

Integrating Primary Care – creating a more connected health and care system.



25th Annual Practitioners Conference

Developing entrustable professional activities (EPAs) for postgraduate family medicine education in South Africa

Prof L. Jenkins

All 9 Family Medicine Departments in South Africa, College of Family Physicians

Background



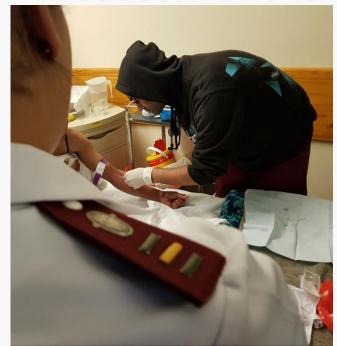
health and care system.

- Workplace-based assessment (WPBA) in health education global priority.
- Landscape change WPBA also in SA (Burch)
- SA Comm. of Deans & CMSA tasked all postgrad programs implement WPBA by 2024.
- All programs develop EPAs as part of programmatic assessment. (Ten Cate, AMEE 140)
- Disciplines have started developing EPAs, including family medicine. (Jenkins)
- South Africa recent development, only some EPAs finalised for a few programs.
- 1. Burch V. The Changing Landscape of Workplace-Based Assessment. Journal of Applied Testing Technology, *Vol* 20(52), 37-59, 2019.
- 2. Sathekge M. Time to review the contribution of work-based assessment in our high-stakes exams. Transactions 2017;61(1):4-5. https://www.cmsa.co.za/view_document_list.aspx?Keyword=Transactions.
- 3. Ten Cate O, Taylor DR. The recommended description of an entrustable professional activity: AMEE Guide No. 140. Med Teach. 2021 Oct;43(10):1106-1114. doi: 10.1080/0142159X.2020.1838465.
- 4. Jenkins, L., Mash, R., Motsohi, T., Naidoo, M., Ras, T., Cooke, R., & Brits, H. (2023). Developing entrustable professional activities for family medicine training in South Africa. South African Family Practice, 65(1), 6 pages. doi: https://doi.org/10.4102/safp.v65i1.5690



The clinical context where assessment takes place











Aim



To review the development of EPAs for FM training in SA.

Objectives

- To describe the process of developing EPAs.
- To describe the EPAs that we developed.
- To share lessons learnt.
- To recommend the way forward.







health and care system.

- 2020: National working group established reps from all 9 postgrad programs.
- 2021: Training of working group chair internat. Tx course (Univ Medical Centre Utrecht, Netherlands (ten Cate).
- 2020-2022: Awareness and faculty development collaborated via virtual meetings, learning to develop EPAs.
- Oct 2022: Nat. workshops (Jhb, CT), SAAFP conf. workshop,
 CFP agenda, institutional awareness and faculty development.
- Literature shared, telephonic and email support through working group.



Methods...

- 19 draft EPAs were written, discussed, edited and refined.
- 2 more online workshops (Jan and Feb 2023)
- 23 EPA titles finalized & drafting content (9 univ)
- 2-day CFP face-to-face workshop (June 2023)
- 22 EPAs content finalised





Results

- 22 EPAs finalised.
- Preamble to the EPA set completed.
- EQual quality evaluation of EPAs completed.
- Portfolio of learning being revised.
- Conversations re Clin. Comp. Committees started.
- Consensus on the need, format, number, and distribution of EPAs to cover the curriculum.
- National buy-in: All nine academic programs.







- 1. Managing women & newborns in the peripartum period
- 2. Managing pregnant women
- 3. Managing women & babies in the postnatal period
- 4. Managing children with undifferentiated and more specific problems
- 5. Managing children requiring inpatient care & procedures
- 6. Providing anaesthesia in the district hospital operating theatre
- 7. Providing anaesthesia for minor procedures
- 8. Managing adult and adolescent patients with chronic conditions
- 9. Managing adult and adolescent patients with undifferentiated problems
- 10. Managing patients with infectious diseases
- 11. Managing adults with conditions that may require surgery or procedures

- 12. Managing patients with mental health disorders
- 13. Managing patients with emergency conditions
- 14. Managing patients with forensic problem
- 15. Managing adults and children with palliative care needs
- 16. Managing care for older patients
- 17. Managing patients with impairments & rehabilitation needs
- 18. Supporting community-based health services
- 19. Supporting and providing health promotion and disease prevention services
- 20. Providing training and continuous professional development
- 21. Leading a clinical team
- 22. Leading clinical governance activities



EPA2. Managing pregnant women.



No	Component	Description	1
2.	Specifications	This EPA includes or may include the following elements:	1
	and limitations	Managing women with antenatal care needs	
	limitations	Common antenatal problems	
		Managing the pregnant couple	
		Recognising conditions that need referral	
		<u>Limitations</u> - A summative entrustment decision for this EPA does not apply for:	
		Peripartum problems (See EPA 1)	
_		 Pregnant women with surgical need before 28 weeks (See EPA 11) 	
3.	Potential risk in case of	Increased morbidity and mortality for the patient - moderate Application are part to be a part of the patient - moderate Application are part to be a part of the patient - moderate The patie	
	failure	 Morbidity or mortality for the baby in utero - moderate Reputational damage , Litigation 	
4.	Link with	Clinician and consultant	_
4.	most relevant	Clinical trainer and capacity-builder	
	FM Roles and	Leader of clinical governance	
	Nat Unit Standard	Champion of community-oriented primary care (COPC) National Unit Standard 2	
	Standard	National Onit Standard 2	
5.	Required knowledge,	Knowledge and Skills:	
	skills,		
	attitudes,	Attitudes and Behaviour:	
	experience.	Attitudes and benaviour:	
		 HPCSA ethical guidelines for good practice in the health care professions. 	
		 Attitudes related to task-specific trustworthiness, in addition to task-specific capability: 	
		 Integrity (truthful, good intentions, patient-centred) Reliability (conscientious, predictable, accountable, responsible) 	
		Humility (observing limits, willing to ask for help, receptive to feedback)	
		 Agency (self-confident, proactive toward work, team, and safety) 	
		Experience:	
		Activities of direct care of pregnant patients and families before unsupervised practice can be considered.	
		Exposure to Ante-Natal Clinics.	
		Resources:	
		Adult Primary Care Manual, PHC EML, ESMOE Training Manual, SA Maternity Care Guidelines	
6.	Sources of information	Entrustment decisions are based on the evidence provided in: 1. At least 6 Direct (or video recorded) observations by: FP supervisors and other specialists (e.g. obstetricians)	
	to support	in hospital ANC/OPDs, maternity wards, High Risk Ante-Natal Clinics, PHC, EC and during home visits. (e.g.	
	entrustment	mini-CEXs, DOPS, teaching event)	
	decisions	 Individual discussions - Educational meetings (with the supervisor, others) Longitudinal monitoring 	
		Congrutant monitoring Multi-source feedback	
		Periodic supervisor assessment at end of OPD/PHC/ward attachment allocation	
	(All captured	Learning plans (for allocation, for next 6-months)	
	in portfolio of	 Registrar reflections (on allocation, of last 6 months) Written assignments 	
	learning)	6. Record of allocations (relevant experience)	
		 Logbook (relevant opportunity to practice procedural and other skills) 	
		Product evaluation E.g. letters of performance from managers	
		 Non-WBA type assessments Patient complaints/compliments, patient-safety incidents, disciplinaries 	
7.	Level of	Entrustment level expected at end of programme: Level 4	
	supervision	1. Present and observe only 2. Direct supervision (next to registrar)	
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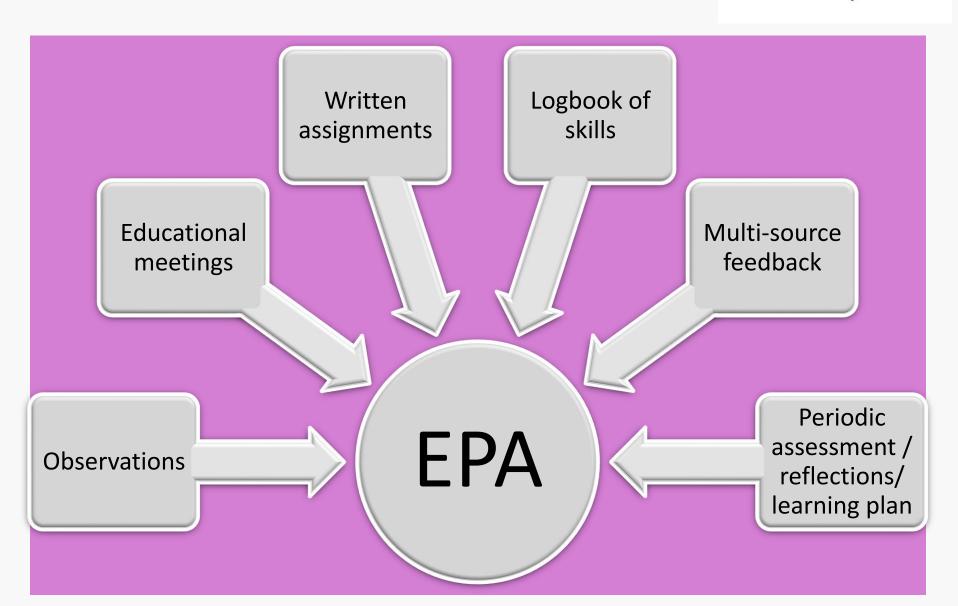


Data points that we have...



- 1. Direct observations (miniCEX, DOPS, Teaching)
- 2. Educational meetings (with supervisor, others)
- 3. Logbook of skills (206 core, 39 elective)
- 4. Multi-source feedback (A RICH assessment)
- 5. Periodic assessments (allocation, last 6/12)
- 6. Learning plans (for allocation, for next 6-months)
- 7. Registrar reflections (allocation, last 6/12) [qual]
- 8. Written assignments on WPB learning & practice







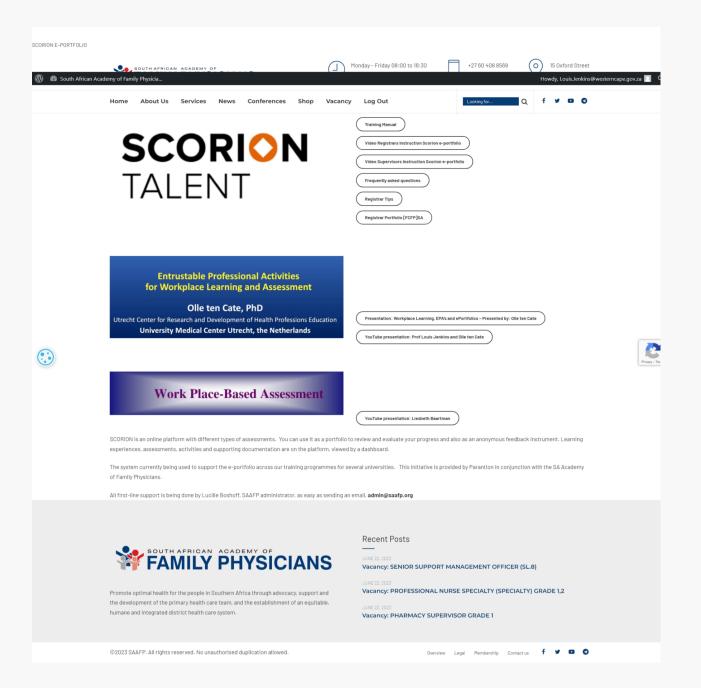
Discussion - Lessons learnt

25th National Congress

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- Change management and logistical issues
 - Very new to everyone
 - Heavy clinical and academic workload
 - All agree that WPBA was needed to improve assessment authenticity
- Understanding the theory and practice of EPAs relevant to family medicine
 - Moved from writing EPAs for specific clinical skills to less granular EPAs (Max 20-30 EPAs)
 - Started with curriculum initially. Then rethought EPAs from the workplace perspective.
 - Explicit about context district hospital and PHC clinics
 - Increase datapoints (saturation), different sources (triangulation), link to curr. (aggregation)
- Unmasking workplace learning and assessment challenges
 - Registrar reflection (Educational value, not compliance alone, observations > assessments)
 - Supervision feedback (detailed narratives that is useful)
 - Faculty training (in-house, Training the clinical trainer, nat. workshops) accredit competency
 - Other supervisors innovative, pragmatic
 - Simple, few assessment tools, cost-effective technology

Jenkins LS, Mash R, Motsohi T, et al. Developing entrustable professional activities for family medicine training in South Africa. S Afr Fam Pract. 2023;65(1), a5690. https://doi.org/10.4102/safp.v65i1.5690







Next steps

- 1. Share EPAs with registrars & supervisors in each department.
- 2. Build Curriculum list (developing draft).
- 3. Determine CCC members (SACOMD WPBA Guideline for CCCs).
- 4. Determine local departmental CCCs (local process).
- 5. Rewrite e-Portfolio and secure funding.
- 6. Implement EPAs beginning 2024. Slowly, learning exercise.
- 7. Review EPAs after 1 year revise.
- 8. Increase weighting of WPBA in national exit exam.



Conclusion

- We described an innovative process of 9 academic departments working collaboratively through a nat. working group to develop EPAs for the discipline.
- Process highlighted many areas of improving WPBA, our e-portfolio, training environment towards more authentic and entrustable trainee assessments.
- Close cooperation with the CMSA is facilitating national agreement.
- Writing EPAs is a new educational experience for family physicians in SA.
- Sharing our experience may help to understand this process better and hopefully help others at similar points of the journey.

Acknowledgements

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