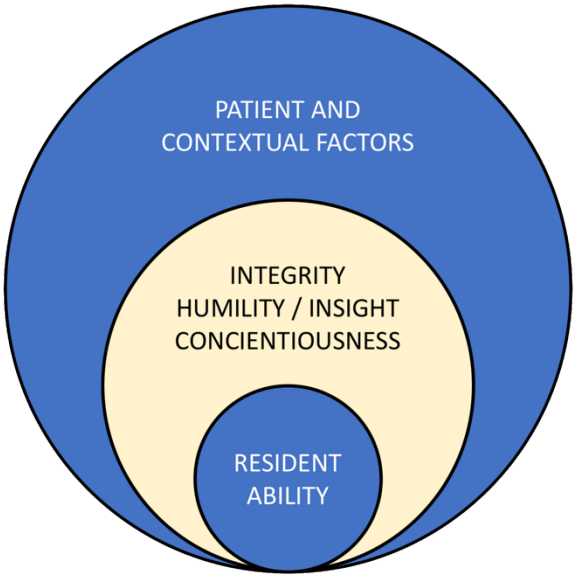
QIM Assessment Guidebook

Entrustment and Scoring

Trust and Entrustment

Trust goes beyond ability. Beyond a resident's capability to perform a task, trust also incorporates conscientiousness, integrity, insight. It considers patient acuity and complexity. All of these factors are woven together implicitly when we consider the degree to which we believe we can safely trust residents with the care of patients.

Trust is also not all or nothing. Although this is obvious, the way we rate residents on our forms sometimes doesn't reflect this. The most important way to capture trust is through detailed comments that describe the areas residents can improve that will make entrustment easier. This isn't about individuals being inherently trustworthy individuals; it's about their readiness to be entrusted with the care of vulnerable patients. Rating readiness for entrustment is naturally captured by describing the level of supervision required for safe patient care. Keep in mind, the standard expected will vary for different tasks and for residents at different stages of training. Below is the entrustment scale now adopted by QIM.



Trust begins with ability, but necessarily also incorporates other personal qualities and clinical contexts

QIM Entrustment Rating Scale

For this encounter, select the level of supervision required for safe patient care:

1. Supervisor actively performs the EPA with resident
2. Supervisor intermittently assists resident to perform the EPA
3. Supervisor outside room, immediately available, double-checks findings
4. Supervisor outside room, immediately available, checks **only key** findings
5. Supervisor offsite, available by phone, checks only key findings
6. Distant supervisor, post-hoc debrief available as needed

RED = levels of direct supervision
YELLOW = levels of indirect supervision
GREEN = remote oversight

EPAs and Sampling Expectations

TRANSITION TO DISCIPLINE

The goal of this stage is to ensure residents are ready for the level of responsibility required to take call at night and to safely execute established treatment plans for patients. On completing this stage, trainees consistently demonstrate the skills required to take a relevant and complete history and do an appropriately focused physical examination. They identify key psychosocial challenges facing their patients. Further, they integrate findings on history, exam, and diagnostic studies to generate a differential that identifies the common and straightforward possibilities. They admit patients to acute care settings safely under indirect supervision of a senior resident. On mastering this stage, residents also consistently identify typical presentations of unstable and critically ill patients; for these patients they provide preliminary assessment and management and obtain help promptly. Transition to Discipline emphasizes day-to-day reliability and professionalism. Residents at this stage have a sense of responsibility and establish effective relationships with patients and families.

Total required POCAs at the entrustable level across the three EPAs is 13.

D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

Total entrusted POCAs = 4

Mix of:

- New patients
- Follow-up

Approach:

- Direct observation

Target rating: 3 – Supervisor outside room, immediately available, double-checks findings

D2 Identifying and assessing unstable patients, providing initial management, and obtaining help

Total entrusted POCAs = 3

Mix of:

- Cases (e.g., SOB, hemodynamic instability, altered LOC)
- Assessors (e.g., faculty, residents)

Approach:

- Direct observation (can include simulation)
- Indirect (e.g., case presentation)

Target rating: 3 – Supervisor outside room, immediately available, double-checks findings

D3 Performing the basic procedures of internal medicine

Total entrusted POCAs = 6

Mix of:

- 3 ABGs (a must)
- IV placement, NG tube placement, sterile field preparation

Approach:

- Direct observation

Target rating: 3 – Supervisor outside room, immediately available, double-checks findings

FOUNDATIONS OF DISCIPLINE

The goal of this stage is to impart the foundational skills required to manage the common presentations of internal medicine and identify when clinical situations deviate from expected. Residents must be capable of assessing and managing undifferentiating medical patients and recognizing when assistance is needed. They identify knowledge gaps and use a variety of resources to fill those gaps. They also demonstrate more nuanced clinical reasoning, beginning to recognize their own biases in clinical interpretation. Further, residents can safely and successfully transition patients from the inpatient to ambulatory setting. Residents must demonstrate effective interprofessional care.

Total expected POCAs at the entrustable level across the eight EPAs is 41.

F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings

Total entrusted POCAs = 10

Mix of:

- Cases (e.g., chest pain, SOB, delirium, abdominal pain, fever, hypotension, etc)
- Assessors (faculty, supervising residents/fellows)

Approach:

- Direct observation
- Indirect (e.g., case presentation, documentation review)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

F2 Managing patients admitted to acute care settings with common medical problems and advancing their care plans

Total entrusted POCAs = 8

Mix of:

- Cases
  - Patient management (e.g., arrhythmias, CHF, CAD, COPD, PNA, DKA, VTE, sepsis, cirrhosis, pancreatitis, AKI, hyponatremia, etc)
  - Patient/family education (e.g., family meeting, bedside education, etc)
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation (can include simulation)
- Indirect (e.g., case presentation, chart review)

Target rating: 4 – Supervisor outside room, immediately available, checks **only key** findings

F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

Total entrusted POCAs = 4

Mix of:

- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Indirect (e.g., case review)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

F4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings

Total entrusted POCAs = 4

Mix of:

- Case mix:
  - D/C plan development and documentation
  - Patient education for discharge
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation
- Indirect (e.g., case discussion, documentation review)

Target rating: 4 – Supervisor outside room, immediately available, checks **only key** findings

F5 Assessing and providing targeted treatment for unstable patients and consulting as needed

Total entrusted POCAs = 8

Mix of:

- Cases (e.g., SOB, hemodynamic instability, altered LOC)
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation (can include simulation)
- Indirect (e.g., case presentation/discussion)

Target rating: 4 – Supervisor outside room, immediately available, checks **only key** findings

F6 Discussing and establishing patients' goals of care

Total entrusted POCAs = 3

Mix of:

- Cases (from patient and SDM)
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

F7 Identifying personal learning needs while caring for patients and addressing those needs

Total assessments = 1

- Academic Advisor reviews learning plan

F8 Providing and receiving handover in transitions of care

Total entrusted POCAs = 3

Approach:

- Direct observation

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

CORE OF DISCIPLINE

Completing this stage demands consultant level knowledge and judgment in deciding when actions need to be taken, and proposing and selecting treatment options for patients. Treatments are consistently evidence-informed, appropriately follow guidelines and standards of care, and are applied across the full breadth of internal medicine presentations. Residents completing this stage also understand the relevance of resource utilization to clinical decision-making. Mastering this stage requires higher-level interpersonal skills, including the skills needed to educate patients and lead complicated family meetings. This level calls for the ability to communicate clearly with colleagues, consultants, and the multidisciplinary team, to deliver bad news to patients, and to answer more complex management questions. This stage also demands independence in performing all of the common procedures of internal medicine

Total expected POCAs at the entrustable level across the eight EPAs is 94.

C1 Assessing, diagnosing and managing patients with complex or atypical acute medical presentations

Total entrusted POCAs = 20

Mix of:

- Cases (new assessments across the range of medical presentations)
- Settings (across inpatient and outpatient settings)
- Assessors (e.g., faculty, residents)

Approach:

- Direct observation
- Indirect (e.g., case presentation, case discussion)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C2 Assessing and managing patients with complex chronic diseases

Total entrusted POCAs = 15

Mix of:

- Cases (e.g., SOB, hemodynamic instability, altered LOC)
- Settings (across inpatient and outpatient settings)
- Focus:
    - Diagnosis and management
    - Patient education and counselling
- Assessors (primarily faculty)

Approach:

- Direct observation
- Indirect (e.g., case presentation and case discussion)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C3 Providing internal medicine consultation to other clinical services

Total entrusted POCAs = 10

Mix of:

- Cases (should include periop medicine, obstetrical medicine)
- Settings (across inpatient and outpatient settings)
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation
- Indirect (e.g., case presentation, case discussion)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C4 Assessing, resuscitating, and managing unstable and critically ill patients

Total entrusted POCAs = 10

Mix of:

- Cases
- Assessors (must include allied health professionals)

Approach:

- Direct observation (can include simulation)
- Indirect (e.g., case presentation, debrief and case discussion)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C5 Performing the procedures of Internal Medicine

Total entrusted POCAs = 22

Mix of:

- Cases
  - CVC with ultrasound (min 5)
  - Thoracentesis (min 3)
  - Paracentesis (min 3)
  - Lumbar puncture (min 3)
  - Arthrocentesis of the knee (min 2)
  - Airway management (bagging, intubation) (min 3)
  - Radial arterial lines (min 3)
- Assessors (e.g., faculty, supervising residents/fellows)

Approach:

- Direct observation

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

C6 Assessing capacity for medical decision-making

Total entrusted POCAs = 3
Approach:
- Direct observation
- Indirect (e.g., case presentation)

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C7 Discussing serious and/or complex aspects of care with patients, families, and caregivers

Total entrusted POCAs = 3
Mix of:
- Assessors (e.g., faculty, social work)

Approach:
- Direct observation

Target rating: 5 – Supervisor offsite, available by phone, checks only key findings

C8 Caring for patients who have experienced a patient safety incident (adverse event)

Total entrusted POCAs = 2
Approach:
- Indirect (e.g., case discussion)

Target rating: 4

C9 Caring for patients at the end of life

Total entrusted POCAs = 3
Approach:
- Direct observation (can include simulation)
- Indirect (e.g., case presentation)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

C10 Implementing health promotion strategies in patients with or at risk for disease

Total entrusted POCAs = 3
Mix of:
- Cases (inpatients and outpatients)

Approach:

- Direct observation (observed counseling)
- Indirect (e.g., case presentation, chart review)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

C11 Supervising junior learners in the clinical setting

Total entrusted assessments = 3

Mix of:

- Must include some bedside teaching
- Assessors (e.g., faculty, junior residents, medical students)

Approach:

- Direct observation (bedside, team room, etc.)
- Indirect (e.g., longitudinal assessment (PPAs))

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

TRANSITION TO PRACTICE

The learner at this level has mastered the clinical skills required to care for medical patients across a broad range of diseases and presentations, but also is increasingly capable of caring for patients with uncertainty in diagnosis and/or management. This stage emphasizes the translation of clinical skills into the health systems in which we practice. Examples of this translation of skills include: assessing and treating patients remotely through telephone consults and telehealth; facilitating transfers to other institutions; and managing workflow in a busy clinic. At this stage, learners are aware of the process of Quality Improvement (QI) and can participate in local QI initiatives when called to.

Total expected POCAs at the entrustable level across the eight EPAs is 20.

P1 Managing an inpatient medical service

Total entrusted POCAs = 3

Mix of:

- Cases (e.g., SOB, hemodynamic instability, altered LOC)
- Assessors (e.g., faculty, residents)

Approach:

- Direct observation
- Indirect (e.g., case presentation, longitudinal assessment)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P2 Managing longitudinal aspects of care in a medical clinic

Total entrusted POCAs = 3

Mix of:

- Cases
- Assessors (e.g., faculty)

Approach:

- Direct observation
- Indirect (e.g., case presentation, chart review)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment

Total entrusted POCAs = 3

Mix of:

- Assessors (e.g., faculty)

Approach:

- Direct observation (can include simulation)
- Indirect (e.g., case presentation, case-based entrustment discussions)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P4 Providing consultations to off-site health care providers

Total entrusted POCAs = 3

Mix of:

- Cases (e.g., SOB, hemodynamic instability, altered LOC)
- Assessors (e.g., faculty)

Approach:

- Indirect (e.g., case review)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P5 Initiating and facilitating transfers of care through the health care system

Total entrusted POCAs = 3

Mix of:

- Cases
  - Transfers to higher level of care
  - Accepting transfers from outside hospitals
  - Discharges to subacute care or outpatient settings
- Assessors (e.g., faculty, fellows)

Approach:

- Indirect (e.g., case review)

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P6 Working with other physicians and healthcare professionals to develop collaborative patient care plans

Total entrusted POCAs = 3

Mix of:

- Cases (include: complex ambulatory care, complex admission, complex discharge)
- Assessors (faculty, allied health)

Approach:

- Review of the collaborative care plan proposed
  - Resident is not expected to generate a perfect plan

- Resident generates a sensible plan, demonstrates flexibility, listens to other care providers. Plan is a thoughtful consensus of involved parties.

Target rating: 6 – Distant supervisor, post-hoc debrief available as needed

P7 Identifying learning needs in clinical practice, and addressing them with a personal learning plan

Total assessments = 1

- Academic Advisor reviews learning plan
- Plan should be prospective, demonstrating a strategic plan looking forward into clinical practice

P8 Identifying and analyzing system-level safety, quality or resource stewardship concerns in healthcare delivery

Must simply demonstrate meaningful contribution (value added to the program with understanding of goals and objectives) to a systems level patient safety, quality improvement or resource stewardship program

Approach:

Resident provides a brief written report that should be reviewed by program supervisor and academic advisor

Approach on…

CTU

One POCA per week, one PPA per attending

Consult Rotation

One POCA per week (may be completed by fellow), one PPA per attending

Clinic Rotation

Target one POCA per clinic. Require four per week. No PPA's required on clinic rotations.

ICU

One POCA per week (may be completed by fellow), one PPA per attending

ER

One POCA per shift
Basic procedures of medicine on nursing shift