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Understanding entrustable professional activities – Need of the hour - beginning in era of CBME – Part 1

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Entrustable professional activities (EPAs) has attracted much attention among medical educationists. Introduced in 2005 and in many countries programs are incorporating EPAs. This editorial is meant to introduce and explain the concept, and sensitize to EPAs. Competency-based medical education (CBME) plays an important role in current curriculum of National Medical Commission (NMC) for training of Indian Medical graduate (IMG). The concept of CBME is to ensure stages of training, with a focus on specific acquisition of competencies, which is measured by entrustable professional activities (EPAs) and milestones [1-2].

What is EPA?

An EPA is a specific task or activity that can be 'entrusted' to a person once sufficient competence has been achieved. EPAs represent day to day work; they are executable, observable, and measurable entities and can be the focus of assessment [3]. A milestone is defined as "an observable marker of an individual's ability". Typically each EPA integrates multiple competencies and milestones [3-4].

Why EPAs??

EPAs usually require a practitioner to integrate multiple competencies from several domains, such as content knowledge, skills in collaboration, communication, and management. Conversely, each domain of competence is relevant to many different activities. Combining domains of competence and EPAs in a matrix reveals which competencies a trainee must achieve before being trusted to perform an EPA [5].

Normally a list of EPA's for a particular group (9th Semester student or interns is limited to approximately 15. For example in Obstetrics and Gynecology the EPAs enlisted by consensus of a number of national medical colleges includes:

1. Uncomplicated Antenatal Care
2. Conduct of labour,
3. Prevention of PPH
4. Episiotomy
5. High Risk Childbirth
6. Management of post partum haemorrhage
7. Diagnosing hypertensive disorder
8. Postpartum & newborn care
9. Benign Gynecology
10. Gynecological Technical Skills & Procedures, IUCD, Pap smear
11. Pre-operative care
12. Postoperative Care
13. Mature Women's Health
14. Gynecological oncology specially screening VIA VILI
15. Family planning

Some EPA' which are important for the student's professional life such as Breaking Bad News which are clearly not something we can expect from an intern without further experience. However they should still be introduced as undergraduate teaching to prepare the student for more advanced postgraduate training.

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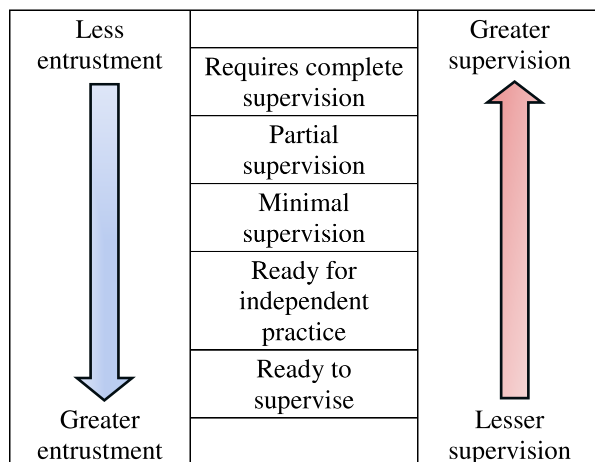

So what are the downsides? Should we all move to describing our curricula in terms of EPAs and competencies? The EPA terminology is still new and relatively only a descriptive curriculum. Dunne's critique of 'instrumentalist' curriculum descriptions which separate outcomes (what the learner is able to do) from processes (how they learned to do them), and focus more on technical abilities ('techne') rather than practical wisdom ('intellect'), seem particularly relevant when considering EPA and competency-based curricula [6-7].

There is a real risk that individual learners and clinical teachers will focus on the achievement of defined EPAs and competencies at the exclusion of everything else and the emphasis may even be on 'minimal competence' in these areas. If we learn one thing from the literature on curriculum descriptions, it is that they are never perfect. One particular risk, which we think is inherent and rather unique to EPAs, is that of inadequate supervision and the potential negative impact on patient safety. The description of EPAs refers to the 'unsupervised execution' of a task or responsibility by learners after they have been deemed competent. A formalised EPA sign-off process should contribute to patient safety, but there is also a danger that once they have been signed-off, learners get the message that they should be able to undertake these activities on their own, and not seek help if they run into difficulty. Supervisors may also get the message that they are, in effect, no-longer supervisors in relation to those activities.

In summary, we think the EPA model offers clinical teachers and curriculum developers a valuable new way of thinking about what our students learn and how they learn it, but as with all tools, it should be used thoughtfully.

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