

Talking Points

N/P Grading and EPA Assessment



No-Pass / Pass Required Clerkship Grading

- The clinical curriculum is graded No Pass (N), Pass (P) for required clerkships. Almost all electives remain graded with the following designations: Honors (H), Excellent (E), Satisfactory (S) and No Pass (N).
- The University of Minnesota Medical School moved to No-Pass, Pass grading for required clerkships in the 2021-22 academic year. Prior to this all required clerkships were graded Honors (H), Excellent (E), Satisfactory (S) and No Pass (N).

Why move to No-Pass / Pass?

- The University of Minnesota used the available evidence regarding best practice in assessment, combined with internal research that demonstrated both gender bias (in all clerkships favoring women) and racial bias (in four of the eight required clerkships favoring white students). The evidence was captured in a white paper supporting the change, authored by Dr. Claudio Vialato, Assistant Dean for Assessment and Evaluation and an international expert in the field. The evidence was so compelling that there was a nearly unanimous vote in favor of the change from our educational governing committee.
- The evidence supports the notion that students in a graded system are more competitive and less collaborative. More importantly, in a graded system, students focus on their performance rather than their growth. A growth mindset is critical to being a physician throughout one's career, and developing habits of this mindset should start in medical school.

EPA Assessments

- EPAs = Entrustable Professional Activities
- Beginning in the 2021-22 academic year, all students in required clerkships are assessed using 13 Entrustable Professional Activities ([EPAs](#)).
- The 13 Core EPAs for entering residency define a "baseline" of the activities new residents should be able to do with indirect supervision on day 1. Evidence has shown that many graduates are not prepared at this level for many or even most of the Core EPAs.
- It is the goal for the University of Minnesota Medical School to become one of the first schools in the nation to guarantee its graduates' ability to perform the Core EPAs for Entering Residency without direct supervision on day 1 of residency.

How EPAs are used for assessment

- EPAs create an opportunity for “assessment for learning”, by providing ongoing, specific and actionable feedback to support the growth and development of a student, future resident and physician.
- Students are assessed within all required clinical clerkships using the 13 core Entrustable Professional Activities (EPA) adopted from the AAMC.
- Observations, ratings and comments for each EPA are completed by attending faculty and residents.
- Students are required to be observed and assessed on at least 4 EPAs per week. In addition, students are required to be observed and assessed on EPAs 1 (Gather a History and Perform a Physical Examination) and 2 (Prioritize a Differential Diagnosis Following a Clinical Encounter) at least once in each required clerkship.
- A Clinical Competency Committee convenes every other month to review student EPA progress and determine when the student is “entrustable”, where entrustable = readiness to safely perform the activity without direct supervision.

Benefit of using EPAs

- Much research has been published in the literature regarding concerns about the preparedness of transitioning medical students into residency. In a survey of graduating students and program directors, as few as 30-40% felt confident in intern’s abilities to perform one of the EPAs (participate in a culture of safety and quality), with only two or three with more than 90% of students and program directors confident. (The highest percentage was 92% for “Gather a History and Perform a Physical Examination”)
- [Recent data](#) indicates that graduates who had been assessed using the Core EPAs for Entering Residency had easier transitions to residency and required less supervision.