

Proposing Standards for Pediatricians on Climate Change and Health: Leveraging the Entrustable Professional Activity Framework

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Setting and Problem

Climate change is a health crisis; there is an urgent need to prepare physicians for its challenges and to define professional roles in addressing its health implications. As the American Medical Association and other national groups across specialties have stated, all physicians require training related to climate change to meet the needs of patients and society.¹ There is a gap between the current reality—where patients and physicians grapple with the consequences of climate change—and the standards set forth for medical education and physician board certification.

The disproportionate and profound implications of the climate crisis on child health and equity are compelling pediatricians and pediatric trainees to address this gap.^{2,3} Through the Association of Pediatric Program Directors, we convened a working group of climate and medical education champions, including program directors, residents, and content experts, to incorporate climate change and health into pediatric residency education. Meeting virtually over 3 years, we have updated primary care curricula,⁴ presented at national meetings, and published a national survey of pediatric residents and program directors.⁵ This collaborative work led to recognition that developing and operationalizing competency expectations for physicians regarding climate change and its health implications remains vital.

Intervention

We propose integrating climate change and health content into the American Board of Pediatrics (ABP) Entrustable Professional Activities (EPAs) for General Pediatrics.⁶ These EPAs are expected of general pediatricians, though many are generalizable to other

specialties. EPAs are mapped to Accreditation Council for Graduate Medical Education (ACGME) competencies “critical to entrustment decisions.”⁶ Our approach builds upon the existing comprehensive outcomes framework in pediatrics that includes EPAs, competencies, and milestones. By extension—and as an advantage of this approach—ACGME Milestones or EPA entrustment scales could be applied for learner assessment. Building upon a published framework of climate change and health educational content for residents,³ we assessed each general pediatrics EPA for gaps related to climate change and health, both individually and as a whole, to minimize redundancy. Once agreement was reached on EPA curricular components needed, lead author (R.P.), a climate content expert, drafted the initial versions, and all authors reviewed, edited, and approved through consensus. Using guidance provided by an ABP EPA content expert, the process took approximately 9 months with monthly to bimonthly meetings and interval email discussion and circulation of edits.

Outcomes to Date

We found most general pediatrics EPAs (13 of 17, 76.5%) could include climate change–related content. We thus developed curricular components that integrate climate change and health into those 13 EPAs (online supplementary data). The natural fit of climate and health activities within the existing EPA framework underscores their relevance to the responsibilities and daily practices of pediatricians. One task essential to practicing medicine in the climate crisis—delivery of environmentally sustainable health care—did not easily fit within the scope of the existing pediatrics EPAs. As next steps, we plan to (1) propose a separate EPA to address this gap in training on sustainability, and (2) partner with the ABP EPA leaders and committees to incorporate these proposed EPA updates.

These newly proposed elements provide a benchmark not only for educators but also for the lifelong learning of practicing physicians. Using the EPA

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Editor's Note: The online supplementary data contains proposed examples of climate change and health curricular components across the American Board of Pediatrics Entrustable Professional Activities for General Pediatrics.

framework supports judicious and rapid incorporation of climate and health content in trainee education, assessment, and certification processes (eg, board examinations, maintenance of certification activities) to ensure professional standards meet the needs of patients and society. As graduate medical education moves toward competency-based medical education and emphasizes the importance of health equity, we offer a practical model—one that could be applied to other specialties—to update expectations for physicians amid the climate crisis.

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