



***Entrustable Professional Activities* are
becoming mainstream in health professions
education innovations globally.
What are they and what is their benefit?**

Olle ten Cate, PhD

University Medical Center Utrecht, the Netherlands (emeritus)

University of California, San Francisco (2024-25)





Would you trust your loved ones to this trainee? Certification decisions in postgraduate anaesthesia training ..or any health profession

Gersten Jonker^{1,*}, Annelot Ochtman¹, Adrian P. Marty², Cor J. Kalkman¹, Olle Ten Cate³ and Reinier G. Hoff¹

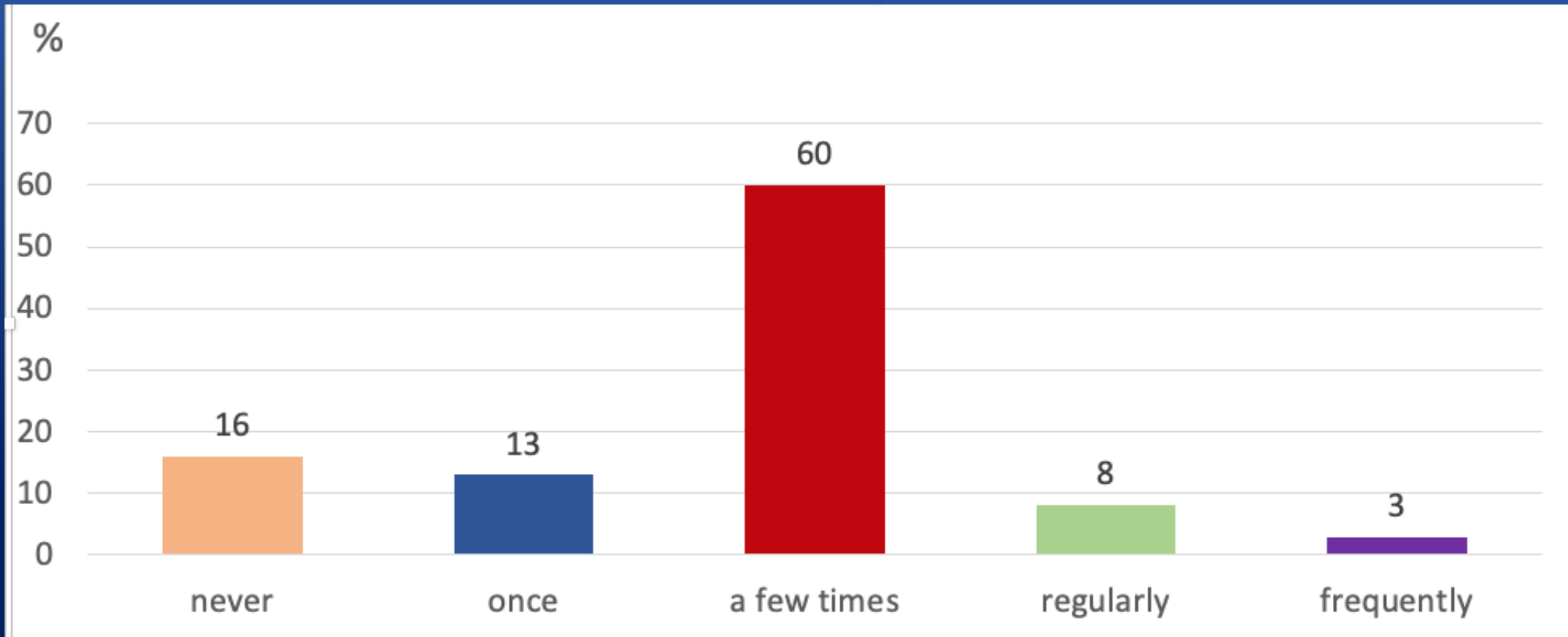
¹Department of Anaesthesiology, University Medical Center Utrecht, Utrecht University, The Netherlands, ²Institute of Anaesthesiology, University Hospital Zürich, Zurich, Switzerland and ³Center for Research and Development of Education, University Medical Center Utrecht, Utrecht University, The Netherlands

*Corresponding author. E-mail: g.jonker-4@umcutrecht.nl





Vast majority of graduates in health professions (medicine and other) meet required standards, yet most educators can remember students they felt uncomfortable with at graduation but unable to stop



(based on 14 polls in 2022 - 2024, N=468)



The essence of *competency-based education* in the health professionals

- **CBE**: Education, aimed at a standard level of proficiency for all graduates
- **Critical features** of CBE:
 - a. Clear description of standards for a “good professional”
 - b. Assessment of all trainees using these standards
 - c. Competence, not time, being primary reason to finalize training
 - d. Reduce number of false-positive completion decisions
- **Competency frameworks** (elaborate descriptions) have emerged

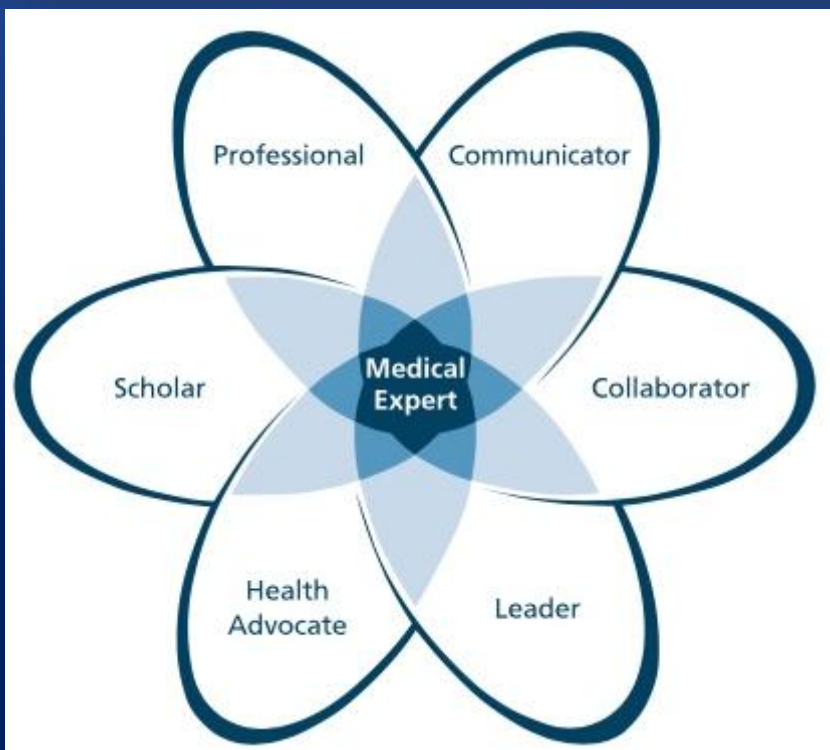


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Many HPE examples: medicine, veterinary medicine, pharmacy, nursing, WHO, etc.

CBVE
Competency-Based
Veterinary Education

AAVMC, 2028



The Competence Framework for Mental Health Peer Support Workers

NHS, 2020





Yet..

- Criticism in the literature early 21st century
- Competency frameworks: accepted worldwide, but risk to become too detailed, abstract, difficult for workplace-based assessment
- Connections with actual healthcare *tasks* can remain unclear



Entrustable Professional Activity (EPA)

- **Definition:** Unit of professional practice (a task or responsibility) that can be fully entrusted to a trainee, once he or she has demonstrated the necessary competence to execute this activity unsupervised
- **Purpose:** To operationalize competency-based medical education through a stepwise and safe engagement of trainees in clinical practice – with a progressive autonomy
- **Applicability:** Created for PGME, now used in all health professions



Competencies:

“The *abilities* of a person to integrate knowledge, skills, and attitudes (KSAs) in their performance of tasks in a given context: durable, trainable and measurable through the expression of behaviors.” (WHO, 2022)

EPAs:

The [health care] *tasks* for which these competencies are needed

One example: the 7 EPAs medical students are being trained to do in the new Irish internship

EPAs

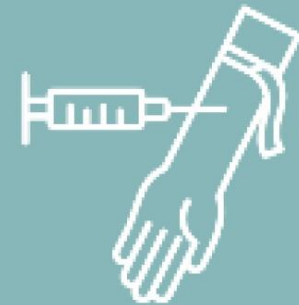
1. Clerking a patient



2. Requesting and interpreting basic investigations



3. Performing essential procedural skills



4. Managing the work of in-patient care



5. Prescribing and monitoring drugs and fluids



6. Recognising and managing the deteriorating/acutely unwell patient



7. Handing over and discharging a patient





EPA's require the integration of multiple competencies

entrustable professional activities

		EPA1	EPA2	EPA3	EPA4	EPA5
competencies	Medical expert	++	++	+		++
	Collaborator	+		+	++	
	Communicator	+	++			+
	Leader		+	++	++	
	Health advocate	+		++	+	
	Scholar	+				++
	Professional	+	+	+		

Recommendation: focus assessment on EPAs; use competencies for feedback

What is 'competent'?

When a professional activity (EPA) is mastered..

- ...at a **threshold** level
- ...that permits *trust* in a learner
- ...to act **unsupervised**

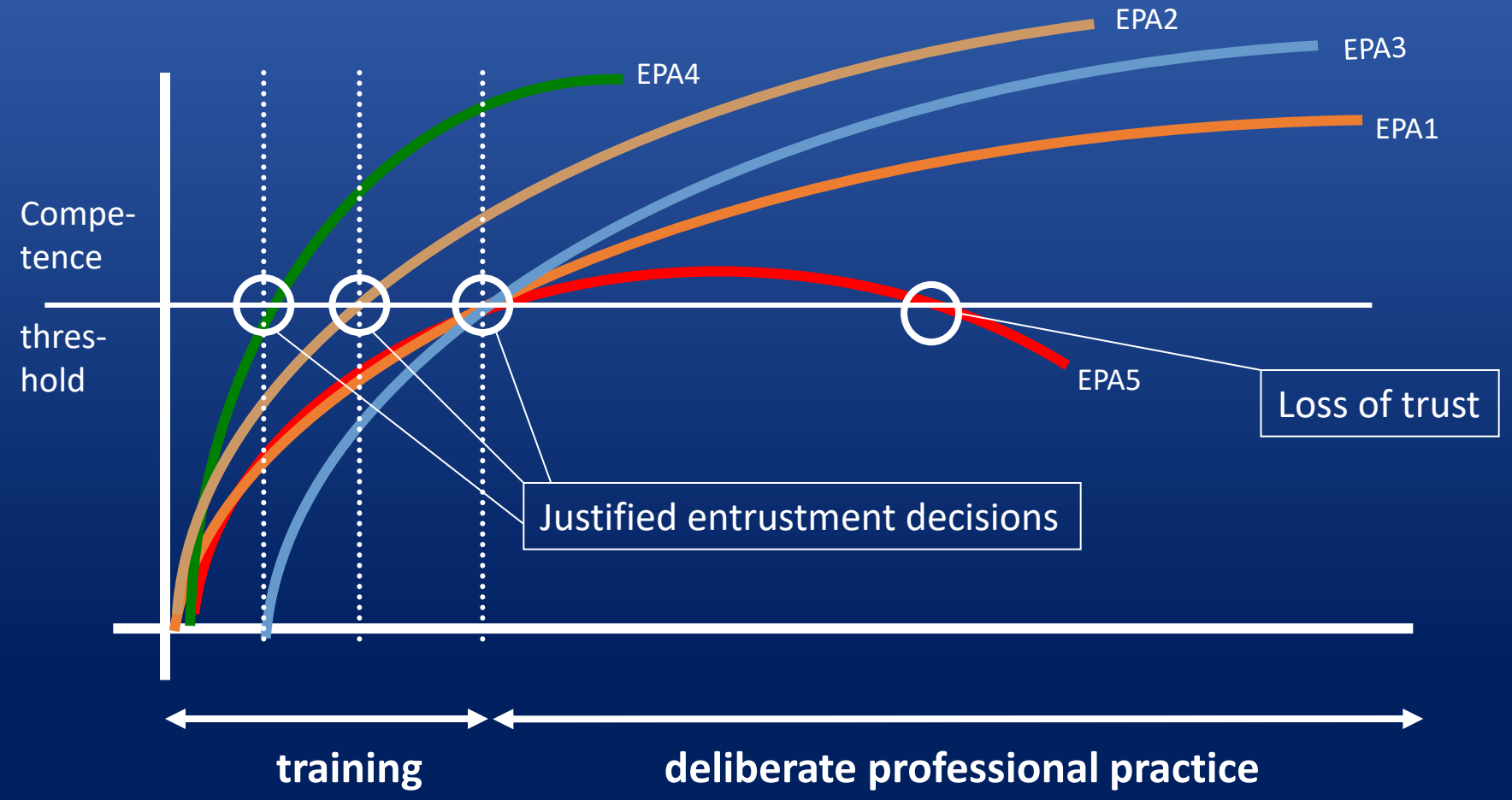


Competent: *stage* in a developmental continuum

Growth of competence over time



Competency curves of one trainee for various EPAs





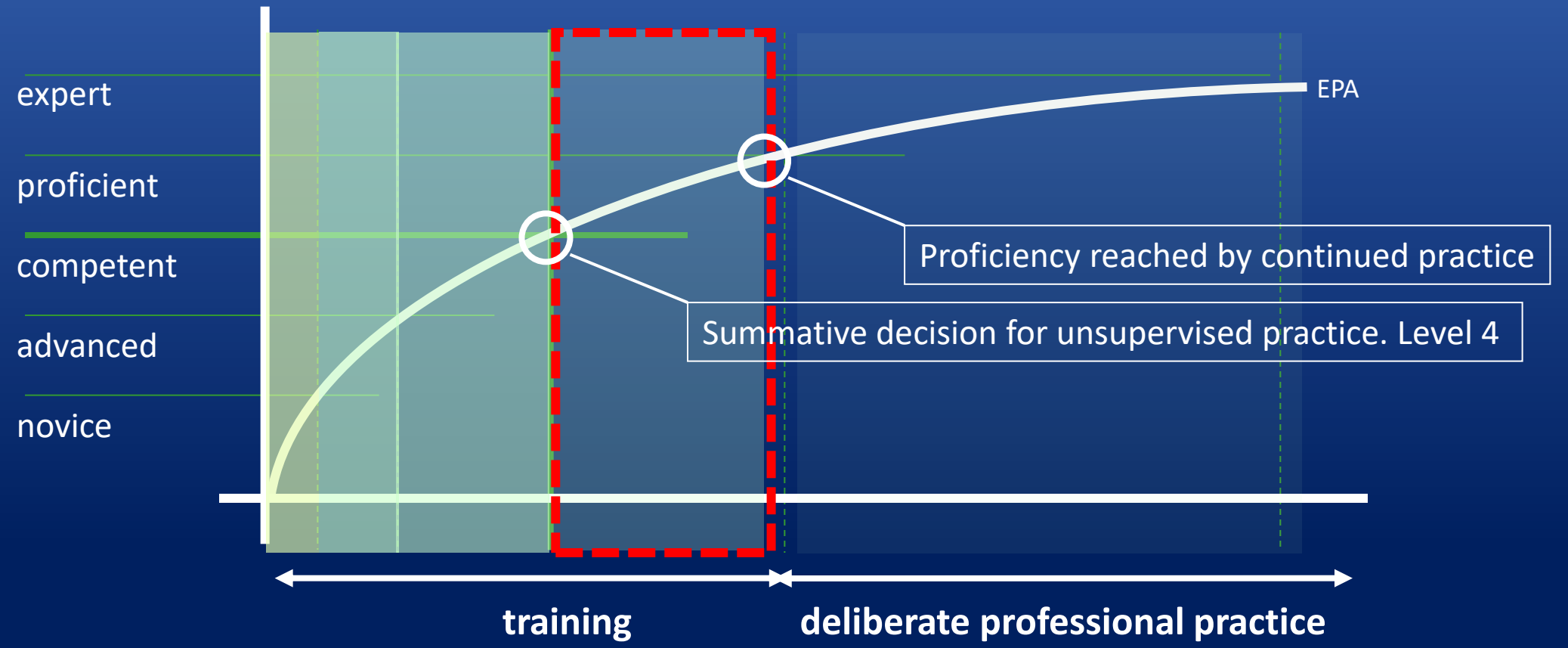
Entrustment decisions: Five levels of supervision, reflecting increasing trust in trainee autonomy

- 1. Be present but no permission to enact the EPA**
- 2. Practice the EPA with direct (pro-active) supervision**
- 3. Practice the EPA with indirect (re-active) supervision**
-----[threshold]---
- 4. Practice the EPA unsupervised (distant oversight)**
- 5. Act as the supervisor for junior learners for this EPA**

Scale values have been translated into various 'Entrustment-Supervision' (ES) scales



Growth of competence – decrease of supervision



- Observe
- 2 direct
- 3 indirect
- 4 distant
- no

Shades of decreasing supervision

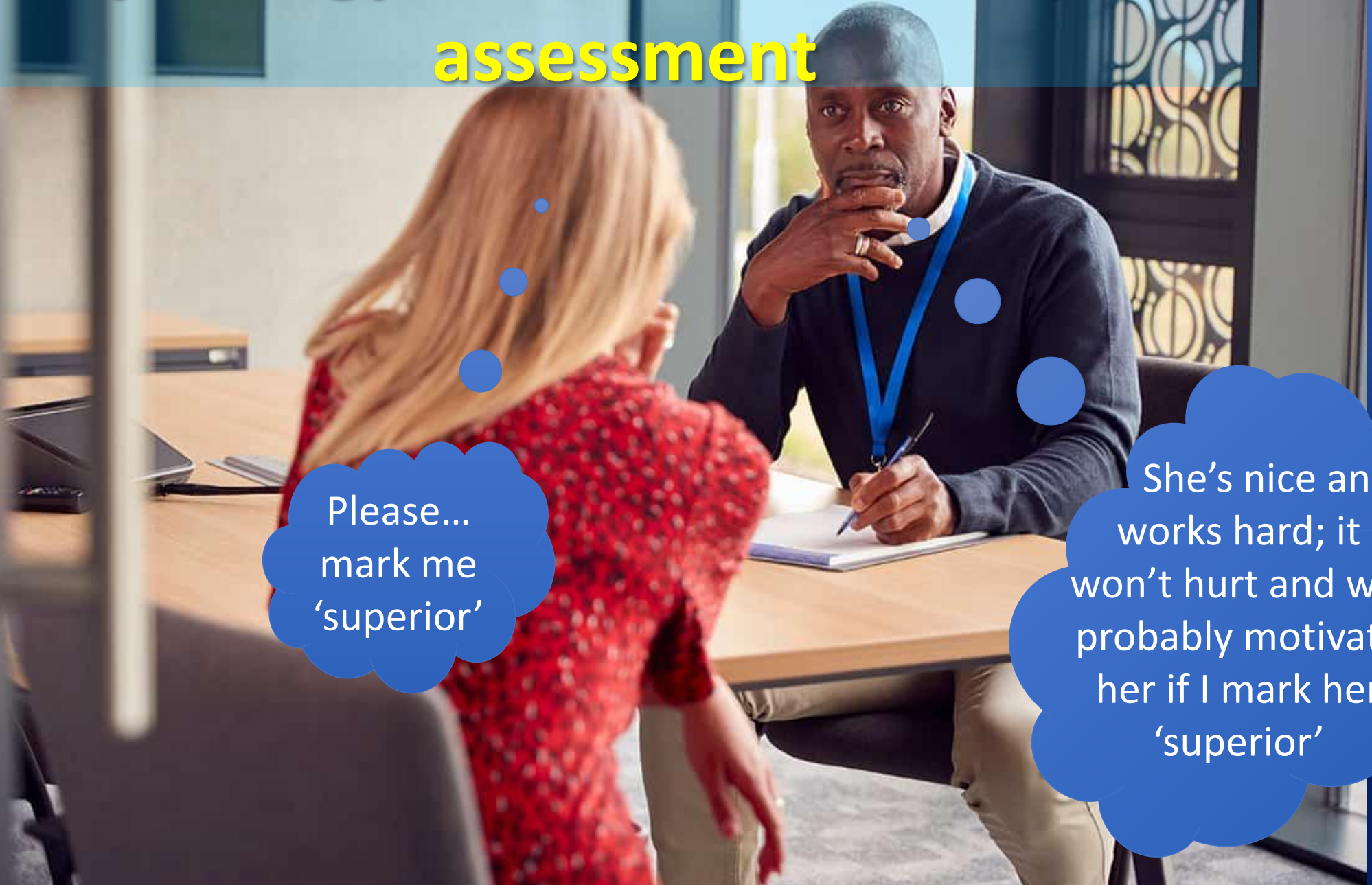
An individualized workplace curriculum

- Graded supervision allows for**
- 1 Observing the activity
 - 2 Acting with direct, pro-active supervision present in the room
 - 3 Acting with (re-active) supervision available within minutes
 - 4 Acting unsupervised, i.e. distant supervision / clinical oversight
 - 5 Acting as the supervisor to a junior

Portfolio of:	PGY1		PGY2		PGY3		PGY4	
<i>trainee Jones</i>								
EPA a	1	2	2	2	3	4	4	4
EPA b	1	1	2	2	2	3	3	4
EPA c	2	2	3	4	5	5	5	5
EPA d	2	3	4	4	4	4	5	5



Psychology of traditional workplace assessment



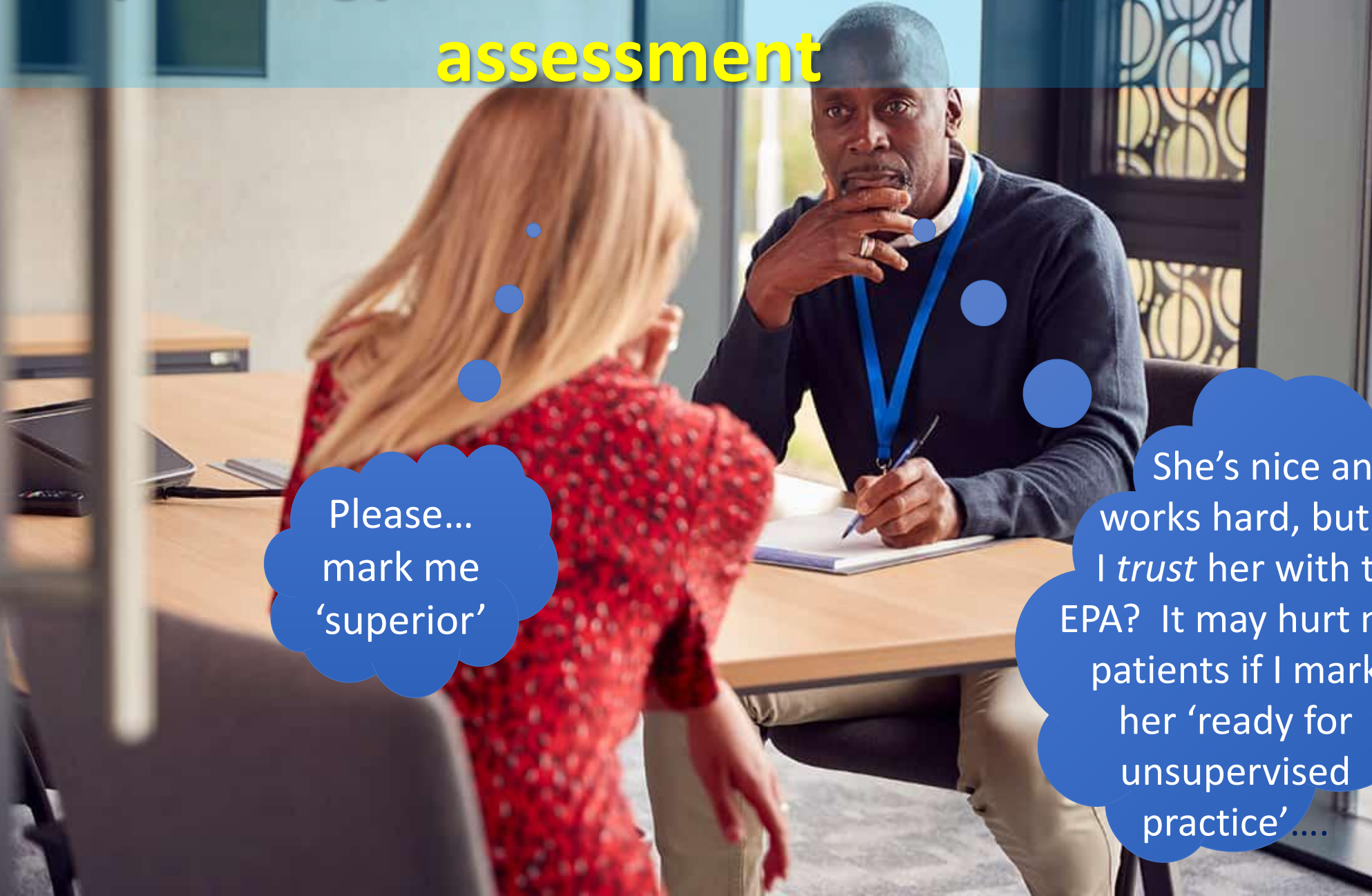
Please... mark me 'superior'

She's nice and works hard; it won't hurt and will probably motivate her if I mark her 'superior'



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Psychology of *EPA*-based workplace assessment



Please...
mark me
'superior'

She's nice and
works hard, but can
I *trust* her with this
EPA? It may hurt my
patients if I mark
her 'ready for
unsupervised
practice'

Should the assessment of clinical competence be: *Retrospective or Prospective? A twist in thinking*

Does the student show mastery of the content, taught in courses and rotations?



Is the student ready to assume the expected future responsibilities?



End of training

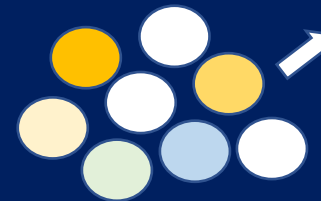
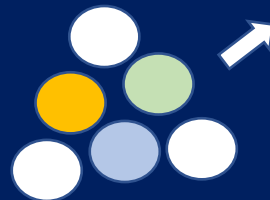
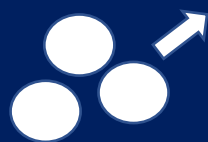
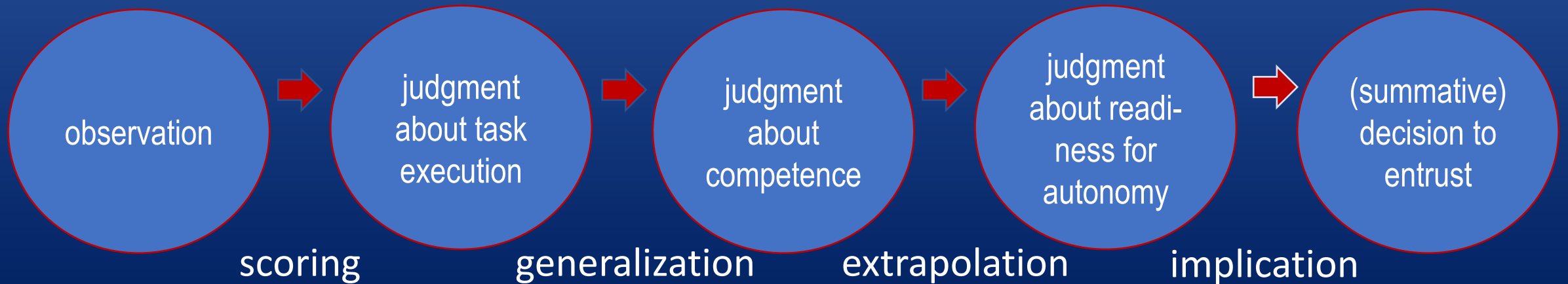
able ← *'competent'* → *permitted*

Making valid assessment decisions

Being *competent* versus being *trusted to act*:

traditional assessment in education

entrustment decision making





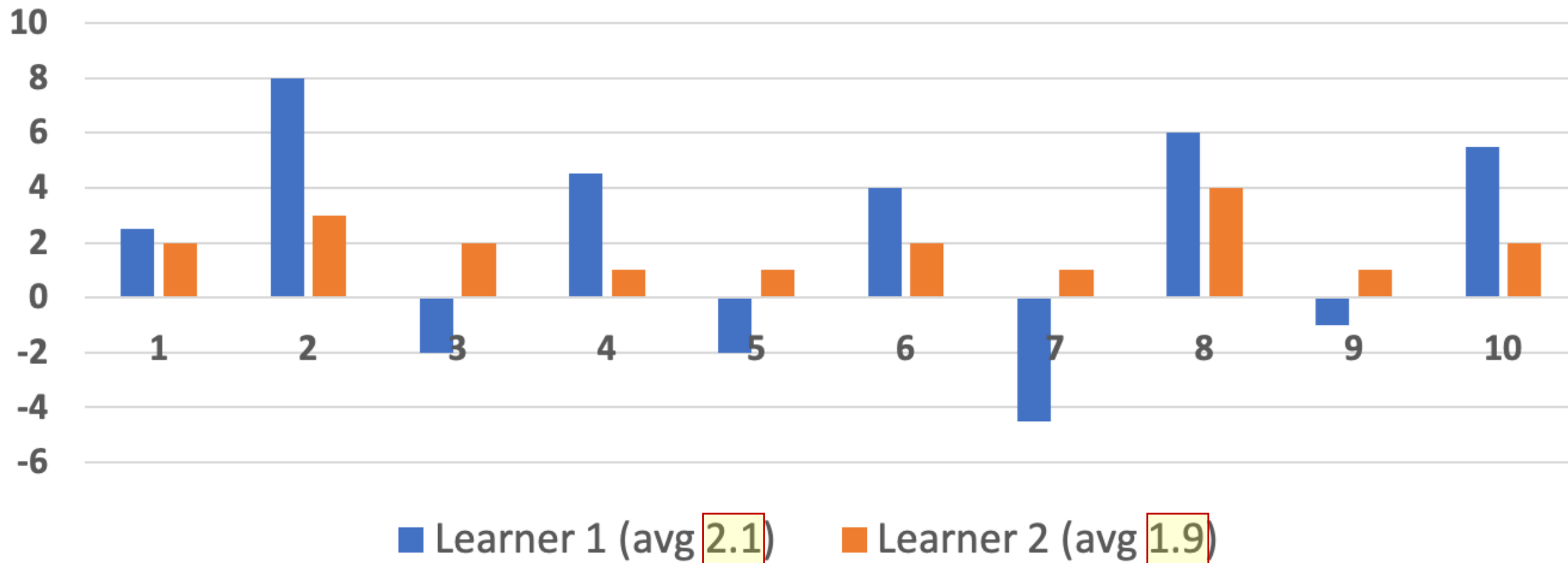
The trust concept in EPA-based assessment

- Trusting someone is making yourself **vulnerable**
- Accepting the **risk** that adverse events *could* happen
- Graduates will be certified for activities supervisors may **not have observed** and learners may not have encountered
- Entrustment decisions require estimation of **adaptive competence** to cope with unfamiliar situations
- Trust involves more than an average of past performances



Who would you trust most for the next patient?

Performance across 10 observations





What factors determine entrustment decisions?

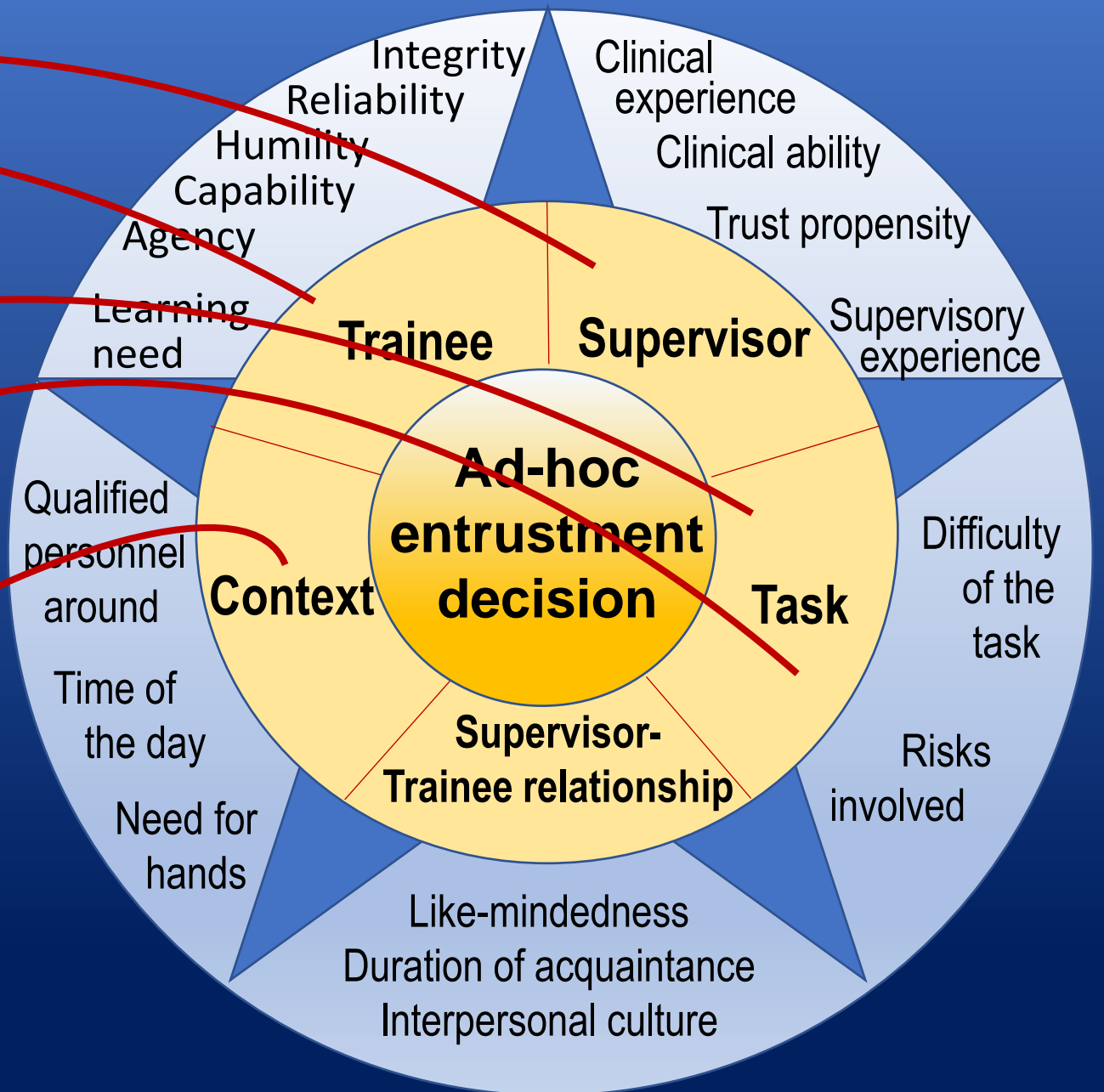
“Can I trust this student to attend to this patient now?”



More than knowledge, skill or specific proficiency



“Can I trust *this* student to attend to *this* patient *now*?”





General qualities that enable trust in HPE trainees

1. **Capability** (knowledge & skill; situation awareness; adaptive expertise)
2. **Integrity** (truthful, good intentions, patient-centered, benevolent)
3. **Reliability** (conscientious, predictable, accountable, responsible)
4. **Humility** (observing limits, willing to ask help, receptive to feedback)
5. **Agency** (self-confident, proactive toward work, team, safety, development)

Useful acronym: think of *A RICH entrustment decision*



Ad hoc and summative entrustment decisions

Ad-hoc decisions of entrustment are individual decisions, occurring daily in clinical education. Low stakes.

Summative decisions of entrustment are team decisions, based on multiple workplace-based assessments and must lead to increased autonomy (sometimes called a STAR). High stakes.



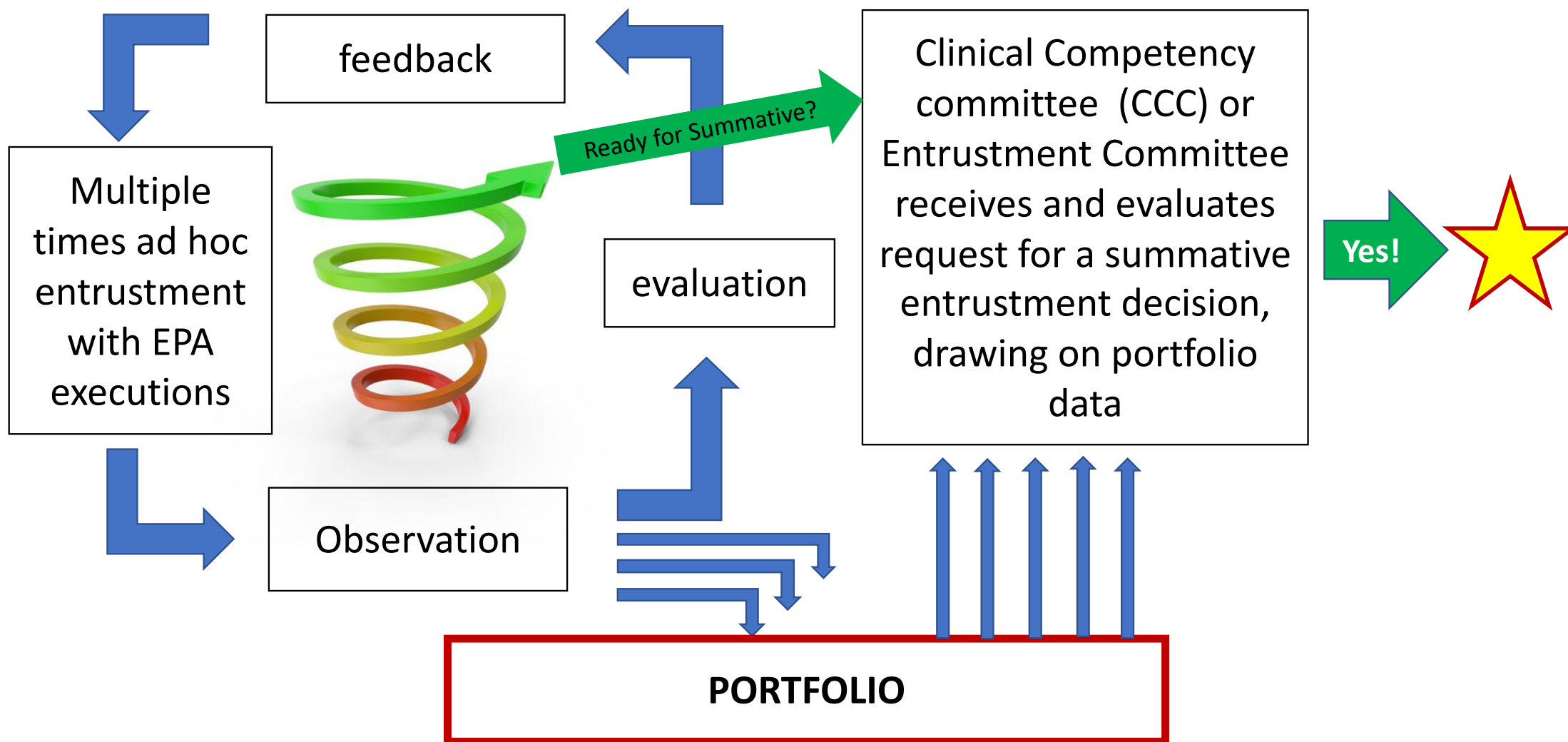
Statement of Awarded Responsibility

Name of trainee:

From tomorrow, we will allow you to:

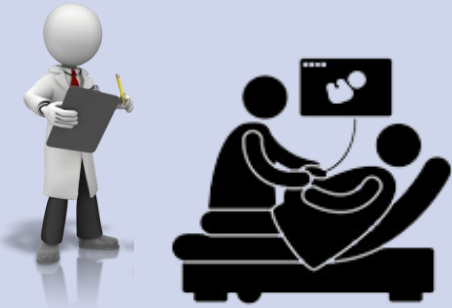



Title of EPA:		
Specification:		
Limitations:		
Level of supervision:		
Date:		
Name and signature 1:		
Name and signature 2:		
Name and signature 3:		

The flow of workplace-based assessment data



Workplace-Based Assessment

Four relevant information sources

1. Direct, brief observations	2. Longitudinal observations	3. Case-based discussions	4. Product evaluation
			

Recommendation: include elements of all four



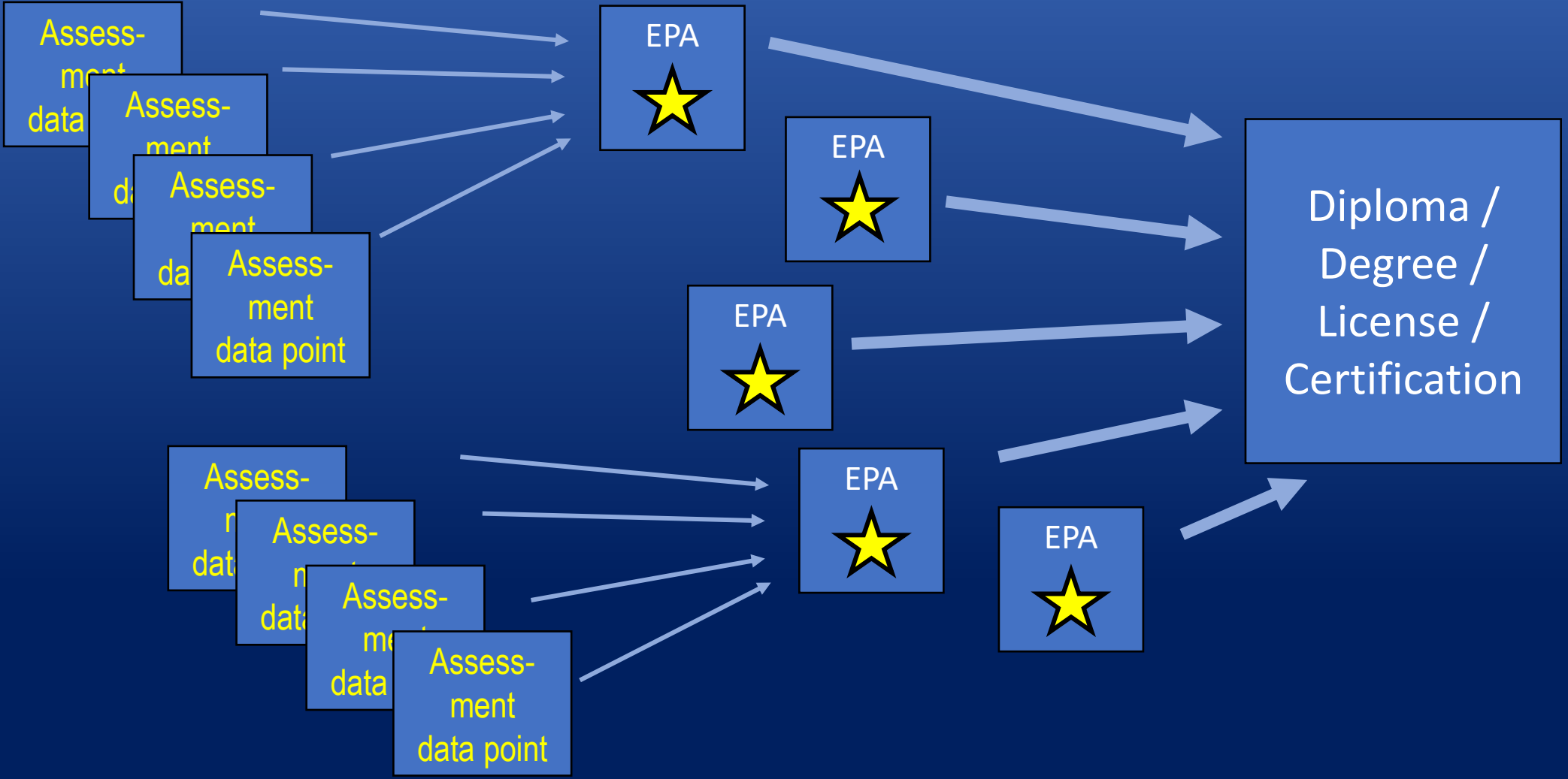
Individual / ad hoc / low stakes



CCC / summative / high stakes



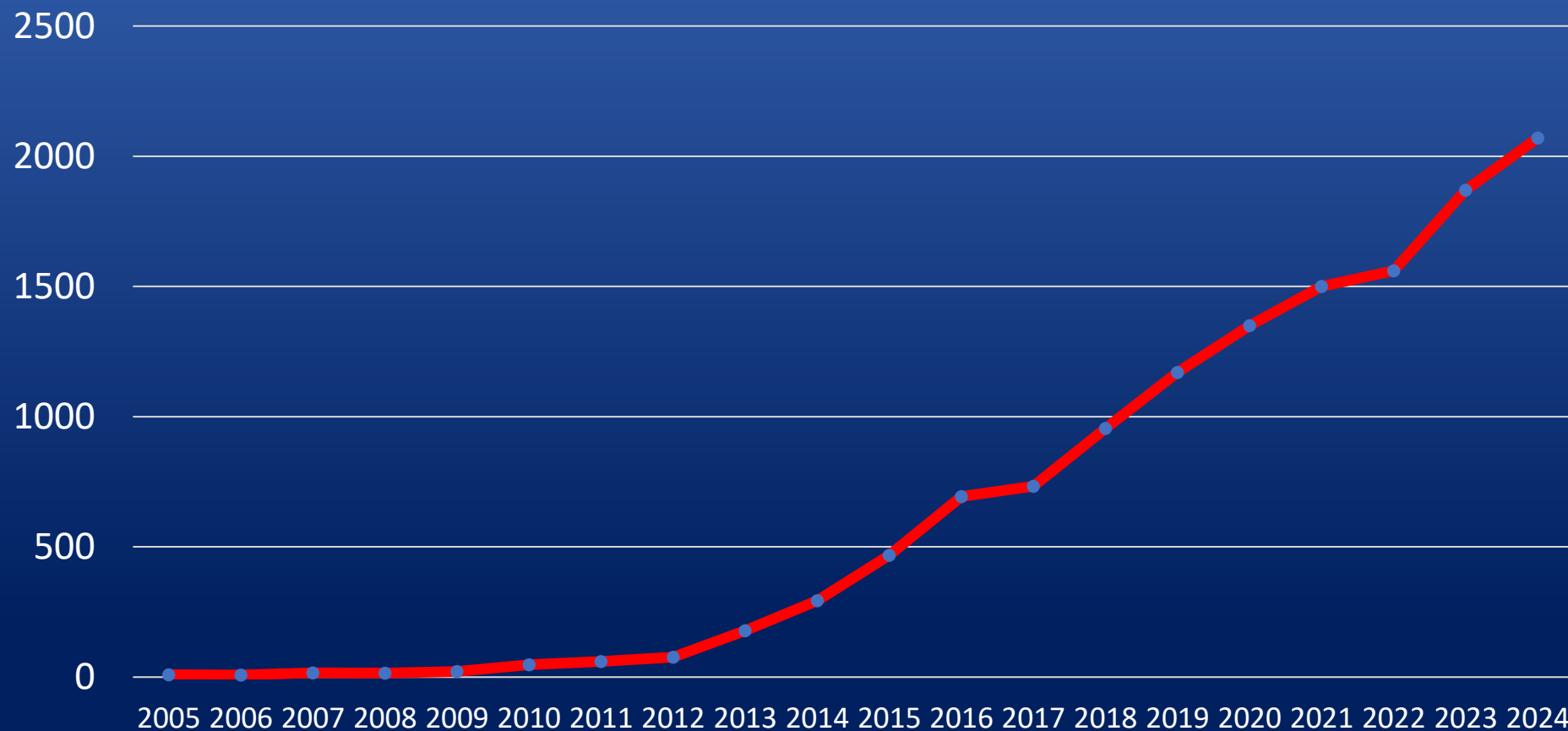
	PGY1	PGY2	PGY3	PGY4
EPA a	1	2	2	3
EPA b	1	1	2	2
EPA c	2	2	3	4
EPA d	2	3	4	4





Huge uptake of EPA and entrustment concepts worldwide: literature on the topic (Google Scholar)

Google Scholar [entrustable or entrustability anywhere]



Annual number of EPA publications appearing in the literature (according to Google Scholar)



A few recent articles

MEDICAL TEACHER
 2024, VOL. 46, NO. 10, 1328–1336
<https://doi.org/10.1080/0142159X.2024.2308074>

MEDICAL TEACHER

Taylor & Francis
Taylor & Francis Group

Nurse Educator

Development of
activities for Me

Nurse Education in Practice 81 (2024) 104181

table



ELSEVIER

journ

Development of entrustable
modified Delphi study

Zhang Meng^{a,1}, Cheng Haidan^{a,1}, T

^a Nursing Department, Peking University First Hospital, Beijing

^b Division of Medical & Surgical Nursing, School of Nursing, P

^c Division of Plastic and Burn Surgery, Peking University First

^d Operating Room Department, Peking University First Hospital



International Nursing Review



ICN

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Facilitating flexibility in postgraduate nursing education through entrustable professional activities to address nursing shortages and career prospects

Inge A. Pool PhD , Helma van Zundert MBA, Olle ten Cate PhD

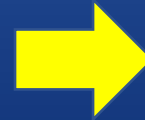
First published: 11 October 2023 | <https://doi-org.utrechtuniversity.idm.oclc.org/10.1111/inr.12892>

Example: current and future postgraduate nursing education in The Netherlands

- Before 2023
- Education in silos
- Specialized nursing staff shortages
- Insufficiently adapted to changes in health care



Not EPA-based



EPA-based

- From 2023
- Flexibility
- Enhanced career perspectives
- More rapid adaptation to health care needs



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