Defining expectations for the end of intern transition

Supporting the Transition from Student to Doctor

Medical Council

Chester Beatty Library

Dublin Castle

22nd Sept 2015

Education and Training Symposium 2015

Dr. D Byrne, Dr. J Boland, Dr. G Offiah, Dr. P O'Connor

Overview

- Medical Council project goals & objectives
- Needs Analysis
  - Ireland & international reference systems
- Entrustable Professional Activities
  - Rationale, merits and otherwise
- Proof of Concept
- Implementation Implications

Draft Framework of Outcomes for Intern Training in Ireland

1. Project Goals & Objectives

Medical Council: Project goal

- To devise a draft framework of outcomes for intern training in Ireland taking account of
  - good practise in outcome-based medical education and training
  - the current state of intern training in Ireland
  - context of the Irish health system

The draft will then be subject to consultation, finalisation and implementation by the Medical Council.

Medical Council

Specific objectives:

- Establish and appraise the current approach
- Appraise approaches to outcomes for intern training internationally
  - Entrustable Professional Activities (EPA)
- Devise a draft framework of outcomes for intern training (Irl)
  - make recommendations for implementation
  - reasonable assurance that defined outcomes have been achieved leading to issue of Certificate of Experience by the Medical Council

Medical Council

Why?:

- Intern training is a key point of transition from student to doctor along the continuum of medical education.
- Issuance of a Certificate of Experience by the Medical Council qualifies trainees to progress.
- Any subsequent reform of intern training needs to be based on what is to be achieved at the end of internship.

Draft Framework of Outcomes for Intern Training in Ireland

2. Needs Analysis – Ireland & Reference Systems

Needs analysis

- A set of competencies for issuance of a 'CoE'
- A framework for:
  - locally devised training programmes
  - work based assessment
- A quality assurance system
- A transparent method to implement remediation
- Requirements:
  - Administration and management systems
  - Technology to support design, implementation and delivery

Ireland: Current Context
National Intern Training Programme (NITP)

- Model broadly based on an apprenticeship
- One year duration
- 4 x 3 monthly rotations
- 727 intern posts (2105) in 6 Intern Networks (2009)
- List of 'signed off' interns sent to the Medical Council by Intern Network Coordinator
- Medical Council issue the Certificate of Experience

NITP Assessment Form

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Intern Training Programme
Intern Assessment Report

To be completed at the end of each rotation (i.e. every 2-3 months)

Intern Name:	_____	**MCRN:**	_____
Intern Post No:	_____	**Network:**	_____
Rotation Period:	_____	**Hospital :**	_____
Consultant/GP Trainer:	_____	**Specialty:**	_____
Intern Tutor:	_____		

Assessment

Please rate the above Intern with respect to their competence in the following areas by ticking the appropriate box:

	Requires Support	Competent
Clinical Judgment i.e. general approach to patients, families and others; competent in history taking, physical examination, formulating (differential) diagnosis; ordering appropriate investigations and interpreting results. Perform common practical procedures in a competent and safe manner. Prescribe safely (legibly, correct dosage).		
Communication Skills i.e. collaborates and works with team colleagues; seeks assistance when necessary; good oral and written communication with patients, relatives and staff; confidentiality; discusses sensitive issues appropriately; gains informed consent.		
Professionalism i.e. punctuality, reliability and dependability; adherence to dress code; shows capacity towards self-learning; time management; follows safe practices; knowledge regarding appropriate statutes and regulations.		
Patient Safety & Quality of Patient Care i.e. overall approach to patient care, clinical competence, patient-doctor relationship based on mutual respect, confidentiality, honesty, responsibility and accountability.		

Eight Domains of Good Professional Practice as devised by Medical Council

Appraisal of competency framework for Internships

Australian Medical Council Limited

Medical Board of Australia

Intern training – Assessing and certifying completion

Introduction

This document details requi
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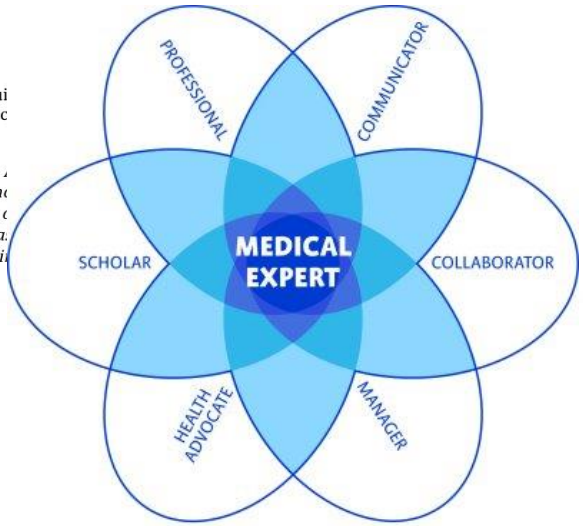
raining – Intern c
raining – Term a.
raining – Guideli



THE CANMEDS ROLES FRAMEWORK

New Zealand Curriculum Framework for Prevocational Medical Training

Medical Council of New Zealand — Te Kaunihera Rata o Aotearoa

Version 1.0, Released February 2014

PROFESSIONALISM	COMMUNICATION	CLINICAL MANAGEMENT	CLINICAL PROBLEMS AND CONDITIONS	PROCEDURES AND INTERVENTIONS

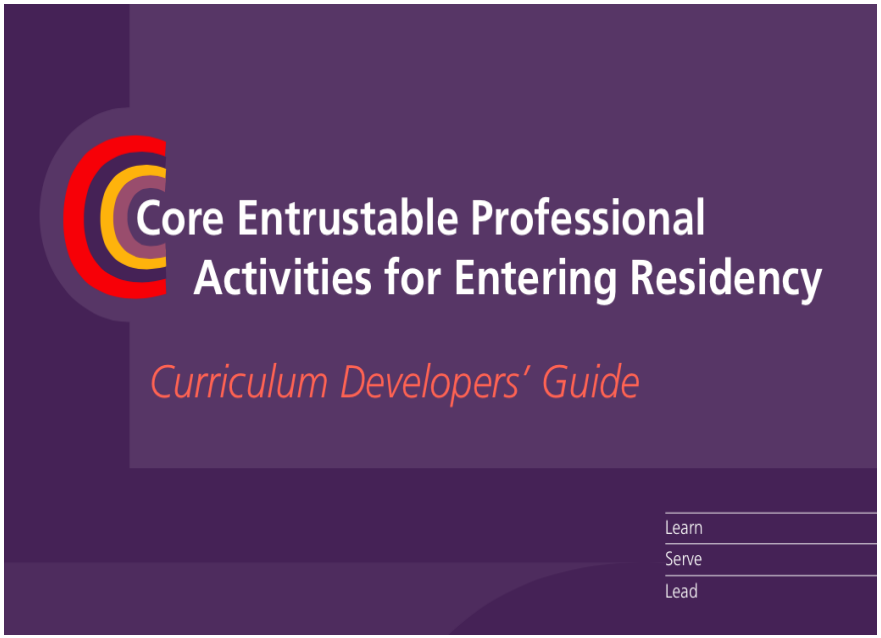
To navigate this document:

- This document contains a series of links to make it simple and easy to navigate.
- All links are underlined.
- The links above take you to an overview of the content of each of the five sections of this curriculum framework. From the overview page you can view the learning outcomes associated with a particular heading by clicking on the heading.
- To go back to the section overview from the list of learning outcomes click on any of the headings underlined on the page.

Comments or requests for further information about the *New Zealand Curriculum Framework for Prevocational Medical Training* should be emailed to prevocationalfeedback@mcnz.org.nz.

Association of American Medical Colleges

- Core Entrustable Professional Activities for Entering Residency devised by the Association of American Medical Colleges.



EPAs across the continuum

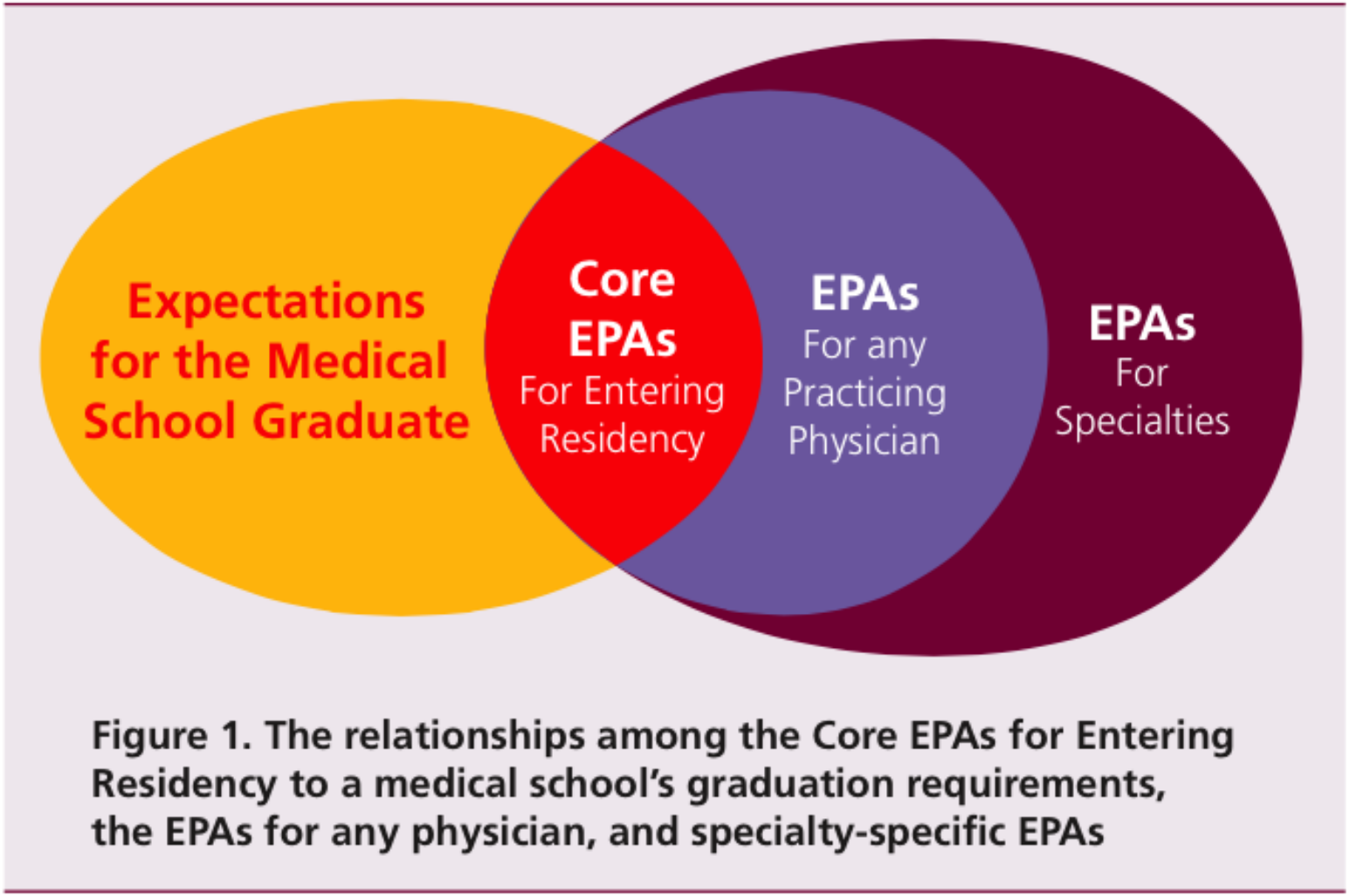


Figure 1. The relationships among the Core EPAs for Entering Residency to a medical school's graduation requirements, the EPAs for any physician, and specialty-specific EPAs

Draft Framework of Outcomes for Intern Training in Ireland

Medical Council Project

EPAs

3. Entrustable Professional Activities:

Rationale, merits and otherwise

2015, 1–20, Early Online MEDICAL TEACHER

AMEE GUIDE

Curriculum development for the workplace using Entrustable Professional Activities (EPAs): AMEE Guide No. 99

OLLE TEN CATE[1], HUIJU CARRIE CHEN[2], REINIER G. HOFF[1], HARM PETERS[3], HAROLD BOK[4], & MARIEKE VAN DER SCHAAF[4]

[1]University Medical Center Utrecht, The Netherlands, [2]University of California San Francisco, USA, [3]Charité University, Germany [4]Utrecht University, The Netherlands

Building a competency-based workplace curriculum around entrustable professional activities: The case of physician assistant training

HANNEKE MULDER[1], OLLE TEN CATE[1], RIENEKE DAALDER[2] & JOSEPHINE BERKVENS[2]

[1]University Medical Center Utrecht, The Netherlands, [2]University of Applied Sciences Utrecht, The Netherlands

EDUCATIONAL INNOVATION

Entrustable Professional Activities in Family Medicine

ALLEN F. SHAUGHNESSY, PHARMD, MMEDED
JENNIFER SPARKS, MD
MOLLY COHEN-OSHER, MD
KRISTEN H. GOODELL, MD
GREGORY L. SAWIN, MD, MPH
JOSEPH GRAVEL JR, MD

RIP OUT

Nuts and Bolts of Entrustable Professional Activities

OLLE TEN CATE, PHD

End

REVIEW ARTICLE

A case for competency-based anaesthesiology training with entrustable professional activities

An agenda for development and research

Gersten Jonker, Reinier G. Hoff and Olle Th. J. ten Cate

Viewpoint

OPEN ACCESS

The patient handover as an entrustable professional activity: adding meaning in teaching and practice

Olle ten Cate,[1,2] John Q Young[3,4]

Entrustable Professional Activity

A core 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 the activity unsupervised.

ten Cate, O et al (2015) Curriculum development in the workplace using Entrustable Professional Activities (EPAs) AMEE Guide No. 99 *Medical Teacher* Early online pp 1-20

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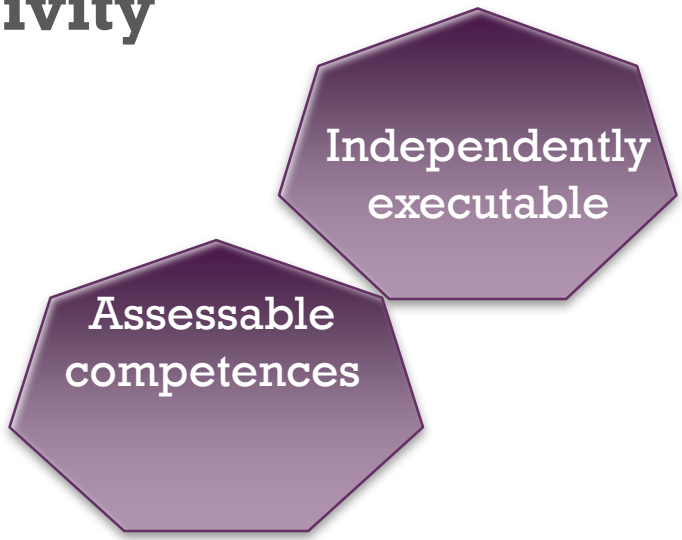

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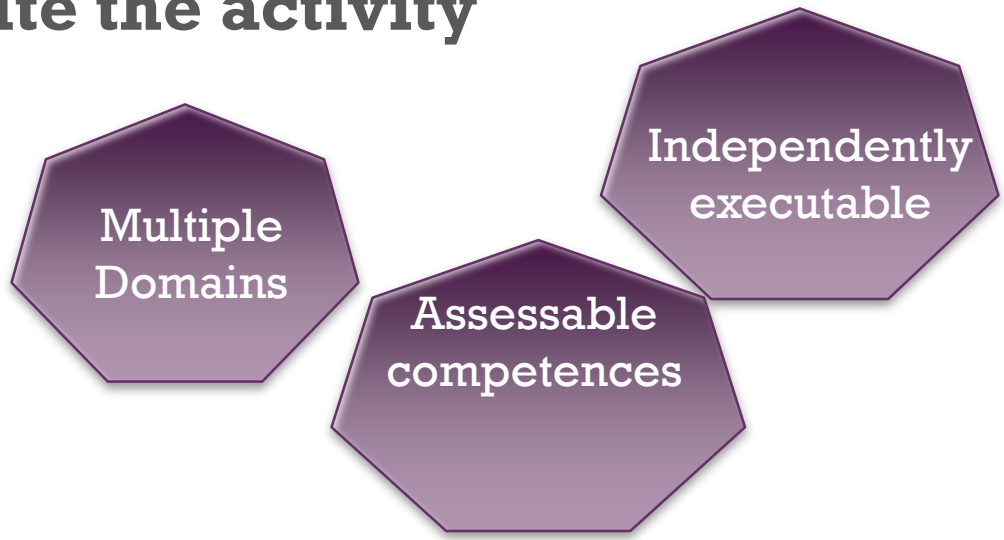

Common Examples of EPAs

1. Admit a patient
2. Request and interpret investigations
3. Handover

Levels of proficiency

Key to levels

Level	Proficiency - level of 'entrustability'
1	Has acquired knowledge and skills, but insufficient to perform, not allowed to enact the EPA
2	May perform an activity under full, proactive supervision in the same room: the supervisor decides the intensity of supervision
3	May perform an activity under qualified, reactive supervision: the intern asks for supervision
4*	May perform an activity independently with backstage, mainly informal supervision
5	May provide supervision and instruction to junior learners

*Level 4 is the threshold level of competence. Once this level is reached, the activity may be safely entrusted to the trainee. Growth of competency after reaching this threshold is likely as a result of further deliberative practice

EPA approach to workplace curriculum development

- 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, O. et al (2015)

EPA approach to workplace curriculum development

- What is the work to be done? ACTIVITY
- What must trainees demonstrate before we can trust them to do the work? COMPETENCES
- How should trainees be prepared to meet these requirements? TEACHING AND LEARNING
- How do we assess trainees' readiness to pass the threshold of entrustment? ASSESSMENT

ten Cate, O. et al (2015)

AAMC EPAs

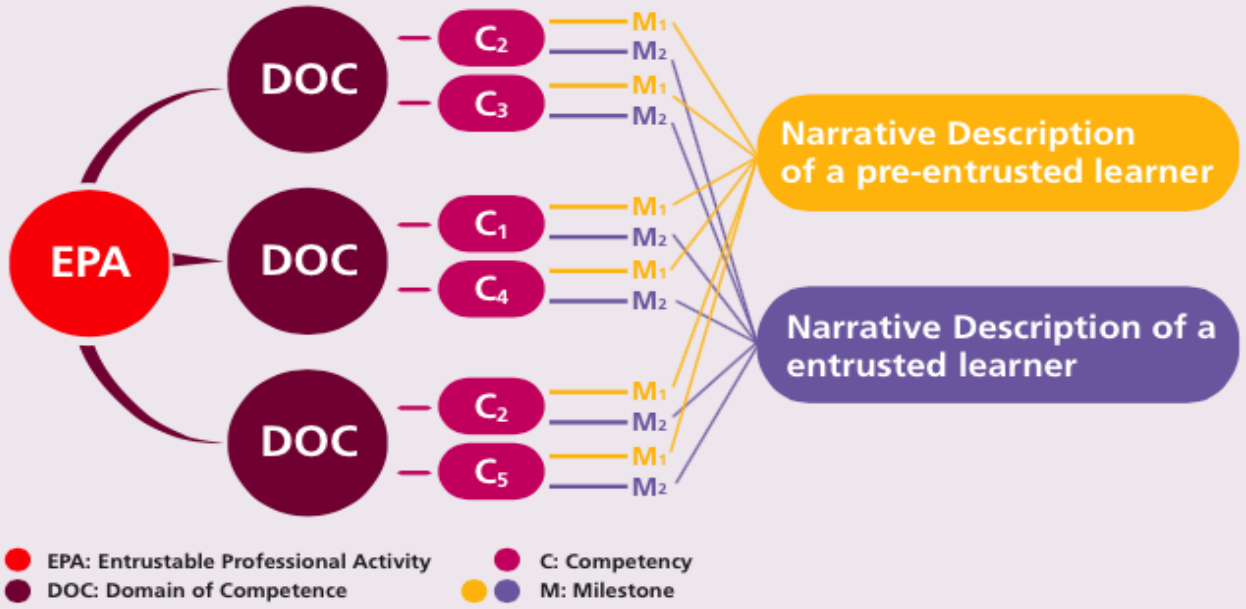

Figure 2. EPAs require the integration of competencies, usually from two or more domains. For each competency, then, milestones can be devised and then synthesized into descriptive narratives of expected behaviors for learners at pre-entrustable and entrustable levels of performance.

	EPAS	Competences
Benefits	• "Activities," make sense to faculty, trainees, and the public • Represent the day-to-day work of the professional • Situate competencies and milestones in the clinical context • Make assessment more practical by clustering into meaningful activities • Explicitly add the notions of trust and supervision into assessment	• The basis for assessment in the GME space for a decade • In the aggregate, define the "good physician" • Have a reasonable body of evidence around assessment of the "traditional" domains • Have been used for establishing or milestones of performance for at least the GME years
Disadvantages	• Relatively recently introduced in the literature • Limited operationalization worldwide • Designed originally for the residency-to-practice transition	• Are abstract • Are granular and therefore often not the way we think about or observe learners

Source: Association of American Medical College (2014) Core Entrurustable Activities for Entering Residency: Curriculum Developers' Guide. Washington DC: AAMC

Draft Framework of Outcomes for Intern Training in Ireland

Medical Council Project

4. Drafting EPAs for End of Internship (Irl)

Proof of concept
List of EPAs for End of Internship

1. Admit a patient
2. Request and interpret investigations
3. Perform basic procedural skills
4. Manage the work of in-patient care
5. Prescribe and monitor drugs and fluids
6. Recognise and manage the deteriorating/acutely unwell patient
7. Transition and discharge patient care
8. Engage in personal and professional development
9. Identify compromises to patient care

EPA 1: See Handout

Draft Framework of Outcomes for End of Internship in Ireland[i]

Draft Entrustable Professional Activities (EPA) Template[ii]

A	**Short title**	**Admit a patient**		
B	**Prerequisites**	Meet eligibility criteria for internship as determined by the Health Service Executive National Recruitment Service Basic Life Support (BLS) Certification Any other requirements as determined by the HSE NRS		
C.	**Description of the activity**	At the end of internship, the doctor should be able to admit a patient electively and as an emergency in addition to making the decision to admit. They should be able to take a focused history, perform a thorough physical examination and identify pathological findings. This should form the basis for requesting laboratory and radiological investigations and consultations that are pertinent to the case, rationalised and reflect best practice. The admission note should be logically structured and the doctor should be able to prioritise diagnoses, interpret investigations and formulate a treatment plan.		
D.	**Expected proficiency[1]**	**Level 4** With exception of competences expected at another level (as indicated below)		
E.	**Competences**		**Type[2]**	**Level**
1	Establish rapport with patient		**A**	**4**
2	Consider factors that may affect the patient's capacity to describe their symptoms or to understand questions and/or give informed consent		**A**	**4**
3	Take a focused history in a range of contexts and conditions		**K/S/A**	**4**
4	Obtain a history from other sources as required (e.g. collateral, own doctor, pharmacy)		**K/S/A**	**4**

EPA 1: Admit a patient

E.	Competences	Type[2]	Level
1	Establish rapport with patient	A	4
2	Consider factors that may affect the patient's capacity to describe their symptoms or to understand questions and/or give informed consent	A	4
3	Take a focused history in a range of contexts and conditions	K/S/A	4
4	Obtain a history from other sources as required (e.g. collateral, own doctor, pharmacy)	K/S/A	4
5	Perform a fluid and sequential clinical examination	S	4
6	Demonstrate respect for the patient's privacy, dignity and culture	A	4
7	Recognise abnormal clinical findings	K/S	4
8	Request laboratory and radiological investigations and consultations that are pertinent to the case and reflect best practice	K/S	4
9	Act on conditions and presentations that require immediate intervention, instigate initial resuscitation/treatment and communicate with senior colleagues	K/S/A	4
10	Prioritise a differential diagnosis following a clinical encounter	K/S	4
11	Put a treatment and further management plan in place	K/S	3
12	Consent a patient according to Medical Council guidelines	K/S/A	3
13	Communicate transfer plan to healthcare receiver (ward, theatre, ICU) and patient	A/K	4
14	Inform consulting teams of the reason for referral and consultation if required	K/A	4
15	Document all findings clearly and legibly in the patient chart	S	4
16	Rationalise medications – commence, discontinue	S	3
17	Recognise patient at risk of deterioration	K/S	4
18	Communicate with senior colleagues and nursing staff to ensure all have a shared mental model of the patient's condition and needs	A	4

Aligned to Domains

EPA No.	Alignment with Medical Council Domains of Good Professional Practice	1	2	3	4	5	6	7	8
		Patient Safety and Quality of Patient Care	Relating to Patients	Communication and Interpersonal Skills	Collaboration and Teamwork	Management (including Self Management)	Scholarship	Professionalism	Clinical Skills
1	Admit a patient	X	XX	XX				X	XX

Code	Indicates	Shading
XX	Strong/explicit relationship with the relevant domain (max 3 domains)	xx
X	Weaker/implicit relationship with the relevant domain (max 2 domains)	x

Validation Stages 1 & 2

- Online surveys of stakeholders
- Framework of 9 EPAs and 134 competencies
- Competencies and proficiency levels and types

Draft Framework of Outcomes for Intern Training in Ireland

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5. Implementation Implications

EPA approach to workplace curriculum development

- What is the work to be done? ACTIVITY
- What must trainees demonstrate before we can trust them to do the work? COMPETENCES
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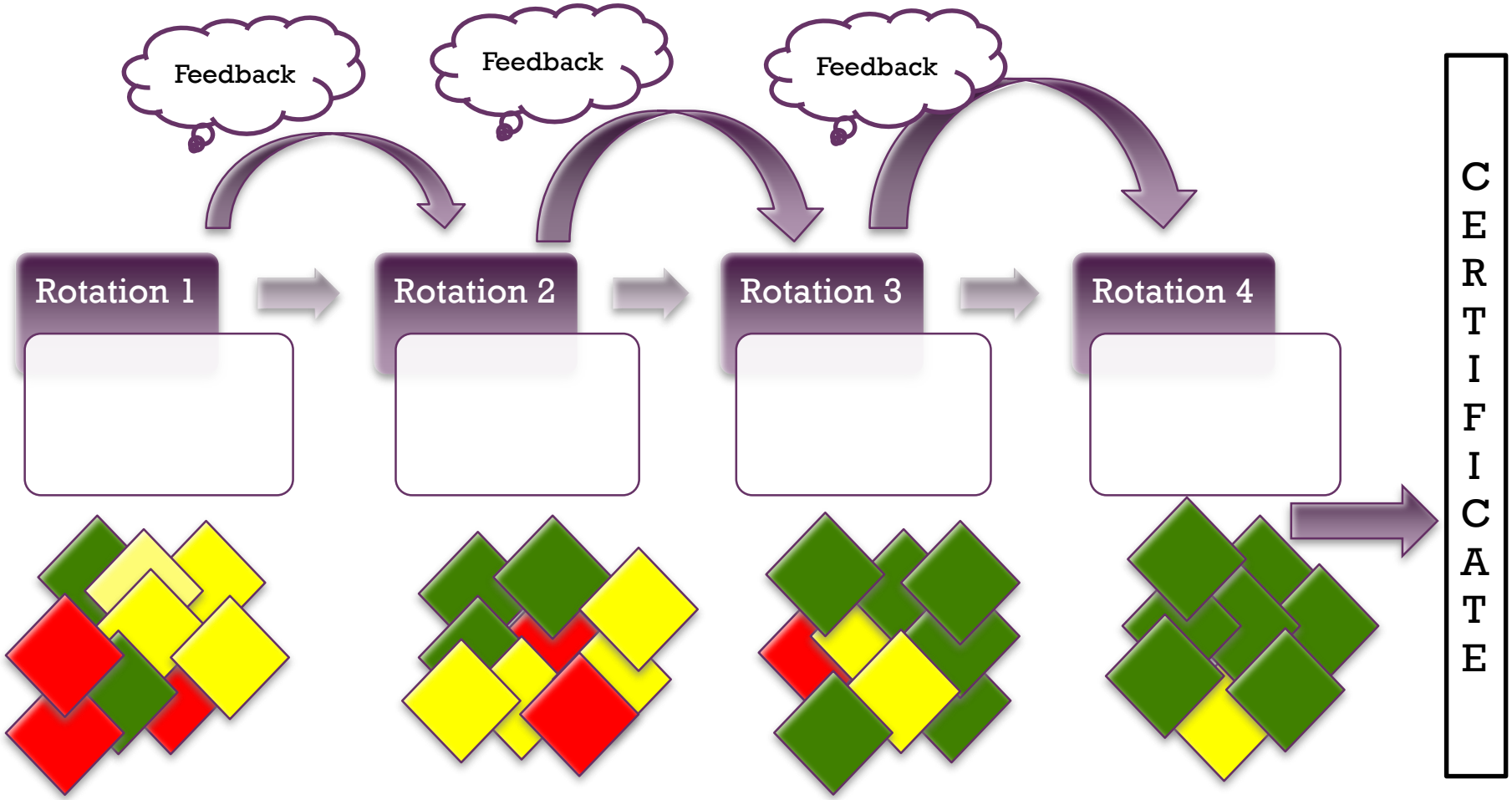
ten Cate, O. et al (2015)

Examples of Teaching and Learning Opportunities

- Formal teaching
- Self-directed learning
- Observation/Demonstration
- Simulation
- Bedside teaching
- Teaching others
- Others…..

Progress of an Intern: 'Traffic lights' system



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