

The Journey to Entrustment: Entrustable Professional Activities: The Why and The How.

Sharon E. Card. Summary of Grand Rounds September 30th, 2020.

What is an Entrustable Professional Activity (EPA)?

Clinical Task of the Discipline
Things our graduates DO not just KNOW
Together they make our profession.

Key Take Home Points about EPAs:

1. Intent of EPAs - Ensure Graduates have the skills they need to thrive in practice.
2. EPAs were carefully designed - but ongoing revisions will occur as they are implemented.
3. Royal College EPAs are STAGE SPECIFIC - Examples - page 4.
4. Think of “readiness” for the task not “trusting” the individual.
5. Think of your NEED to be present not WERE you.
6. O-Score (entrustment scale) - most often used - page 4.
7. Best feedback is in the moment!
8. Competence Committee needs evidence - numbers don't equate to competence - BUT can't look for competence if have no evidence around broad range of skills.

DOCUMENTING OBSERVATIONS ON EPORTFOLIO - SUMMARY

Ensure you can log in prior to Clinical Service - if any difficulties contact IM PAA

jennifer.gates@usask.ca (Saskatoon)
andrea.holtkamp@usask.ca
(Regina)

The ePortfolio site has a decent help section - look for help under “Mainport”.

Suggest to Bookmark BOTH app and Web Page on your phone - and WebPage on Computer - app doesn't always work like it should.

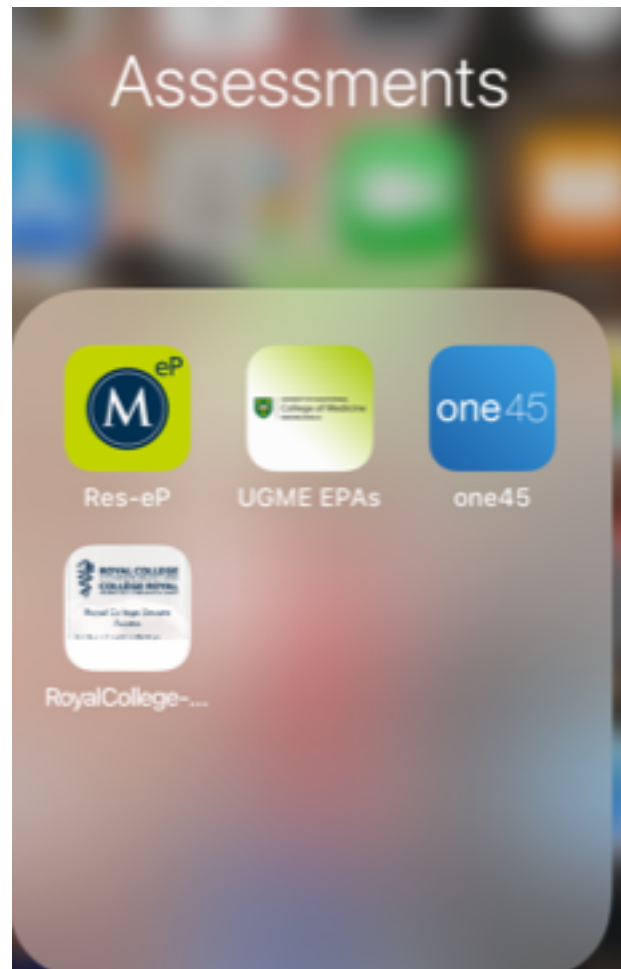
NOTE - Residents can send a task for faculty observations OR faculty can just pull up on their phone or on computer - and do an observation - see directions below I personally find this easier.

Even if you have the discussion in the moment you can document later in the day by pulling up the EPA.

Residents if going to task an EPA to faculty be sure to let them know prior and what stage you are in and what the EPA is looking for.



Need Help?



Record an Observer-Initiated Observation

Once you've observed a learner in the clinical environment and provided verbal feedback, the final step is to record the observation in Resident ePortfolio.

Here are the basics:

Add Observation ✕

Find Learner

Learner Name:

Learner Faculty:

Learner Program:

Select Learner:

Learner Name	Faculty of Medicine	Program
<input type="radio"/> Adrien UPKLearner02	University of Ottawa	Otolaryngology - Head and Neck Surgery

Showing 1-1 of 1

Tap to zoom.

1. From your Resident ePortfolio homepage, select the **Add Observation** button.
2. Search for your learner by entering their:
 - a. First name
 - b. Faculty
 - c. Program
3. Choose your learner and select **Next**.

Another pop-up will appear. From here:

Add Observation ✕

Observation Evidence ✕

Learner:

EPA Title:

Key Features:

EPA Stage: Date Of Observation:

Complexity of call night: *

Additional Context Information:

Based on this observation, overall: *
 I had to do I had to talk them through I needed to prompt I needed to be there just in case I didn't need to be there

Milestones associated with this EPA:

Feedback to Resident and Competence Committee: *

Professionals **Sample observation form. Tap to zoom.**

Do you have any concerns regarding this Learner's professionalism? No Yes

Do you have any concerns regarding Patient Safety? No Yes

If yes, description of concern:

Sample observation form. Tap to zoom.

1. Select the **PA Observation** option.
2. Select **Next** to choose the EPA you have observed.
3. Selecting the EPA you have observed will populate the available observation templates in the same window. **Choose** the **EPA observation template** you're looking to fill out.
 - a. These observation templates are selected by the specialty committee. Please contact your program administrator for more information on which observation template is the correct one for your purposes.
 - b. The observation date defaults to the current date. You are able to change the observation date to a past date if required.
4. **Complete** the fields that appear on the form including any written feedback you would like to document and select **Submit**.



O-Score^{11, 12, 13}

1—"I had to do"—i.e., Requires complete hands on guidance, did not do, or was not given the opportunity to do

2—"I had to talk them through"—i.e., Able to perform tasks but requires constant direction

3—"I had to prompt them from time to time"—i.e., Demonstrates some independence, but requires intermittent direction

4—"I needed to be in the room just in case"—i.e., Independence but unaware of risks and still requires supervision for safe practice

5—"I did not need to be there"—i.e., Complete independence, understands risks and performs safely, practice ready

TAKE HOME POINT THREE – STAGE SPECIFIC EPAS.

TRANSITION TO DISCIPLINE	FOUNDATIONS	CORE
IDENTIFYING AND ASSESSING UNSTABLE PATIENTS, PROVIDING INITIAL MANAGEMENT, AND OBTAINING HELP.	ASSESSING UNSTABLE PATIENTS, PROVIDING TARGETED TREATMENT AND CONSULTING AS NEEDED.	ASSESSING, RESUSCITATING, AND MANAGING UNSTABLE AND CRITICALLY ILL PATIENTS.

References – General

Overview of Competency Based Medical Education:

1. Frank JR, Mungroo R, Ahmad Y, et al. Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Med Teach*. 2010; 32(8):631-637.
2. Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, et al. Competency-based medical education: Theory to practice. *Med Teach* 2010; 32(8):638-645.
3. Card SE, Snell L, O'Brien B. Are Canadian General Internal Medicine training program graduates well prepared for their future careers? *BMC Medical Education*. 2006; 6:56: 1-9.
4. Card SE, Paus-Jenssen AM, Ottenbreit RC. Determining specific competencies for General Internal Medicine residents (PGY 4 and PGY 5). What are they and are programs currently teaching them? A survey of practicing Canadian General Internists. *BMC Research Notes* 2011; 4: 480: 1 – 3.
5. Card SE, Kassam N. The Future is Bright for Competency-based Education in General Internal Medicine. *CJGIM*. 2016; 11(1): 25-30.
6. Anderson L, Ward HA, Card SE. Linking General Internal Medicine Residency Training to Human Resource Needs and Roles in a Changing Health Landscape. *University of Saskatchewan Undergraduate Research Journal*. 2015; 3(2): 01-07.
7. Card S, Clark H, Elizov M, Kassam N. The Evolution of General Internal Medicine (GIM) in Canada: International Implications. *Journal of General Internal Medicine*. 2016.
8. Cumyn A, Gibson P, Can COM. Validation of a Canadian curriculum in obstetric medicine; 3: 145 – 151.
9. Ma Irene et al. On behalf of the Canadian Internal Medicine Ultrasound (CIMUS) Group Internal Medicine Point-of Care Ultrasound Curriculum: Consensus Recommendations from the Canadian Internal Medicine Ultrasound (CIMUS) Group. *JGIM* September 2017; Volume 32, Issue 9, pp 1052 – 1057.
10. Cavalcanti RB, AC Hendricks, SE Card. Procedural Skills of a General Internist – Informed by the Front Line. *CJGIM* in press.
11. Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/publications/healthy-living/how-healthy-canadians.html#5>
12. Vanier Institute <http://vanierinstitute.ca/modern-maternity-care-canada/>
13. SOGC Statement on Pregnancy – Delayed Child Bearing <http://www.socg.org/education/articles/1701216351986?via%3Dihub>
14. CIHI DATA https://secure.cihi.ca/free_products/Top10ReportEN-Web.pdf
15. Hubinette MM, Regehr G, Cristancho. Lessons from Rocket Science: Reframing the Concept of the Physician Health R. *Acad. Med*. 2016; 91: 1344-1347.
16. Holmboe ES and Batalden P. Achieving the Desired Transformation: Thoughts on Next Steps for Outcomes-Based Medical Education. *Acad Med*. 2015; 90:1215-1223.

Transitions:

17. Frank JR and Harris KA. *Competence by Design: Reshaping Canadian Medical Education*. Ottawa: Royal College of Physicians and Surgeons; 2014.
18. FMEC Recommendations – Smoothing Transitions across the Residency Continuum. FMEC PG. The Future of Medical Education in Canada. 2012. The Association of the Faculties of Medicine of Canada. 2012. The Future of Medical Education in Canada: A Collective Vision for Postgraduate Medical Education in Canada. Ottawa, Ontario.
19. Royal College of Physicians and Surgeons of Canada. Competence by Design. royalcollege.ca

Workplace Based Assessment:

20. ten Cate O, Scheele F. Viewpoint: Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? *Acad Med*. 2007; 82(6):542-547.
21. ten Cate O et al. Curriculum development for the workplace using Professional Activities (EPAs): AMEE Guide No. 99. *Medical Teacher*. 2015; 37: 983-1002.
22. Ten Cate O, Hart D, Ankel F et al. Entrustment Decision Making in Clinical Training. *Acad Med* 2016; 91(2): 191-8.
23. Carraccio C, Englander R, Van Melle E et al. Advancing Competency-Based Medical Education: A Charter for Clinician-Educators. *Acad Med* 2016; 91(5): 645-91.
24. Anders Ericsson K. Acquisition and Maintenance of Medical Expertise: A Perspective from the Expert-Performance Approach with Deliberate Practice. *Acad Med* 2015; 90(11): 1471-86.
25. Asch DA, Nicholson S, Srinivas SK, Herrin J, Epstein AJ. How Do You Deliver a Good Obstetrician? Outcome-Based Evaluation of Medical Education. *Acad Med*. 2014 89(1): 24-26.
26. Rekman J et al. Entrustability Scales: Outlining Their Usefulness for Competency-Based Clinical Assessment. *Acad Med*. 2016; 91: 186-90.
27. Hauer K et al. How clinical supervisors develop trust in their trainees: a qualitative study. *Medical Education* 2015; 49:783-795.
28. Aequanimatas. Sir William Osler McGraw Hill. 1907.

References – General

Learner Continuous Improvement:

29. Lefroy J, Watling C, Teunissen PW, Brand P. Guidelines: the do's, don'ts and don't know's of feedback for clinical education. *Perspect Med Educ* (2015) 4: 284-299.
30. Tello S, Ajjawi R, Regehr G. The "Educational Alliance" as a Framework for Reconceptualizing Feedback in Medical Education. *Acad Med* 2015; 90(5): 609-614.
31. Ross S, Dudek N, Halman S, Humphrey-Murto. Context, time, and building relationships: bringing in situ feedback into the conversation. *Med Ed* 2016; 50: 889-895.
32. Voyer S et al. Investigating conditions for meaningful feedback in the context of an evidence-based feedback programme. *Med Ed*. 2016; 50: 943-954.
33. Hauer KE. Evaluating the value of direct observation for learning: the limits of autonomy. *Med Ed*. 2016; 50: 992-996.
34. Watling C, LaDonna KA, Lingard L, Voyer S, Hatala R. "Sometimes the work just needs to be done": socio-cultural influences on direct observation in medical training. *Med Ed* 2016; 50: 1054-1064.
35. Watling C, Driessen E, Van Der Vleuten CPM et al. Beyond individualism: professional culture and its influence on feedback. *Med Ed* 2013; 47: 585-594.
36. Watling C, Driessen E, Van der Vleuten CPM et al. Music lessons: revealing medicine's learning culture through a comparison with that of music. *Med Ed*. 2013; 47: 842-850.
37. Giroux M et al. Adopting a Learning Stance: An essential tool for competency development. *Canadian Family Physician*. 2016. 62 page e48-e51.
38. Cook DA & Artino AR. Motivation to learn: an overview of contemporary theories. *Medical Education* 2016; 50: 997 – 1014.
39. Cruess RL, Cruess SR, Steinert Y. Amending Miller's Pyramid to Include Professional Identity Formation. *Acad. Med*. 2016; 91(2): 180 – 5.
40. Schumacher DJ, Englander R and Carraccio C. Developing the Master Learner: Applying Learning Theory to the Learner, the Teacher, and the Learning Environment. *Acad. Med* 2013; 88
41. Steiner Y et al. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. *Medical Teacher* 2016; 38:8; 769 – 786.
42. Dine CJ and Myers JS. Balancing Supervision and Autonomy: An Ongoing Tension. *AHRQ PS Net* 2012.
43. Farnan JM et al. A Systematic Review: The Effect of Clinical Supervision on Patient and Residency Education Outcomes. *Acad Med* 2012; 87: 428 – 442.
44. Pugh and Hatala. Being a good supervisor: It's all about the relationship.
45. Van Melle E. Using a Logic Model to Assist in the Planning, Implementation, and Evaluation of Educational Programs. *Acad. Med*. 2016 91(10)
46. Family Medicine Teaching Activities Guide http://www.cfpc.ca/uploadedFiles/Education/PDFs/FTA_GUIDE_TM_ENG_Apr15_REV.pdf

• Culture:

47. Music lessons: revealing medicine's learning culture through a comparison with that of music. Watling et al. *Med. Educ*. 2013; Aug; 47(8): 842-50.
48. Beyond individualism: professional culture and its influence on feedback. Watling et al. *Med Educ*. 2013; June; 47(6): 585-94.