

Entrustable Professional Activities

Sidonie Pénicaud (PGY3, McGill University)

Coming soon to a residency program near you: Entrustable Professional Activities

Have you ever heard of Entrustable Professional Activities - EPAs for short? In this piece, we'll talk a bit about what EPAs are, how they came about and how they could change your learning experience during residency.

Learning in residency: the CanMeds framework

To understand what EPAs are and where they fit, we must look at the bigger framework they belong to. This framework is the CanMeds physician competency framework developed by the Royal College of Physicians and Surgeons. This framework informs all Canadian residency programs as well as the Royal College exams.

You are probably so familiar with the seven key roles of the CanMeds: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional that you can repeat them like a mantra in your sleep. These roles are each associated with a set of key competencies which are further broken down into enabling competencies. As you progress through your training, you are expected to meet milestones for each role, with each milestones consisting of a subset of key and enabling competencies. The CanMeds framework sets out the values and competencies we should strive for and develop during residency, and use to guide our future practice.

Different approaches to medical education: time versus competency

In the past, residency training has used the time-based approach (also known as the tea-steeping approach) to train medical residents. In the time-based approach, learning is compared to making tea. Just like leaving a tea bag in hot water for three minutes will result in a satisfying cup of tea, residents are expected to become competent as they spend time doing rotations in different subsets of their discipline. But is spending a certain amount of time in a discipline enough to make you competent? A resident could very well go through residency without ever being in contact with certain core situations in public health.

Starting in March 2013, the Royal College adopted a new model for medical education called Competence by Design, which is based on the model of Competency-Based Medical Education (CBME) but also conserves certain aspects

of the time-based approach. Several countries, such as the United States, Australia and the Netherlands, have been moving toward competency-based training for medical residents. Using the competency-based approach to medical education, the Royal College hopes to better address patient needs, provide better tools to medical educators and provide a more personalized learning experience resulting in more competent residents.

EPAs and Competency

What does being competent mean? Obviously there can be many different definitions of competency. However, let's focus on competency as know-how in action. In this context, competency is based on an individual using resources both internal (ex: knowledge and aptitudes) and external (ex: colleagues, books, Google) to deal with complex and/or new situations (ex: mounting a response to an Ebola outbreak or managing your personal and professional life during residency) (Tardif, 2006). In this way, "competence is therefore only apparent when it is in action, when it is used to attain a desired and expected performance; Hence, competence can only be acquired, developed and assessed in a contextualized, active setting" (Fernandez et al, 2012).

EPAs are seen as key to measuring and achieving know-how in action. Each EPA is "a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached" (Ten Cate 2005; Ten Cate & Scheele 2007). EPAs will be associated with milestones to be reached during each level of residency. Examples of EPAs would be: detecting a cancer cluster, managing an infectious disease outbreak, etc. As you progress through residency, you would be able to manage these situations more and more independently. EPAs aim to draw a more action-based roadmap to residency by defining how a resident should be able to use their knowledge and abilities to respond to real life situations. EPAs will include more direct observation of staff to see how residents react in real time to situations. Furthermore, the learners are sometimes expected to take responsibility for their learning by tracking their progress as based on the EPAs they have accomplished in a portfolio.

The plan

Since The Royal College adopted Competence by Design in 2013, it has been implementing EPAs across different medical disciplines progressively. The first discipline to switch to EPAs was Ear, Nose and Throat Surgery starting in 2014. The plan is for EPAs to be formally implemented across Public Health residency programs across Canada by 2018. At present, different Public Health residency programs are working together to develop a list about 20 common core EPAs. A

few forerunners, such as the University of Calgary have already adopted EPAs for the Public Health residency.

Ongoing concerns: Is this going to work? What does the future hold?

Like any structural change, it will take time before Competence by Design is up and running smoothly. On one hand, critics are concerned that switching to Competence by Design will bring change but not real improvement to the competency of residents. Questions remain: will we be able to develop a comprehensive list of EPAs for Public Health? Will residency programs provide residents with exposure to all the situations described in the EPAs knowing that opportunities to encounter certain EPAs during the two years allotted to PH rotations may be few and far between? On the other hand, proponents for the EPAs believe they will bring more flexibility and a personalized learning experience for residents (Snell, 2011). While many things remain uncertain about EPAs, they bring change and with change comes the opportunity of getting where we want to go.

Feel free to write back to us at sidonie.p@gmail.com with your thoughts and comments. What do you think about EPAs? How do you think they will change the medical education landscape during residency?

References

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