

# Core medical trainees working in a district general hospital find entrustable professional activities (EPAs) useful as a means of curriculum development

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## Aims

There has been a paradigm shift from a traditional time- and process-based curriculum framework to a competency-based one in developed countries. Some authors have argued a shift to the concept of EPAs as a way of bridging the gap between competencies as a theoretical concept and its operation in real-life practice, given the tensions between both. EPAs, a core unit of work reflecting a responsibility that can only be entrusted upon someone with adequate competencies, have been suggested as a formalised mechanism of deciding what level of responsibility should be accorded to trainees at different stages of their training. EPAs have largely been viewed from a curriculum development perspective, and trainee perspectives are lacking. This study examines in depth how CMTs learn in the workplace and seeks to examine to what extent EPAs are helpful in translating work-based learning in a specific workplace.

## Methods

Daily reflections of CMTs learning in the workplace for 2 weeks were captured using an Olympus DM4500 recorder. Transcribing of the reflections and thematic analysis were carried out. The primary dataset was triangulated with trainee-written workplace-specific EPAs based on their experiences in the workplace and EPAs from the US Alliance for Academic Internal Medicine (AAIM) committee. CMTs were then surveyed using SurveyMonkey about when in their training the EPAs should be required.

## Results

Five CMTs took part. Ten major themes were identified through categorisation and coding of their reflections on workplace learning. These included resource management, leadership, communication, continuing professional development, team interactions, teaching and learning, decision making, team

interactions, clinical judgement and patient safety. The expert committee (AAIM) identifies non-medical expert roles such as working in teams, dealing with families, patient safety, lifelong learning and professional behaviour as important, while CMTs identified preparing and leading a medical handover, being able to judge mental capacity, consenting patients, breaking bad news, resuscitation decision making and discharge planning as important EPAs. There were, however, similarities in acute care management, procedural abilities and core knowledge around emergencies. Trainees felt that lifelong learning, behaving professionally and patient safety were mandatory EPAs.

## Conclusions

There are similarities and differences between trainee and the expert committees EPAs. However, trainees are able to formulate EPAs well and they have a good understanding of EPAs. Curriculum development can therefore benefit from learners constructing EPAs from their clinical experiences. ■

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