What's Happening?

Local Upcoming Events

New and Old Risk Factors for Pediatric Stroke, presented by Professor Ulrike Nowak-Göttl, MD, at UF Research & Academic Center, Room 334 Monday, June 23rd, 10 – 11:30 AM, RSVP to mozimek@cop.ufl.edu

Inclusion and Integration of Population Health in Undergraduate Medical Curriculum, sponsored by the AAMC and CDC
Thursday, June 26th, 1 – 2 PM, 409 B

Federal Opportunities Open House
Hosted by: UCF ORC
Tuesday, June 17, 2014, 10 AM – 12 PM
Harris Corporation Engineering Center (HEC), Room 101
RSVP to April.Torre@ucf.edu by June 16th

Faculty Development Opportunities

Using Technology to Improve Student Learning: The Flipped Classroom, A FREE 3-week online micro-course,
Register by: June 9th, Course dates: June 16th – July 7th, 2014

2014 Integrating Quality Meeting: Improving Value through Clinical Transformation, Education and Science, Chicago, IL, June 12 – 13, 2014

The Science and Practice of Leading Yourself: a 5-day leadership development program offered by the Geisel School of Medicine at Dartmouth, register by: June 23rd, program dates: July 10-14, 2014

ABMS Visiting Scholars Program, Application Due: June 30th, 2014

Principles of Medical Education: Maximizing Your Teaching Skills, CME Course, October 15 – 17, 2014 in San Diego, CA

American Academy on Communication in Healthcare Research and Teaching Forum, Orlando, FL, October 17-19, 2014
Early registration ends: July 24, 2014

New and Upcoming Deadlines
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AAMC, Khan Academy, and Robert Wood Johnson Foundation launch competition for medical students, residents and faculty to create tutorials to help students prepare for the MCAT2015
Entry Deadline: 6/13/14

American Academy on Communication in Healthcare (AACH)
Engel and Payer Awards
Submission Deadline: 6/20/14

AAMC Innovations in Research and Research Education Award
Submission Deadline: 6/30/14

Academic Medicine Call for Papers - The Future of GME: Responding to Calls for Reform
Submission Deadline: 8/1/14

Resources
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For more information on Entrustable Professional Activities (EPAs)
refer to the 2nd page

For additional resources and recent medical education articles follow us on Twitter!
@ComFacDev

For some years now, AAMC staff have heard considerable feedback from residency program directors and others about the readiness of some of our medical school graduates to perform clinical activities expected of them upon entering residency. More recently, a body of literature has emerged that documents the gap between what residents are asked to do without direct supervision in the first weeks of residency, and what those residents feel ready to do.

I would like to make you aware of a new AAMC report that provides guidance on bridging that performance gap: ***Core Entrustable Professional Activities for Entering Residency***.

Background
Motivated by the intention to optimize patient safety, the AAMC convened an expert Drafting Panel in January 2013 to define the key patient care activities expected of learners transitioning between undergraduate and graduate medical education, regardless of specialty. The panel included a basic scientist, learners, and experienced clinician educators who represented the continuum from undergraduate medical education to practice. The panel chose a framework of entrustable professional activities (EPAs) because they offer a promising approach for assessing integrated competencies in the real-time, real-work context. (EPAs were initially defined by **Olle ten Cate** as "Units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.") By definition, EPAs are "independently executable, observable, and measurable in their process and outcome and, therefore, suitable for entrustment decisions."

The yearlong process of defining the Core EPAs for Entering Residency included obtaining feedback from the academic medicine community at multiple points, including the AAMC annual meeting, regional meetings with relevant AAMC groups, discussions with leaders from other professional organizations, and two sessions with an open Reactor Panel. We believe the 13 professional activities outlined in this publication offer a solid foundation core, certainly not a ceiling, for ensuring that all medical students are well prepared to care for patients as they begin residency training. We are encouraged by the broad and sustained interest triggered by the panel's initial draft report released in November 2013. In fact, the draft Core EPAs for Entering Residency was downloaded more than 1,400 times in the first six months, making it the most frequently downloaded resource in the history of MedEdPORTAL[®]

Based on feedback from many of you, the report is offered in two forms: one for **curriculum developers**, and a shorter version for frontline **faculty and learners**. Both include descriptions of specific behaviors for learners, as well as clinical vignettes describing novice learners and those ready to be entrusted for performance without direct supervision.

We see this publication as a beginning rather than a finished product, as there is much to be learned in the next few years from schools that implement the Core EPAs for Entering Residency. Later this summer, the AAMC will launch a multi-year pilot with five to seven medical schools and will invite others to join an ongoing learning community to share ideas about implementation and assessment.

We hope you will view this approach as a practical and provocative way to reframe your thinking about what we should expect from our medical school graduates. For more information or to direct questions, please contact Carol Aschenbrener, chief medical education officer, at **caschenbrener@aamc.org**, or Robert Englander, senior director of competency-based learning and assessment, at **renglander@aamc.org**.