Entrustable Professional Activity: An approach to safety for medical students in patient care

Educational Grand Rounds
OUHSC ATS
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Objectives

• Identify discrete roles for medical students in the clinical microsystem
• Understand how entrustment decisions regarding medical student roles in patient care impact safety
• Use entrustment decisions to adjust levels of supervision in the clinical setting
• Communicate entrustment decisions across clinical settings
Student Role in Clinical Microsystems

- The student role in clinical microsystems ranges from observer to supervised clinician.
- The Entrustable Professional Activities that students may perform vary widely across microsystems:
  - Student performance depends on fitting into “rules of entrustment”
  - Adult learning depends on meaningful involvement
- Assure safety for students and patients in microsystem:
  - Avoid conclusions that performance is unprofessional or incompetent
  - Assure student confidence is appropriate to competence
  - Mitigate risk to patient or student health and well being
Clinical Microsystem

Doctors and other providers do not deliver care – the clinical Microsystems deliver care

Smallest replicable unit of care

Source of quality, safety, & value
Clinical Microsystem

5 P’s Anatomy
Purpose
Patients
Professionals
Processes
Patterns
Clinical Microsystem

Purpose

Patients

Patients

www.clinicalmicrosystem.org
Clinical Microsystem
Clinical Microsystem

www.clinicalmicrosystem.org
Student Course Orientation: Microsystem

• Purpose – specific type of medical service
• Patients – unique characteristics of this population
• People – nurses, pharm D, technicians, clerical staff, IT

• Processes
  • Modifications of core processes (Examination, Diagnosis, Treatment, Management, Therapeutic Relationship)
  • Processes unique to this microsystem (technology, procedures, communications, space, time-schedules)
  • Place in the Medical Neighborhood - Macrosystem

• Patterns
  • Culture, atmosphere, norms of behavior
  • Measures of quality and cost to understand value
Competence & Clinical Outcome

Medical Care
- Diagnose
- Plan Rx
- Manage

Medical Education
- MS#1: Medical Knowledge
- MS#2: Patient Care
- MS#3
- MS#4: System-Based Practice
- MS#5

Patient & Community Needs Met

Patient & Community Needs

Data

Data
Competence & Clinical Outcome

Patient & Community Needs

Medical Care
- Diagnose
- Plan Rx
- Manage

Medical Education
- MS#1
- MS#2
- MS#3
- MS#4
- MS#5
- Medical Knowledge
- Patient Care
- System-Based Practice

Data

Needs
- Competencies
- Milestones
- EPAs
- Outcomes

Patient & Community Needs Met
EPA Stage – Trust student to....

1. Direct supervision is observed in whole performance
2. Indirect supervision, direct is immediately available and provided.
3. No supervision, indirect available and provided as a check
4. No supervision need – has professionalism to consult when needed.
Tool for Protecting Trust

• Evidence of entrustable performance of clinical task:
  – **R**: Interviewing, examining, building a relationship, recording, presenting
  – **I**: Interpreting, diagnosing, prognosticating, collaborating teamwork, prepared, patient values have priority
  – **M**: Prescribing, ordering, following-up, treating with procedure
  – **E**: Counseling, delegating, consulting.

• What does the tool look like?
• Technological tracking of work processes
Conclusion

• Teaching Clinical Medicine
  • Learning in the context of delivering patient care
  • Location for learning provides nuances and generalizations

• Clinical Development
  • Progression of clinical entrustment across rotations
  • Communicating entrustment from rotation to rotation.