



HỘI NGHỊ

GIÁO DỤC Y HỌC TOÀN QUỐC LẦN THỨ 7

LƯỢNG GIÁ TRONG GIÁO DỤC Y HỌC DỰA TRÊN NĂNG LỰC: THÁCH THỨC - GIẢI PHÁP

PHIÊN TOÀN THỂ

Competency-based medical education and Entrustable professional activities: benefits, challenges, solutions

Tác giả: Gs. Olle Ten Cate

Đơn vị: University Medical Center Utrecht



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*Prof. Olle Ten Cate
University Medical Center Utrecht*



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DISCLOSURE

Tôi không có các lợi ích liên quan đến bài báo cáo.
I have nothing to disclosure.



UMC Utrecht

7th National Vietnam Medical Education Conference
Assessment in Competency-Based Medical Education: Challenges and Solutions
10-11 November 2023, Ho Chi Minh City, Vietnam

Competency-based medical education and Entrustable professional activities: benefits, challenges, solutions

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UMC Utrecht



Chào buổi sáng

Cảm ơn bạn rất nhiều vì lời mời nói chuyện



Disclosure

No Conflicts of Interest to Disclose



Question

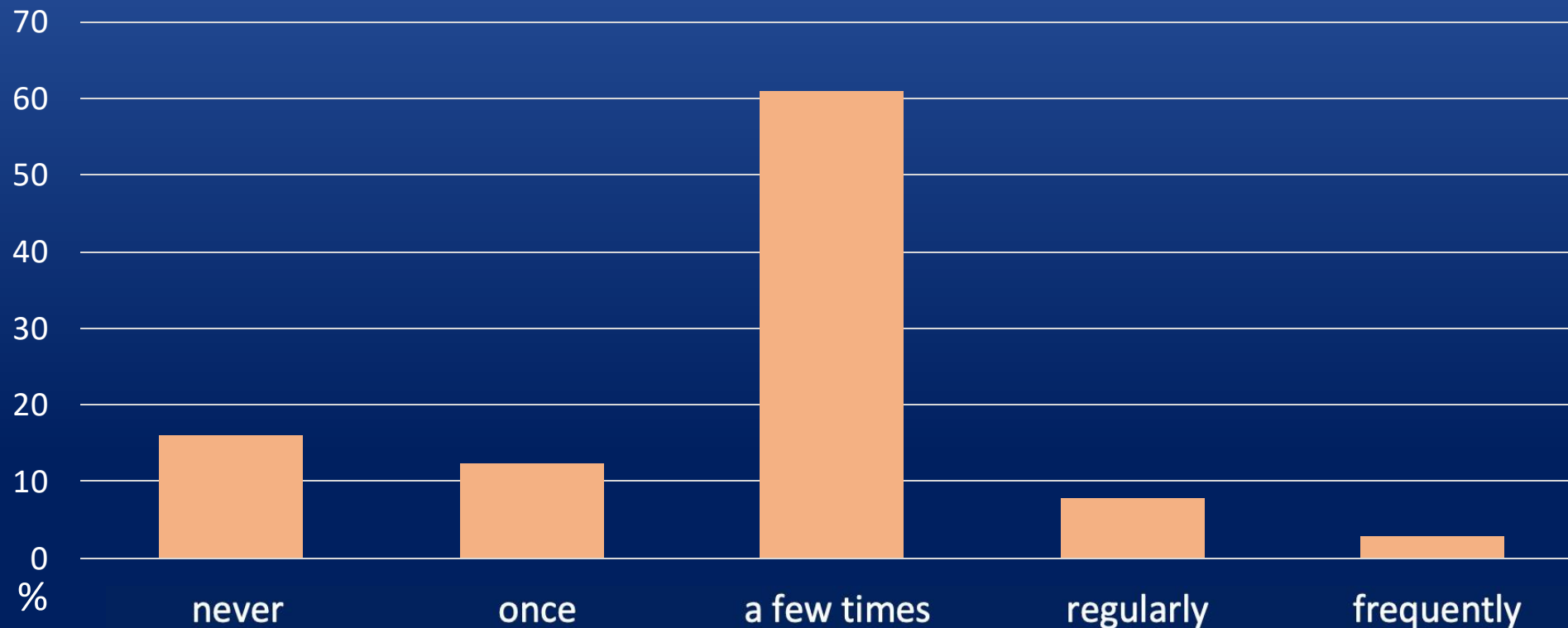
Have you ever personally signed off for completion of a program or rotation, while you were not confident that the learner had met critical objectives?

Never	once	a few times	regularly	frequently
không bao giờ	một lần	một vài lần	thường xuyên	thường





Have you ever *personally* signed off for completion of a program or rotation, while not fully confident that the learner had met critical objectives?



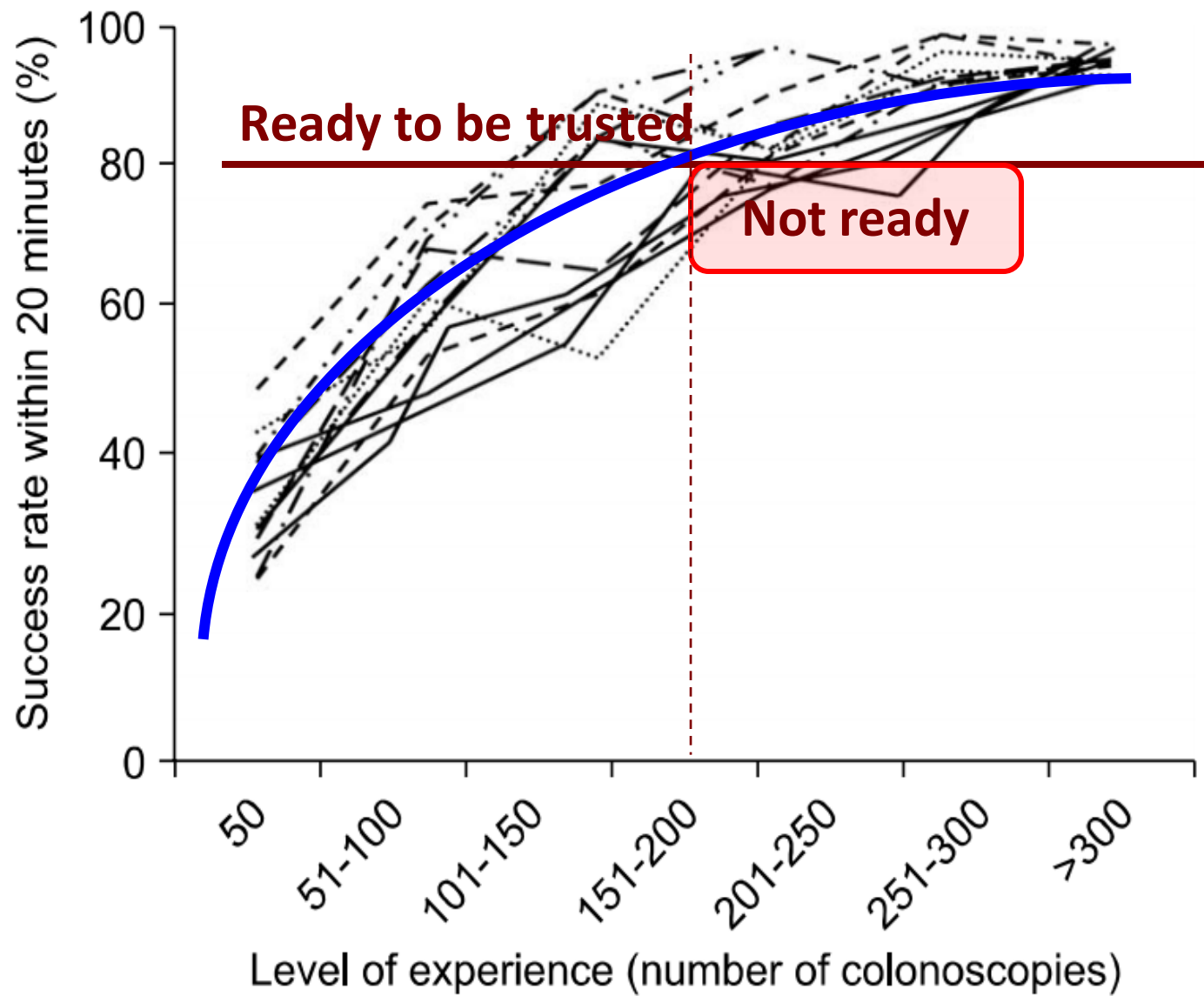
(based on 9 lecture or workshops in 2022 and 2023, N=128)



Essence of *competency-based* education: trusting all graduates to practice

- **CBE**: Education, aimed at a standard level of proficiency for all graduates
- **Critical features** of CBE:
 - a. Clear description of standards for a “good healthcare professional”
 - b. Assessment of all medical trainees using these standards
 - c. Competence, not time, is primary reason to finalize training

Ergo: reducing ## of false-positive decisions to complete training



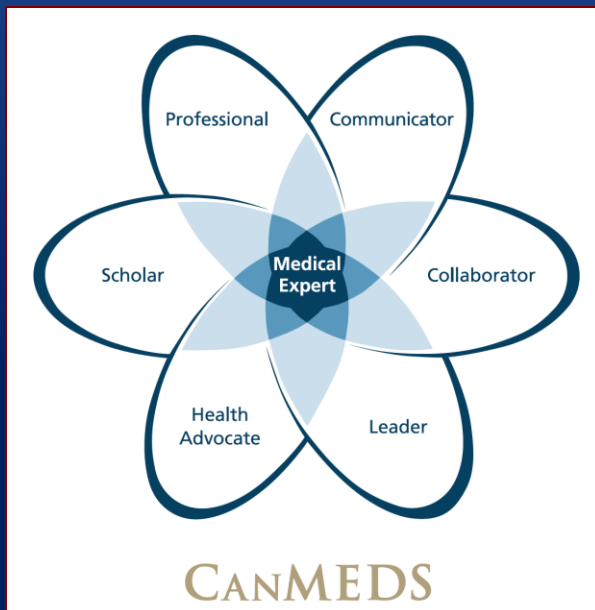


	Ready to practice medicine	Not ready to practice medicine
High scores on exams - pass	1 (perfect group)	2 (dangerous group)
Low scores on exams - fail	3 (unfairly treated?)	4 (correctly declined)

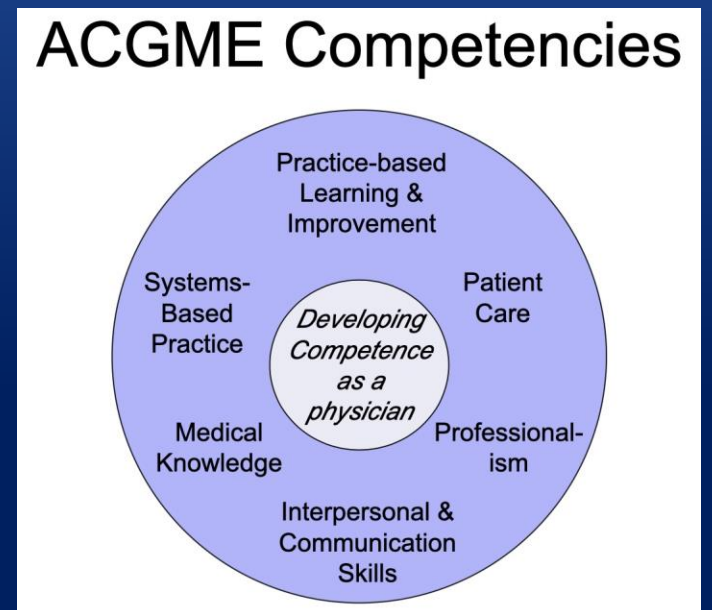


Popular medical competency frameworks

- Competencies must prepare learners for the work of health care
- Competency frameworks: accepted worldwide, but also evoke some criticism: too detailed, abstract, and difficult to reflect daily clinical work
- **EPAs** refocus the attention to concrete health care activities



Canadian framework



USA framework



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



EPAs require the integration of multiple competencies

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

Recommendation: focus assessment on EPAs; use competencies for feedback

When does a learner become 'competent'?

When a professional activity is mastered..

- ...at a **threshold** level
- ...that allows our **trust**
- ...to act **unsupervised**



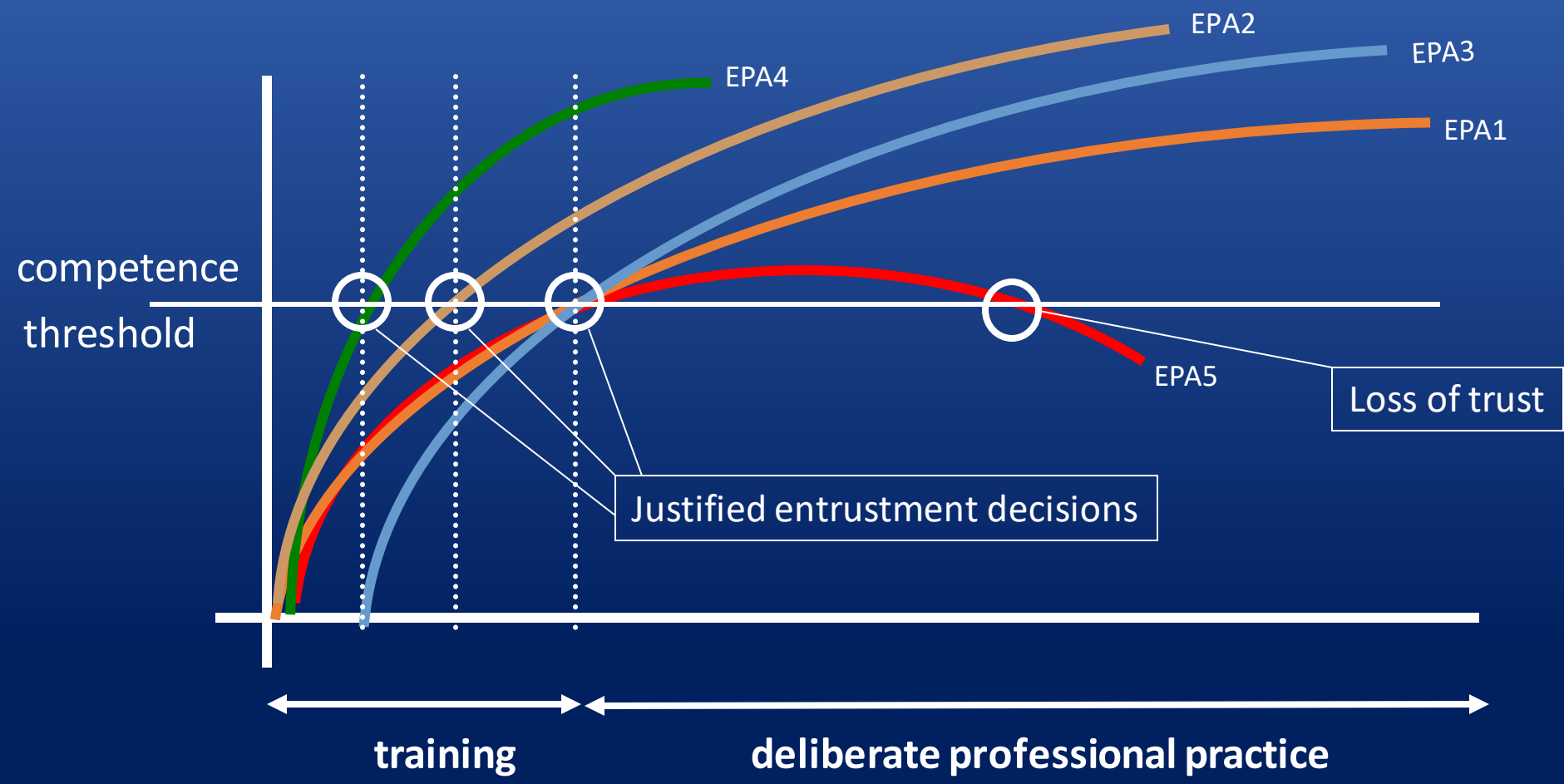
Competent: *stage* in a developmental continuum

Growth of competence over time





Competency curves of one trainee for various EPAs



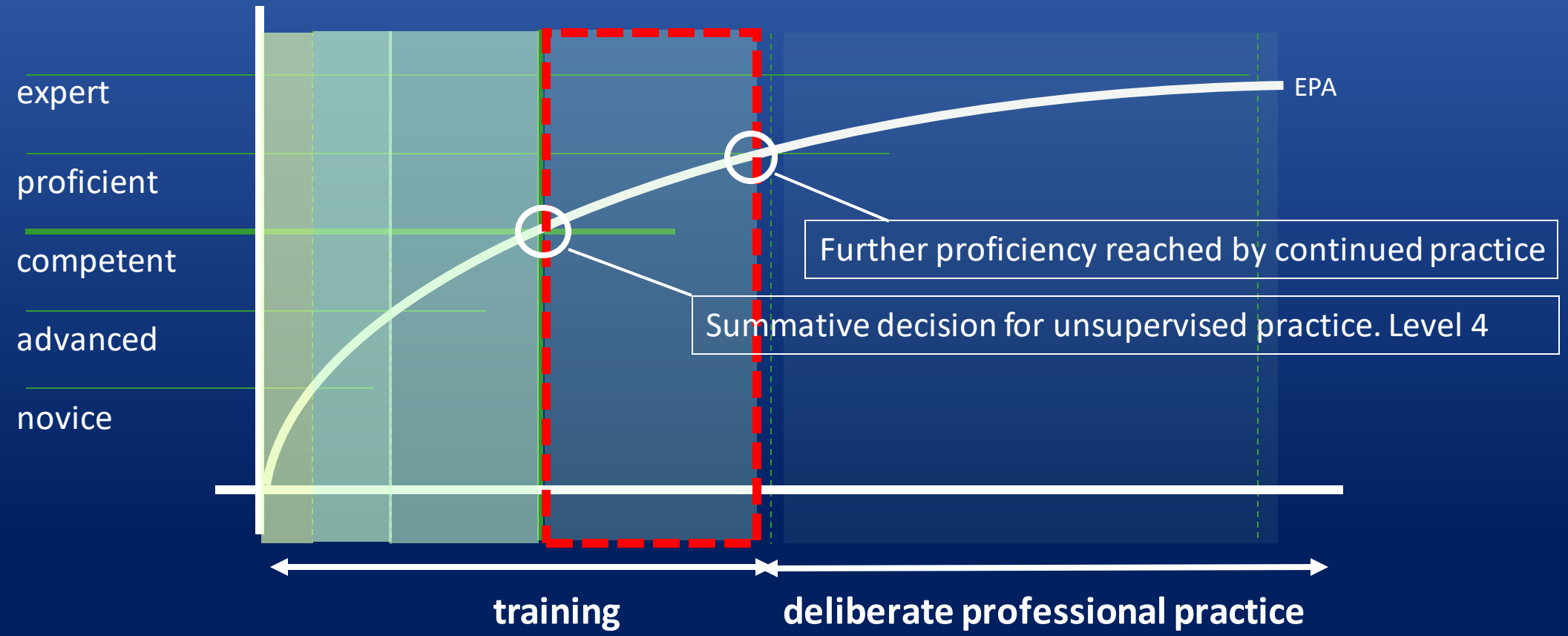


Entrustment decisions: Five levels of supervision, reflecting increasing trust in trainee autonomy

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



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. under 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	5
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

“Trust” in EPA-based assessment

- Trusting someone is making yourself **vulnerable**
- Accepting the **risk** that adverse events *could* happen
- But: 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 requires more than knowledge

General qualities that enable trust in medical trainees

1. **Capability** (knowledge & skill; experience; adaptive expertise)
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)

Useful acronym: think of *A R I C H* **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:

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



Step-wise, legitimate participation in health care

From primarily educational environment
to primarily professional community



Step by step, EPA by EPA

1. Observe only
2. Act with direct supervision
3. Act with indirect supervision
4. Act unsupervised

From the periphery to the center
of a community of practice



Benefits of CBME with EPAs

- Better grip on *readiness for practice* of medical students at graduation
- Students have clear objectives: EPAs
- If well implemented, CBME and EPAs give clear structure of clinical education and workplace-based assessment



Challenges of CBME with EPAs

- EPAs must be carefully defined to work well
- Gradual increase of autonomy and responsibility of students in patient care requires more than shadowing and bedside teaching
- Assessing students in the clinical workplace must supplement knowledge tests
- Clinical teachers must become familiar with CBME, EPAs and assessment techniques



Solutions for CBME with EPAs

- Create a national task force that is well informed and supported
- Train more clinicians for teaching and assessment than just faculty professors. Even “near-peer teaching” is affordable and very effective for all parties
- Student in post-school internship can be effective health care providers if appropriately supervised. Supervision will pay back
- [consider signing up for the International online EPA course: www.epa-courses.nl]



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