

CHAPTER 25

Resources to support the development of EPA-based education

A major purpose of this book is to support educators with the development and implementation of EPA-based education. The idea arose from an international course that has been conducted several times per year since 2018. This course draws heavily on interactive workshops with exercises, using worksheets and other resource materials. This chapter provides specific resources from the course useful for educators, scholars, and faculty developers. Additional useful tools and references also have been included.

In this chapter we provide the following collection of resources and information:

- Glossary of EPA-related terminology
- Online resources to support faculty development on EPA frameworks and workplace-based assessment
- Bibliography of most of the literature published from 2005 to 2023 about EPAs and related concepts
- Tools and instructions for use in faculty development workshop exercises
- The EQual Rubric tool to evaluate the fit-for-purpose validity of entrustable professional activities

Glossary of EPA-related terminology

Throughout this book, many terms have been used that are either specific or directly linked to EPA-based education. We have included this glossary to support readers who may be new to these terms. Note, however, that terms are sometimes used in slightly different ways, even within this book by different author teams and across different chapters. In the overview below, we suggest a definition that can be used as a starting point to understand and describe EPAs, for curriculum

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development and implementation, for assessment, for scholarship, etc. We do not claim that these are the only correct definitions, or even that all are the preferred ones. The book's index refers to chapters where these terms are used elsewhere, to provide further explanations and nuance, in addition to the references listed below the table.

Table 25.1: Glossary of terms related to entrustable professional activities and entrustment decision making.

Ad hoc entrustment decisions	Entrustment decisions situated in time and place, based on estimated trustworthiness of the trainee for a task, estimated risk of the situation, urgency of the job to be done, and suitability of this task at this moment for this trainee. They do not necessarily constitute a precedent for similar decisions in the future.
Core EPAs	All EPAs that every trainee in a program must master to successfully complete the program (term also used for AAMC-proposed EPAs for undergraduate medical education ¹).
CBE (competency-based education)	An outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies. CBE-HPE relates this to all health professions; CBME, CBVE are acronyms for medical and veterinary competency-based education, respectively, and other variants may be used for other professions.
Domains of competence	Broad areas of competence that constitute a general descriptive competency framework for a profession, such as described in the six-domain ACGME framework ² or in the seven CanMEDS roles. ³
Dreyfus stages	The five stages of learning for skill acquisition proposed by Dreyfus and Dreyfus: novice–advanced beginner–competent–proficient–expert, ⁴ sometimes extended with ‘master’.
Elective EPAs	EPAs that, in addition to core EPAs that hold for all graduates, trainees may elect to supplement their personal EPA portfolio, and provide them with a specific profile at graduation.
Entrustment decisions	In an educational context, entrustment decisions are decisions to trust a trainee with an essential professional task or responsibility at a specified level of supervision.
Entrustment-based discussion (EBD)	The EBD is a 10- to 20-minute conversation between a supervisor and trainee, focused on risk assessment when anticipating an entrustment decision. It is completed either directly after an EPA has been performed or before an upcoming activity. The conversation checks the trainee's full understanding of the activity with its associated risks and assesses the trainee's readiness to act in unfamiliar situations with ‘what would you do if...’ questions. ⁵
Entrustment determinations	When an actual entrustment <i>decision</i> with a clinical task cannot be made (e.g., for legal reasons), entrustment ‘determination’ is sometimes used as an alternate term. It is the difference between saying ‘we <i>will</i> trust’ and ‘we <i>would</i> trust’ (‘...if we could’). ⁶ Entrustment determinations instead of entrustment decisions render the use of EPAs less powerful.
EPA (entrustable professional activity)	A unit of professional practice or essential task of a discipline (profession, specialty, or subspecialty) that a trainee can be trusted to perform without direct supervision, once sufficient competence and readiness has been demonstrated. As EPAs reflect <i>professional</i> practice, EPAs are not created for education but education is created for EPAs.
Entrustable	The property of an activity that makes it suitable for entrustment to someone. Note that entrustable does not pertain to persons. ⁷

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Table 25.1: Continued.

Entrustment–supervision scale	Levels of supervision reflect increasing degrees of responsibility and entrustment and decreasing supervision. The original proposed levels range from 1 to 5, but several variations have been proposed, often with more granular levels in between. These levels constitute a scale that has been named an entrustment–supervision or ES scale. ⁸ See also: Supervision level.
Grounded trust	Grounded trust is trust based on essential and usually prolonged experience with the trainee and grounded in sufficient observations, leading to judgments that are shared among experts (the educational team or a clinical competency committee). ⁹
Initial trust	Initial trust is trust based on first impressions, sometimes called swift trust or thin trust. ⁹
Logic of EPAs	The categorization of EPAs used in a framework. Different logics have been used such as procedural EPAs, as well as those EPAs associated with disease entities, services, functions or a combination of these. ¹⁰
Micro-assessment	Brief assessment of performance of an EPA, a nested EPA, or part of an EPA, proposed in surgery and happening in pre-, intra- or postoperative phases, lasting 45–90 seconds. ¹¹
Nested EPA	Small unit of professional practice meeting the EPA definition that is also part of a larger EPA to be entrusted later in training. ¹²
Presumptive trust	Trust based solely on credentials, without prior interaction with the trainee. Prior credentials can be diplomas, the fame of the university where a degree was obtained, recommendations, etc. ⁹
Prospective and retrospective assessment approaches	Most workplace-based assessments are retrospective: a report of what was observed ('the student did well'). A prospective approach to assessment looks toward the future ('this student is now [or not yet] ready for indirect supervision'). ¹³
Readiness for entrustment	Readiness is an alternative (and preferred) term for 'trustworthiness' to qualify a learner who passes the threshold of competence and suitability to execute an EPA.
A RICH ingredients for entrustment decisions	Agency, reliability, integrity, capability, and humility are five literature-based trainee features, or categories of features, that enable 'a rich' entrustment decision. ¹⁴
Shaded independence	The status of a resident who is fully trusted with the core and breadth of the profession and allowed to act unsupervised while still in training. ¹⁵
STAR	A STAR is a statement of awarded responsibility, resulting from a summative entrustment decision, usually to qualify for unsupervised practice of a specific EPA. ¹⁶
Summative entrustment decision	Entrustment decision, grounded in sufficient observations and evaluations, and made by an educational program director or clinical competency committee, leading to certification (STAR) and privileging of the trainee to act with a specified level of supervision, for a specific EPA.
Supervision (in HPE)	The provision of guidance and support in learning and working effectively in health care by observing and directing the execution of tasks or activities to ensure that they are done correctly and safely, from a position of being in charge. ¹⁷
Supervision level (1–5)	Amount of executive responsibility a clinical teacher has or assumes for a trainee's clinical activities, often expressed in levels of trainee responsibility. In the original five-level scale, the trainees may (1) observe only, (2) act under direct supervision, (3) act under indirect supervision, (4) act unsupervised, or (5) act as a supervisor for junior learners. ¹²

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Table 25.1: Continued.

	Note that, as long as the individual is still in training, level 4, the most critical level, still includes a formal ‘distant supervision’ (also called ‘clinical oversight’) until specialty certification has been granted. This also implies that a STAR for level 4 can, in rare cases, still be retracted.
Threshold of competence for an EPA	The stage in the development of a trainee that allows for the initial summative entrustment with the unsupervised practice of an EPA.
Transdisciplinary EPA	One EPA that would be applicable in different disciplines or specialties. The EPA may be elaborated, established, and identified for a specific professional domain, profession, or discipline that is being used in one or more other disciplines or professions. Alternatively, it may be a newly identified broad activity, applicable across several related specialties. ¹⁸
Workplace-based assessment sources of information to support entrustment	
1. Direct observation	Focused observation of a trainee during a natural patient care activity in an authentic clinical setting, usually 10–20 minutes, followed by a few minutes of focused feedback.
2. Conversation	A 5- to 20-minute one-on-one discussion with a trainee to probe knowledge, understanding, reasoning, and/or decision making.
3. Longitudinal observation	The natural, unplanned observation of a trainee over time by collaborators and others (including patients) who have natural encounters with the trainee.
4. Product evaluation	Assessment of trainees through their output, that is artifacts resulting from patient care that does not require their direct presence during the assessment (for example, a discharge summary in the electronic health record, or a crown placed in dental training).

**Online resources to support faculty development on EPA frameworks
and workplace-based assessments**

The internet hosts a wealth of video clips with explanations and instructions about EPAs and workplace-based assessment, from universities to conference reports and commercial sources. The overview below lists recommended resources that can be used for faculty development. They have been collected by the organizers of the international online course *Ins and Outs of Entrustable Professional Activities* in the period 2020–23 and supplement resources provided in Chapter 23.

Table 25.2: Online resources to support faculty development on EPA frameworks and WBA.

Source	EPAs explained	mins.	
Dutch Federation of Medical Specialists	EPA-based approach to individualizing the postgraduate training duration.	3'01	Link
Royal College of Physicians and Surgeons (Canada)	Explains the concept of entrustment and EPAs and how they are used in residency training.	5'11	Link
Internship program in Ireland	Provides an overview of the new framework, the rationale for change and what it means for interns and supervisors.	3'30	Link
CZO-Flex level for Postgraduate Nursing in the Netherlands	A Dutch national EPA project for workplace-based assessment, explaining supervision levels and flexible career opportunities for nurses and medical assistants.	2'09	Link

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Table 25.2: Continued.

Source	EPAs explained	mins.	
Royal Australasian College of Physicians	Provides an overview of EPAs and how they are used in Australia.	7'35	Link
Association of Directors of Psychiatry Residency Training, USA	Five videos that explain the historical context for EPAs, rationale and process of change to CBME, defining EPAs, and connecting EPAs, competencies and milestones.	7'02	Link
Australian Pharmacy Council	Explains EPAs and how they support intern training in pharmacy.	8'47	Link
Medical Education Flamingo, Spain	Explains EPAs with examples and explains CanMEDS and ACGME competency frameworks.	5'24	Link
Queens University	Explains the EQual Rubric tool for evaluation of the quality of EPAs.	17'40	Link
Swiss hospitals	Three videos explaining EPAs and assessment (Chur, Laufenberg, Locarno).	8'24 8'48 7'57	Link
Source	EPAs in specific contexts	mins.	
Irish internship program	Describes each of the seven EPAs for the internship.	3'30	Link
HPC Pharmacy Group	Describes the concept of EPAs in hospital palliative care pharmacy education.	4'07	Link
University of Toronto PGME	EPAs in internal medicine.	3'28	Link
University of Toronto PGME	EPAs in anatomical pathology medicine.	4'09	Link
University of Toronto PGME	EPAs in general internal medicine.	4'07	Link
University of Toronto PGME	EPAs in psychiatry.	3'59	Link
University of Toronto PGME	EPAs in anaesthesia.	3'47	Link
University of Toronto PGME	EPAs in emergency medicine.	4'59	Link
Source	Workplace-based assessment in an EPA framework	mins.	
American Board of Pediatrics	Explains decision making in E/CCCs.	3'18	Link
Swiss Society of Nephrology	Explains EPA-based assessment with the prEPARED mobile app.	14'57	Link
Dutch PGME Federation	Explains entrustment decision making in teams.	3'35	Link
CZO Flex Level project in the Netherlands	Explains workplace-based assessment and entrustment decision-making using supervision levels for postgraduate nursing education.	3'03	Link
Dutch PGME training	Explains summative entrustment decisions from the trainee perspective.	2'54	Link
Dutch PGME training	Explains summative entrustment decision-making in pediatric training.	9'05	Link
Switzerland	Explains how to use the prepared mobile app.	4'14	Link
Irish internship program	Explains how to conduct a direct observation, have the feedback conversation and record the outcome.	2'40	Link
Irish internship program	Demonstrates how to conduct a direct observation of a procedure and give feedback using supervision levels.	6'12	Link
Irish internship program	Demonstrates how to conduct a direct observation of a clinical task and give feedback using supervision levels.	6'11	Link

(Continued)

Table 25.2: Continued.

Source	Workplace-based assessment in an EPA framework	mins.	
Irish internship program	Explains how to conduct a case-based discussion, have the feedback conversation, and record the outcome.	2'38	Link
Irish internship program	Demonstrates how to conduct a case-based discussion effectively, have feedback conversation, and record the outcome.	8'01	Link
Irish internship program	This animation explains how to conduct a case presentation, have the feedback conversation, and record the outcome.	2'40	Link
Irish internship program	This video demonstrates how to conduct a case presentation and give feedback using supervision levels.	6'02	Link
Radboud University Nijmegen	Example of EPAs in Dentistry in the Netherlands.	3'07	Link
American Association of Veterinary Medical Colleges	This website includes multiple CBVE Educational Videos and other resources (including about EPAs).	–	Link

Table 25.3: Links to 2024 clips used in the international online course In and Outs of EPAs.

YouTube Links	mins
1 Introduction to CBME and EPAs	15
2 Supervision and entrustment	14
3 Advanced topics in EPAs part I	16
4 Advanced topics in EPAs part II	15
5 Eight components of a full EPA description	19
6 Arriving at a defensible framework of EPAs for a program	15
7 UME curriculum development	11
8 PGME curriculum development	13
9 Factors affecting entrustment decisions	13
10 Workplace based assessment with EPAs	14
11 Entrustment based discussion	11
12 ePortfolios and mobile apps for EPAs	15
13 Summative entrustment decision making in teams	17
14 Faculty development for EPA-based education part I	15
15 Faculty development for EPA-based education part II	15
In addition: Instruction for use of the EQual tool	18

Bibliography of most of the literature about EPAs and related concepts

This overview aims to be comprehensive but does not imply recommendation of the articles or endorsement of their content. It is merely a categorization of publications, based on a PubMed search of articles including ‘entrustable’ or ‘entrustment decision’ in its title or abstract. There are limitations. A more elaborate systematic search may reveal more journal publications. The vast gray literature is not included. The publication titles may be copied and pasted into a search engine, such as Google Scholar, to find the abstracts or full texts. The bibliography can be

downloaded [here](#) and has the current, following categories of literature. Note, the manual categorization of articles may have resulted in duplications across categories.

- General and introductory texts
- Literature reviews
- Identifying, defining, and validating EPAs
- EPAs for medical school and internship
- Assessment, entrustment decisions, and feedback
- Entrustment–supervision scales and their validity
- Clinical competency committees
- EPAs versus competencies and milestones
- EPAs, technology, portfolios, apps, and AI
- Supervision and autonomy
- General and theoretical aspects of entrustment
- Time variability
- Transitions to clerkship, residency, practice, continuous professional development
- Curriculum development; EPA implementation
- CBME and EPA language
- Learner perspectives
- Controversies and discussion
- Faculty development
- EPAs and interprofessional education
- EPAs for medical disciplines (categorized by specialty)
- EPAs for other health professions (categorized by profession)
- Specific EPAs elaborated
- EPAs for non-health care disciplines

Tools and instructions for faculty development workshop exercises

This section provides tools for faculty development activities to support the development and implementation of EPAs. While the activities resemble the types of activities conducted in the international online course *Ins and Outs of Entrustable Professional Activities*, their use requires experienced facilitation and dedicated participants groups. For those who have attended the course, these materials are now provided to allow attendees to conduct local faculty development efforts under the creative commons conditions of CC BY-NC-SA (used with credit to creator, used for noncommercial purposes only and with adaptations allowed but under the same conditions).

To understand the use of these workshop materials, a brief outline of the international course is useful. It contains eight modules, grouped into four sessions: (a) general concepts, (b) curriculum development, (c) assessment and entrustment decisions, and (d) faculty development and faculty support through peer consultation.

Readiness assurance test questions

A series of multiple-choice best-answer questions about EPAs and related concepts is provided. They have been used in the international course many times and always evoke group discussions to elaborate the preferred best answers, often with the exchange of arguments about distractors of the multiple choice questions. Note that the purpose of these (voluntary) questions is primarily to evoke such discussions among workshop participants, rather than to evaluate or assess individual participants. Readiness assurance questions are to be completed before workshop attendance.

The items can be downloaded as [Appendix with Chapter 25](#) which contain readiness assurance questions for general concepts (16), curriculum development (10) and assessment/entrustment (10).

Workshop exercise ‘EPAs 101’

This 30-minute exercise, in small groups (of four to six), asks participants to provide, one by one, a definition or explanation of a concept from the list below; other participants may then supplement the offered definition or explanation. As a reference, the glossary in this chapter may be used to back up and extend this exercise.

1. Can you provide a one-sentence definition of ‘EPA’?
2. What is the purpose of CBME and why may EPAs add to that purpose?
3. Can you list at least five features of an EPA?
4. What is the difference between competencies and EPAs?
5. How do ad hoc and summative entrustment decisions differ?
6. Which are commonly used levels of supervision?
7. What is a STAR?
8. Why may entrustment extend the ‘does’ level of Miller’s pyramid?

Workshop exercise ‘The faculty meeting discussion’

This 30-minute exercise, in small groups (of four to six), splits each small group into two cohorts (cohort A: two to three play critical faculty members; cohort B: two to three play EPA implementation committee members). Three examples of critical faculty questions require a response from the committee.

- ‘Competency-based education is a fad. The clinician cannot be reduced to competencies and subcompetencies. Assessing knowledge and skills is difficult enough and I fear that moving to competencies and EPAs will create graduates with an even smaller knowledge base’
- ‘You have defined competency-based education without a fixed duration. How will we ever accommodate that?’
- ‘Our specialty has made a list of diseases trainees should learn about. Can’t we just relabel them as EPAs?’

The workshop time may be split into two units of 15 minutes each. After 15 minutes, the cohorts switch roles.

Workshop exercise: ‘Create an EPA framework with a nominal group technique’

A domain for EPA development that is intuitive for most participants, independent of specialty and profession, is ‘parenting,’ that is, the everyday task of raising a baby. This 20-minute workshop exercise, in small groups (of four to six), uses an adapted nominal group technique (NGT). NGT has four phases:

1. Everyone lists, in silence, as many relevant items (tasks) as possible for parenting, in about five minutes
2. Going around the table (or screen) one by one, each participant adds a single item to the group list, without interference from other participants, until the round-robin procedure yields no more items to add

3. Participants work together to clean and clarify the list by lumping and splitting items on the list
4. Participants prioritize items on the list by voting

Workshop exercise: 'Elaborate an EPA'

This is a 20-minute exercise for small groups (of four to six). The group identifies one EPA title and then elaborates the EPA using a template that is derived from AMEE Guide 140.^a The template can be downloaded as [Appendix with Chapter 25](#).

The exercise can be combined with the workshop exercise 'Create an EPA framework with a nominal group technique,' in which case, after the NGT procedure, one of the high-priority suggested EPAs is selected to be elaborated. The combined exercise is described in a worksheet that can be downloaded as [Appendix with Chapter 25](#).

Workshop exercise 'Curriculum development with EPAs'

Curriculum development with EPAs is an important topic for faculty development and curricula are usually developed over a long period of time, ranging from months to years. A brief workshop can therefore only scratch the surface of what it means to develop an educational program.

This 45-minute exercise focuses on a discussion in a small group (of four to six) about education (teaching and assessment) that should prepare trainees for readiness to execute an EPA with indirect or no supervision. The exercise uses five sample EPAs, all available in elaborated format:

- Obtaining informed consent
- Oral and written reporting to document a clinical encounter
- Patient handover
- Virtual patient consultation
- Health promotion and preventive care

The exercise provides a worksheet with a blank table organized into three columns (preclinical education, clinical education, postgraduate education) and four rows: targeted level of supervision for each stage, content, education methods, and assessment methods. The 12 cells can be filled with curricular suggestions for one EPA; each parallel small group may cover a different EPA from the list of five. A worksheet, including the elaborated EPAs, can be downloaded as [Appendix with Chapter 25](#).

Workshop exercise 'Entrustment-based discussion'

The EBD is a 10- to 20-minute conversation with a focus on risk assessment when anticipating an entrustment decision, either directly after an EPA has been performed or before an upcoming activity. The conversation checks the trainee's full understanding of the activity with its associated risks and assesses the trainee's readiness to act in unfamiliar situations with 'what would you do if...' questions.

The exercise was created for a broad audience and therefore uses everyday examples of entrustment in the private setting (i.e., asking a neighbor's child to babysit for your child and asking a

^a ten Cate O, Taylor D. The recommended description of an entrustable professional activity, AMEE guide 140. *Med Teach*. 2021;43(10):1106–1114.

neighbor's teenager with a restricted driver's license to pick up your mother from the airport). The exercise can be downloaded as [Appendix with Chapter 25](#).

Workshop exercise 'Clinical competency committee meeting'

Clinical competency committees are charged with evaluating trainees to make summative decisions about readiness and permission to execute EPAs with only distant supervision. In this 20-minute small group exercise, committee members (five or six) are played by participants. The five or six roles (less than half a page each) are distributed in advance and each role is only read by the participant assuming the role. All participants review the same summary of one trainee's portfolio. This resident opts for a 'level 4' summative entrustment decision with a STAR to start practicing unsupervised. The committee members review the portfolio and their own experiences and must come to a decision, in a 15-minute discussion led by one participant whose role is that of committee chair. The exercise can be downloaded as [Appendix with Chapter 25](#) and includes a general worksheet as well as six dedicated roles.

Workshop exercise 'Faculty development for specific target groups'

This 30-minute exercise is meant to elaborate the different needs, goals, practices, and required resources for faculty development, training, and instruction for various stakeholder groups (leaders, frontline clinical teachers, trainees, clinical competency committee members, champions). Divided into small groups (of four to six), each group handles one target group, and, if there is enough time, a second one. The exercise can be downloaded as [Appendix with Chapter 25](#).

Workshop exercise 'Troika peer consultation'^b

This 45-minute exercise requires every participant to have prepared a personal pressing question for consultation. The question should be related to EPAs, entrustment decision making, or competency-based education. The whole group is divided into small groups of three and enacts the consultation in three rounds. In every round, one participant is the 'client,' poses a pressing question, and receives peer consultation in a structured format. The exercise instructions can be downloaded as [Appendix with Chapter 25](#).

The EQual Rubric tool to evaluate the fit-for-purpose validity of entrustable professional activities

This EQual rubric tool,^c created in Microsoft Excel, provides EPA development teams with a resource to evaluate the quality of the construction of individual EPAs. The application of the tool is described in detail in Chapter 11. This downloadable resource includes 14 quality questions about the EPA, each scored on a five-point scale, with anchor values explained. It calculates the overall score and scores for each section of the rubric, and highlights when comments were provided by those using the tool. The tool can also be adapted for use with survey software,

^b This exercise was derived from the Liberating Structures website <https://www.liberatingstructures.com/8-troika-consulting/>.

^c Taylor DR, Park YS, Egan R, et al. EQual, a novel rubric to evaluate entrustable professional activities for quality and structure. *Acad Med*. 2017 Nov;92:11:S110–117.

Revised EQUAL RUBRIC SCORING TOOL to measure quality of EPA descriptions (Taylor et al Acad Med.2017;92:S110-7). For each EPA insert a score (1-5) for each item

EPA TITLE:	
1. This EPA has a clearly defined beginning and end	1 1 Neither the beginning nor the end of the activity is clearly defined 3 The beginning OR the end is clearly defined but not both 5 The beginning and end are both clearly defined
2. This EPA is independently executable to achieve a defined clinical outcome	1 1 Routinely depends on multiple other contributing tasks/activities 2 Routinely depends on one other contributing task/activity 3 Can be independent, but commonly depends on other tasks/activities to achieve its clinical outcome 4 Typically independent, but infrequently depends on other tasks/activities to achieve its clinical outcome 5 Independent of other tasks/activities to achieve its clinical outcome
3. This EPA is specific and focused	1 1 Describes a large, general area of practice or describes domains of competence 2 Is a general category of work that serves a broad purpose 3 Is a general category of work that serves a clear and focused purpose 4 Includes a few closely-related units of work that serve a common, clear and focused purpose 5 Is specific work that serves a clear and focused purpose
4. This EPA is observable in process	1 1 The activity cannot be observed or monitored 2 Parts of the activity can be monitored, but only indirectly 3 Some parts of the activity can be directly observed 4 Most of the activity can be directly observed, but not the entire activity 5 The activity can be observed in all aspects from beginning to end
5. This EPA is measureable in outcome	1 1 The outcome of the work cannot be described or measured 2 Limited aspects of the outcome can be inferred from indirect assessment but not direct measurement 3 The outcome of the work can be inferred, but not directly described or measured 4 The outcome of the work can be largely described and/or measured directly 5 The outcome of the work can be fully described and/or measured directly
6. This EPA is clearly distinguished from other EPAs in the framework	1 1 Cannot be meaningfully distinguished from one or more of the other EPAs 2 Has clear similarity or overlap with one or more of the other EPAs 3 Has similarity with other EPAs in the framework, but there are also some clear distinguishing features 4 Has some similarity with one or more EPAs in the framework, but there are clear and important distinguishing features

Total Equal score
14.00

Average Equal score
1.00 (suggested norm: > 4.0)

EPAs as Discrete Units of Work score
1.00 (items 1-6)

Entrustable, Essential & Important Professional Tasks score
1.00 (items 7-10)

EPAs' Curricular Role score
1.00 (items 11-14)

Were comments included below?
NO

Is the form complete?
YES

Figure 25.1: Equal Rubric Excel tool—fragment.

which may provide additional options for data analysis. The tool can be opened with the password 'Equal.' Figure 25.1 shows a fragment of the tool. Click [here](#) to download the tool.

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