Example of a Core Entrustable Professional Activity (EPA) and Foundational Knowledge using Diabetes Management

**Pharmacy Graduate:** Core Entrustable Professional Activities  
Patient Care Provider Domain: **Diabetes Management**

- Review health records, Labs, identify patient’s needs
- Prioritize health related problems  
  Manage BG
- Perform comprehensive medication review
- Verify medication adherence history, counsel

**Foundational Knowledge Tires-Didactic & IPPE in Disease-State-Centered Integrated Learning Curriculum:** CAPE Outcome - **Diabetes Management**

Instructional Strategies P1-P3 Year:  
TBL followed by Projects, Simulated Cases, Creative Writings, Journal Clubs, Role Play, Medication use system management, OSCE style Communication, etc., led by Basic Science Faculty, Practice Faculty & Experiential Preceptors at IPPE level

- **BS Faculty Lead**  
  Endocrine function, Pathophysiology, Lab values, QSAR of antidiabetic drugs, dosage form design,

- **PP, BS, & IPPE**  
  A1C, BMI, HDL, TG, BP, Risk factors Interpretation, Pharmacotherapy of **Diabetes**

- **BS, PP, & IPPE**  
  PK/PD, Antidiabetic drug interactions, Dosage tailoring in Diabetes Management

- **P4 Y: APPE Preceptor Lead**  
  Diabetic patient management, drug therapy review, physician consultation, Patient Counseling

**Abbreviations:**  
BG- blood glucose, BS – Basic Science, QSAR – Quantitative Structure Activity Relationship,  
PP – Pharmacy Practice, IPPE – Introductory Pharmacy Practice Experience, APPE – Advance Pharmacy Practice Experience, CAPE – Center for the Advancement of Pharmacy Education, OSCE – Objective Structured Clinical Examination

Structural model shows relevant competencies in integrated PharmD curriculum and role of Basic Science (BS) faculty in establishing relationship between each foundational knowledge parts in management of diabetes. Based on the NAPLEX blueprint, pharmacy curricula are...
built on macro components of Biomedical Sciences, Pharmaceutical Sciences, Social/Administrative/Behavioral Sciences, Clinical Sciences, and Complementary Therapy. If we look into the Appendix ‘C’ of current ACPE standard for NAPLEX competencies, we find, ‘Graduate should be able to obtain, interpret and evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment and/or referral, and identify patient-specific factors that affect health, pharmacotherapy, and/or disease management.’ As pointed in the structural model, if integrated curriculum is offered in collaboration with Basic Science faculty, students may be able to recognize, retain, recall and integrate learned information in the clinical setting in a better way. At the same time Basic Science faculty clearly visualize the need for their expertise in developing students’ critical thinking abilities. This may improve patient-centered care.

This structural diagram follows a core Entrustable Professional Activity in patient care domain through management of diabetes. The recommended tasks of this core ‘Patient Care’ domain are classified in first four blocks. The bottom four blocks of the diagram outlines the involvement of Basic Science faculty in developing and delivering the content area to stimulate critical thinking and knowledge integration to maintain all markers of diabetes of the patient within recommended limits. The middle block in the diagram shows instructional strategies with peer reviewed data that supports knowledge retention and integration irrespective of field of study.