME
- Using Growth Mindset to continually help individual learners grow/learn



Growth Mindset

MEDICAL TEACHER
2021, VOL. 43, NO. 7, 751–757
https://doi.org/10.1080/0142159X.2021.1928036

MEDICAL TEACHER

Taylor & Francis
Taylor & Francis Group

Check for updates

Growth mindset in competency-based medical education

in Kinnear[c], Karen E. Hauer[d], Teri L. Turner[e], Eric J. Warm[c],
s[g], Brent Thoma[b,h] and Elaine Van Melle[b,i]; on behalf of the ICBME

Entrustable Professional Activities
EPA 5 for General Pediatrics

EPA 5: Provide a Medical Home for Well Children of All Ages

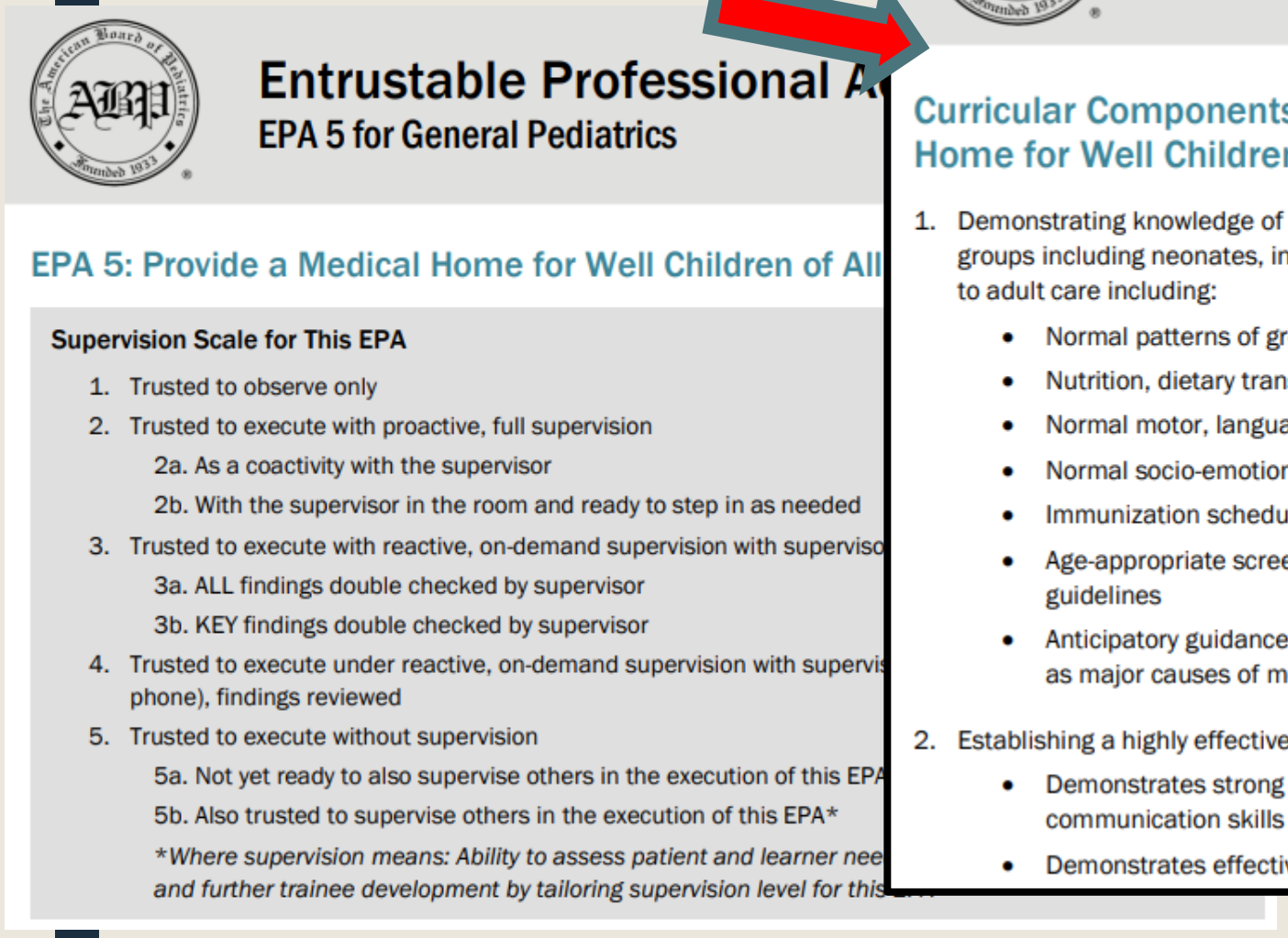
Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   - 2a. As a coactivity with the supervisor
   - 2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervisor immediately available
   - 3a. ALL findings double checked by supervisor
   - 3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervisor distantly available (e.g., by phone), findings reviewed
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 the 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*

Growth Mindset

Self Assessment/Self Rating



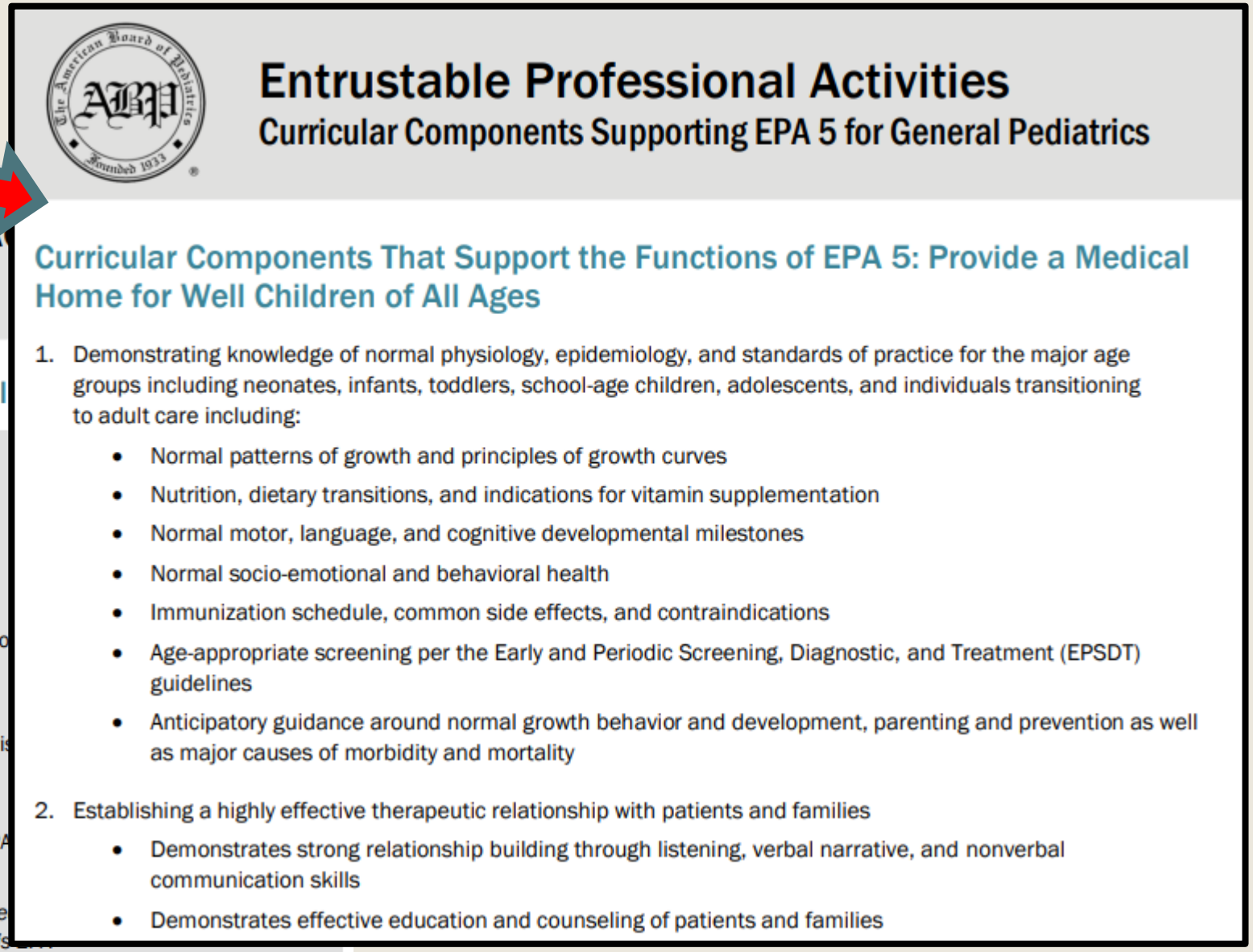
Entrustable Professional A
EPA 5 for General Pediatrics

EPA 5: Provide a Medical Home for Well Children of All

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with proactive, full supervision
   - 2a. As a coactivity with the supervisor
   - 2b. With the supervisor in the room and ready to step in as needed
3. Trusted to execute with reactive, on-demand supervision with supervis
   - 3a. ALL findings double checked by supervisor
   - 3b. KEY findings double checked by supervisor
4. Trusted to execute under reactive, on-demand supervision with supervi phone), findings reviewed
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 the execution of this EPA*

**Where supervision means: Ability to assess patient and learner nee and further trainee development by tailoring supervision level for this*



Entrustable Professional Activities
Curricular Components Supporting EPA 5 for General Pediatrics

Curricular Components That Support the Functions of EPA 5: Provide a Medical Home for Well Children of All Ages

1. Demonstrating knowledge of normal physiology, epidemiology, and standards of practice for the major age groups including neonates, infants, toddlers, school-age children, adolescents, and individuals transitioning to adult care including:
   - Normal patterns of growth and principles of growth curves
   - Nutrition, dietary transitions, and indications for vitamin supplementation
   - Normal motor, language, and cognitive developmental milestones
   - Normal socio-emotional and behavioral health
   - Immunization schedule, common side effects, and contraindications
   - Age-appropriate screening per the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines
   - Anticipatory guidance around normal growth behavior and development, parenting and prevention as well as major causes of morbidity and mortality
2. Establishing a highly effective therapeutic relationship with patients and families
   - Demonstrates strong relationship building through listening, verbal narrative, and nonverbal communication skills
   - Demonstrates effective education and counseling of patients and families

ACGME Requirements: Current

- **IV.B.1.d) 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 lifelong learning. (Core)**
- IV.B.1.d).(1) Residents must demonstrate competence in:
- (a) identifying strengths, deficiencies, and limits in one's knowledge and expertise;
- (b) setting learning and improvement **goals**;
- (c) identifying and performing appropriate **learning activities**;
- (e**) incorporating feedback** and formative evaluation into daily practice;
- (i) taking primary responsibility for **lifelong learning** to improve knowledge, skills, and practice performance through familiarity with general and experience-specific goals and objectives and attendance at conferences.

https://www.acgme.org/specialties/pediatrics/program-requirements-and-faqs-and-applications/

ACGME: 2025
Increase in Individualized Curriculum

- IV.C.4.c) A minimum of 40 weeks of an individualized curriculum. (Core)

- (1) The individualized curriculum must be **determined by the learning needs and career plans** of each resident and must be **developed through the guidance** of the program director or designee.

Learner Engagement Tips EPAs

- Start early
- Remind learners of the short term goal – becoming board certified
- Define CBME in a way learners can understand
- Set expectations
- Invite engagement on individual rotations.
- Make CBME a part of coaching learners and a part of semiannual meetings.
- Repeat yourself

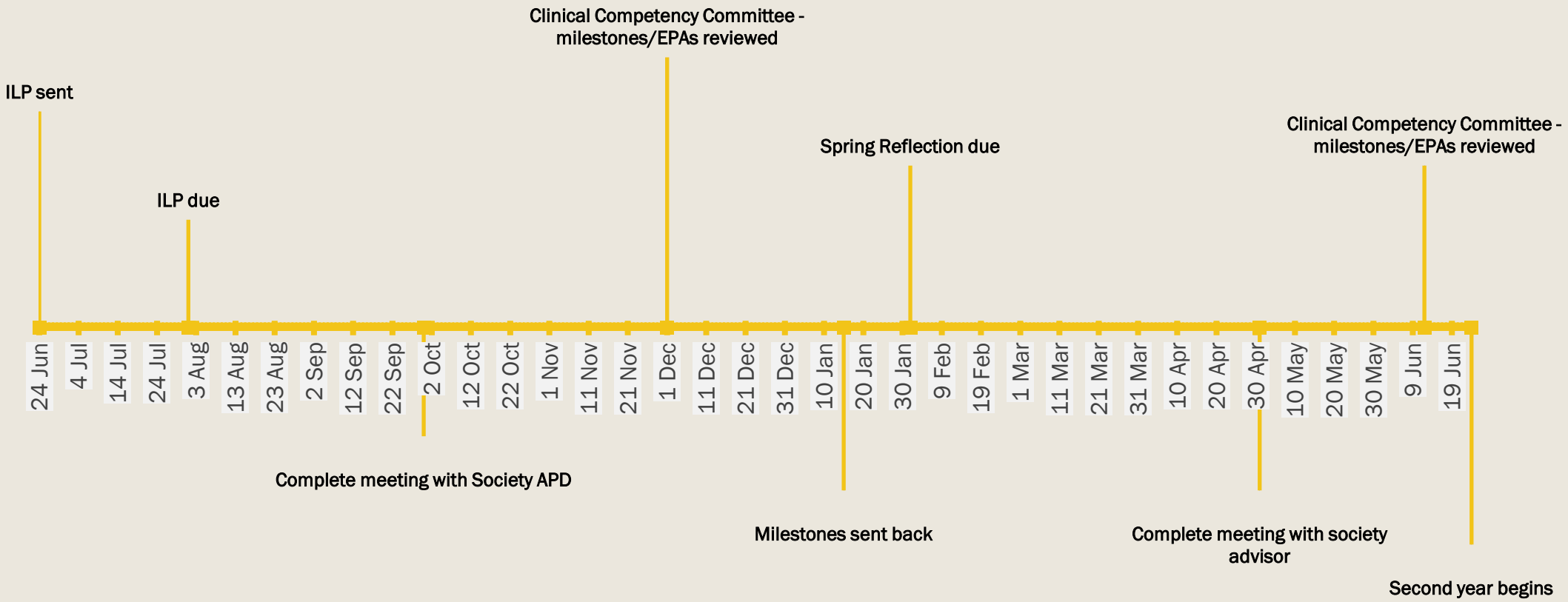
GOAL!!!


The American Board of Pediatrics
ABP
I AM CERTIFIED
Founded 1933

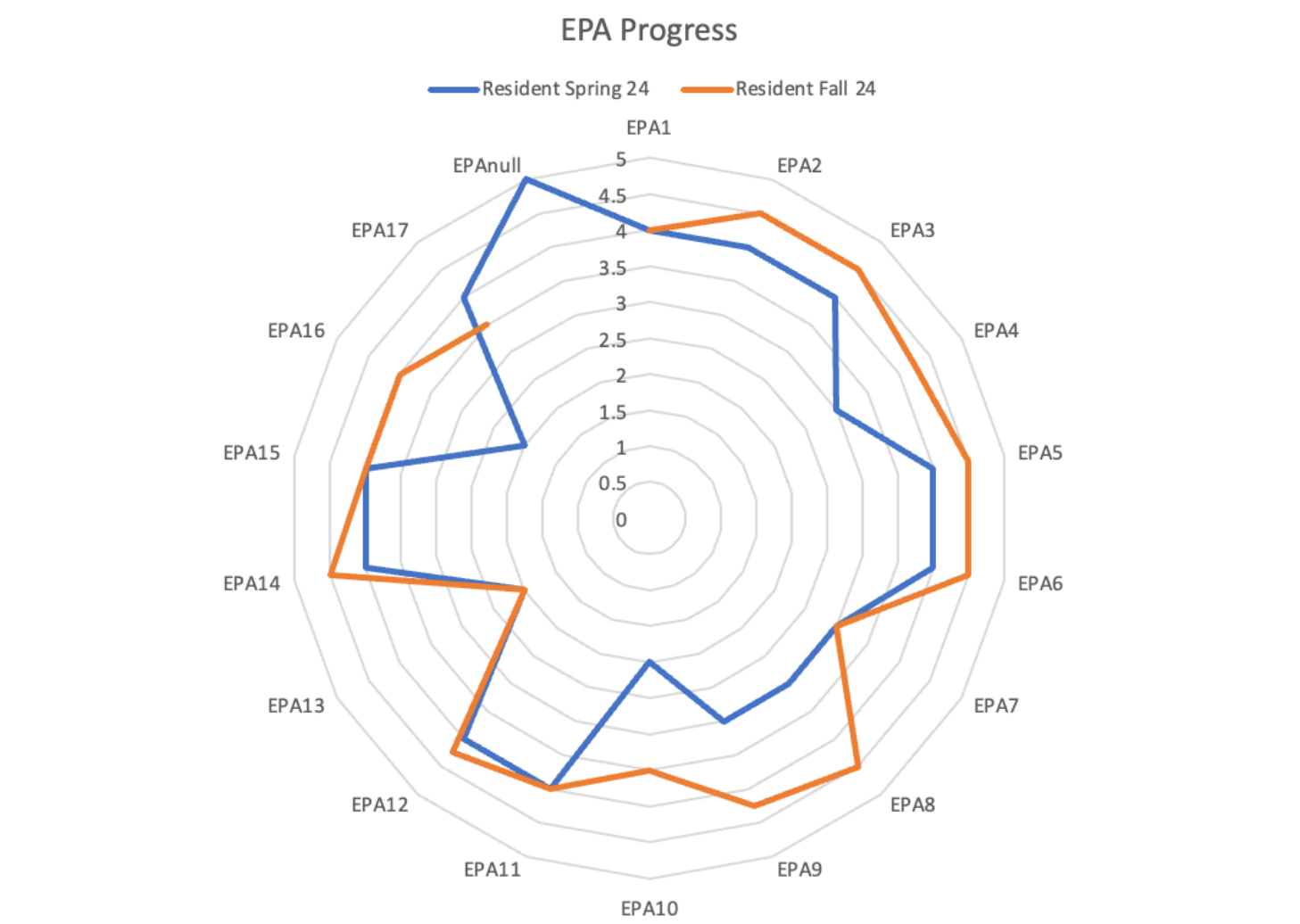
Definitions

- **Milestones:** behavioral based performance levels for each subcompetency
- **Entrustable Professional Activities (EPAs):** tasks a physician would be expected to preform. Graded on need for supervision.
- **Clinical Competency Committee:** A group of pediatric faculty (APDs and society advisors) responsible for reviewing evaluations and assessing milestones and EPAs.
- **Society Advisor:** Faculty member responsible for 4-5 residents. Review Individualized Learning Plan and Self Reflections and assign milestones and EPAs under supervision of APD

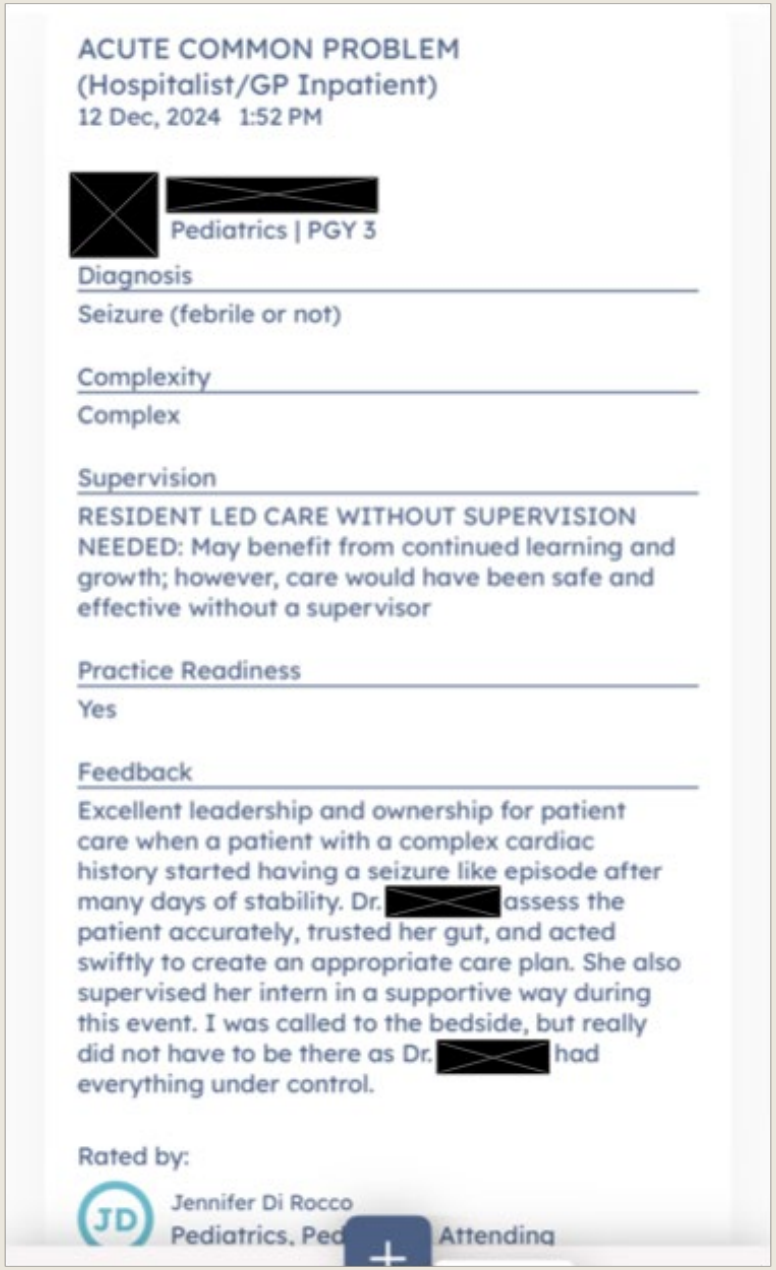
First Year ILP/Milestones/EPA Timeline



EPA “Spiderweb”



Review w/resident in real time



ACUTE COMMON PROBLEM
(Hospitalist/GP Inpatient)
12 Dec, 2024 1:52 PM

[redacted] [redacted]
Pediatrics | PGY 3

Diagnosis
Seizure (febrile or not)

Complexity
Complex

Supervision
RESIDENT LED CARE WITHOUT SUPERVISION NEEDED: May benefit from continued learning and growth; however, care would have been safe and effective without a supervisor

Practice Readiness
Yes

Feedback
Excellent leadership and ownership for patient care when a patient with a complex cardiac history started having a seizure like episode after many days of stability. Dr. [redacted] assess the patient accurately, trusted her gut, and acted swiftly to create an appropriate care plan. She also supervised her intern in a supportive way during this event. I was called to the bedside, but really did not have to be there as Dr. [redacted] had everything under control.

Rated by:
JD Jennifer Di Rocco
Pediatrics, Ped Attending

Breakout Room #2!!

Please join either the smaller program or larger program room to discuss successes and challenges in learner engagement



Orchid at Foster Botanical Garden, Sept 2024



Wrap-Up

Objectives:

-Design an approach to faculty development in understanding CBME and EPAs

-Design an approach to learner engagement in CBME and EPA assessments

Sunset over Ka`elepulu Pond (Enchanted Lake), Kailua



Session 6!

Reassessing the Assessment System

3/6/25, 4pm ET/1pm PT

Your homework for Session 6:

Self-reflective questions to answer for your program:

- What is the goal of your assessment system?
- Do the current process measures meet that goal?
- Does your current assessment system allow you and the CCC to understand trainee competence levels?

Check out 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

These sessions are all posted here (requires an APPD login to access:

https://www.appd.org/meetings-education/virtual-cafes/past-virtual-cafes/



Want to learn more and get more involved?

Become a CBME Champion

Thank you for any feedback you have for us!

