

2020-21 EPA Entrustment Scale Refinements

TIPS: Guidance for LEARNERS

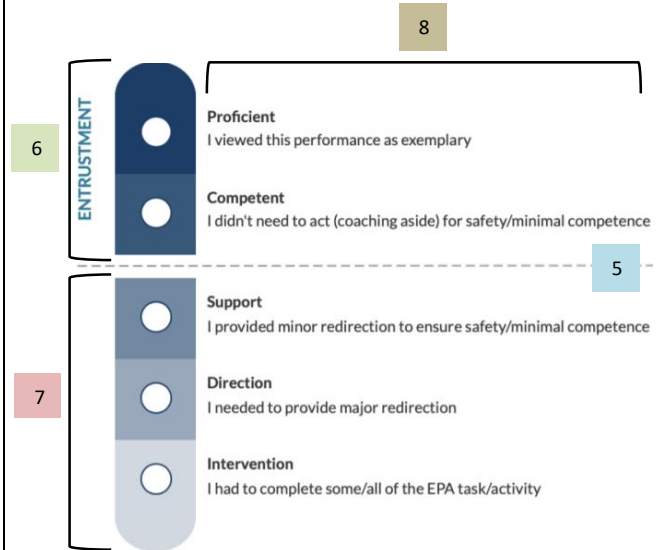
Version 20Jul02

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.

<p style="text-align: center;">UPDATED EPA OVERALL ASSESSMENT SCALE</p>	<p style="text-align: center;">GUIDANCE FOR LEARNERS</p>
<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>The diagram shows a vertical scale for entrustment. On the left, a bracket labeled '6' encompasses the top two levels: 'Proficient' (I viewed this performance as exemplary) and 'Competent' (I didn't need to act (coaching aside) for safety/minimal competence). A bracket labeled '5' encompasses the 'Competent' level and the 'Support' level (I provided minor redirection to ensure safety/minimal competence). A bracket labeled '7' encompasses the bottom three levels: 'Support', 'Direction' (I needed to provide major redirection), and 'Intervention' (I had to complete some/all of the EPA task/activity). A bracket labeled '8' encompasses the entire scale from 'Proficient' to 'Intervention'.</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.</p> <p>ⁱⁱ Mills C.N., Melican, G.J., Ahluwali N.T. (1991). Defining Minimal Competence. <i>Educational Measurement: Issues and Practice</i>, 7-14</p>	<ol style="list-style-type: none"> The assessment is to be completed from the Assessor’s point of view, based upon their observation as an assessor The assessment is completed based on the observation of a specific encounter The assessor’s assessment decision (at this moment) ≠ your future overall entrustability in the EPA The assessment contributes to Competence Committee decisions The assessment is a binary (yes/no) decision about the assessor’s view of your performance for a specific EPA task/activity and moment ‘Yes’ to entrustment = Assessor’s view that you performed the observed EPA in a safe and effective manner ‘No’ to entrustment = Assessor’s view that you did <i>not</i> yet perform the observed EPA without need for assistance and/or intervention After deciding ‘yes/no’, the assessor selects the descriptor that best matches their observation <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)