

MAPPING EPAS IN THE CBD CURRICULUM: GOALS AND STRATEGIES

As part of the Competence by Design (CBD) initiative, each Royal College specialty committee has developed a set of Entrustable Professional Activities (EPAs), training experiences and CanMEDS milestones. These standards provide the basis for teaching and assessing residents within a competency-based model of education. Mapping the EPAs, training experiences and milestones to your curriculum is an important step in transforming your program into a CBD format.

As learning and training experiences vary from one school to another, individual programs will need to map their local curriculum (i.e., rotations and training experiences) and the assessment strategy to the new CBD framework. We encourage you to start mapping your curriculum as soon as your discipline has a relatively stable set of EPAs (i.e. often around the end of Workshop 2).

The process of curriculum mapping will help you:

- Plan learning activities along CBD stages (ie. the CBD Competence Continuum)
- Link competencies to educational strategies and assessment tools
- Align EPAs, milestones, and other activities/assessments to your program's training experiences
- Highlight what is working well, as well as identify gaps in your curriculum

10 Steps for Successful Curriculum Mapping

For more information refer to the Curriculum Mapping module in the [CBD for Program Directors](#) resource.

1. Assemble a dynamic team

Identify and recruit individuals who are passionate and committed. These may include members of the program committee, clinician educators, resident representatives, program administrators and others.

Once you have assembled your team, plan a series of closely spaced meetings to make sure you keep the momentum going. Ensure that your team understands the educational design of CBD - you may choose to send them to the Royal College CBD resource directory.

2. Review/develop your program's mission and/or goals

Even if you have not yet begun the CBD specialty design workshops, you can perform this step.

- Review your current program objectives to prioritize the most important ones.
- Identify the redundant objectives.
- Identify any gaps. If there are any objectives missing, go back to the CanMEDS framework to

identify potential missing elements of intrinsic competencies.

3. Review your existing curriculum

Seeing how the different parts of your existing program fit together is an important step; don't skip this one! If you don't have a map of your pre-CBD curriculum, create a diagram, map or spreadsheet so you can visualize your curriculum in one place.

4. Map the EPAs

Understanding your current program will help you to identify how and when residents will be able to work on specific EPAs.

- List your current core rotations together with their key training experiences; including service-learning, interdisciplinary education, research projects and existing training or assessment tools. You may want to interview your residents to ask them what they actually do on the rotations.

- Organize your specialty committee's EPAs in context to clearly see which may be prerequisites of others and compare that list to your current curriculum
- Link your EPAs and required training experiences to your existing training experiences/rotations. Not all training experiences will be mapped to an EPA – this is ok !

Make sure your program respects all the obligatory elements, including those specific to your discipline. If there are constraints like minimal duration requirements or a suite of options (e.g., learners must complete two technical electives from the following list or the proportions of ambulatory, research and experiences in the community), these requirements should be presented in the map.

5. Review your rotations

Review your curriculum map and ask the following:

- Are there any gaps?
- Are there training experiences that are no longer required? If so, what will be the impact of removing this training experience?
- If there are current training experiences that do not map to particular EPAs, do they serve other learning needs?

For competencies/learning needs that you cannot map to existing training experiences, work with your curriculum committee to create new teaching, learning and assessment opportunities. If service changes are required make sure you provide lots of advance notice.

6. Distribute the EPAs (and assessment tools) across the stages of the program

You may need to re-arrange the EPAs in relation to the available training experiences in a rotation and compliance with accreditation standards. This is a complex step but focusing some attention here will ensure that it is possible for your residents to achieve an EPA during the rotation (i.e., it may not be possible for residents to achieve a surgical EPA if they are in an ambulatory medical rotation).

Ensure that the EPAs are distributed "evenly" so that certain core rotations don't end up with many more EPAs than other rotations. An EPA can be mapped to several different rotations, ensure that you indicate which rotation is responsible for the EPA.

7. Ensure logical progression of learning while incorporating formal observation/feedback opportunities

Have you ensured there are opportunities to complete less complex EPAs before more complex related EPAs? After all the adjustments confirm that the EPAs continue to follow a logical progression of learning and comply with accreditation standards. Remember, all EPAs at a stage of training should be achieved before a resident progresses to the next stage of training. You will also be able to identify gaps and redundancies within your program and make required adjustments.

Once you have a good draft of your CBD curriculum start working to increase the number of shorter targeted observations, in order to provide repetitive effective feedback and coaching. If you use other assessment/feedback tools map those as well.

8. Ensure your program complies with accreditation standards

After mapping, check the accreditation standards again to ensure that your program remains compliant. Don't forget that accreditation requires that your curriculum map include mapping to the CanMEDS Roles down to the level of enabling competencies, EPAs, Stage of residency training, required training experiences (how learned/taught) and assessment methods.

9. Prepare to launch the new curriculum

Start by discussing the new curriculum map with your department/division chair/chief. When preparing to launch your new curriculum don't forget the following.

- Allow time for faculty development for teachers
- Orient your residents and let them know the expectations for them, as well as for their senior resident role models.
- Make sure your Competence Committee is aware of the new curriculum map.
- Ensure all accounts are registered for in the ePortfolio system you are using and start training.
- Consider residents in the traditional cohort.

10. Evaluate your program regularly with the goal of continuous improvement

Accept that curriculum mapping is a transparent, dynamic and iterative process. Regularly evaluating the program is part of the continuing improvement process. Engage colleagues and residents in validating and adapting your program to improve the logical progression of training and help residents to become competent.

