



Entrusting Learners for Future Performance

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Disclosures

- No financial conflicts of interest
- Both Carrie Chen and Jean Fitzpatrick (Timmerberg) are faculty members in an international course on entrustable professional activities, where the workshop materials were derived

Objectives

1. Explain how the concept of entrustment applies to training in the health professions
2. Describe the key learner factors enabling entrustment
3. Use entrustment-based discussion to make entrustment decisions about future performance

Agenda

- 15 min Introduction to entrustment & entrustment-based discussion (EBD)
- 30 min Breakout group activity using EBD
- 10-15 min Activity debrief
Questions and wrap-up

Competency-based education necessitates
quality workplace-based assessments!

Challenges with Workplace-Based Assessments

- Generosity error (too high score- failure to fail)
- Halo (generalizing from observing one feature)
- Unreliable (not reproducible)
- Observer/rate differences
- Unclear standards (often **no** standards)
- Ratings may relate to proficiency, to personal development, to effort, or to reference group performance

Albanese Journal of Evaluation in Clinical Practice 2000

Need for Better Workplace-Based Assessment

- *If* competency-based education draws more on competence rather than on time-in-training, *then* assessment must be high quality
- Workplace-based assessment is usually weak
- Can entrustment as an approach improve workplace-based assessment?

Entrustment thru Entrustable Professional Activities

- If we use entrustment as an assessment approach, we begin to shift the psychology.
- Entrustment marries assessment with patient care, it brings the patient into the assessment equation
- Ratings now have consequences, not just for the learner but for the patient

Entrustment in Assessment

> 300 Mini-CEX, using 9-point rating scale

Anesthesia residents in 3 hospitals in NZ/Australia

	Traditional Scale	Entrustment/ Supervision Scale
Variance due to Learner	9%	18%
Variance due to Rater	40%	22%
# of assessments for 0.7 reliability	>50	6

Weller et al. *British Journal of Anaesthesia* 2014; Weller presentation at Ottawa Conference 2018

EPA Entrustment-Supervision Scale

Original Scale		Expanded Scale
1	Not allowed to practice EPA	1a. Not allowed to observe 1b. Allowed to observe
2	Allowed to practice under proactive full supervision	2a. As coactivity with supervisor 2b. With supervisor in room ready to step in as needed
3	Allowed to practice under reactive supervision	3a. With supervisor immediately available, all findings/decisions double checked 3b. With supervisor immediately available, key findings/decisions double checked 3c. With supervisor distantly available, findings/decisions reviewed
4	Allowed to practice unsupervised	4a. With supervisor available on call to come provide supervision 4b. With supervisor not available but may provide feedback and monitoring in hindsight
5	Allowed to supervise others	

Chen et al. *Acad Med* 2015; ten Cate et al. *Med Teach* 2018

Entrustment Supervision Scale Proposed for Physical Therapy

Title	Description
Level 1: Observation only, presence allowed, no participation in the activity	The clinical teacher is in the room completely performing the activity. The learner is allowed to be present but not allowed to practice the EPA, observes only. "I had to show and tell the learner everything"
Level 2A: Perform activity with the clinical teacher	The clinical teacher is in the room with the learner, talking and/or guiding them through the activity. The learner performs the activity with the clinical teacher. "I had to actively guide the learner during the task/activity"
Level 2B: Direct supervision	The task or activity is performed by the learner provided that the clinical teacher is physically present in the room, ready to jump in when necessary, during the activity. "Need to assist before learner asks for guidance"
Level 3: Indirect supervision	The clinical teacher is not present in the room while the activity takes place but is within the workplace and quickly available if needed. "I could safely wait until the learner asked for guidance"
Level 4: Allowed to practice independently without supervision	The learner can perform this activity independently without supervision. The clinical teacher does not need to be on site or quickly available. "I did not need to provide help."
Level 5: Allowed to supervise others	The learner is allowed to supervise others.

Entrustment Supervision Scales

- Focus on entrustment decisions
- Question: How much supervision will the learner need (or was provided)
- Can assume only discrete values (supervision levels)
- Ordinal scale
- A supervisor can decide to be present (2) or not present (3), but not in between

Ten Cate et al *Academic Medicine* 2020

Workplace Learning and Assessment

Does the learner show mastery of the content taught in courses and rotations?



Is the learner ready to assume the expected future responsibilities?



End of
training

Trust: requires more than learner capability

C apability	knowledge, skills, experience, situational awareness
R eliability	conscientious, predictable, accountable, responsible
I ntegrity	truthful, benevolent, patient-centered
H umility	recognizes limits, asks for help, receptive to feedback
A gency	proactive toward work, team, safety, personal development

A RICH entrustment decision

tenCate & Chen, Med Teach 2020

The Entrustment Based Discussion

- What is an entrustment decision?
- What is an entrustment based discussion (EBD)?
 - Brief oral discussion following clinical activity
- What is the purpose of an EBD?
 - Evaluates risk for future patient care activity
- Are you ready to take the risk?
- This discussion can occur when a learner recently completed the activity or you may explore with the learner what the task will include.

Entrustment-Based Discussion

Questions

1. What was done?
2. Background knowledge?
3. Any risks & potential complications?
4. What would you have done if?

The Clinical
Teacher's
Toolbox



From case-based to
entrustment-based
discussions

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**2023 Innovation Summit for
Health Professions Education**

Breakout Group Activity

1. Read the two scenarios about your neighbor's children and think in silence of what questions you could ask to inform your decision to trust. **(5 min)**
2. For each scenario, choose 2 role play volunteers (one parent, one neighbor kid) and 4 observers.
3. Choose scenario 1 and “the parent” will conduct an Entrustment Based Discussion. **(8 min)**
4. Debrief: The observers will then provide feedback. **(4 min)**
 - Did you get the information that you need to make an entrustment decision?
 - What additional questions could have been asked?
 - What was your final decision?, What did you learn about the EBD process? Any “Ah ha” moments?
5. Switch to scenario #2, choose 2 new role play volunteers (one parent, one neighbor kid) and 4 observers and conduct a second EBD and debrief. **(12 min)**

We will come back together as a large group and then discuss.

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This Workshop was adapted with permission from the
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