How do interprofessional objectives fit with EPA-based curricula?

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Entrustable Professional Activities

Units of professional practice (tasks) that may be entrusted to a learner to execute unsupervised, once he or she has demonstrated the required competence.

- **Entrustable**: acts that require trust – by colleagues, patients, public
- **Professional**: confined to occupations with extra-ordinary qualification and right
- **Activities**: *tasks* that must be done (not competencies)

EPAs ground competencies in daily practice
## Competencies ↔ EPAs

<table>
<thead>
<tr>
<th>Competencies</th>
<th>EPAs</th>
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<tbody>
<tr>
<td><strong>person-descriptors</strong></td>
<td><strong>work-descriptors</strong></td>
</tr>
<tr>
<td>knowledge, skills,</td>
<td>essential units of professional practice</td>
</tr>
<tr>
<td>attitudes, values</td>
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<tr>
<td>• content expertise</td>
<td>• discharging patient</td>
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<tr>
<td>• health system knowledge</td>
<td>• counseling patient</td>
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<tr>
<td>• communication ability</td>
<td>• leading family meeting</td>
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<tr>
<td>• management ability</td>
<td>• designing treatment plan</td>
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<tr>
<td>• professional attitude</td>
<td>• Inserting central line</td>
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<tr>
<td>• scholarly skills</td>
<td>• Resuscitating patient</td>
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</tbody>
</table>

*Oxford dictionary

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*The ability to do something successfully or efficiently*
All EPAs require multiple competencies

<table>
<thead>
<tr>
<th></th>
<th>EPA1</th>
<th>EPA2</th>
<th>EPA3</th>
<th>EPA4</th>
<th>EPA5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expert</td>
<td>++</td>
<td>++</td>
<td>+</td>
<td></td>
<td>++</td>
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<tr>
<td>Collaborator</td>
<td>+</td>
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<td>+</td>
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<tr>
<td>Communicator</td>
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<td>Leader</td>
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<td>++</td>
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<tr>
<td>Health advocate</td>
<td>+</td>
<td></td>
<td>++</td>
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<td>+</td>
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<tr>
<td>Scholar</td>
<td>+</td>
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<td></td>
<td>++</td>
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<tr>
<td>Professional</td>
<td>+</td>
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Recommendation: focus assessment on EPAs; use competencies for feedback
First: Why is interprofessional collaboration *not* an EPA?

1. EPAs are *activities* (not behavior, nor personality trait)
2. EPAs must have identifiable beginning and end, suitable for entrustment
3. There must be a phase of prohibition to enact an EPA, followed by a phase of permission to act, separated by a grounded decision

Can one prohibit interprofessional collaboration (IPC) before entrustment?
Can there be certification or credentialling for IPC?
Can one schedule a trainee for IPC?
If IPC would be one EPA, is there no IPC in other EPAs?
Much of health care depends on interprofessional collaboration. Many specific, focused tasks, with clear beginnings and ends, can be considered ‘interprofessional’. Ward rounds, Emergency teamwork, Surgical and procedural teamwork, Multidisciplinary team meetings, Morning reports, Patient handovers, Discharge planning and execution, Interprofessional consultations (ask / provide).

However...

Interprofessional skills are conditional for entrustment of many EPAs.
How can IPC be secured in *all* relevant EPAs?

The recommended description of an EPA

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Title of the EPA <em>e.g.</em> IP-relevant EPA; “Conducting benign GI surgeries”</td>
</tr>
<tr>
<td>2</td>
<td>Specification and limitations ✔️</td>
</tr>
<tr>
<td>3</td>
<td>Potential risks in case of failure ✔️</td>
</tr>
<tr>
<td>4</td>
<td>Most relevant domains of competence ✔️</td>
</tr>
<tr>
<td>5</td>
<td>Required knowledge, skills, attitude and experiences ✔️</td>
</tr>
<tr>
<td>6</td>
<td>Information sources to assess progress and support summative entrustment ✔️</td>
</tr>
<tr>
<td>7</td>
<td>Which entrustment-supervision expected at which stage of training?</td>
</tr>
<tr>
<td>8</td>
<td>Time period to expiration if never practiced</td>
</tr>
</tbody>
</table>
Entrustment decisions: Five levels of supervision, reflecting increasing trust in the trainee’s autonomy

1. Be present but no permission to enact EPA
2. Practice EPA with direct (pro-active) supervision
3. Practice EPA with indirect (re-active) supervision
4. Unsupervised practice allowed (distant oversight)
5. May provide supervision to junior learners

[threshold]

Summative decision for unsupervised practice

→ Skill development
→ Time

EPA
Ad-hoc decisions of entrustment occur in daily routine of clinical practice.

Summative decisions of entrustment are made by teams and based on multiple workplace-based assessments and focus on increased autonomy. Sometimes called STAR certification.
What does it take to make an entrustment decision?

1. **Capability** (knowledge & skill; experience; awareness and oversight)
2. **Integrity** (truthful, good intentions, patient-centered)
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)

ten Cate O, Chen, HC. The ingredients of a rich entrustment decision. Medical Teacher 2020;42(12):1413-1420
The significance of *Humility* for IPC

Humility

- Willingness to admit own limitations
- Ask for help and advice when needed
- Being receptive to feedback
- Recognizing relevant or even superior ideas, knowledge or skill of others, including interprofessional colleagues

Humility is key in collaboration, including interprofessionally
Why is the road to IPE so hard and long?

• Practical issues (objectives, scheduling of IP education, finances): barriers, but not likely the most important

• Identity issues: Social Identity Theory explains
  • Strong professional identity formation forces to identify foremost with one professional group (eg., physicians, nurses of other) or subgroup (eg., medical specialty, specialized nurse)
  • Identity preserves pride and self respect; fosters motivation and drive
  • Social identity tends to increase in-group favoritism and out-group derogation
  • A natural stance (to resist) in interprofessional collaboration is to favour own opinion (from own professional group) over others
In which group do you feel most *at home*?

Professionals need to learn to navigate tensions

Which group or team identity prevails at which moment?
In conclusion

• Interprofessional collaboration cannot easily be captured in one EPA
• Interprofessional collaboration pervades many EPAs in health care
• Interprofessional education has been on the wish-list for many curricula and institutions in many countries--for too many years?
• Barriers for IPE are not only practical, but foremost cultural
• Social Identity Theory: openness to other professions (humility) requires learning to navigate tensions in professional identity formation
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