



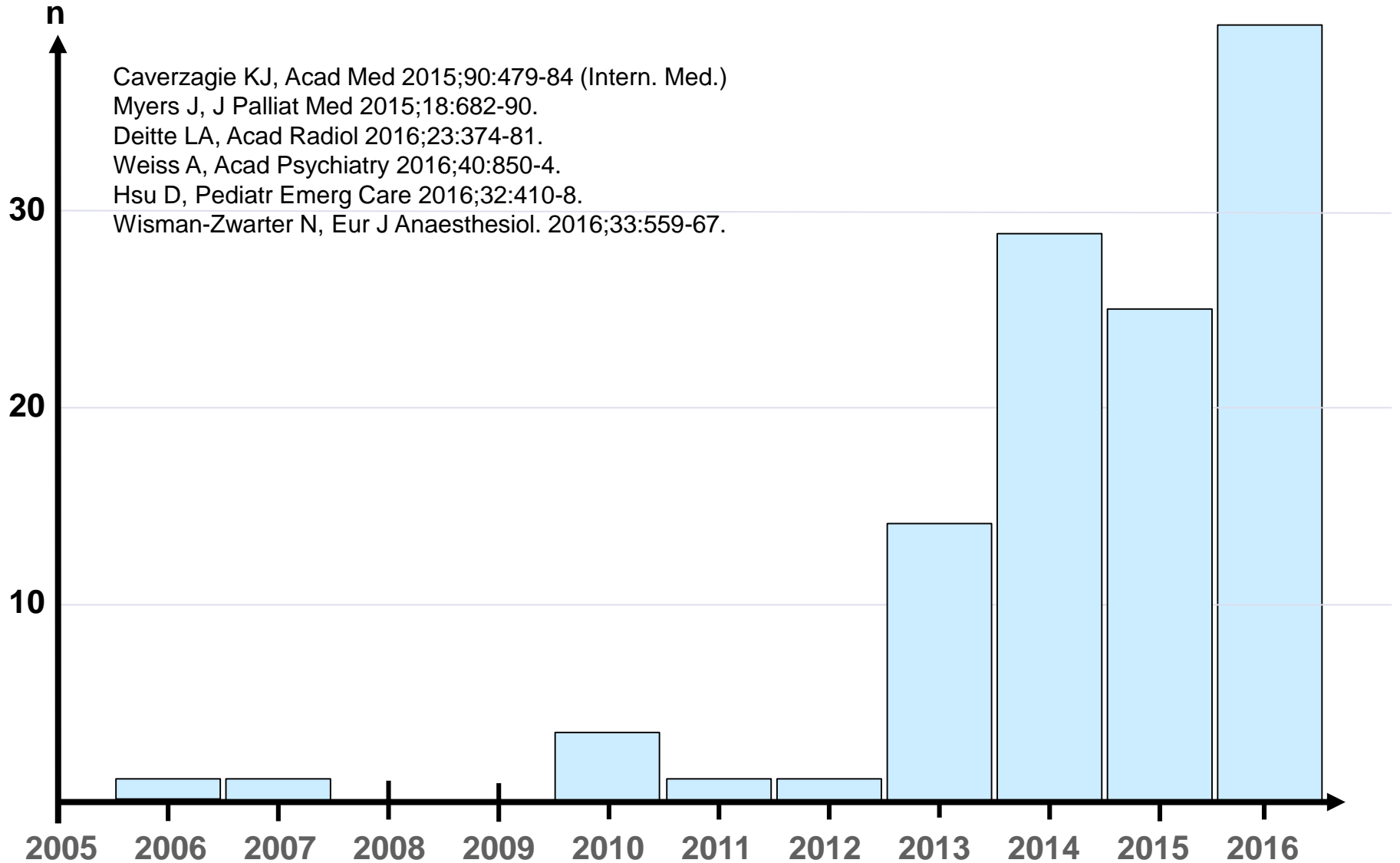
**Universität
Zürich^{UZH}**

Medizinische Fakultät

Entrustable professional activities – a link between pre- and postgraduate education

Motivating Feedback for satisfied students and teachers

Jan Breckwoldt, PD, MD, MME
Section for Research & Development in Medical Education
Office of the Dean, Faculty of Medicine, University of Zurich





Universität
Zürich^{UZH}

Medizinische Fakultät

Agenda EPA's:

Why EPA

Delinate EPA's

Linking pre- and postgraduate education



**Universität
Zürich** ^{UZH}

Medizinische Fakultät

"Entrustable Professional Activities" (EPAs)

Why ?



History of paradigms in medical education

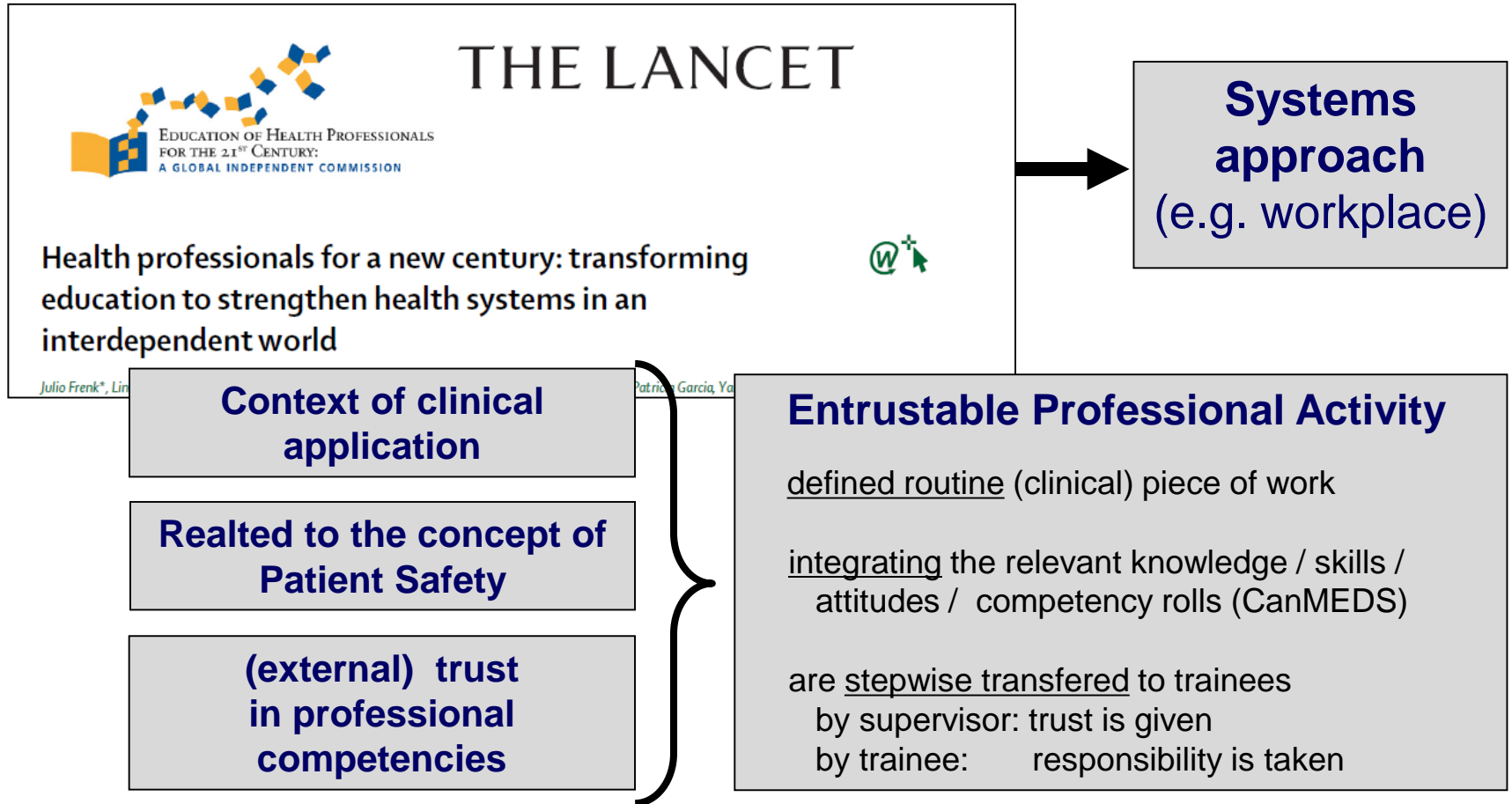




Final Licensing - OSCE for Pilots (cut off to pass: 70 %)

OSCE station	candidate 1	candidate 2	candidate 3
1 take off	80 %	80 %	70 %
2 communication with passagers	70 %	40 %	90 %
3 communication within team	60 %	70 %	90 %
4 landing	70 %	90 %	30 %
total score	70 %	70 %	70 %

History of paradigms in medical education





**Universität
Zürich** ^{UZH}

Medizinische Fakultät

Explaining EPAs a bit more in detail



Universität
Zürich^{UZH}

Medizinische Fakultät

competency „endotracheal intubation“





Competency

characteristics of a person



EPA

professional piece of work

specific

clear indication

comprehensive (knowledge / skills / attitudes)

anatomy / practice / safety

stable / reliable

standardized procedure

can be trained

simulator / simple cases

measurable

time / success

related to professional work

e.g. surgical procedure

linked to further competencies

management of anesthesia

**Definition by working context
(e.g.: securing airway during
a prehospital EMS mission)**

- difficult airway
- restricted space
- limited resources
- time pressure
- social context (relatives,
exceptional circumstances)



Level of Entrustment

Trainee ...

Level 5 teaching / supervising

Level 4 unsupervised execution

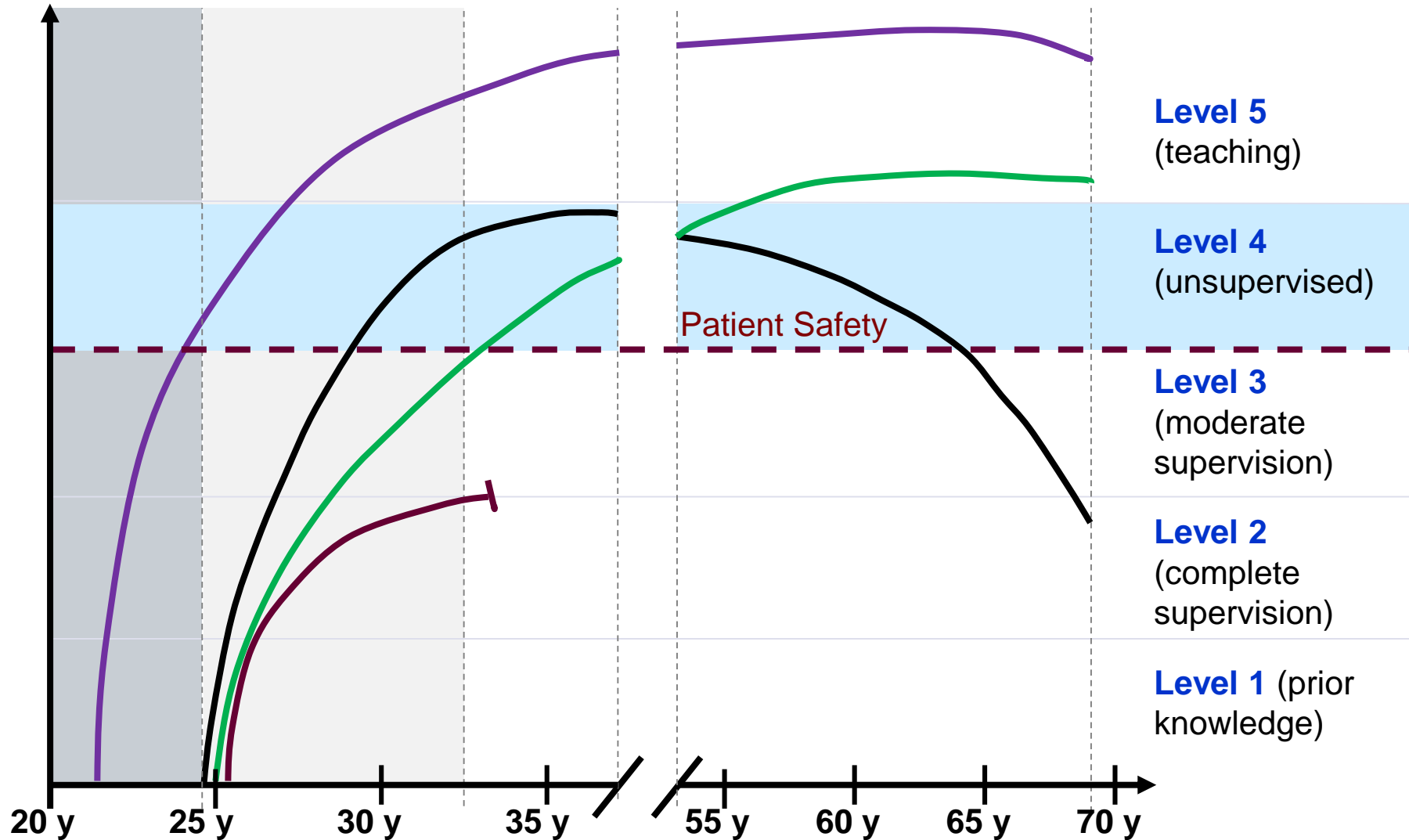
Level 3 moderate supervision

Level 2 complete supervision

Level 1 prior knowledge

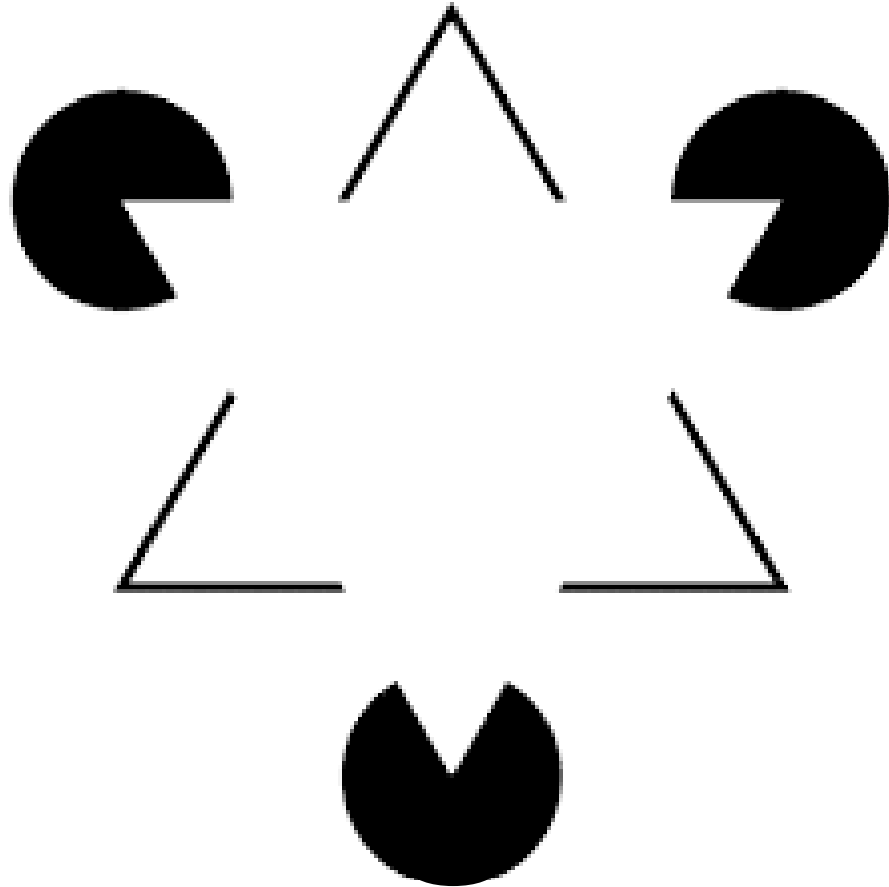


Performance





**EPA's are
related to
«Gestalt»-
Psychology**





Perspektive of supervisors

Risk

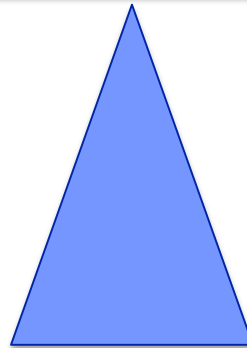
Learning
opportunities
& progress

less
supervision

Control

Patient Safety
Quality of treatment
(oecon.) efficiency

more
supervision





Strengths

Anchored in clinical routine

Assessment based on profession
(instead of OSCE checklist):
holistic view (instead of fragmen-
tation)

Based on competency instead of
time on job

Flexibility (supervision is adapted
to competence)

Weaknesses

Just another construct from
Cognitive Psychology

Limited experience within
practice

Risk of over-formalisation

Risk of rater leniency



**Universität
Zürich** ^{UZH}

Medizinische Fakultät

EPAs - implementation



Can I leave the theatre?

A key to more reliable workplace-based assessment.

Methods

338 mini-CEXs scoring trainees using the conventional system plus trainee independence, based on the need for direct, or more distant, supervision (corrected for case difficulty).

Results

Compared with the original conventional scoring system, reliability was very substantially improved. Reliability improved further when this score was corrected for case difficulty. Furthermore, the new scoring system overcame the previously identified problem of assessor leniency and identified a number of trainees performing below expectations.



EPAs for postgraduate one (PGY 1) in anaesthesiology (example from Zurich University Hospital)

Preoperative evaluation of ASA 1/2 patient including obtaining consent

Preparing ASA 1/2 patient for anesthesia (GA and regional)

Induction of anesthesia (GA and regional) until start of surgery

Maintaining anaesthesia for low risk surgery on ASA 1/2 patients

Termination of anaesthesia in ASA 1/2 until handover to recovery room

Capableness for „acute pain service“



Profiles (final version)

Entrustable Professional Activities (EPAs)	14
1. Take a medical history	15
2. Assess the physical and mental status of the patient.....	16
3. Prioritize a differential diagnosis following a clinical encounter	17
4. Recommend and interpret diagnostic and screening tests in common situations	17
5. Perform general procedures	18
6. Recognize a patient requiring urgent / emergency care, initiate evaluation and management....	19
7. Develop a management plan, discuss orders and prescriptions in common situations	19
8. Document and present patient’s clinical encounter; perform handover	20
9. Contribute to a culture of safety and improvement.....	21

2.2 Chest	24
2.3 Abdomen.....	25
2.4 Pelvis, urogenital system	25
2.5 Back and extremities.....	26