Medical schools are grappling with ways to implement competency-based curricula and assessment using the Core EPAs. A group of ten schools convened by the AAMC is in the midst of piloting the Core EPAs and developing best practices for their implementation. Three schools have focused on EPA-9: Collaborate as a member of an interprofessional team. This presentation will include EPA-9 curriculum and assessment tools, strategies at three schools, and lessons learned.

**Abstract: Problem Statement**

Medical schools are grappling with ways to implement competency-based curricula and assessment using the Core EPAs. A group of ten schools convened by the AAMC is in the midst of piloting the Core EPAs and developing best practices for implementation. Three schools have been collaborating to conceptualize curriculum and assessments for EPA-9: Collaborate as a member of an interprofessional team.

**Approach**

We 1) reviewed the literature on interprofessional collaboration (IPC), 2) identified observable behavioral outcomes from the EPA curriculum developers’ guide, 3) organized EPA-9 learning outcomes using Miller’s Pyramid, 4) filled gaps in outcomes through an IPC literature review, 5) selected “does” learning outcomes to form the basis of entrustment, 6) grouped the learning outcomes into domains (as described by the Interprofessional Education Collaborative), 7) used the learning outcomes derived from this iterative process to develop an EPA-9 Stages Tool with behavioral anchors for developmental stages toward entrustment, and mapped the outcomes back to the key functions and critical competencies for EPA-9, 8) placed EPA-9 learning outcomes into a Tool for Assessing IPC Training, and 9) identified potential curriculum and assessment opportunities and gaps at each institution related to EPA-9.

**Lessons Learned**

-Many of the behaviors expected for EPA-9 have early behavioral indicators which may be seen in pre-clerkship curricula, especially small group activities.
-We identified developmental stages in the arc toward entrustment, and behaviors that require focused remediation.
-We developed a tool for assessing IPC training that includes learning objectives in the domains of knowledge, skills, attitudes, and practices.
-It is challenging to identify workplace based settings for evaluation of medical student IPC due to the lack of significant participation by students in interprofessional care teams.
-Environmental scans at our 3 schools found that IPC curricular activities are often discrete, defined initiatives that are not fully integrated into clinical experiences and that many existing IPC assessment opportunities fall under the professionalism and communication domains.
-Collaboration is not a discrete event but a universal part of medical practice, which presents opportunities and challenges to assessing and making entrustment decisions for this EPA.

**Significance**

-The EPA-9 developmental stages tool can be used by an entrustment committee to map student progress toward entrustment.
-The review of curricular and assessment tools and strategies for EPA-9 from our three schools can help serve as a roadmap for system approaches to implementing EPAs.

**Level of Audience:** Expert

**Focus of Presentation:** UME
References:  
• AHRQ. TeamSTEPPS. Available at http://teamstepps.ahrq.gov/  
• Edmonson A. Psychological safety and learning behavior in work teams. Administrative Science Quarterly; Jun 1999; 44, 2; 350-383.  
• Salas E, King HB, Rosen MA. Improving teamwork and safety: Toward a practical systems approach, a commentary on Deneckere et al. (2012) Social Science & Medicine. 75(6)986-989.  

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