THE LANGUAGE OF ENTRUSTMENT:
A Qualitative Study of Internal Medicine Attending Physicians

Conflicts of Interest

• None
• Funding: Department of Medicine Challenge Grant, University of Toronto
Background

Competency Based Medical Education

Entrustable Professional Activities

What is Entrustment?
Constructivist grounded theory

16 Semi-structured interviews with Internal Medicine Supervisors

Iterative Analysis
Key Themes

Entrustment, Trust, Competence

Automatic entrustment

Entrustment is not a point-in-time assessment

Entrustment is a dichotomous entity

Alterations in Supervisor Behaviour
"Entrustment’ means the act of trusting somebody to do something. So that would mean, when they’re assigned a task, I have the belief that they’re going to perform that task accurately and reliably, meaning pretty much the same way every time; and that, when they say they did something, that that is what they did. Or, when they tell me something about a patient, that that is reliably what the patient said, and has validity, that it’s accurate.” – Participant 9
AUTOMATIC ENTRUSTMENT

“When [a resident is] at a certain level of training, you assume that they have met all the requirements to get to that level of training. Which is not always the right thing to assume – but you assume a PGY2 resident can perform at the level of a PGY2 resident, otherwise they should not be a PGY2 resident.” - Participant 10
“It’s difficult for me to say that someone is entrustable around one piece of the myriad things that they do as it relates to even a particular patient, or a presenting complaint, without taking into account those other things. So I think it creates this false sense of one particular act is entrustable, when really it’s a more holistic sense.” – Participant 6
## Entrustment is Dichotomous

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<tr>
<th>Intervention</th>
<th>Direction</th>
<th>Minimal Guidance</th>
<th>Autonomous Level</th>
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<td>Demonstrates consultancy level practice. Is insightful and proactive.</td>
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EXCELLENCE
Demonstrated leading practice, acted as a role model

AUTONOMY
Supervisor didn’t need to be there

SUPPORT
Required some minor advice

DIRECTION
Required major instruction

INTERVENTION
Somebody else had to complete all or almost all
“Evaluating an entrustable outcome on a five-point Likert scale is bull****. You know, [the trainee is] entrustable or not. ‘You were four-fifths entrustable’, OK? (sarcasm). What I want to be able to tell you at the end of the two weeks we’ve worked together, is whether or not you’re entrustable...as opposed to grading it.” – Participant 7
“What is ‘minimal guidance’, and what is ‘autonomous’? You’re often providing some guidance or feedback, even when they did something autonomously...” – Participant 10
“When I entrust somebody, or a team, I’m fairly hands-off...but the less that I entrust them, the more I need to watch over carefully and I will see every patient daily.” – Participant 8
ENTRUSTMENT IN THE REALITY OF INTERNAL MEDICINE PRACTICE

AUTOMATIC ENTRUSTMENT BY THE SYSTEM

REACTIVE CHANGES IN SUPERVISOR BEHAVIOUR

TASK-ASSESSMENT TENSION
LIMITATIONS

SINGLE CENTER

EARLY IN IMPLEMENTATION

ENTRUSTABILITY SCALE CHANGED
COMMON LANGUAGE

AUTHENTIC REPRESENTATION
Thank you!