Time to Trust: Longitudinal Integrated Clerkships and Entrustable Professional Activities

Reference:
Hirsh DA¹, Holmboe ES², ten Cate O³. Time to Trust: Longitudinal Integrated Clerkships and Entrustable Professional Activities. Academic Medicine 89 (2): 201-4

Author Institutions:
¹Cambridge Integrated Clerkship, Harvard Medical School, Boston, MA, USA
²American Board of Internal Medicine, Philadelphia, PA, USA
³Center for Research and Development of Education, University Medical Center Utrecht, Utrecht, Netherlands

Tags
Clinical domain
Curriculum
Teaching and learning

Educational domain
Undergraduate
(medical school)
(Post) graduate
(Residency training)

Background
In health professions education there has been a recent ‘confluence’ of
-move to competency-based approaches (CBE) and the use of milestones
-alignment of assessment with what is required for effective care
-a focus on quality & safety which have become influential forces
This has led to senior trainees not experiencing full unsupervised responsibility –
‘practice level’ before entering practice.
The authors compare ‘defensive medicine’ with ‘defensive training’, leading to ‘over-
oversight’, making medical education lengthy, redundant & inefficient. Multiple
rotations and changes in supervisors may worsen the situation, as oversight time to
adequately assess competencies may not be adequate.

Purpose
To examine the link / interplay between longitudinal integrated training models such
as longitudinal integrated clerkships (LICs) and the concept of entrustment, in the
context of designing education innovations that foster patient safety.
LICs allow medical students to participate in the comprehensive care of patients over time and to participate in continuing learning relationships with these patients’ clinicians. At least as effective as traditional rotation-based training; rural, primary care, urban, specialty settings.

LIC models educational continuity, both trainee–patient and trainee–supervisor. Ongoing relationships with coaches and mentors provide longitudinal assessment and feedback - critical for development of expertise.

Trainee–interprofessional team continuity also important: recognizes the importance of teamwork in delivering safe and high quality care.

If competence is viewed as a developmental progression under decreasing levels of supervision, current short-rotation structure of clinical training does not align with goals of CBE educational models.

‘Entrustable professional activities (EPAs) are units of professional practice that faculty entrust to a trainee to execute unsupervised, once he or she has obtained adequate competence to do so. EPAs are executable within a time frame, are observable and measurable, and are suitable for overseers to make focused entrustment decisions.’ Ongoing relationships and time needed to assess EPAs. Longitudinal engagement is more conducive to CBE with EPAs.

The authors conclude that longitudinal integrated models and EPAs are mutually reinforcing innovations grounded in evidence and in learning theories, which may also support quality and safety. At some point, supervision must gradually decrease to build self-confidence in trainees. Short rotations undermine supervisors’ capacity to make serious entrustment decisions: they need time to trust trainees, and trainees need time to be trusted.

This is a model of a well-written clear development of an idea, using the literature well to support assertions. CEs might consider ‘radical’ changes in education models, supported by new evidence and concepts.