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ENTRUSTMENT – What Is It and How to Determine When You Can Give It

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Objectives

- Explain entrustment
- Understand how entrustable professional activities relate to competencies and milestones
- Identify strategies to incorporate entrustment into fellowship curriculum and evaluations



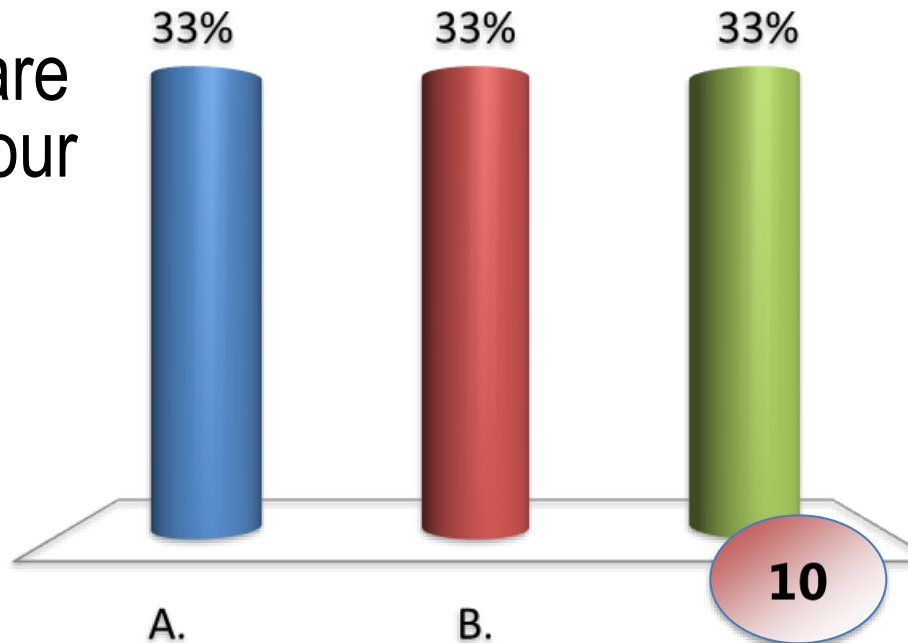
Objectives

- Explain entrustment
- Understand how entrustable professional activities relate to competencies and milestones
- **Identify challenges** to incorporating entrustment into fellowship curriculum and evaluations



How do you feel about Entrustment?

- A. I've got it figured out- EPAs are an integrated component of our fellowship.
- B. I know what EPAs are, but I have no idea what to do with them.
- C. EPAs? What are those?



Entrustment

- The decision to trust a trainee to perform a defined clinical task



For this task, I trust you to...

- 1. Be present and observe
- 2. Act with direct supervision
- 3. Act with indirect supervision
- 4. Act without supervision
- 5. Provide supervision

Olle Ten Cate. Entrustment Decision Making in Clinical Training. Academic Medicine. 2016; 91: 191-198.



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In other words

- **Chen Entrustment Scale**

- 1. Watch me do this
- 2a. Lets do this together
- 2b. I'll watch you
- 3a. You go ahead, I'll double check everything
- 3b. You go ahead, I'll double check the key things

- **Ottawa Entrustment Scale**

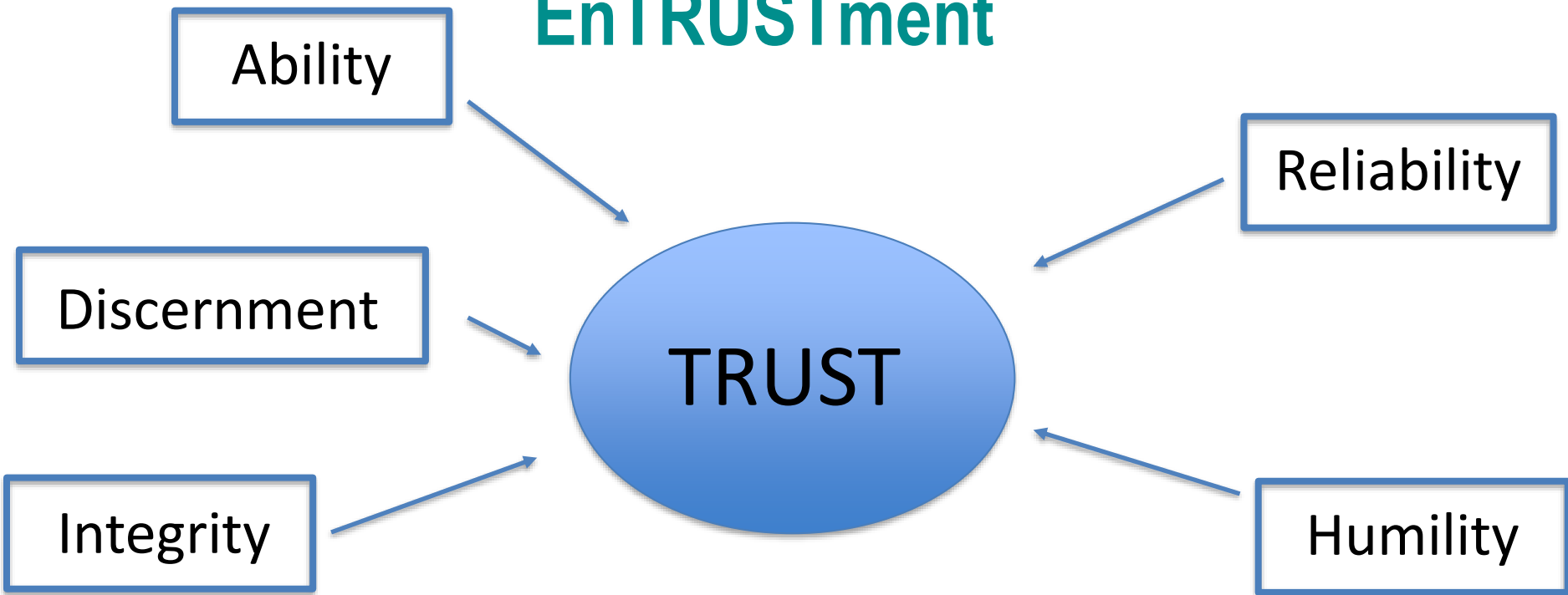
- 1. I did it
- 2. I talked them through it
- 3. I directed them from time to time
- 4. I was available just in case
- 5. I wasn't there

AAMC. Core Entrustable Professional Activities for Entering Residency. Toolkit for 13 Core EPAs.



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EnTRUSTment



Olle Ten Cate. Entrustment Decision Making in Clinical Training. *Academic Medicine*. 2016; 91: 191-198.

Olle Ten Cate. Entrustment as Assessment: Recognizing the Ability, the Right and the Duty to Act. 2016; *J Grad Med Ed*. May 1, 2016.

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TRUST

- **Presumptive trust-** based on credentials; no prior interaction with trainees
- **Initial trust-** based on first impressions; vulnerable to halo effects and self-fulfilling prophecies
- **Grounded trust-** based on essential and prolonged experience with the trainee; preceded by sufficient observation and pertinent data

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EnTRUSTment Decisions

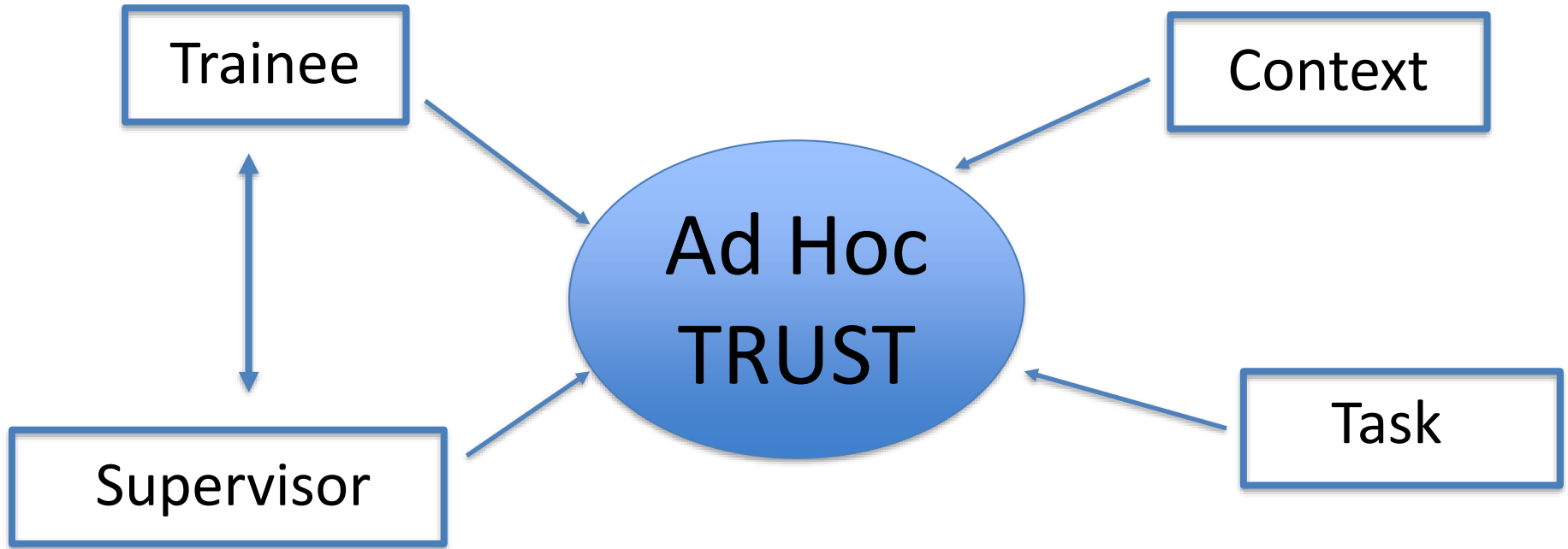
- **Ad Hoc-** A one time decision of trust by an individual, does not constitute a precedent for similar decisions in the future
- **Summative-** Based on grounded trust, a decision by a PD or CCC that provides the trainee the privilege of acting in the future with a specified level of supervision

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Ad Hoc EnTRUSTment

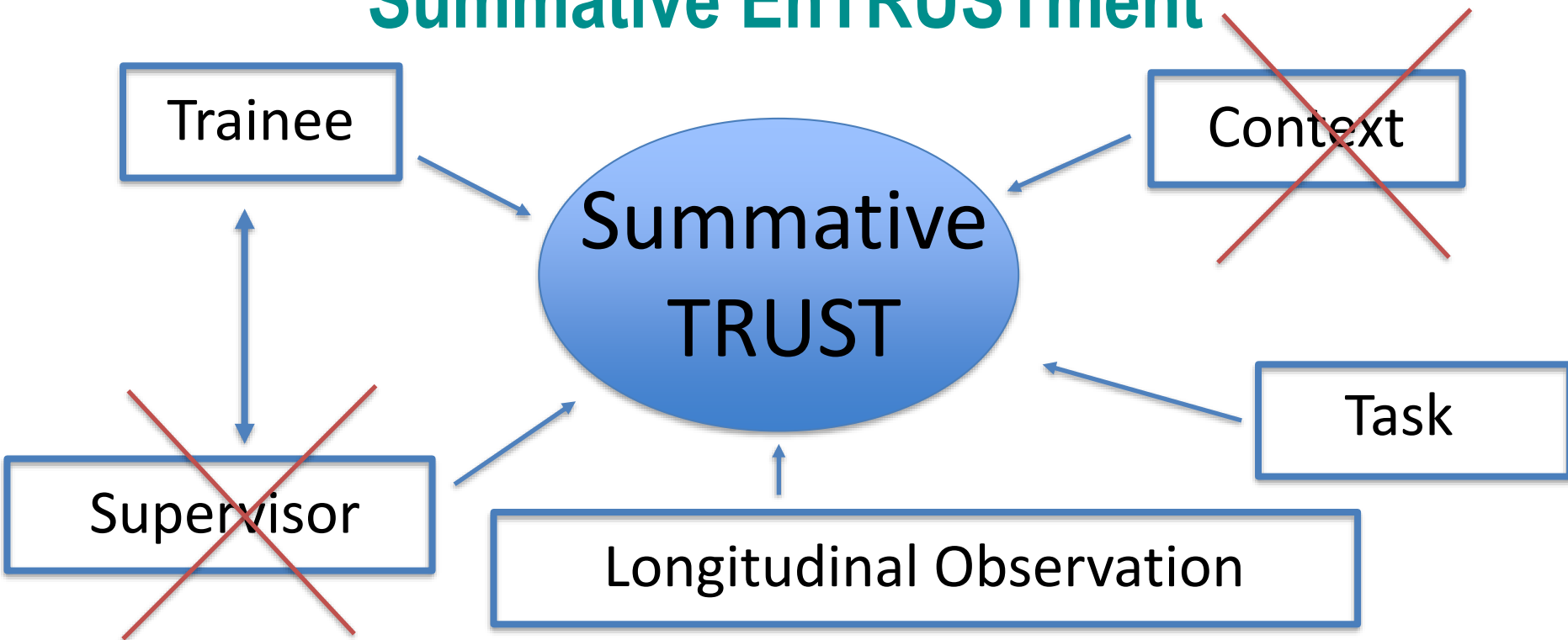


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Summative EnTRUSTment



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Entrustable Professional Activities (EPA)

- Units of professional practice- the tasks or responsibilities that we will trust a trainee to do without supervision when they have attained sufficient specific competence.



EPA vs Competency vs Milestone

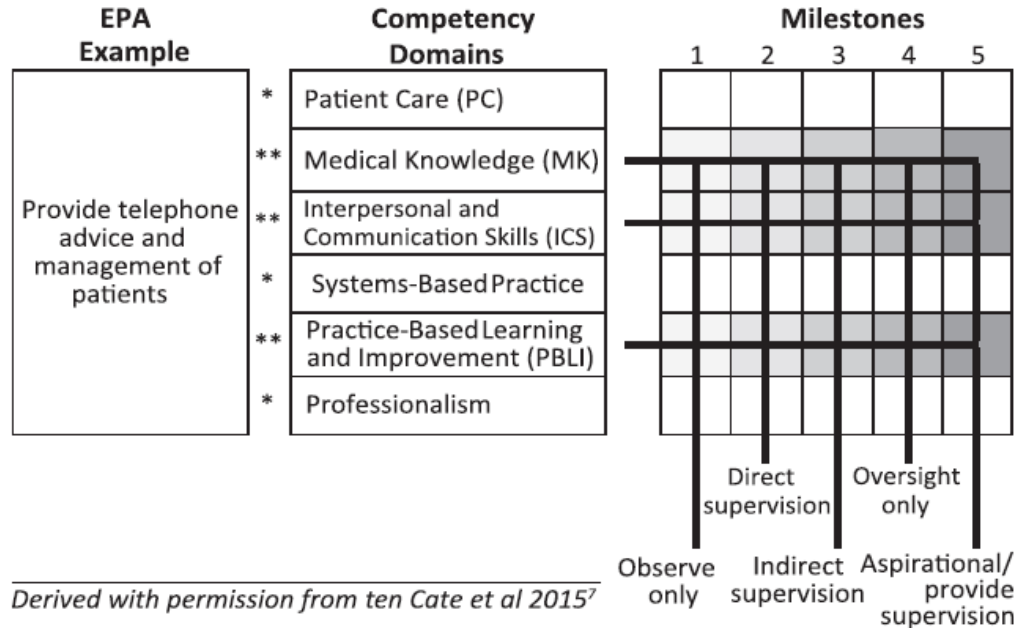
- EPA- descriptor of work
- Competency- descriptor of physician
- Milestones- stages in the development of a specific competency; may link to a supervisor's EPA decision

Olle Ten Cate. Nuts and bolts of entrustable professional activities. J Grad Med Ed. March 2013.



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EPA vs Competency vs Milestone



Olle Ten Cate. Entrustment as Assessment: Recognizing the ability, the right and the duty to act. J Grad Med Ed. May 2016.



EPA Guidelines

TABLE 2 GUIDELINES FOR FULL ENTRUSTABLE PROFESSIONAL ACTIVITIES DESCRIPTIONS

Title	<p>Make it short; avoid words related to proficiency or skill. Ask yourself: Can a trainee be scheduled to do this? Can an entrustment decision for unsupervised practice for this EPA be made and documented?</p>
Description	<p>To enhance universal clarity, include everything necessary to specify the following: What is included? What limitations apply? Limit the description to the actual activity. Avoid justifications of why the EPA is important, or references to knowledge and skills.</p>
Competency	<p>Which competency domains apply? Which subcompetencies apply? Include only the most relevant ones. These links may serve to build observation and assessment methods.</p>
KSA's	<p>Which KSAs are necessary to execute the EPA? Formulate this in a way to set expectations. Refer to resources that reflect necessary or helpful standards (books, a skills course, etc).</p>
Assessment	<p>Consider observations, products, monitoring of knowledge and skill, multisource feedback.</p>
Time	<p>Estimate when full entrustment for unsupervised practice is expected, acknowledging the flexible nature of this. Expectations of entrustment moments can shape an individual workplace curriculum.</p>
Criteria	<p>How many times must the EPA be executed proficiently for unsupervised practice? Who will judge this? What does formal entrustment look like (documented, publicly announced)?</p>

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EPAs for Cardiovascular Disease

TABLE 2

Entrustable Professional Activities for Subspecialists in Cardiovascular Disease

- **Cardiovascular Consultation**—evaluate, diagnose, and develop treatment plans for patients with known, with suspected, or at risk of developing cardiovascular disease.
 - **Acute Cardiac Care**—manage patients with acute cardiac conditions.
 - **Chronic Cardiovascular Disease Management**—manage patients with chronic cardiovascular diseases.
 - **Cardiovascular Testing**—appropriately utilize cardiovascular testing.
 - **Disease Prevention and Risk Factor Control**—implement disease prevention and risk factor control measures, addressing comorbidities.
 - **Team-Based Care**—work effectively to promote patient-centered interdisciplinary team-based care.
 - **Lifelong Learning**—engage in lifelong learning.
-

COCATS 4. JACC; 2015; 65: 1724-1733.



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Acute Cardiac Care: Observable Professional Activities

Jill Gelow, MD Portfolio EPA: Acute Cardiac Care	Year 1 CCC		Year 2 CCC		Year 3 CCC	
Interrogate an ICD	1	2	2	2	3	3
Place and interpret a PA catheter	1	2	3	4* STAR	4	5
Perform an echocardiogram	2	2	3	3	4* STAR	4
Place a temporary wire	2	2	2	3	3	4* STAR
Manage cardiogenic shock	1	2	2	3	3	4*STAR
Manage STEMI	1	2	3	3	4*STAR	4

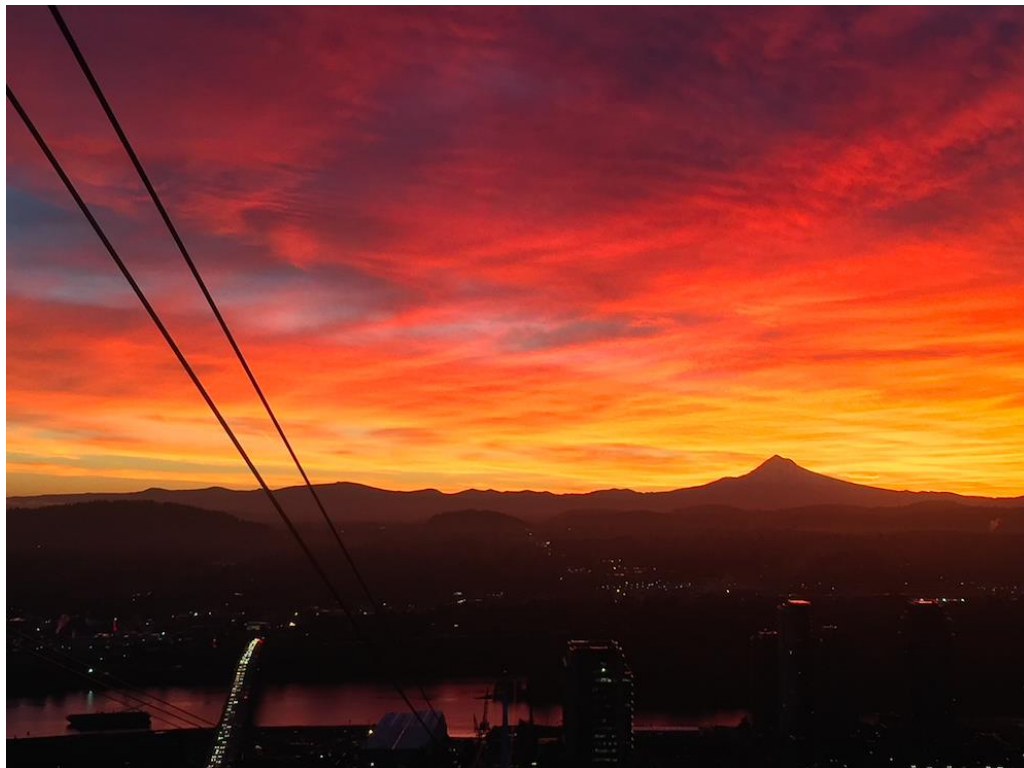


Challenges

- Currently AdHoc >>> Summative Entrustment
- Assessment is hard- halo effect, range restriction, leniency, lack of training and consistency in evaluators, limited time with a trainee, not standardized
- To be granted entrustment; fellows have to practice → ? quality, patient safety, patient centeredness
- Lack of faculty development in education
- Lack of faculty time for observation of trainees
- Confusion on how to integrate EPAS with ACGME competencies and milestones
- Communication and consensus



Questions?



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