2019

Association Between Workplace-Based Assessments and Self-Assessment of Entrustment

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Association between workplace-based assessments and self-assessment of entrustment

Brinegar, I; Lewis, N; Biskobing, D; Santen, S; Deiorio, N; Browning, J; Dubinsky, B; Ryan, M;

Purpose

Optimal Implementation of Entrustable Professional Activities (EPA)-based curriculum requires direct observation using workplace-based assessments (WBA) coupled with a longitudinal coaching relationship between learners and faculty. Students should be engaged and considered an active participant in the entrustment decision. As part of our engagement with the AAMC Core EPA pilot, we implemented both a WBA using the Ottawa Clinic Assessment Tool (OCAT) and a coaching program for our medical students in 2018-2019. We measured the association between WBAs collected during the clinical clerkships and student self-assessment.

Coaches were selected from currently designated small group advisors and trained on the EPAs and the coaching conversation. Coaches and students were not assigned based upon specialty interest. Each coach worked with 8-10 students.

Approach

- Students assigned EPA coach.
- Students request assessments of 4-9 EPAs using a mobile-friendly WBA program.
- After the first 4-6 months of clerkships, students review WBA data and render summative entrustment decision for each EPA.
- Students meet EPA coach to review/modify entrustment decisions.
- The final decision is used only for the student to articulate learning needs.

Results

6690 WBAs were completed among 201 students (Mean = 33/student).

<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
<th>Mean number of Completed</th>
<th>Mean OCAT rating - &quot;Ready&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1: j</td>
<td>Gather a History and Perform a Physical Examination</td>
<td>29%</td>
<td>88%</td>
</tr>
<tr>
<td>EPA 2:</td>
<td>Prioritize a Differential Diagnosis Following a Clinical Encounter</td>
<td>17%</td>
<td>80%</td>
</tr>
<tr>
<td>EPA 3:</td>
<td>Recommend and Interpret Common Diagnostic and Screening Tests</td>
<td>94%</td>
<td>85%</td>
</tr>
<tr>
<td>EPA 4:</td>
<td>Enter and Discuss Orders and Prescriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPA 5:</td>
<td>Document a Clinical Encounter in the Patient Record</td>
<td>27%</td>
<td>80%</td>
</tr>
<tr>
<td>EPA 6:</td>
<td>Provide an Oral Presentation of a Clinical Encounter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPA 7:</td>
<td>Form Clinical Questions and Retrieve Evidence to Advance Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPA 8:</td>
<td>Give or Receive a Patient Handover to Transition Care Responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPA 9:</td>
<td>Collaborate as a Member of an Interprofessional Team</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>EPA 10:</td>
<td>Recognize a Patient Requiring Urgent or Emergency Care and Initiate Evaluation and Management</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>EPA 11:</td>
<td>Obtain Informed Consent for Tests and/or Procedures</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>EPA 12:</td>
<td>Perform General Procedures of a Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPA 13:</td>
<td>Identify System Failures and Contribute to a Culture of Safety and Improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcomes

- Mean number of completed WBAs was greater for EPAs in which students rated themselves as “ready” than those in which they rated as “not yet ready” (Mean = 3.9 vs. 1.1, P < .001).
- Mean OCAT scores were also higher for EPAs in which students rated themselves as “ready” (Mean = 3.54 vs. 3.48, P = .02).
- However, for EPAs in which students received no WBA, 27% of students selected “ready for entrustment.”
- There was minimal difference in ratings of “ready” if students received as little as 1 WBA (70% “ready”) vs. 5 WBA (72% “ready”).
- However, students who received >10 WBAs for any EPA rated themselves as “ready” 87% of the time.

Future Considerations

Future Developments include:
- Creation of an entrustment committee which will compare the student self-assessments to the committee’s decision of entrustability.
- The Committee will review how the self-assessments will be included in the entrustability decision.
- Review of how students and their self-assessments have evolved after the initial coaching meeting and six months experience.
- Implement changes in the Direct Observation system to expand the EPAs available for assessment and include the Chen supervisory scale.

Conclusions

Overall, these findings suggest student self-ratings of readiness for entrustment are associated with completion of, and data resulting from WBAs. However, it is unclear from this data whether students are making informed decisions regarding readiness for entrustment following WBAs or whether they are seeking WBAs for activities in which they feel most confident. In addition, it is concerning a small but significant proportion of students rated themselves as ready for entrustment without any data. Previous studies have suggested learner self-assessment is not correlated with assessed competence, however our data shows an association between self-assessment and WBAs obtained to facilitate entrustment decisions. Further studies are needed to examine the reasons for this association. However, since learners should play a critical role in the ultimate entrustment decisions, it is at least reassuring to observe an association between self-assessment and observations in the workplace.

References

4. Brinegar, L; Lewis, N; Biskobing, D; Santen, S; Deiorio, N; Browning, J; Dubinsky, B.; Ryan, M; Association between workplace-based assessments and self-assessment of entrustment

Components of Entrustment

- “Students must consistently demonstrate attributes such as conscientiousness, knowledge of their own limits and help-seeking behavior (discernment), and truthfulness”
- “Trustworthiness in applying knowledge, skills, and attitudes in performance of an EPA”
- “a judgment by a supervisor or collection of supervisors signaling a student has met specific, defined expectations for needing limited supervision”

EPA Description Most WBAs

- EPA 1: Identify System Failures and Contribute to a Culture of Safety and Improvement
- EPA 13: Perform General Procedures of a Physician (7%)
- EPA 11: Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management (25%)
- EPA 9: Collaborate as a Member of an Interprofessional Team (94%)
- EPA 7: Give or Receive a Patient Handover to Transition Care Responsibility (27%)
- EPA 6: Provide an Oral Presentation of a Clinical Encounter (88%)
- EPA 5: Document a Clinical Encounter in the Patient Record (88%)
- EPA 4: Enter and Discuss Orders and Prescriptions (17%)
- EPA 3: Form Clinical Questions and Retrieve Evidence to Advance Patient Care (94%)
- EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility (94%)
- EPA 10: Recognize a Patient Requiring Urgent or Emergency Care and Initiate Evaluation and Management (22%)
- EPA 12: Perform General Procedures of a Physician (7%)
- EPA 11: Obtain Informed Consent for Tests and/or Procedures (25%)
- EPA 13: Identify System Failures and Contribute to a Culture of Safety and Improvement (7%)
- EPA 1: Enter and Discuss Orders and Prescriptions (17%)
- EPA 3: Form Clinical Questions and Retrieve Evidence to Advance Patient Care (94%)
- EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility (94%)
- EPA 10: Recognize a Patient Requiring Urgent or Emergency Care and Initiate Evaluation and Management (22%)
- EPA 12: Perform General Procedures of a Physician (7%)
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