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

Jill Gelow, MD, MPH
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

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.
EnTRUSTment

Ability

Reliability

Discernment

Humility

Integrity

TRUST

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

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

Ad Hoc EnTRUSTment

Trainee

Supervisor

Context

Task

Summative EnTRUSTment

- Trainee
- Context
- Supervisor
- Task
- Longitudinal Observation

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

EPA vs Competency vs Milestone

<table>
<thead>
<tr>
<th>EPA Example</th>
<th><strong>Patient Care (PC)</strong></th>
<th><strong>Medical Knowledge (MK)</strong></th>
<th><strong>Interpersonal and Communication Skills (ICS)</strong></th>
<th><strong>Systems-Based Practice</strong></th>
<th><strong>Practice-Based Learning and Improvement (PBLI)</strong></th>
<th><strong>Professionalism</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide telephone advice and management of patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Competency Domains |
|---------------------|---------------------|---------------------|------------------|
|                     | 1                   | 2                   | 3               |
| Direct supervision  | Unchanged           | Unchanged           | Unchanged       |
| Oversight only      | Observer only       | Observer only       | Observer only    |
| Indirect supervision| Observer only       | Observer only       | Observer only    |
| Aspirational/provide supervision | Observer only | Observer only | Observer only |

Olle Ten Cate. Entrustment as Assessment: Recognizing the ability, the right and the duty to act. J Grad Med Ed. May 2016.
<table>
<thead>
<tr>
<th>Title</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>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.</td>
</tr>
<tr>
<td>Competency</td>
<td>Which competency domains apply? Which subcompetencies apply? Include only the most relevant ones. These links may serve to build observation and assessment methods.</td>
</tr>
<tr>
<td>KSA’s</td>
<td>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.)</td>
</tr>
<tr>
<td>Assessment</td>
<td>Consider observations, products, monitoring of knowledge and skill, multisource feedback.</td>
</tr>
<tr>
<td>Time</td>
<td>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.</td>
</tr>
<tr>
<td>Criteria</td>
<td>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)?</td>
</tr>
</tbody>
</table>

### 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.

## Acute Cardiac Care: Observable Professional Activities

<table>
<thead>
<tr>
<th>Jill Gelow, MD Portfolio EPA: Acute Cardiac Care</th>
<th>Year 1 CCC</th>
<th>Year 2 CCC</th>
<th>Year 3 CCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrogate an ICD</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Place and interpret a PA catheter</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Perform an echocardiogram</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Place a temporary wire</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Manage cardiogenic shock</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Manage STEMI</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
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?