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Professionalism through Entrustable Professional Activities: ABC of This Imperative and Inevitable Approach

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ABSTRACT

Medical schools worldwide strive to produce future doctors, who are fit to practice, in other words, doctors who are equipped with professionalism attributes. The same is the demand from almost every walk of any society. “Assessment drives learning”, therefore, a valid and reliable assessment of core professionalism attributes of undergraduate medical students is vital to ensuring the overall satisfactory achievement of behaviours which best serve the society. In the recent past, the concept of entrustable professional activities (EPAs), as a method of assessment in competency-based education has begun to gain considerable significance and attention from medical educators, all over the world. Based on recent literature, this article offers ABC (Attributes of EPAs, Baseline EPAs, and Core Professionalism) elements for this new approach as well as practical and useful recommendations on how to integrate EPAs for assessment of professionalism of undergraduate medical students.

Keywords: *Professionalism, Assessment, EPAs, Innovative, Inevitable, Approach, Undergraduate, Medical, Student*

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INTRODUCTION

As the name suggests, entrustable professional activities (EPAs) are based on the concept of trust. They answer the question, “What can a medical graduate, or medical resident actually be entrusted to do?” Moreover, competencies describe the qualities of providers, EPAs describe the work that is to be done and they are designed to ground the competencies in the everyday work of the provider. The concept of entrustment has almost always

existed in the apprenticeship model of medical education, but EPAs bring a new level of standardisation and structure to the assessment of activities that are entrusted during the progression of training. Therefore, once the learners have gained sufficient competence, they compulsorily require to show explicit knowledge, skills and behaviours of such training without direct supervision. Operationalisation of EPAs at the undergraduate level is relatively new. Whereas, in 2005, the four professional physician assistant

organisations; the American Academy of Physician Assistants (1), the Accreditation Review Commission on Education for the Physician Assistant (2), the National Commission on Certification of Physician Assistants (3), and the Physician Assistant Education Association (4) adopted the Accreditation Council for Graduate Medical Education’s (ACGME) six competency domains (Table 1), as the basis for professional competencies (5). These

physicians assistants competencies were revised in 2012, and it seems likely that on their next revision they will incorporate the two additional domains, “interprofessional” and “personal professional development,” that ACGME added to the most recent iteration of its competency domains. Consequently, the clinicians get help from EPAs, about their everyday decision whether to trust a student for performing a precise task (6).

Table 1: ACGME competencies with an explanation of professionalism commitments expected of young physicians

Six Competency Domains: Accreditation Council for Graduate Medical Education (ACGME Outcome Project 1998)	
<p>1. Patient care</p> <p>2. Medical knowledge</p> <p>3. Practice-based learning and improvement</p> <p>4. Interpersonal and communication skills</p> <p style="background-color: #008000; color: white; padding: 2px;">5. Professionalism</p> <p>6. Systems-based practice</p>	<div style="border: 1px solid #008000; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Learners have to;</p> </div> <ul style="list-style-type: none"> • “demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest (altruism); accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development” • “demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices (duty)”. • “demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities”. <div style="border: 1px solid #008000; padding: 5px; margin-top: 10px;"> <p>Above terms in bold font correspond to the ABIM’s six essential elements of Professionalism shown in Figure 1.</p> </div>

Attributes of EPAs

In the early 2000s, ten Cate and Scheele at the University of Utrecht began considering to have a link between theory and practice in medical education (7). It was also observed that wide-ranging domains of professionalism are, however, substantial, and medical education should develop and assess both the student’s aptitude to perform essential tasks and to cultivate the general attributes of a “good doctor” (7).

It is believed that, in its maiden times, the EPAs were targeted and formulated for residents, fellows, physician and assistants, yet, in recent times, started to be considered for medical students. This was to address

some of the prevailing concerns, e.g., the gap between the performance of new residents and the expectations of residency programme directors (8), this is where medicine has begun to embrace the concept of “entrustable professional activities”. Thus, it is considered that medical students were encouraged and stimulated to perform excellently in their practice of medicine.

Baseline EPAs

American and Canadian medical educators approved a set of 13 “core EPAs” (Figure 1) and agreed that medical students needs to be assigned to do, while graduated from medical school having a supervisor close enough to help, when needed (8).

These tasks are known and labeled as “core EPAs”. Considering it to be the need of the hour, in May 2014, Association of American Medical Colleges, published a curriculum developer’s guide with emphasis on EPAs, listed as core entrustable professional accomplishments for entering residency (9).

Core Professionalism and Its Behavioural Context

Although in June 2016, there were 5,898 manuscripts identified, while searching the PubMed and these all were about medical professionalism, yet, the definition of professionalism is still unclear (10). However, globally, all stakeholders of healthcare agree on the ever-expanding and ever-changing significance of professionalism. Medical schools worldwide strive to produce future doctors who are fit to practice and equipped with professionalism behaviours. Therefore, medical professionalism is rightly considered as an essential aspect of medical education and practice worldwide (11). Whenever, and wherever doctors are to be assessed and evaluated, the professionalism stands as an central criteria (12–16). The Malaysian Medical Council also outlines professionalism, having a set of behaviours expected of a medical professional (17).

Widespread literature places professionalism as central to the practice of medicine, yet, at the same time, it is considered that its assessment, is almost as challenging as the value we place on it. Moreover, its valuation is disadvantaged by variable definitions which fell short of a clear itemisation of the essentials of professionalism into measurable features. Understanding of professionalism differs across time and cultural contexts (18), signifying that professionalism is a multifaceted, multi-dimensional concept (19). Over the last three decades, numerous tools were practiced in many empirical researches (20, 21) and still, it was believed, that the assessment of fairly indefinite and very general concepts as “professionalism” is challenging. Therefore, we shall now start looking to have an assessment recipe

that can reliably and validly assess its all constructs.

Quantifying the virtues have always been extremely challenging whereas, the behaviours are observable as well as measurable. Indeed, “professional duties” and “milestones” were identified that are to be evaluated (22). Furthermore, professional responsibilities are considered central by Physician Charter (12). The Canadian Medical Association also highlighted such responsibilities, towards the patient, society, profession, and to oneself, arguing that this results in guiding professionalism through physician behaviour (23).

Professionalism Behaviours through EPAs

The American Board of Internal Medicine (ABIM) Monograph on professionalism classifies six fundamentals of professionalism (i.e., altruism, accountability, excellence, duty, honour and integrity, and respect for others). The Pennsylvania State University College of Medicine (PSCOM) Task Force carried out affective item development (24) and succeeding in establishing 60 items. These items represent the frequently growing explanations of professionalism which were accepted and recognised as founded on the six ABIM elements. This common list of items also remained stable with its wide popularity as later attracted another internal document, addressing the objectives of the undergraduate medical education at PSCOM. Using the modified Delphi technique (25), more discussion occurred, letting the task force take 41 items, out of initial 60 items. Furthermore, as a result of the final categorisation and coding of each item, six statements were agreed upon for each element and the final instrument confined 36 items, with full consensus. At the end, these 36 items were present in each form signifying the six professionalism essential elements by ABIM: accountability, altruism, duty, excellence, honesty and integrity, and respect.

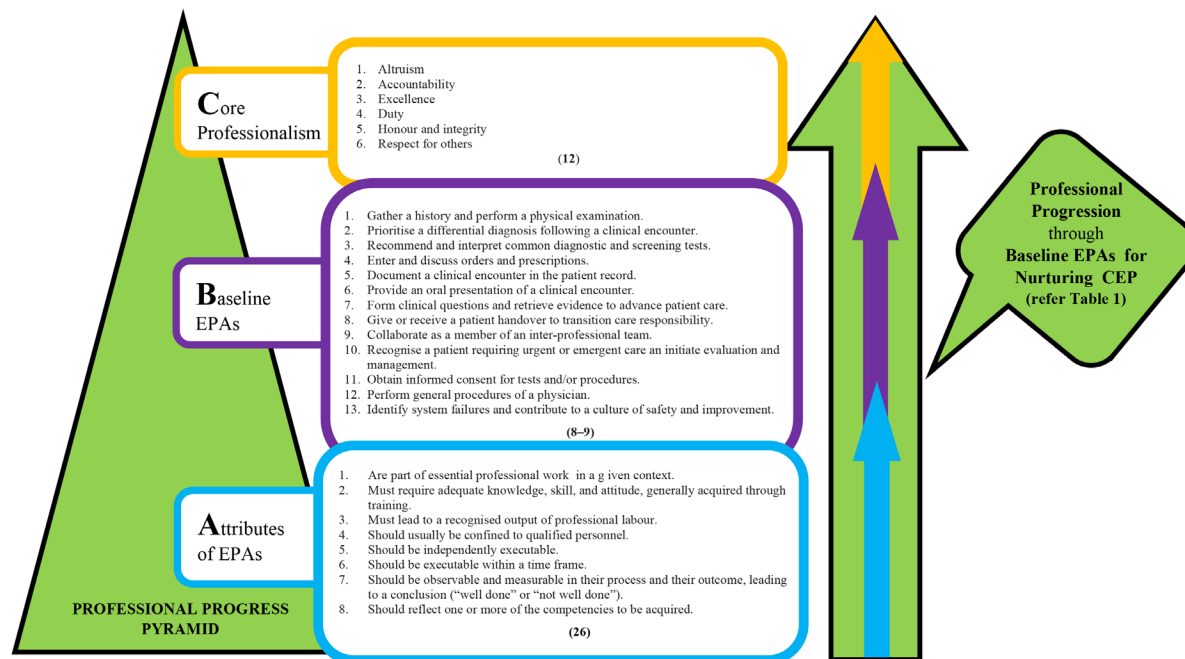


Figure 1: Professional progress pyramid.

PRACTICE RECOMMENDATIONS

The importance of aligning and assimilating professionalism within core EPAs is identified (Table 2). Medical educationists are encouraged to embrace through the stated potential and practical ways to integrate interpersonal and communication skills within professionalism and as a step ahead, professionalism competencies further need to be incorporated into the Core EPAs for Entering Residency (9). The EPAs assessments are based on specific, observable activities which practically and naturally fit into professionalism elements assessment frameworks. Furthermore, EPAs can also be used to drive curriculum development within undergraduate syllabus where the pre-clinical students shall be inculcated with the cognitive

part of professionalism. This later shall be embedded within the practical and psychomotor part of EPAs (e.g., with the help of simulated patients) within the clinical years. This shall, in later years, i.e., clinical year may gradually be replaced with more of practical endorsements of blended professionalism within a more robust EPAs (clinical encounters with real patients). Medical school programme directors should use EPAs (because of literature evidence shown in above texts), as they are envisioned to reinforce professionalism elements, and improve professional standards of the learners. It is believed that if EPAs are implemented in a blended framework, with professionalism, there shall not remain any gaps, between “learner supervised assessment” of competence and their future “real-life practice”.

Table 2: Description, medical education context and literature significance of core elements of professionalism (CEP), with examples of baseline EPAs to nurture them

Core element of professionalism (CEP)	Description of the CEP (Merriam-Webster)	Medical education context of the CEP	Existing literature evidence about the significance of the CEP	*13 Baseline EPAs for nurturing CEP (Students are expected to:)
Accountability	Readiness to accept responsibility or to account for one’s actions.	Accommodating responsibility and avoiding the business of blaming colleagues.	Accountable members are present in excellent organisations. (27, 28). Communities are empowered due to doctors’ accountability (29).	5. “Document a clinical encounter in the patient record”. 8. “Give or receive a patient handover to transition care responsibility”.
Altruism	Unselfish regard for or devotion to the welfare of others.	Putting the duty and patient care ahead of your own needs.	Physicians select to be altruistic (30). Differences exist between the altruism of patients and physicians (31).	10. “Recognise a patient requiring urgent or emergent care and initiate evaluation and management”.
Duty	Tasks, conduct, service, or functions that arise from one’s position.	Balancing the interests and wishes of the patient with the welfare of the health care system.	It is the duty of the physicians to deliver care to the patients (25).	1. “Gather a history and perform a physical examination”. 4. “Enter and discuss orders and prescriptions”. 9. “Collaborate as a member of an inter-professional team”. 12. “Perform general procedures of a physician”.

(continued on next page)

Table 2: (continued)

Core element of professionalism (CEP)	Description of the CEP (Merriam-Webster)	Medical education context of the CEP	Existing literature evidence about the significance of the CEP	*13 Baseline EPAs for nurturing CEP (Students are expected to:)
Excellence	An excellent or valuable quality.	Exhibiting medical skill that is unusually good and surpasses ordinary standards.	An excellent doctor is always available with his full attention towards the community he serves (32).	7. "Form clinical questions and retrieve evidence to advance patient care". 10. "Recognise a patient requiring urgent or emergent care an initiate evaluation and management". 3. "Recommend and interpret common diagnostic and screening tests". 6. "Provide an oral presentation of a clinical encounter". 2. "Prioritise a differential diagnosis following a clinical encounter".
Honour and integrity	Honour – good name or public esteem. Integrity – Highest standards of behaviour (being fair, honest and truthful).	Exhibiting the highest standards of behaviour.	Physicians are expected to exhibit honour and integrity (33).	11. "Obtain informed consent for tests and/or procedures".
Respect	An act of giving particular attention.	Avoiding offensive speech that offers unkind comments and unfair criticisms to patients and colleagues.	Respect shall be demonstrated towards his/her patients, colleagues, for the profession of medicine, as well as for him/herself (34).	10. "Recognise a patient requiring urgent or emergent care an initiate evaluation and management". 13. "Identify system failures and contribute to a culture of safety and improvement".

Note: *Derived from the list of core and baseline EPAs (some may be repeated while addressing multiple elements of professionalism in Figure 1: Professionalism progress pyramid).

CONCLUSION

As medical educators, we always struggle to exercise practical and useful ways to motivate and encourage our students to reach for distinctions while practicing medicine. Hence, applying the recommendations stated in this article can help us to do just this. Moreover, this shall let medical educators discover in detail about the future prospects of EPAs as a framework of learning outcomes through labeling as what our medical students shall ideally demonstrate before they move out from their medical schools into to real life practice.

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