# Developing Entrustable Professional Activities (EPAs) for the Competency-Based Fellowship Program for Psychiatry in Australia and New Zealand

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## BACKGROUND AND PURPOSE

▪ In December 2012, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) introduced a competency-based Fellowship program called the 2012 Fellowship Program.

▪ Entrustable Professional Activities (EPAs) (1-3) were introduced as part of the suite of 2012 Fellowship Program summative assessment tools. EPAs are designed to help operationalise competency-based education by integrating competencies that are representative of core clinical activities into the workplace.

▪ EPAs are described as being observable and measureable in their process and their outcome reflects the competence of the trainee (2). EPAs were introduced to help supervisors in their determination of competence of trainees and to provide trainees with a framework to monitor their progress (1).

## METHODS

▪ The CanMEDS (4, 5) model and the seven CanMEDS competencies were adapted to suit the context of psychiatry. From this, key Learning Outcomes and Developmental Descriptors were constructed. The program and assessments were then comprehensively mapped to the competencies and Learning Outcomes.

▪ The 2012 Fellowship Program comprises Stage 1, 2, and 3. In each stage, trainees are required to complete a minimum number of EPAs related to specific areas of practice, e.g., Adult Psychiatry or Child and Adolescent Psychiatry.

▪ Workplace-based Assessments (WBAs) will be used formatively to inform EPA sign off with a minimum of 3 WBAs per EPA. Working parties comprised of experts from each area of practice were established to develop specific EPAs using RANZCP approved templates to provide guidance and structure.

▪ Each EPA was mapped to the required standard, e.g., Stage 1, Learning Outcomes, Developmental Descriptors, and Fellowship Competencies. A group of key Fellows, trainees, and supervisors then acted as a moderation panel to ensure consistency of standard, content and the relevance to the role of a psychiatrist.

▪ Each EPA was reviewed and approved by the RANZCP Board of Education. Figure 1 shows the steps to developing an EPA.

## DISCUSSION AND CONCLUSIONS

▪ The application of EPAs to the 2012 Fellowship Program provides structure to the supervision arrangements and allows trainees to track or map their progress.

▪ Attaining an EPA shows that a supervisor can trust a trainee to perform that activity with only distant (reactive) supervision, as the trainee knows when to ask for additional help and can be trusted to seek assistance in a timely manner. See www.ranzcp.org/2012-fellowship-program



**Step 7**: EPA becomes a mandatory assessment which a trainee needs to attain in order to progress.

**Step 6:** EPA is approved and ready for implementation.

**Step 5:** The Board of Education reviews the EPA. Feedback is gathered and changes made before being approved.

**Step 4:** Working party reviews EPA before an external moderation panel of Fellows, trainees, and supervisors reviews it for consistency, content, and relevance. EPA is approved or sent back for review.

**Step 3:** EPA is developed by defining the knowledge, skills, and attitude of a core clinical activity. The EPA is then mapped to the curriculum blueprint and Fellowship Competencies.

**Step 2:** Working party agrees on and defines a specific core clinical activity to develop an EPA on, *e.g., Interviewing an Indigenous Australian Patient.*

**Step 1:** Working party from an area of practice is established to develop EPAs, *e.g. Indigenous Mental Health*

**Figure 1: Developing an EPA**

*Extracts from an example EPA:*
*Interviewing an Indigenous Australian Patient.*

The trainee can use an interview with an Indigenous Australian patient to conduct a psychiatric assessment, develop rapport and build a therapeutic alliance...

*Examples of knowledge, skills and attitude required:*

▪ Understands the concept of cultural safety, and the role of an Indigenous mental health worker (cultural interpreter).

▪ Understands cultural aspects of verbal and non-verbal communication.

▪ Understands historical knowledge and context of the patient's community and how this may impact on the patient's presentation or the manner in which they relate to the interviewer.

▪ Knowledge of cultural belief systems including an awareness that cultural beliefs may be misunderstood as psychiatric symptoms.

▪ Differentiates manifestations of mental illness from culture-bound syndromes and cultural beliefs. *(Skill example)*

▪ Willingness to defer to the Indigenous mental health worker as the expert in relation to traditional languages and cultural understandings. *(Attitude example)*

*Assessment method*: Progressively assessed during individual and clinical supervision, including three appropriate WBAs. Suggested WBAs:
1. Observed Clinical Activity (OCA),
2. Mini-Clinical Evaluation Exercise, or
3. Case-Based Discussion.

## OTHER EXAMPLES

*Psychiatry of Old Age - Medication (antidepressants or antipsychotics) for over 75 years:* The trainee can use antidepressants and antipsychotics to provide quality care for elderly patients at high risk of drug interactions and adverse effects.

*Cognitive Behavioural Therapy (CBT) – Anxiety management -* The trainee can manage anxiety in general adult psychiatric patients. The trainee demonstrates an ability to assess anxiety and employ basic management skills such as psychoeducation, structured problem solving and de-arousal strategies to a proficient level.

## REFERENCES

1. ten Cate O. Entrustability of professional activities and competency-based training. Medical Education. 2005;39(12):1176-7.
2. ten Cate O, Snell L, Carraccio C. Medical competence: The interplay between individual ability and the health care environment. Medical Teacher. 2010;32(8):669-75.
3. Mulder H, ten Cate O, Daalder R, Berkvens J. Building a competency-based workplace curriculum around entrustable professional activities: The case of physician assistant training. Medical Teacher. 2010;32(10):e453-e9.
4. Frank JR. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005.
5. Frank JR, Snell L, ten Cate O, Holmboe ES, Carraccio C, Swing SR, et al. Competency-based medical education: theory to practice. Medical Teacher. 2010;32(8):638-45.
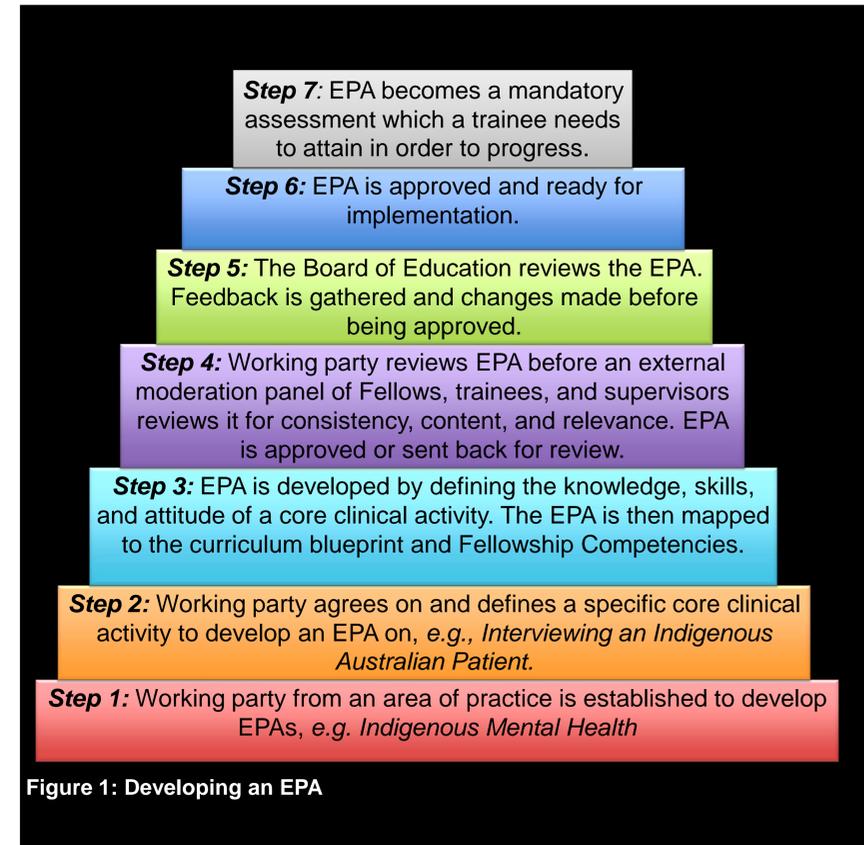
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