When theory hits the real world: exploring tensions around entrustment in non-procedural clinical contexts

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NO CONFLICTS OF INTEREST
What is actually entrustable?

Part 1
• What is an **Entrustable Professional Activity (EPA)**?

  • An essential task of a "discipline" that an individual can be trusted to perform independently in a given context (RCPSC)

  • “unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised” (ten Cate, Med Teach, 2015)
Analytic approach to competence: reductionist

Synthetic approach: EPAs integrate multiple competencies within a task

What is actually entrustable?
SOME DECISIONS...
Go to bedside or wait for call?
competence + trust → entrustment
# Modes of trust

<table>
<thead>
<tr>
<th>Presumptive trust</th>
<th>Initial trust</th>
<th>Grounded trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior credentials without observation</td>
<td>First impressions</td>
<td>Systematic data collection</td>
</tr>
<tr>
<td>Guides ad-hoc entrustment decisions</td>
<td></td>
<td>Guides summative entrustment decisions</td>
</tr>
</tbody>
</table>

ten Cate & Wycliffe-Jones 2016 Entrustment decision making in clinical training
RCPSC webinar Oct 4, 2016 [https://www.youtube.com/watch?v=ICYviX66Snw](https://www.youtube.com/watch?v=ICYviX66Snw)
SOME DECISIONS...
competence + trust → entrustment

relationship

supervisor

clinical context

patient

resident
SOME DECISIONS...
What is actually entrustable?

• Review the clinical scenario on your table and discuss with your group:
  – are there entrustable tasks? If so, what are they?
  – how would you describe the clinical supervision in this scenario?
Clinical supervision of non-procedural tasks

- course in-hospital unfolds over days, thus no one ‘task’
- interdependence of clinical performance
- often multiple supervisors
- not a culture of direct observation, much ‘backstage oversight’
- culture of independence
Fig. 2  Conceptual framework of the entrustment decision-making process
How can we capture those entrustment decisions?

Part 2
EPAs for Assessment
Meaningful, measurable markers of progression of competence
## RCPSC EPA Rating Scale

### O-SCORE Entrustability Scale

<table>
<thead>
<tr>
<th>Level</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“I had to do” i.e., requires complete hands on guidance, did not do, or was not given the opportunity to do</td>
</tr>
<tr>
<td>2</td>
<td>“I had to talk them through” i.e., able to perform tasks but requires constant direction</td>
</tr>
<tr>
<td>3</td>
<td>“I had to prompt them from time to time” i.e., demonstrates some independence, but requires intermittent direction</td>
</tr>
<tr>
<td>4</td>
<td>“I needed to be in the room just in case” i.e., independence but unaware of risks and still requires supervision for safe practice</td>
</tr>
<tr>
<td>5</td>
<td>“I did not need to be there” i.e., complete independence, understands risks and performs safely, practice ready</td>
</tr>
</tbody>
</table>

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RATE JOLENE USING THE O-SCORE
“level-of-supervision-to-be-provided-next-time” scale

Using the global entrustment scale, decide whether the resident can be entrusted overall to perform this activity with a similar case in the future.

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>DIRECTION</th>
<th>SUPPORT</th>
<th>AUTONOMY</th>
<th>EXCELLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs some tasks. Still requires considerable intervention or direct involvement</td>
<td>Performs most tasks, and demonstrates some autonomy. Requires some direct involvement or extensive guidance</td>
<td>Performs most tasks autonomously. Requires minimal guidance</td>
<td>Performs all tasks autonomously and competently. Appropriately asks for guidance</td>
<td>Performs above expected level of training</td>
</tr>
</tbody>
</table>

EPA Completion Primer downloaded from Medicine University of Toronto website [https://www.deptmedicine.utoronto.ca/competency-based-medical-education](https://www.deptmedicine.utoronto.ca/competency-based-medical-education) on April 3, 2019
How to capture supervisory decisions?

• At your table, first rate the senior resident in your scenario (PGY 2 and patient with DKA) using the O-score.

• Discuss:
  – your ratings, why you gave the score you did
  – are there better words/anchors/language on the scale that would more closely align with your impression of the resident?
What is one of the tensions?

- Observation
- Competence
- Judgment

- Entrusted?
- Observation
- Competence judgment?
What is an “Entrustable Professional Activity?”

- An essential task of a discipline/specialty
- A unit of work that a clinician performs
- Integrates across competencies expected to be acquired
- Observable
- Measurable
Articles that expand on this discussion

Gingerich, A. (2015). "What if the ‘trust’ in entrustable were a social judgement?" Medical Education 49(8): 750-752.


Thank you!

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