



Implementation of Entrustable Professional Attributes for Student Evaluations and Medical Student Performance Evaluations

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Abstract

Purpose: Trinity School of Medicine adopted Entrustable Professional Attributes (EPAs) in 2016. Five EPAs were adopted for pre-clerkship students and thirteen were adopted for core clerkship and elective students. Described here is implementation of EPAs in 2019. **Methods:** EPAs were introduced to faculty at all sites and a new assessment tool was developed. The thirteen EPAs were distributed in six cores clerkships so that each EPA was assessed at least three times during the third year. For electives, preceptors were provided all thirteen and asked to assess those appropriate for the particular elective. Cumulative outcomes for each student were included in the Medical Student Performance Evaluation (MSPE). Students and faculty provided feedback on the process. **Results:** Though faculty development sessions occurred in twice a year in 2017-2018, implementation of the new assessment tool in clerkships resulted in slow completion of evaluation forms through the first few months. This delay was less prevalent in the pre-clerkship setting. Those students who completed graduation requirements in May had fewer evaluations than those who continued cores and electives through August when MSPEs were being completed. Students with more elective assessments had more EPAs assessed than those in cores in which only a sub-set of EPAs were completed per clerkship. Students were pleased with these assessments being included in the MSPE. Faculty found the information very helpful for residency letters of recommendation. Debriefings provided suggestions to improve the process. **Conclusion:** The implementation of EPA assessments was an important step towards addressing entrustment of graduates. While no entrustment level was determined for students, a cumulative report was developed to provide a guide to program directors regarding the level of performance in the EPAs, along with other information, for residency applicants.

Purpose

The AAMC developed Entrustable Professional Attributes describing the behaviors of entrustment expected of new graduates beginning residency training.¹ Several US schools piloted programs to determine how best to train faculty, implement assessment, and determining an overall level of entrustment to best inform program directors. The purpose of this poster is to describe the process taken at a Caribbean school in which most graduates are US and Canadian residents and all apply for ACGME post-graduate training.

Methods

Faculty reviewed the AAMC Entrustable Professional Attributes (EPAs) at several retreats.¹ EPAs were assigned to each core discipline chair and faculty for student assessment.

EPAs Assessed in Each Core Discipline in Year 3		FMED	IMED	OBGY	PEDS	PSYC	SURG
1	Gather a history and perform a physical examination	X	X	X	X	X	X
2	Prioritize a differential diagnosis following a clinical encounter	X	X	X	X	X	X
3	Recommend and interpret common diagnostic and screening tests	X	X	X	X		X
4	Enter and discuss orders and prescriptions	X	X	X	X		X
5	Document a clinical encounter in the patient record	X	X	X	X	X	X
6	Provide an oral presentation of a clinical encounter	X	X	X	X	X	X
7	Form clinical questions and retrieve evidence to advance patient care	X	X			X	X
8	Give or receive a patient handover to transition care responsibility		X	X	X		
9	Collaborate as a team member of an interprofessional team	X		X	X	X	X
10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management	X	X	X	X		X
11	Obtain informed consent for tests and/or procedures	X	X				X
12	Perform general procedures of a physician	X					X
13	Identify systems failures and contribute to a culture of safety and improvement		X	X			X

For students in fourth year electives, preceptors were asked to assess students in all EPAs appropriate to the elective.

The faculty selected to implement the following Likert anchors for assessment “cannot perform,” “requires close supervision,” “requires minimal supervision,” and “performs independently.” These were shown to be easy for faculty to understand and demonstrated validity and reliability in a pilot.

In 2019, EPA assessments for students who had these assessments in core clerkships or electives were reported for the first time in the Medical Student Performance Evaluation (MSPE). No overall level of entrustment was assigned during this first year. Reported was the number of times students met each Likert anchor.

At the end of the National Resident Match Process, an anonymous Survey Monkey survey was sent to 35 program directors of 2020 Trinity SOM matched students asking for feedback on the MSPE in general terms and specifically on the presentation of EPAs. Two follow-up emails were sent to encourage completion of the survey.

Results

Faculty discussed expected behaviors of students for each EPA at biannual retreats and felt very comfortable in identifying the level of supervision based upon the behaviors of students. Students had been introduced to EPAs pre-clerkship training and had been assessed on the five EPAs described by the University of California for pre-clerkship clinical training.² The transition to 13 for clerkships presented no issues.

Two situations led to providing no level of entrustment in the MSPE during the first year. First, students had varying numbers of assessments of the EPAs. Trinity matriculates three classes a year and thus students enter clerkship at several points during the year. Implementation of the new assessment in January 2019 meant students could have core evaluations, elective evaluations, or a combination.

Students, who had been assessed in the EPAs, matched to 35 unique programs. Programs selecting students with no EPA assessments were not included in the survey. There were 14 responses (40%).

Survey Results from Program Directors				
	Strong disagree	Disagree	Agree	Strongly Agree
Information presented for the graduate:				
• Was well-organized			29%	71%
• Presented adequate objective data			43%	57%
• Provided an informative summary			14%	86%
Entrustable Professional Attributes:				
• Were easy to interpret			86%	14%
• Provided important information for the candidate		7%	50%	43%

The survey provided fields for open-comments. Comments were brief but complementary about the MSPE in general. The summary was very well received. For the EPAs, program directors were very appreciative and had not seen these included MSPEs. There were two comments suggesting levels of entrustment in future versions.

Discussion

Implementation of EPA assessment presented no problems with faculty because of discussions that occurred over the prior 2 years. Students liked them but had not fully grasped their role in making personal improvements. Ongoing education is needed in this area. While the survey response was low, it did provide valuable feedback on MSPEs and suggested Trinity students present well in the NRMP process. While still in early stages, providing feedback on EPAs is recognized as valuable for graduates. Providing levels of entrustment will be the next step.

References

1. Obeso V, D Brown, M Aiyer, et al. 2017. *Toolkits for the 13 Core Entrustable Professional Activities for Entering Residency*. aamc.org/initiatives/coreepas/publicationsandpresentations.
2. Chen HC, M McNamara, A Teherani, O ten Cate, P O'Sullivan. 2016. Developing entrustable professional activities for entry into clerkship. *Academic Medicine* 91(2):247-255.