Title: Trusting Entrustment: Creating a System-Wide Approach to Professional Development To Allow Trust to be Transferred

Submission Type: Sessions on Medical Education
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Topic Short Description: Successful implementation of competency-based learner assessment requires clinical supervisors to adopt new performance assessment approaches that promote developmental learning. A systematic approach to professional development for faculty and residents can help socialize and transfer decisions that use a shared frame of reference and standardized set of expectations for learner performance. In this interactive session, presenters will engage participants in an exploration of how to use professional development as a tool to overcome challenges and facilitate the transfer of trust.

Presenters:
H. Carrie Chen, MD, PhD, Associate Dean of Assessment and Educational Scholarship, Professor of Pediatrics, Georgetown University School of Medicine
Maryellen E. Gusic MD, Senior Advisor for Educational Affairs, Professor of Medical Education, University of Virginia School of Medicine
Karen Hauer, MD, PhD, Associate Dean, Competency Assessment and Professional Standards, University of California, San Francisco (UCSF) School of Medicine
William Iobst, MD, Vice Dean and Vice President for Academic Affairs, Geisinger Commonwealth School of Medicine

Facilitator: Elizabeth Bradley PhD, Director of Curriculum Evaluation, Associate Professor of Medical Education, University of Virginia School of Medicine

Learning Objectives: After attending this session, participants will be able to:

- Describe individual, task, contextual and relationship factors that affect supervisors’ propensity to trust
- Explore approaches to prepare supervisors (faculty and residents) to apply competency-based, developmental standards in decision-making about supervision of learners
- Analyze strategies to address challenges in systematic implementation of professional development related to trust-based assessment at one’s home institution

Session Plan: The session will begin with a brief introduction. Supervisors routinely grant autonomy implicitly in clinical training environments, however, frameworks for making these decisions explicit and transferable across settings are uncommon in undergraduate medical education (UME). Entrustable professional activities (EPAs) provide a structure for supervisors to use data from workplace assessments and direct observation to ground decisions about the level of supervision a learner requires to perform a specific task. In order for learners to progress, decisions must be communicated to subsequent supervisors and the trust to allow a learner to perform the task must be transferred. When subsequent supervisors accept previous decisions they can allow learners to gain additional responsibility in novel and more complex situations. Supervisors must be prepared for their role as assessors and receive coaching and support about the boundaries of trust and how to transfer and accept trust decisions made by other supervisors in various contexts and different departments.
In a brief didactic, the presenters will define ad-hoc trust decisions, distinguishing these daily decisions from summative entrustment. Presenters will then outline the literature about how individual supervisors make decisions in their daily work with learners, illuminating the factors that affect residents’ and faculty members’ judgments to trust students in clinical environments, and how these judgments may or may not transfer to students’ work in other departments or clinical settings.

The audience will then engage in a small group exercises to explore individual and systems barriers that prevent the transfer of trust and explore strategies to affect change. In the first small group discussion, participants will focus on individual practices and in a large group, facilitated, summarizing discussion, create a list of existing structures that prevent forward feeding and the transfer of trust.

The presenters will then highlight the importance of professional development to support competency-based assessment. Lessons learned from programs to prepare faculty for milestone-based assessment in graduate medical education will provide an overview of key principles to consider in the development and implementation of professional development programming designed to enhance skills in direct observation and the application of a shared mental model for performance assessment. Stakeholder cultivation and the engagement of clinical supervisors in the process to establish standards will be emphasized as an approach to training that will advance efforts to re-frame how supervisors approach clinical assessment.

The participants will use the list of existing barriers generated during the first exercise to work in small groups to suggest novel designs and/or innovative components of a professional development program that will help to overcome challenges and extend the boundaries of trust. In a large group brainstorming conversation, participants will share suggestions as a guideline for program planning at their home institutions.

Using the ideas and/or approaches presented during the session, the audience members will then have time to craft an individual action plan to advance professional development programming and facilitate change in order to prepare supervisors for entrustment-based assessment at their home institution.