

2020-21 EPA Entrustment Scale Refinements

TIPS: Guidance for ASSESSORS

Version 20Jul02

Overview

Over the past two years, we have consulted with and gathered feedback from Program Leadership, Departmental Leadership, Faculty, Residents and Education Scholars on needed refinements to the overall assessment scale for EPAs. For the 2020-21 academic year, the scale has been updated to reflect this feedback, while remaining mindful of the technological capabilities of the system.

Definitions

- Entrustable Professional Activities (EPAs):** are tasks that are part of specialty practice that may be delegated to a resident by their supervisor once sufficient competence has been demonstrated. Typically, each EPA integrates multiple milestones and it is generally used for overall assessment. The notion of “trust” is not new to residency education as, each day, faculty members decide which patients or patient problems they will assign to which residentsⁱ.
- Minimal competence:** refers to the minimum required level of knowledge, skills and attitudes to enable safe provision of careⁱⁱ.

UPDATED EPA OVERALL ASSESSMENT SCALE	GUIDANCE FOR ASSESSORS
<p>Overall: Indicate your assessment¹ of this resident’s performance on this specific encounter². This assessment does not confer overall entrustability³; it will inform future Competence Committee decisions that are made in consideration of all available data⁴.</p>	<p>1 Your assessment is completed from the Assessor’s point of view, based upon your observation as an assessor</p>
	<p>2 Your assessment is completed based on the observation of a specific encounter</p>
	<p>3 Your assessment decision (at this moment) ≠ future overall entrustability in the EPA</p>
	<p>4 Your assessment contributes to Competence Committee decisions</p>
<p>The diagram shows an 8-point entrustment scale. The top four points (1-4) are grouped under a bracket labeled '6' and 'ENTRUSTMENT'. The bottom four points (5-8) are grouped under a bracket labeled '7'. Each point has a descriptor: 1. Proficient (exemplary), 2. Competent (no coaching), 3. Support (minor redirection), 4. Direction (major redirection), 5. Support, 6. Direction, 7. Intervention, 8. Intervention.</p>	<p>5 Your assessment is a binary (yes/no) decision about your view of the resident’s performance for a specific EPA task/activity and moment</p>
	<p>6 ‘Yes’ to entrustment = Assessor’s view that the resident performed the observed EPA in a safe and effective manner</p>
	<p>7 ‘No’ to entrustment = Assessor’s view that the resident did <i>not yet</i> perform the observed EPA without need for assistance and/or intervention</p>
	<p>8 After deciding ‘yes/no’, select the descriptor that best matches your observation</p>
<p>ⁱ ten Cate O, Scheele F. Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? <i>Academic Medicine</i>. 2007;82(6):542-547. ⁱⁱ Mills C.N., Melican, G.J., Ahluwali N.T. (1991). Defining Minimal Competence. <i>Educational Measurement: Issues and Practice</i>, 7-14</p>	<p>Important Notes:</p> <ul style="list-style-type: none"> • EPAs are designed to be stage/level specific • Learners play a key role in providing “faculty development” about the EPAs • Learners should avoid pressuring faculty on their preferred entrustment rating • If a ‘no’ is <u>not</u> related to resident performance (e.g. patient acuity, clinical time constraints, etc.), please provide details in the “Areas for Improvement” comment box. • Remember the importance of specific actionable coaching comments for future resident performance (Feedback and Coaching Pocket Card)