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Dr Annalisa Manca and Dr  
Davina Carr

# **ENTRUSTABLE PROFESSIONAL ACTIVITIES**

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# ENTRUSTABLE PROFESSIONAL ACTIVITIES

- Definition
- *'a unit of professional practice that can be fully entrusted to a healthcare student or trainee when they are able to demonstrate the necessary competence to execute this activity unsupervised'* (ten Cate, 2005)
- WHY?
  - Operationalise competency-based PGME
  - Workplace based curricula
  - Making decisions about healthcare student/trainees
    - Competency
    - Capability

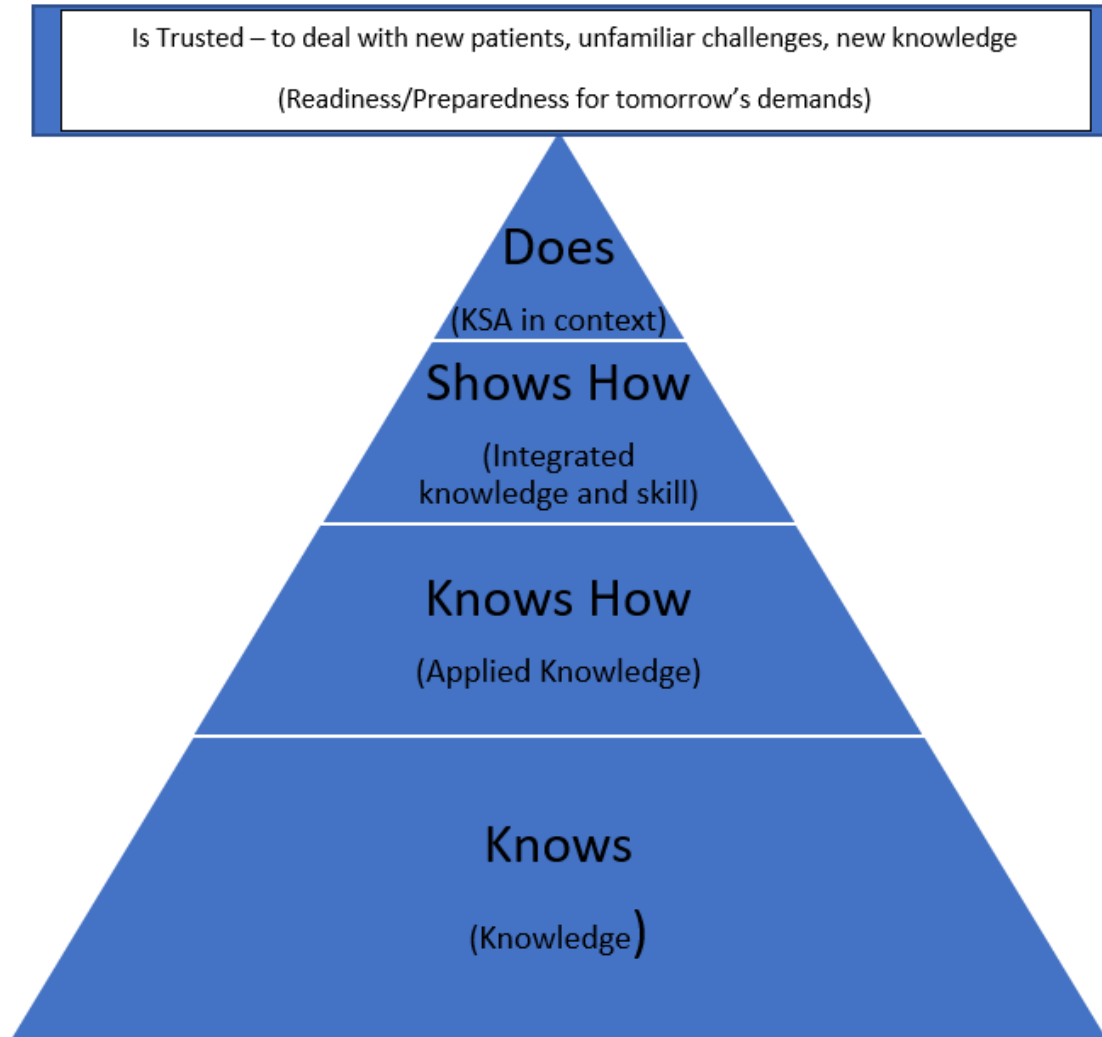
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# WORKPLACE BASED CURRICULA

- *‘organised set of experiences in a real-world setting that fosters the acquisition of competencies that are necessary to act as a professional’* (ten Cate et al., 2015)
  - (i) a trajectory of participation from low to high accountability,
  - (ii) access to knowledge that would not be learned by discovery alone,
  - (iii) direct guidance from more experienced others and experts, and
  - (iv) indirect guidance provided by the physical and social environment

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# ENTRUSTMENT DECISIONS



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# 'A RICH' ENTRUSTMENT DECISION FRAMEWORK

- Self-determination Theory
- Agency
- Reliability
- Integrity
- Capability
- Humility

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# ENTRUSTMENT DECISION SCALES

**Table 1.** Entrustment and supervision scales: original and expanded form.

Original entrustment and supervision scale for PGME	Expanded entrustment and supervision scale for UME and PGME
1. Not allowed to practice EPA	1. Not allowed to practice EPA a. Inadequate knowledge/skill (e.g. does not know how to preserve sterile field); not allowed to observe b. Adequate knowledge, some skill; allowed to observe
2. Allowed to practice EPA only under proactive, full supervision	2. Allowed to practice EPA only under proactive, full supervision a. As coactivity with supervisor b. With supervisor in room ready to step in as needed
3. Allowed to practice EPA only under reactive/on-demand supervision	3. Allowed to practice EPA only under reactive/on-demand supervision a. With supervisor immediately available, all findings and decisions double checked b. With supervisor immediately available, key findings and decisions double checked c. With supervisor distantly available (e.g. by phone), findings and decisions promptly reviewed
4. Allowed to practice EPA unsupervised	4. Allowed to practice EPA unsupervised  a. With remote monitoring (e.g. next day check-in for learner questions) b. Without monitoring
5. Allowed to supervise others in practice of EPA	5. Allowed to supervise others in practice of EPA

PGME: postgraduate medical education; UME: undergraduate medical education.

	EPA1 Write a prescription for a patient during a clinical encounter	EPA2 
Fitness to Practice		
Maintaining an ethical approach		
Communication and Consultation Skills		
Data Gathering and Interpretation		
Clinical Examination and Procedural Skills		
Making a diagnosis/decision-making		
Clinical Management		
Managing Medical Complexity		
Working with colleagues and in teams		
Maintaining performance, learning, and teaching		
Organisation, Management and Leadership		
Practicing holistically, promoting health, and safeguarding		
Community Orientation		

# STAR

## Statements of awarded responsibilities (STAR)

The clinical supervisor asks at least two other 'committed' clinicians to confirm this judgment and to co-sign the STAR form.

EPA:	Date:
Student:	Assessor:
Based on my observations, I suggest that this student may be ready after the next review to: reach Level 1b (not allowed to practice EPA, allowed to observe) reach Level 2a (allowed to practice EPA only under pro-active supervision as a co-activity with a supervisor) reach Level 2b (allowed to practice EPA only under pro-active supervision with the supervisor in the room ready to step in as needed) reach Level 3a (allowed to practice EPA with supervisor immediately available, all findings and decisions double checked) reach Level 3b (allowed to practice EPA with supervisor immediately available, key findings and decisions double checked) reach Level 4 (ready for unsupervised practice) reach Level 5 (ready to supervise juniors)	
Provide feedback on each of the following domains of competence relevant to this EPA (consider strengths and aspects that might benefit from improvement):	
Community Orientation	
Data Gathering and Interpretation	
Clinical Management	
Making a diagnosis/decision-making	
Organisation, management, and leadership	
Communication and Consultation Skills	
Managing Medical Complexity	

Working with colleagues and in teams

Maintaining performance, learning, and teaching

Student Reflection on clinical supervisor feedback

Signature of Clinical Supervisor:

Signature of 1<sup>st</sup> Additional Clinician in agreement:

Signature of 2<sup>nd</sup> Additional Clinician in agreement:



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# TO EPA OR NOT TO EPA?

- Optional
  - Samples and Suggestions
  - Self-Determination Theory
  - Unit of professional activity
  - Preparedness for Practice
  - Capable Workforce
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ENJOY YOUR  
SUMMER  
ELECTIVE  
EXPERIENCE



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# QUESTIONS?

- [davina.carr@northbelfastfederation.co.uk](mailto:davina.carr@northbelfastfederation.co.uk)
  - [annalisa.manc@gmail.com](mailto:annalisa.manc@gmail.com)
  - [rachel.hawkins@easternfsu.co.uk](mailto:rachel.hawkins@easternfsu.co.uk)
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