

Improving the quality of workplace- based training : the role of Entrustable Professional Activities

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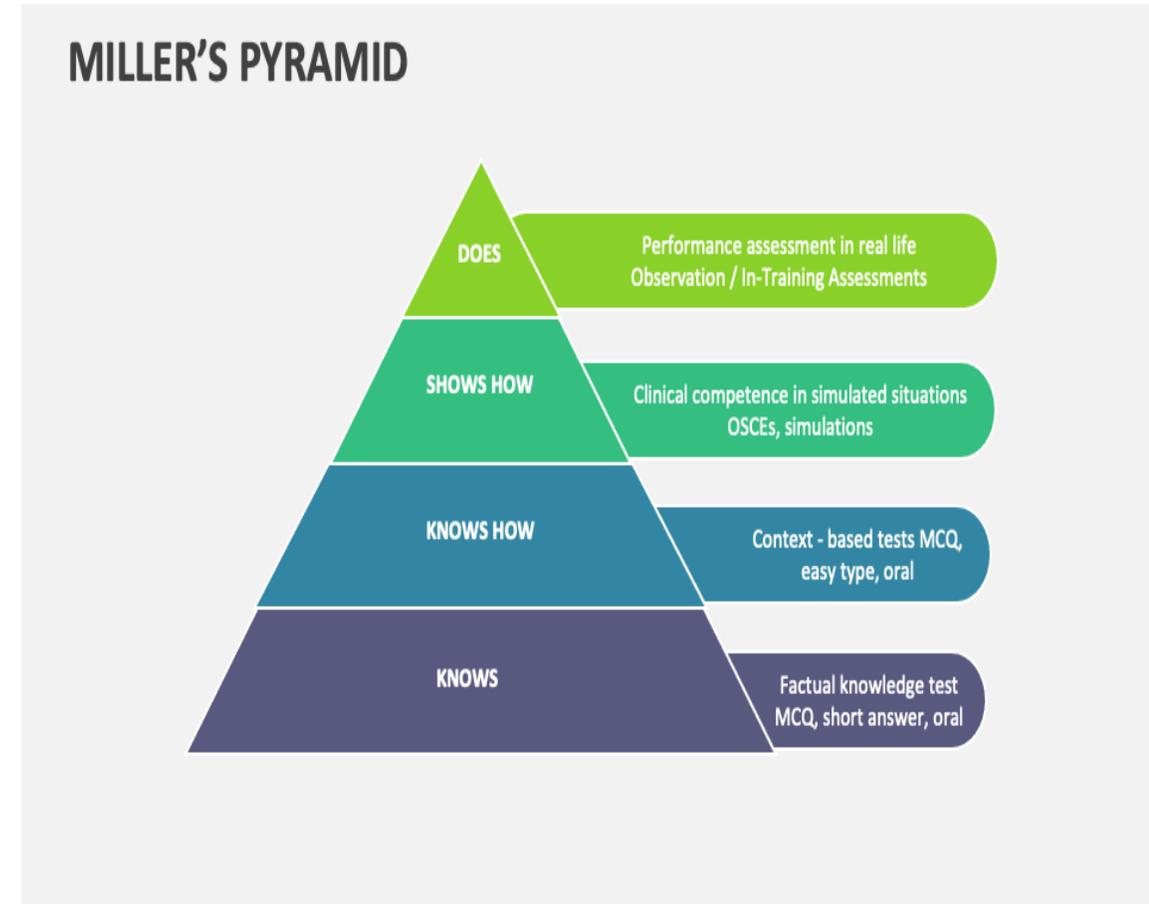
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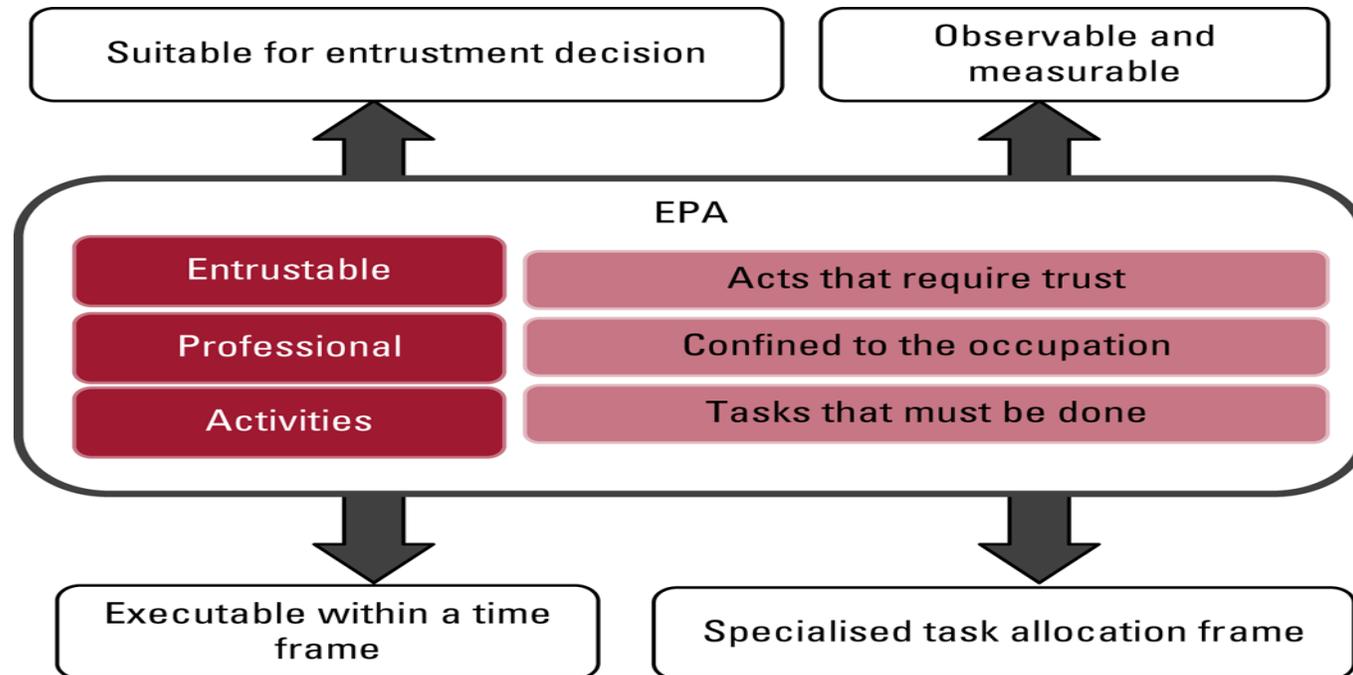
Competency based medical education

- Curricular outcomes evidenced by achievement of defined competencies rather than duration of training or high stakes exams
- Workplace-based assessments formatively assess the 'Does' level of Miller's pyramid
- Workplace-based assessments, as practised, have been associated with certain problems



Entrustable professional activities

“a unit of professional practice that may be entrusted to a learner to execute tasks (critical specialized activities) unsupervised once he or she has demonstrated the required competence”



Entrustability and entrustment decision



Level 5	Able to supervise and instruct others
Level 4	Independent practice
Level 3	Able to practise under moderate supervision
Level 2	Able to practise under full supervision
Level 1	Has knowledge

- In EPA the assessor thinks ahead how the trainee might perform in situations where there is no one to observe or help
- EPA assessment puts more responsibility on the assessor
- Final entrustment decision is a summative one
- The assessor relies on a broad evidence base: multiple WPBAs, longitudinal observations and multisource feedback

Advantages of EPAs for residents and supervisors

	Trainees	Supervisors
Clarity	Offers clear expectations for competencies through a limited number of EPAs	Provides a structured framework to assess trainee competence
Focus	Enables targeted, relevant learning and assessments with a practicable number of EPAs	Enhances precision and focus of assessments with a defined set of EPAs
Proactive learning and assessment	Encourages strategic, forward-thinking approach to WBPA, leading to relevant preparation	Facilitates proactive planning and organisation of WBPA, improving efficiency
Comprehensive evaluation	Allows demonstration of competencies through a variety of formative WBPA, enriching feedback and development	Permits evaluation of performance across a range of activities and perspectives, enhancing reliability

Potential problems with EPAs

- Reductionism: essence of assessment lost when broken down into measurable tasks
- Distortion: curriculum may neglect certain complex skills in favour of easily defined and measurable ones
- Reluctance to seek supervision once tasks are 'signed off'
- Diversity in interpretation and application

Entrustable Professional Activities (EPA) in Psychiatry training- A review

- Most literature is based on the concept, the development of EPAs and their incorporation within curricula
- EPA-based curricula have been acknowledged as a satisfactory method of curriculum delivery, with potential for improving assessments (over the current WPBA-based curricula)
- Simplifies/ adds structure to the curriculum by trimming irrelevant/ excessively granular/ abstract competences
- Improved transferability/ adaptability across programs
- Adopted by RCPS, Canada and RANZP- feedback- better structure in supervision, easier to track progress, feedback, better trainee engagement, confidence, real-life preparedness.

EPAs in Psychiatry- characteristics

- Variability in the form, type and numbers of EPAs used in PG training
- Form mainly refers to the summative assessment remit of the EPA

Broad- broader remit of assmt	Narrow- narrower remit of assmt
Performing psychiatric assessments and providing differential diagnoses and management plans for children and youth	Use of antipsychotic medication in patients with psychosis
Manage psychiatric patients longitudinally	Ability to do a risk assessment
	Ability to formulate a management plan for panic disorder

EPAs in Psychiatry- characteristics (cont'd)

- Numbers: Tied to the form of the EPAs is the number of EPAs required to fulfil the curriculum needs- can range from 10-20 broad EPAs to over 100 narrow EPAs.
- Clearly a balance needs to be struck between the form/ structure and numbers to fulfil the curriculum
- Literature distinguishes between 'essential/ mandatory vs. desirable/optional' EPAs
- Finally, EPA-like activities- eg, engaging in life long learning/ advocating for a patient/ demonstrating professional behaviour.

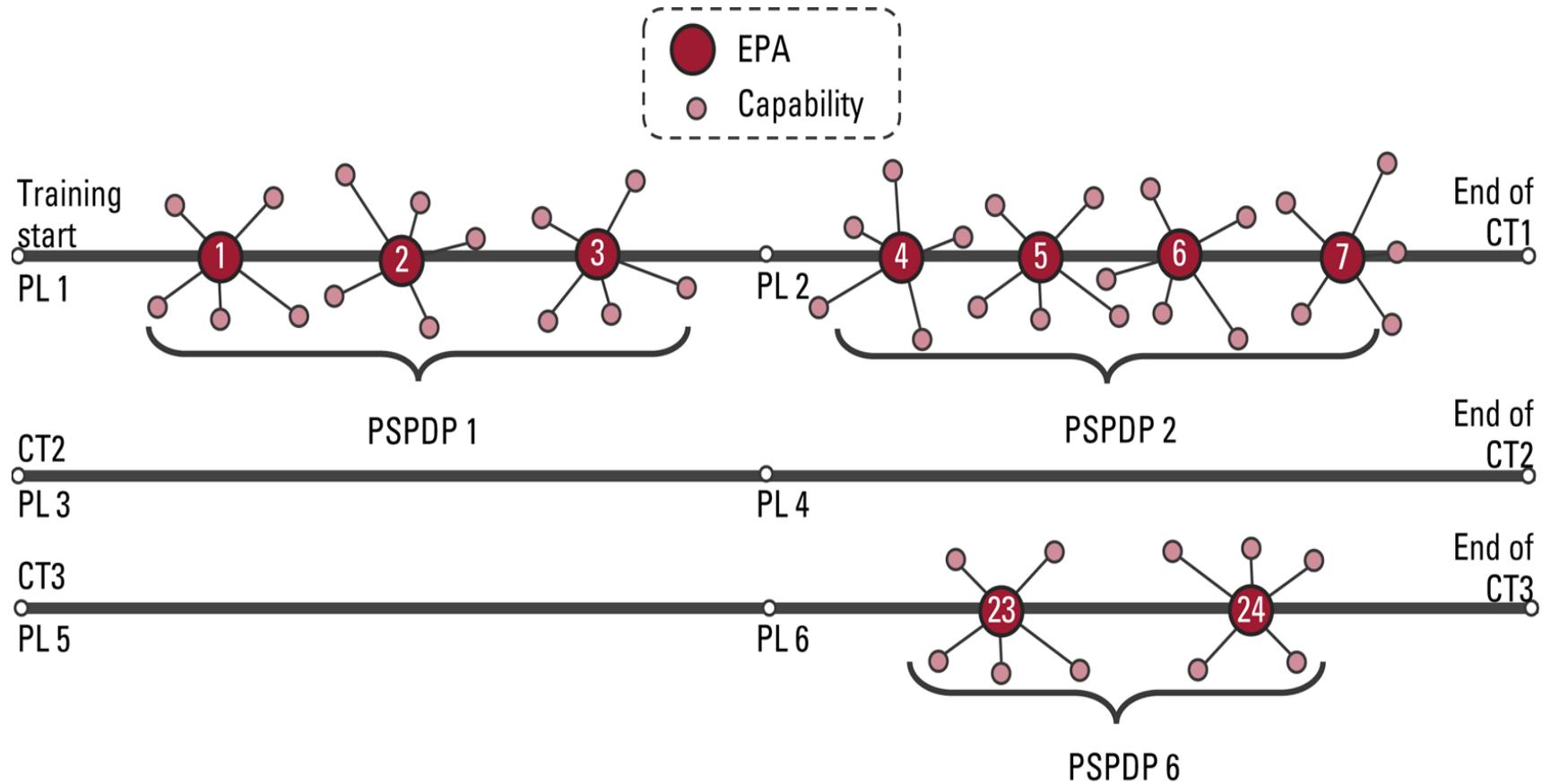
Constructing EPAs in Psychiatry

- Different strategies have been described in literature
 - Committee-approach (Weiss, 2016; Chouhan 2022)- individual stage, followed by committee / group discuss and finalisation. Latter includes 5 stages: divergent thinking, convergent thinking, deconstruction, internal peer review, and finalisation
 - Delphi approach (Young 2018): initial (individual) stage, refining stage (group discn with expert input), followed by finalising stage (2-rounds of Delphi survey).
 - Boyce (2011)- started with surveying faculty for potential EPA topics based on clinical importance- better supervisor engagement.
 - Hung (2021): step by step guide. The steps were: making the case for EPAs; choosing suitable topics; developing and adapting EPAs and entrustment scales; implementation in an iterative fashion; and evaluation of its impact on trainees, on the training programme and on faculty members' development

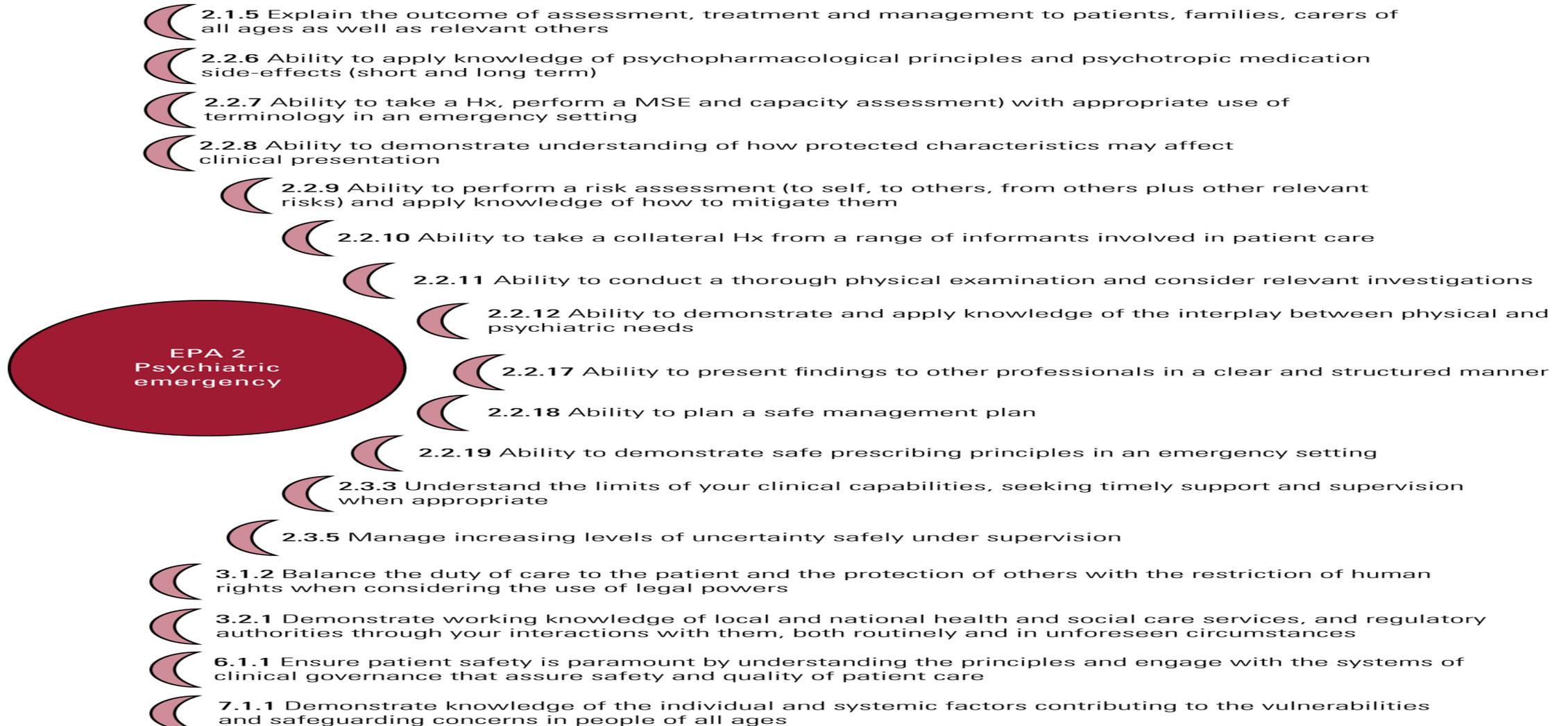
Assessment tools for EPAs in Psychiatry

- We did not come across any established entrustment tools for EPAs in psychiatry training.
- The Psychopharmacotherapy- Structured Clinical Observation (P-SCO) checklist
- The RANZCP assesses EPAs by integrating preexisting WPBAs with the entrustment decision. A minimum of three formative WPBAs are used to feed into a summative EPA decision (Jurd 2015). These are reviewed by the trainee, the supervisor and the training programme director.
- The Royal College of Psychiatrists in Canada follows a similar approach.
- As things stand, all current applications of EPAs in postgraduate psychiatry are summative in their remit.

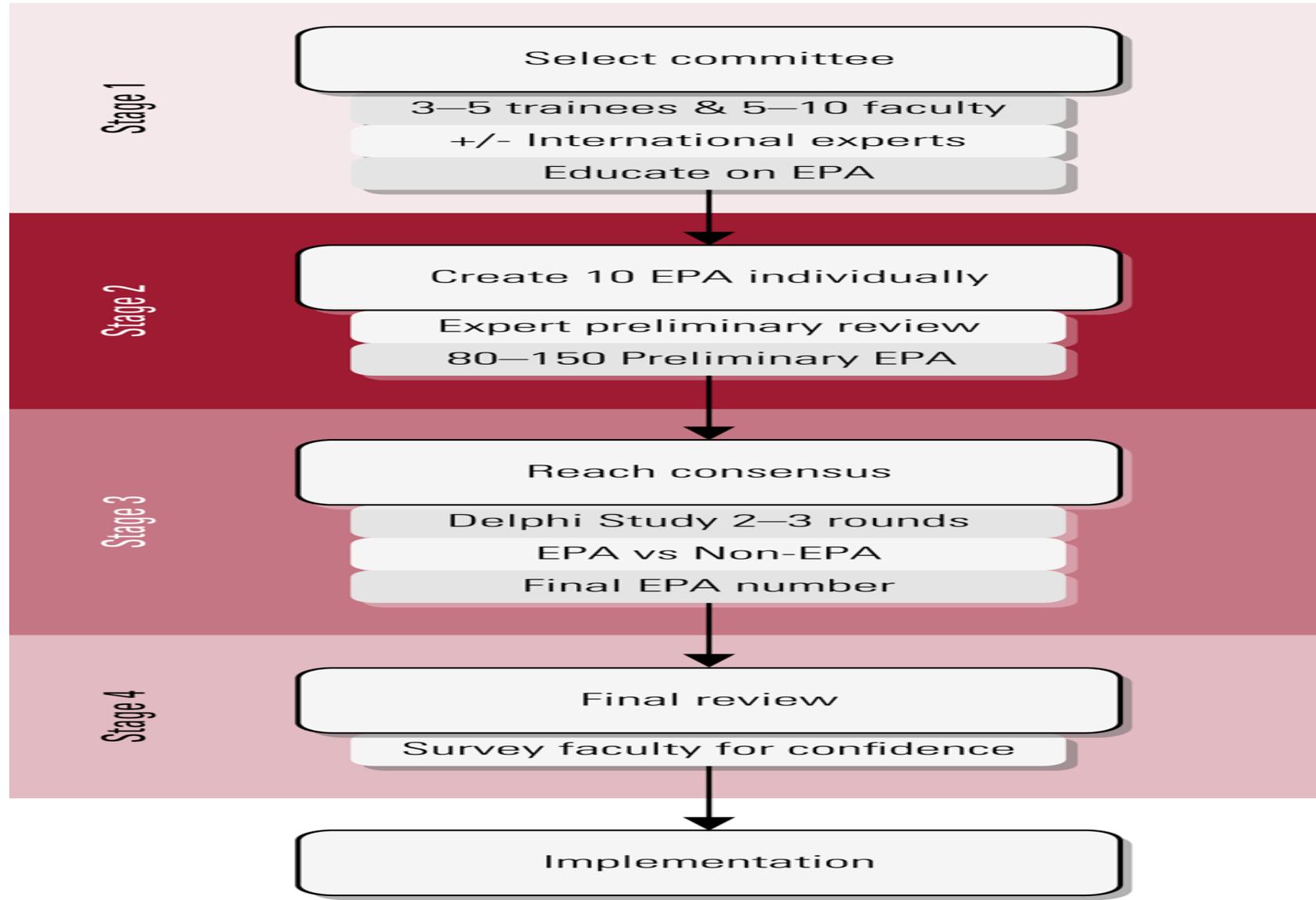
Where do EPAs fit in the curriculum



Example of a core psychiatry EPA: ability to assess and manage a psychiatric emergency



Implementation plan



EPAs in UK Core Psychiatry training: a feasibility study

This is a pilot project that aims to explore the feasibility of adapting and implementing Entrustable Professional Activities (EPAs) used for psychiatric training in Australia, to the UK Core psychiatry training context.

Stage 1: Identification and adaptation of 6-8 EPAs for the pilot

Stage 2: Pilot implementation of the EPAs in select posts

Stage 3: Evaluation

Progress so far...

Formative assessment: Changes coming over the next 18 months

- Entrustability scale added to Clinical and Educational supervisor end of placement forms
- Formulation skills integrated into long case discussions- one in core and one in higher training
- Mini-PAT streamlined into a Multi Source Feedback form reducing items from 20 to 7
- Patient and carer feedback introduced for resident doctors
- Expanded DONCS to better reflect skills and experiences not captured elsewhere

Take home points

- Workplace-based assessments are a major component of competency-based medical education
- WPBAs as practised currently have significant flaws
- Entrustable Professional Activities (EPA) may play a significant part in improving the quality of workplace-based training
- Bodies responsible for postgraduate training in psychiatry will need to discuss further how to implement EPAs without increasing assessment burden for residents and trainers

Thank You

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Entrustable professional activities in postgraduate psychiatric training

ARTICLE

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