Entrustable Professional Activities and Trainee Evaluation in Competency-Based Geriatric Psychiatry Training

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Faculty/Presenter Disclosure

• Faculty: Robert Madan

• Relationships with commercial interests:
  • none
Disclosure of Commercial Support

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• **Potential for conflict(s) of interest:**
  • none
Mitigating Potential Bias

• There are no sources of bias or potential gains from the funding program
Objectives

1. Describe competency-based education
2. Create an Entrustable Professional Activity
3. Incorporate 2 new evaluation methods in geriatric mental health care education training
Outline

• Review of competency-based medical education
• Entrustable Professional Activities (EPA)
• Development and use of EPAs in Geriatric Psychiatry subspecialty training
• Future steps
Competency-Based Medical Education

• “an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organised around competencies derived from an analysis of societal and patient needs. It de-emphasises time-based training and promises a greater accountability, flexibility, and learner-centeredness” (Frank et al. 2010)
What is Wrong with the Current System?
What is an Ideal Model?

• Clear goals and objectives
• Clearly identified levels of competence
• Rigorous formative evaluation and feedback
• Learners move on/graduate to next level once competence is achieved at current level
Current Model of Training

• Time-based
• Goals and objectives
Current Model is Not Ideal

• Time-based rather than competency-based
• Evaluation is variable
Rationale

- Gaps in readiness to practice
- Little direct observation
- Failure to fail
- Accountability
- Tea bag and clock watching
- Learning judged by time spent, not ability
- Trainees unprepared at stages
- Variable workplace assessment/failure to fail

Adapted from Royal College of Physicians and Surgeons
CBD will introduce a hybrid-model of competency-based medical education (CBME) to specialist education in Canada.

• Time will be a resource, not a restriction.
• Number of years needed to complete a residency program is not expected to change for the majority of residents.

Image: www.bing.com/images
What will CBD Eliminate?

• FITERs completed prior to the end of training
• Inefficient assessment (like ITERs)
• Awkward feedback
• Assessing everything all the time
• Teaching everything all the time
Workplace Curriculum

• an organised set of experiences in a real-world setting that fosters the acquisition of competencies that are necessary to act as a professional.
Characteristics of Workplace Curriculum

• a trajectory of participation from low to high accountability
• access to knowledge that would not be learned by discovery alone
• direct guidance from more experienced others and experts
• indirect guidance provided by the physical and social environment (Billett 2001)
Milestones and EPAs at each stage of progression

- **Milestone** - A defined, observable marker of an individual's ability along a developmental continuum
  - Used for planning and teaching
  - Based on CanMEDS Roles

- **Entrustable Professional Activity (EPA)** - An essential task of a "discipline" that an individual can be trusted to perform independently in a given context
  - Used for assessment
  - Encompasses multiple milestones
EPA

- a unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised (Ten Cate et al., 2015)
• Discrete tasks or responsibilities that supervisors entrust a trainee with unsupervised, once s/he has obtained adequate competence (ten Cate 2005, 2014).

• EPAs are units of professional practice (e.g. anaesthetic care of an uncomplicated patient), while competencies describe people’s abilities (e.g. knowledge, professional attitude, communication skill).
EPA – Overarching Questions

• What is the work to be done?
• What must trainees demonstrate before we can trust them to do the work?
• How should trainees be prepared to meet these requirements?
• How do we assess trainees’ readiness to pass the threshold of entrustment?

Ten Cate et al., Medical Teacher. 2015, 37: 983–1002
<table>
<thead>
<tr>
<th>Competency 1</th>
<th>EPA1</th>
<th>EPA2</th>
<th>EPA3</th>
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<tr>
<td>Competency 2</td>
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<td>Competency 7</td>
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EPA

• EPAs could be specific or broad
## Number of EPAs

<table>
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<tr>
<th>Program</th>
<th>Duration (years)</th>
<th># of EPAs</th>
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<tbody>
<tr>
<td>Gastro-intestinal fellowship</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>General internal medicine residency</td>
<td>3</td>
<td>16-30</td>
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<tr>
<td>Paediatric residency</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Family medicine residency</td>
<td>2</td>
<td>35</td>
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<tr>
<td>Developmental-behavioural paediatrics residency</td>
<td>unspecified</td>
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Examples of EPAs (Ten Cate et al., 2015)

• Providing pre-operative assessment
• Managing care of patients with acute common diseases across multiple care settings
• Providing palliative care
• Managing common gastro-intestinal infections in non-immunosuppressed and immune-compromised populations
• Conducting a family education session for schizophrenia
• Conducting a risk assessment
• Serving as the primary admitting paediatrician for previously well children suffering from common acute problems
• Pharmacological management of an anxiety disorder
• Providing end-of-life care for older adults
• Office-based counselling in developmental and behavioural paediatrics
Benefits of Milestones and EPAs in residency

• Link clinical activities with learning and assessment

• Clearly defined targets for acquiring competency and meeting standards throughout training

• Better preparation to serve patients and communities

• Provides the foundation for pursuing mastery of skills and abilities throughout practice
• If a trainee is struggling with an EPA, the teacher can break the EPA down into its component abilities (milestones) to help determine where further guidance or teaching is needed.
Evaluation of EPAs

• Do I need to assist this trainee?
• Can I leave the room/ward to come back later?
• Will I trust the information in the electronic patient record to be adequate and sufficient when I see it tomorrow?
Foundations of Discipline

• Assessing uncomplicated patients with a new diagnosis of cancer

Milestones

• Medical Expert
  • 1.3 Apply a broad base and depth of knowledge
  • 2.1Ascertain/address patient’s understanding
  • 2.2 Select and interpret appropriate diagnostic tests
  • 2.2 Assess patient’s status and assign ECOG or PS

• Communicator
  • 2.1.1 Use patient-centred interviewing skills
  • 5.2 Communicate using written health records, EMRs etc...

• Collaborator
  • 3.2.2. Communicate with patient’s primary care provider
Routine check-up of the stable adult patient

• This EPA includes no more and no less than
  1. Measuring vital parameters: heart rate, respiratory rate, temperature, blood pressure, oxygen saturation
  2. Explaining all actions to the patient
  3. Reporting results to the health care team including interpretation, orally and/or written

• Context: ambulatory and inpatient setting
  Targeted transition point: first fulltime clinical clerkship to next clerkship
  Limitations: only with haemo-dynamically stable patients 18 years old and older

Ten Cate et al., Medical Teacher. 2015, 37: 983–1002
Evaluation

• Clear evaluation path reduces need to teach and evaluate everything all the time.

• Flexible timeframes ensures you have the availability to teach and the resident has the time to learn.

• More frequent formative assessments and meaningful feedback foster performance improvements.

Adapted from Royal College of Physicians and Surgeons
Example of Geri Psych EPA in PGY3

• EPA: Assessment of a Person with a Psychiatric Illness
  • Medical Expert:
    • Interview of a patient and family
    • Creation of a differential diagnosis
  • Collaborator
    • Work with interprofessional team to conduct an assessment
  • Manager
    • Appropriate use of investigations
  • Communicator:
    • Psychoeducation about the illness
    • Obtain consent to treatment
Example of Geri Psych EPA in PGY3

• **EPA: Assessment and Management of Patients with Cognitive Impairment**
  • Medical Expert:
    • Take a history from patient and caregiver
    • Appropriate use of investigations
    • Pharmacological and non-pharmacological interventions
  • Communicator:
    • Disclosure of diagnosis to patient and family
  • Manager:
    • Appropriate use of resources
Level of Supervision & Evaluation

• no permission to act
• permission to act with direct, pro-active supervision present in the room
• permission to act with indirect supervision, not present but quickly available if needed
• permission to act under distant supervision not directly available ("unsupervised")
• permission to provide supervision to junior trainees.
## Evaluation

### Levels of Proficiency

<table>
<thead>
<tr>
<th>Has knowledge</th>
<th>May act under full supervision</th>
<th>May act under moderate supervision</th>
<th>May act independently</th>
<th>May act as a supervisor and instructor</th>
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<tr>
<td></td>
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### Strengths:

### Areas for improvement:
Evaluation: EPA in PGY3

• **EPA: Assessment of a Person with a Psychiatric Illness**

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  • Creation of a differential diagnosis

• Collaborator
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Examples of Assessment Tools

- Quiz/written test
- Direct observation
- Simulation testing
- Case discussion
- Practice audit
- 360 review
- Chart review
Example of Geri Psych EPA in PGY6

• **EPA: Running a Medical Practice**
  • Medical Expert:
    • Assessment and management of common presentations
  • Manager
    • Thoughtful use of resources
    • Practice/office Management

• **Communicator:**
  • Timely and appropriate documentation

• **Collaborator:**
  • Work with interprofessional team to deliver care
U of T Study

• Qualitative

• Challenge: find right EPAs
EPA 1

• The Resident will be able to obtained informed consent for a treatment that involves a substantial discussion about risk (e.g., atypical antipsychotic, outpatient ECT, lithium, antidepressants where there are drug interactions or medical risks)

• Assess capacity
• Discuss with family/SDM/POA/patient
• Documentation
• Pre-treatment workup and monitoring
• Roles for this EPA: expert, communicator
EPA 2

• The Resident will be able to write a clinical report to a family doctor with explicit recommendations
• Synthesize information from the consultation to formulate the problem(s)
• Convey recommendations in a manner that is clear and useful to the referring family doctor
• Roles for this EPA: expert, communicator
Survey

• the ability to assess caregivers (relationship with care recipient, key challenges in caregiving, burden, supports, understanding of dementia, perception of their own needs etc.)

• to conduct a family meeting

• Driving and dementia (How to communicate, decide who etc.)

• Dealing with Parkinson's with Dementia; very complex, especially if they have psychosis and a history of falls.

• Dealing with families I received little to none training in couple and family therapy. However, I find myself almost daily having to deal with challenging families or marital problems.

• management of a treatment resistant depression in an elderly patient.
Survey

• Chair and consult during interdisciplinary clinical team meeting
• Be expert discussant in clinical case conference
• Clinical consultant to community agency
• Assessment of testamentary capacity in complex cases
• Promoting adherence in patients with little insight, treatment refractory depression,
• Navigating differing demands from equally ranking SDMs
• Dealing with pts who refuse family involvement while family demands involvement
• Dealing with team or my own errors
Survey

• Evaluation of capacity to appoint POA for property as per the SDA
• assessment of a patient regarding a request for activation of a springing POA for property, and how to write the letter to do so.
• what strategies to tell the family when the bank refuses to honour the continuing POA for property.
• Working with families in distress (consent, legal, conflict)
EPA 3

- The Resident will be able to assess capacity
- Roles for this EPA: expert, communicator
- Specific skills include:
  - Assessment of capacity
  - Disclosure of findings to the patient and family
  - Documentation
EPA 4

• The Resident will be able to work effectively with families in a variety contexts. This includes working with families in the assessment and treatment of the patient, assessment of family dynamics, and conflict resolution.

• Roles for this EPA: expert, communicator, collaborator

• Specific Skills include:
  • Work with families/caregivers to develop a common understanding on issues, problems, and plans with families/caregiver and to develop a shared plan of care
  • Conduct a family meeting in an efficient and professional manner
  • Manage issues of disagreement, dispute, conflict and hostility between family members/caregivers/patients
The U of T Experience in Subspecialty

• Requires buy-in
• Requires thought
• Requires rigour
• Requires organization and infrastructure
• Requires teeth
EPA Re-do

• Need 4 EPAs for a 2 year Residency

• Very broad based on higher level specialized skills
  • E.g administration

• Very specific “exemplar”
Examples of Geri Psych EPA in PGY6

• Leadership and Administration in Geriatric Psychiatry

• Advocacy in Geriatric Psychiatry

• Focus on very complex and specialized skills
Example of Geri Psych EPA in PGY6

• **EPA: Running a Medical Practice**

• Medical Expert:
  • Assessment and management of common presentations

• Manager
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• Collaborator:
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