It's all about trust!

A preceptor's guide to EPAs in Experiential Education

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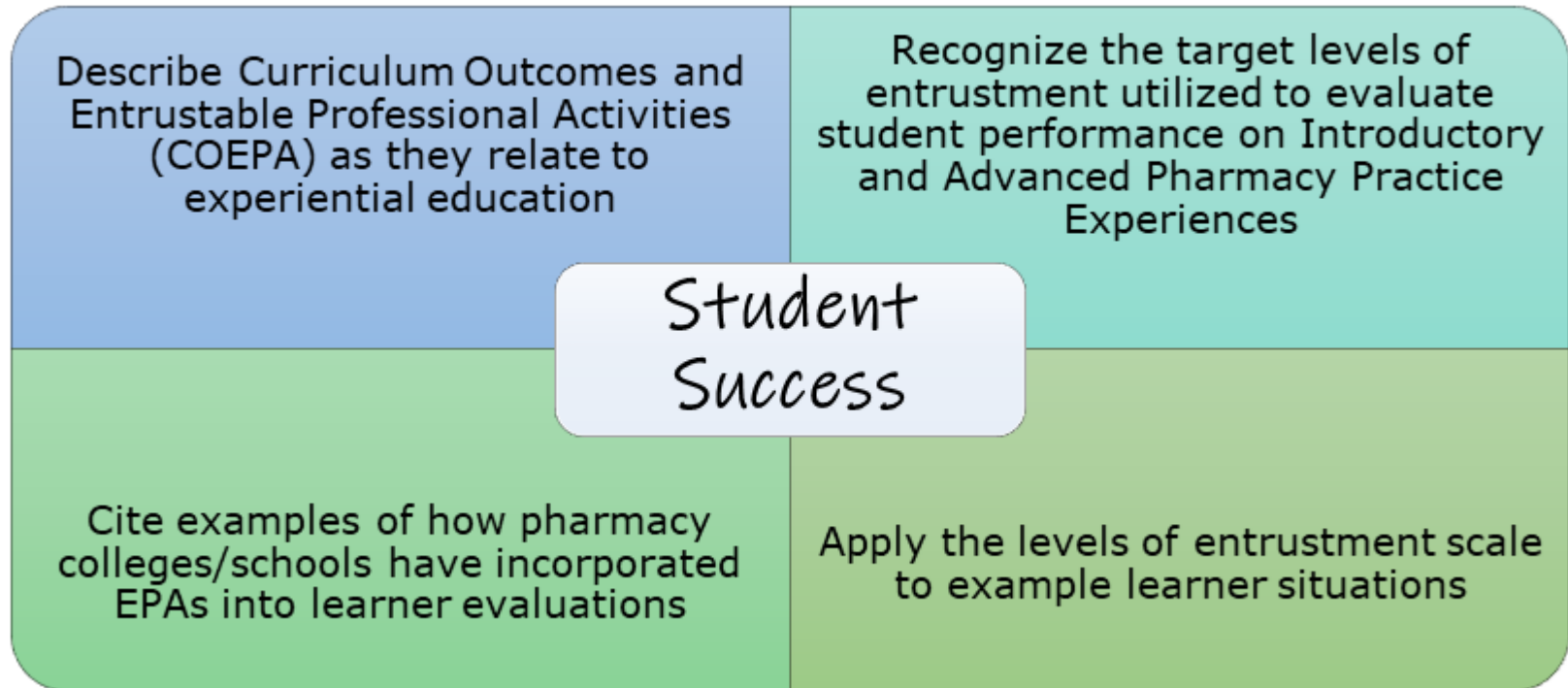Associate Director of Experiential Programs
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Learning Objectives

Describe Curriculum Outcomes and Entrustable Professional Activities (COEPA) as they relate to experiential education

Recognize the target levels of entrustment utilized to evaluate student performance on Introductory and Advanced Pharmacy Practice Experiences

Student Success

Cite examples of how pharmacy colleges/schools have incorporated EPAs into learner evaluations

Apply the levels of entrustment scale to example learner situations

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COEPA 2022

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COEPA 2022

- Represents the 5th version of the Center for the Advancement of Pharmacy Education (CAPE) educational outcomes
    - Previous versions: 1994, 1998, 2004, 2013
- **Educational Outcomes** (EOs) represent the knowledge, skills, and attitudes of pharmacists that students should demonstrate upon graduation

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EPAs 2022

- **Entrustable Professional Activities** (EPAs) in COEPA 2022 represent the 2nd version

    - Originally established in 2016

- Describe the work of pharmacists as workplace tasks and responsibilities that all students are entrusted to do in the experiential setting with direct or distant supervision

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Revised EPAs

Table 1: Revised 12 Educational Outcomes (Domains, Subdomains, One Word Descriptor and Outcome Description)*

Domain	Sub-Domain #	Sub-Domain	One Word Descriptor	Outcome Description
1 Knowledge	1.1	Scientific Thinking	Learner	Seek, analyze, integrate, and apply **foundational knowledge of medications and pharmacy practice** (**biomedical; pharmaceutical; social, behavioral, administrative; and clinical sciences**; drug classes; and **digital health**).[16,20]
2 Skills	2.1	Problem-solving Process	Problem-solver	Use **problem solving**[21] and **critical thinking** skills[22-23], along with an **innovative mindset**[24], to address challenges and to promote positive change.
	2.2	Communication	Communicator	Actively engage, listen, and **communicate**[25] verbally, nonverbally, and in writing when interacting with or **educating**[26] an individual, group, or organization.
	2.3	Cultural and Structural Humility[27,28]	Ally	Mitigate **health disparities**[29] by considering, recognizing, and **navigating**[30] cultural and **structural factors**[28,31] (e.g. **social determinants of health**[32], diversity, equity, inclusion, and accessibility) to improve access and health outcomes.
	2.4	Person-centered Care[33,34]	Provider	Provide **whole person care**[35] to individuals as the **medication specialist**[37] using the **Pharmacists' Patient Care Process**[8]
	2.5	Advocacy[38-40]	Advocate	Promote the best interests of patients and/or the pharmacy profession within healthcare settings and at the community, state, or national level.
	2.6	Medication-use Process Stewardship	Steward	**Optimize**[41-43] patient healthcare outcomes using human, financial, technological, and physical resources to improve the safety, efficacy, and environmental impact of **medication use systems**.[44]
	2.7	Interprofessional Collaboration	Collaborator	Actively engage and contribute as a healthcare team member by demonstrating core interprofessional competencies.[11]
	2.8	Population Health and Wellness	Promoter	Assess factors that influence the health and wellness of a **population** and develop strategies to address those factors.[45]
	2.9	Leadership[46,47]	Leader	Demonstrate the ability to influence and support the achievement of shared goals on a team, regardless of one's role.
3 Attitudes	3.1	Self-awareness	Self-aware	Examine, reflect on, and address personal and professional attributes (e.g., knowledge, **metacognition**,[48,49] skills, abilities, beliefs, biases, motivation, **help-seeking strategies**,[50] and **emotional intelligence**[51] that could enhance or limit growth, development, & **professional identity formation**.[12-14]
	3.2	Professionalism[52]	Professional	Exhibit attitudes and behaviors that embody a commitment to building and maintaining trust with patients, colleagues, other health care professionals, and society.[9]

*Bolded words are listed in Table 3 that includes a glossary of terms, definitions, and references.

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Entrustable Professional Activities for new pharmacy graduates

Patient Care Provider

Interprofessional Team Member

Population Health Promoter

Information Master

Practice Manager

Self-developer

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EPAs

Table 2: Revised 13 ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)*^#

Activity
1. Collect information necessary to identify a patient's medication-related problems and health-related needs.
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to **optimize** pharmacologic and nonpharmacologic treatment.[41-43]
4. Contribute patient specific medication-related expertise as part of an interprofessional care team.
5. Answer medication related questions using scientific literature.
6. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
7. Fulfill a medication order.
8. **Educate** the patient and others trusted by the patient regarding the appropriate use of a medication, device to administer a medication, or self-monitoring test.[26]
9. Monitor and evaluate the safety and effectiveness of a care plan.
10. Report adverse drug events and/or medication errors in accordance with site specific procedures.
11. Deliver medication or health-related **education** to health professionals or the public.[26]
12. Identify **populations** at risk for prevalent diseases and preventable adverse medication outcomes.[45]
13. Perform the technical, administrative, and supporting operations of a pharmacy practice site.
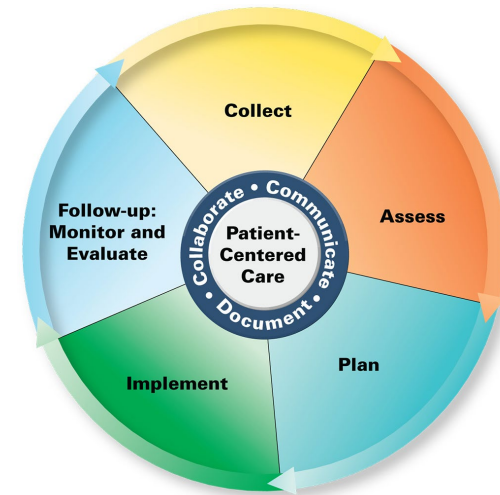
*EPAs are activities not assessments; EPAs delineate essential tasks of a pharmacist that a PharmD graduate can be entrusted with

^EPAs 1-10 are aligned with the **Pharmacist Patient Care Process** (PPCP) and colored according to the PPCP steps.[8] See Figure 1. EPA 1 aligns with Collect, EPA 2 aligns with Assess, EPAs 3-5 aligns with Plan, EPAs 6-8 align with Implement, and EPAs 9 and 10 are Monitor.[8]

#Bolded words are listed in Table 3 that includes a glossary of terms, definitions, and references.

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Levels of Entrustment

Entrustment

- The level to which learners can be entrusted to perform the EPAs and supporting tasks

- Develops over time and should be based on the depth and maturity of each trainee's knowledge, skills, and attitudes

- Scales have been previously developed to help identify the level of entrustment

- EPA statements and the entrustment scale help educators "start with the end in mind"

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Entrustment

- Original scale proposed by AACP in 2016 was based on medical education's Ottawa scale (which uses 5 levels of supervision of an activity)

- 2016 AACP Levels of Entrustment

Level I	Observe Only
Level II	Direct Supervision
Level III	Reactive Supervision
Level IV	Intermittent Supervision
Level V	General Direction

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Entrustment

- Continuum of entrustment is directly applicable to medicine's spectrum of education and training (which requires postgraduate residency)

- Caveats for pharmacy education:
  - Postgraduate training is not mandatory
  - Pharmacy practice laws may restrict ability for students to perform independently (Levels IV and V)
  - At a minimum, *all pharmacy graduates should be able to perform all Core EPAs and the supporting tasks with reactive supervision (Level III)*

Entrustment

- COEPA 2022 includes an updated entrustment scale
  - Numeric levels have been removed to allow for focus on descriptors

- Preceptors should use an entrustment scale to provide EPA-based formative feedback to help the learner

- **Goal level of entrustment upon graduation = reactive supervision**

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COEPA 2022 Entrustment Scale

Table 4. Entrustment Scale for Entrustable Professional Activities[*]

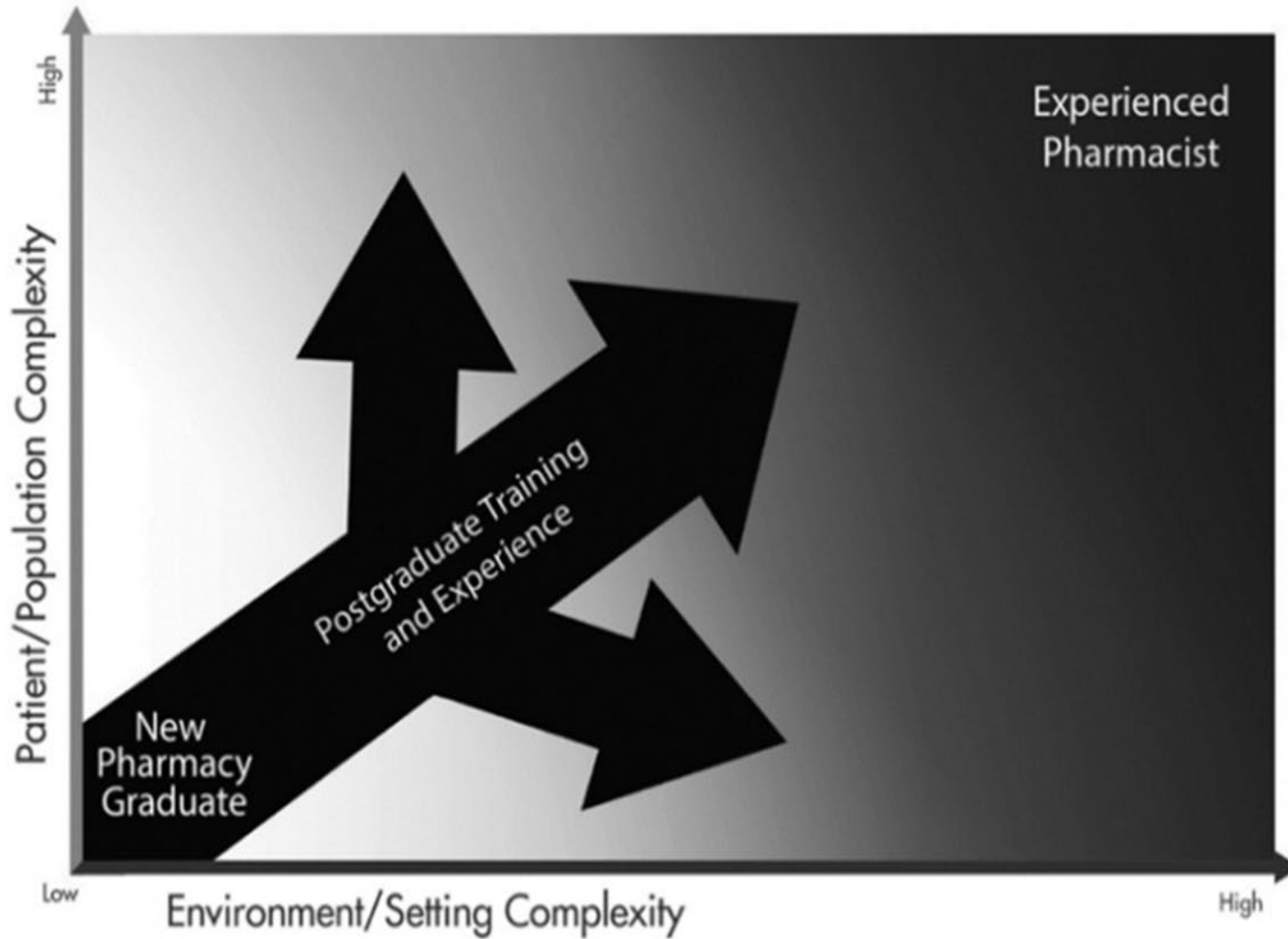| Level	Description
Observe only	Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.
Direct Supervision	Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing task in order to provide immediate feedback.
Reactive Supervision	Learner is entrusted to perform the activity or task with indirect and reactive supervision. Learner can perform task without direct supervision but may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.
Intermittent Supervision	Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform task. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on sample of work.
General Direction	Learner is entrusted to independently decide what activities and tasks need to be performed. Learner entrusted to direct and supervise activities of others. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on broad professional expectations and organizational goals.

*Table adapted from: Haines ST, et al. AJPE.2016;80(9):S20. Published in: Medina MS, et al. AJPE.2023;87(8). The expected performance level upon graduation from a PharmD program should be reactive supervision. Example entrustment scales with sub-levels that can be used to provide early learners additional feedback can be found in references.

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Level of Entrustment (Entrustability Scale)

The assessment of the students should be conducted prospectively.

Observe Only | Direct supervision | Reactive supervision | Intermittent supervision | General Direction

IPPEs → APPEs → Practice or postgraduate training

Be sure to provide specific and actionable feedback. Early learners may benefit from feedback that is more detailed.

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Haines ST, Gleason BL, Kantorovich A, et al. *American Journal of Pharmaceutical Education* 2016; 80(9):Article S20.

Implementation of COEPA 2022

- Colleges and schools of pharmacy are at various stages of implementation
- We will look at these stages with the following colleges/schools:

	Observe Only / Direct Supervision	Direct Supervision	Reactive Supervision	Intermittent Supervision
Entrustment Statement	I trust the learner to perform the task only with proactive supervision and/or frequent correction	I trust the learner to perform the task with supervision and/or correction	I trust the learner to perform the task with limited supervision and/or correction	I trust the learner to perform the assigned task
College Ratings	Significant Deficits Exist	Needs Improvement	Meets Expectations	Exceeds Expectations
Ratings Description	Student has rarely demonstrated the competency at an acceptable level and often does not complete tasks	Student has not consistently demonstrated the competency at an acceptable level	Student performed the competency at an acceptable level	Student has excelled in performing competency
Guidance	Student requires continual guidance from preceptor	Student requires frequent guidance from preceptor	Student has met expectations but requires occasional guidance from preceptor	Student performs above expectations and requires minimal guidance from preceptor

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General Learning Outcomes Assessment Rubric

GENERAL LEARNING OUTCOMES				
5	**4**	**3**	**2**	**1**
I trust the student completely as an independent practitioner (upon licensure) AND *This student is qualified to give meaningful feedback to other learners for this outcome.*	I trust the student completely as an independent practitioner (upon licensure)	I trust the student, with **limited correction.** AND *The student is self-directed and seeks guidance as necessary.*	I trust the student, with direct supervision and **frequent correction.** AND *The student accepts feedback for performance improvement.* *If selected on FINAL assessment by PRECEPTOR, student will receive a No Pass (NP) for the rotation.*	I only trust the student, with **specific direction** and direct supervision. AND *The student requires significant correction for performance improvement.* *If selected on FINAL assessment by PRECEPTOR, student will receive a No Pass (NP) for the rotation.*

Level 1 **Description:** Learner is permitted to **observe only**. Even with direct supervision, learner is not entrusted to perform the activity or task. If you assess your student to be at a level 1 entrustability, you would choose **"I trust the student to only observe me completing the task"** as the assessment statement on rubrics or evaluations	**IPPE**
Level 2 **Description:** Learner is entrusted to perform this activity or task with **direct and proactive supervision**. Learner must be observed directly in order to provide immediate feedback for direction. If you assess your student to be at a level 2 entrustability, you would choose **"I trust the student to complete this task with direct supervision (standing next to me)"** as the assessment statement on rubrics or evaluations	**IPPE**
Level 3 **Description:** Learner is entrusted to perform the activity or task with **indirect and reactive supervision**. Learner can perform the task without direct supervision but may need minimal assistance or correction. Learner needs feedback immediately after completion of the task If you assess your student to be at a level 3 entrustability, you would choose **"I trust the student to complete the task independently while I am in close proximity"** as the assessment statement on rubrics or evaluations	**Late IPPE** **Early APPE**
Level 4 **Description:** Learner is entrusted to perform the activity or task with **supervision at a distance**. Learner can independently perform the task. Learner may need to meet with a supervising pharmacist at periodic intervals to provide future feedback and continued growth. If you assess your student to be at a level 4 entrustability, you would choose **"I trust the student to complete independently without me nearby"** as the assessment statement on rubrics or evaluations	**Late APPE** **Resident**

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Level	Observe only	Direct Supervision	Reactive Supervision	Intermittent Supervision	General Direction
Description*	Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.	Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing task in order to provide immediate feedback.	Learner is entrusted to perform the activity or task with indirect and reactive supervision.	Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform task.	Learner is entrusted to independently decide what activities and tasks need to be performed. Learner entrusted to direct and supervise activities of others.
Preceptor may say the following to the student:#	"Let's talk about this first" "Watch me do this"	"Let's do this together" "I'll watch you"	"You go ahead, and I'll double check **all** of your findings" (Full review)	"You go ahead, and I'll check **some** of your findings" (Spot-checking)	"You're in charge, call me if you have any questions" (Follow up as needed)

*Adapted from the AACP COEPA 2022 entrustment scale. #Adapted from the Modified Chen Preceptor Entrusment Scale.

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Examples and Application

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EPAs - A Practical Example

- Driving a car
- An entrustable act ("societal EPA")
- Requires competencies
  - Knowledge
  - Skills
  - Attitudes
- Ultimate test = "driving"

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Driving EPA Example

You have a 15 year old student driver who has successfully completed the written test for a driver's learning permit.

- They are able to start the car and put in the various gears.

- They are able to drive the car down the neighborhood street.

- They express nervousness about getting out into traffic or having to make quick decisions.

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Rate this student's Entrustability

Table 4.   Entrustment Scale for Entrustable Professional Activities[*]

Level	Description
Observe only	Learner is permitted to observe only. Even with direct supervision, learner is not entrusted to perform the activity or task.
Direct Supervision	Learner is entrusted to perform the activity or task with direct and proactive supervision. Learner must be observed performing task in order to provide immediate feedback.
Reactive Supervision	Learner is entrusted to perform the activity or task with indirect and reactive supervision. Learner can perform task without direct supervision by may request assistance. Supervising pharmacist is quickly available on site. Feedback is provided immediately after completion of activity or task.
Intermittent Supervision	Learner is entrusted to perform the activity or task with supervision at a distance. Learner can independently perform task. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on sample of work.
General Direction	Learner is entrusted to independently decide what activities and tasks need to be performed. Learner entrusted to direct and supervise activities of others. Learner meets with supervising pharmacist at periodic intervals. Feedback is provided regarding overall performance based on broad professional expectations and organizational goals.

*Table adapted from reference 3. The expected performance level upon graduation from a PharmD program should be reactive supervision. Example entrustment scales with sub-levels that can be used to provide early learners additional feedback can be found in references 18-19.[3,18,19]

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RUCOP Community example of longitudinal progression - Collect

OUTCOMES FOR COMMUNITY PHARMACY ROTATIONS

PHAR 470: P1 IPPE Community Pharmacy Longitudinal

PHAR 572: P2 IPPE Community Pharmacy 4 Week Block (Summer)

PHAR 570: P2 IPPE Community Pharmacy Longitudinal

PHAR 602: P3 APPE Advanced Community 6 Week Block

1. Collect information to identify patients' medication-related problems and health-related needs.

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Collect a patient history
	√	√	√	• Use QuEST-SCHOLAR-MAC to collect patient symptoms and medical considerations, and provide appropriate self-care recommendations
		√	√	• Collect at least two patient histories for patients with at least three comorbidities and on five or more medications
			√	• Provide appropriate triage to patients depending on their presenting signs and symptoms • Collect and analyze pertinent data from the patient, the caregiver, and the patient profile as needed to provide patient care • Perform disease-specific physical assessment (if applicable)

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RUCOP Community example of longitudinal progression - Assess

2. **Assess information to determine the effects of medication therapy, identify medication related problems, and prioritize health related needs.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Assess medication adherence based on information collected in the patient history. • Perform drug utilization review of drug:drug interactions and drug:food interactions, using information collected in the patient history.
	√	√	√	• Determine when a generic medication substitution is not appropriate. • Discuss with preceptor the indications and goals of therapy for each medication for a patient on at least 5 medications.
		√	√	• Analyze prescriptions for appropriate medication based on patient factors. • Determine appropriateness of medication dose. • Evaluate appropriateness of directions for use. • Recognize disease or age-related contraindications.
			√	• Evaluate point-of-care monitoring parameters (e.g., blood glucose, urine chemistry, peak flow analysis, physical assessment parameters) when appropriate. • Participate in direct patient care for disease management of chronic illnesses.

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RUCOP Community example of longitudinal progression - Plan

3. **Establish patient-centered goals and create patient care plans.**

470	572	570	602	Bullet points are *examples*
√	√	√	√	• Discuss findings of the medication adherence assessment with the pharmacist and identify items for intervention. • Discuss findings of the drug utilization review with the pharmacist and items for intervention. • Document findings using an abbreviated SOAP note format.
	√	√	√	• Recommend an alternative medication when a drug/food allergy is present. • Identify a patient on at least 5 medications and prepare a medication schedule describing: when the patient should take each medication; medications that should be spaced out from each other; and, other pertinent medication administration considerations.
		√	√	• Use evidenced-based guidelines to determine appropriate patient goals. • Discuss disease state control with the pharmacist and identify items for intervention. • Document the findings using a complete SOAP note format.
			√	• Identify and prioritize medical problems in the community setting. • Apply pharmacologic, pharmacokinetic, and therapeutic principles when developing treatment plans. • Utilize evidence-based guidelines to determine appropriateness of patient care plans. • Document interventions (within patient record if permitted) in compliance with site specific policies.

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RUCOP Institutional example of longitudinal progression - Educate

OUTCOMES FOR INSTITUTIONAL PHARMACY ROTATIONS

PHAR 573: P2 IPPE Institutional Pharmacy 2 Week Block (Summer)
PHAR 604: P3 APPE Institutional 6 Week Block Rotation

14. **Educate patients and professional colleagues regarding the appropriate use of medications.**

573	604	Bullet points are *examples*
√	√	• Participate in a patient case presentation or topic discussion. • Attend a P & T Committee meeting. • Participate in the gathering of patient medication histories, reconciliation, and discharge counseling.
	√	• Provide appropriate administration instructions for medication orders. • Lead a discussion regarding a recently published research manuscript and its application to patient care. • Develop and deliver a brief educational program regarding medication therapy to health professionals or lay audience.

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Example of IPPE Midpoint/Final Evaluation

Learning Objective Assessment

Based on your assessment of the student, please indicate the statement that is most true regarding the learning objectives below using the following scale:

1. Even with direct supervision, I do not trust the student to complete this task.
2. With direct supervision, I trust the student to complete this task.
3. With indirect and reactive supervision, I trust the student to complete this task.

	1	2	3	N/A
Demonstrate accuracy in the preparation, labeling, dispensing and distribution of prescriptions and medication orders in accordance with state and federal laws and regulations.				
Collect and analyze information to identify and prioritize drug therapy problems and health-related needs.				
Demonstrate an ability to establish, implement and monitor an evidence-based and cost-effective patient care plan.				
Accurately perform calculations required to compound, dispense and administer medications.				
Model and promote a culture of patient safety, cultural sensitivity and ethical decision making when interacting with peers, professionals, patients and caregivers.				
Demonstrate the ability to communicate effectively (verbal, non-verbal and written) with patients, caregivers and members of a health care team.				
Demonstrate the ability to communicate and implement evidence-based information on medications, wellness and disease prevention to patients, caregivers and members of a health care team.				
Identify, retrieve, interpret and evaluate information from primary, secondary and tertiary resources to provide accurate, evidence-based drug information.				
Demonstrate an understanding of systems, personnel management and technology used within pharmacy practice.				
Engage and collaborate as a health care team member by demonstrating mutual respect, understanding and shared values to meet patient care needs.				

Example of APPE Midpoint/Final Evaluation

Learning Objective Assessment

Based on your assessment of the student, please indicate the statement that is most true regarding the learning objectives below using the following scale:

1. I trust the student to only observe me completing the task.
2. I trust the student to complete this task with direct supervision (standing next to me).
3. I trust the student to complete the task independently while I am in close proximity.
4. I trust the student to complete the task independently without me nearby.

	1	2	3	4	N/A
Participate in the roles, responsibilities and daily activities of the inpatient pharmacist.					
Collect information from the patient, caregivers, other healthcare professionals, medical records and other sources in order to provide safe and effective medication and disease therapy management.					
Analyze information collected to determine the effects of medication therapy, identify drug therapy problems, and prioritize health-related needs.					
Develop and/or revise medication and disease therapy management plans in collaboration with the patient, caregivers and other healthcare professionals.					
Provide communication of drug and disease therapy problems and recommendations to members of the healthcare team.					
Provide medication and disease education to patients, caregivers and/or other healthcare professionals.					
Develop a plan for follow-up and monitoring of medication and disease therapy.					

Document patient care activities in the medical record when appropriate (if applicable).					
Participate in transitions of care activities including, but not limited to medication histories, medication reconciliation, medication and disease education and follow-up.					

Example Drug Information Rubric

MCW School of Pharmacy
Drug Information Question/Writing Project

Description: This rubric aims to ensure the student appropriately analyzes evidence-based literature and summarizes written information in a clear and concise manner

EPAs assessed: E1 - Use evidence-based information to advance patient care. E4 - Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.

Criteria	Response (Dropdown) Yes/No/NA
Included appropriate resources and analysis/evaluation of literature is appropriate	
Student's conclusion synthesizes literature and patient characteristics (if necessary) to provide a sound recommendation/response	
Writing style is professional, clear, concise and logical, without grammatical or spelling errors	
If oral response is given, communication is succinct and professional	

Level of Entrustability	Response (Dropdown Menu) I trust the student to only observe mecompleting the task; I trust the student to complete this task with direct supervision (standing next to me); I trust the student to complete the task independently while I am in close proximity; I trust the student to complete independently without me nearby
E1 - Use evidence-based information to advance patient care.	
E4 - Apply standards, guidelines, best practices, and established processes related to safe and effective medication use.	
If preceptor selects 'No,' or 'I trust the student to only observe me completeing the task,' comments must be provided to support these scores.	
Comments	

Scenario 1

NS is a student in the first week of their community introductory pharmacy practice experience who is completing a drug utilization review.

- They are able to obtain information from the pharmacy system and identify the issue with minimal assistance.

- They are not sure about how to resolve the issue and when prompted are not comfortable contacting the provider to see about changing the prescription.

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Scenario 1 EPAs

Please rate the level of entrustability for the following EPAs:

1. Collect information to identify a patient's medication-related problems and health-related needs.
2. **Assess collected information to determine a patient's medication-related problems and health-related needs.**
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.

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Scenario 2

KW is a student on an advanced ambulatory care experience.

- At the midpoint, the preceptor feels confident that KW can go into the room by herself, interview patients with diabetes, and perform a medication review.
- After the interview, KW must exit the room, present a summary to her preceptor, and have any recommendations approved before presenting them to the patient or provider.
- KW still needs significant help and corrections when documenting her findings and making recommendations in the electronic health record.

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Scenario 2 EPAs

Please rate the level of entrustability for the following EPAs:

1. **Collect information to identify a patient's medication-related problems and health-related needs.**
2. Assess collected information to determine a patient's medication-related problems and health-related needs.
3. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment.
4. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.

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Scenario 3

CF is a student on a critical care rotation.

- CF is able to write up cases and create care plans with minimal direction from her preceptor meeting to review plans at the end of the day.
- She has answered several DI questions during the rotation and the answers have been complete and utilized primary literature.
- Responses during individual sessions with her preceptor indicate she has the knowledge.
- She is, however, quiet on rounds, makes some suggestions during team patient care rounds, but requires prompting from her preceptor for more complex recommendations.

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Scenario 3 EPAs

Please rate the level of entrustability for the following EPAs:

1. Assess collected information to determine a patient's medication-related problems and health-related needs.
2. Create a care plan in collaboration with the patient, others trusted by the patient, and other health professionals to optimize pharmacologic and nonpharmacologic treatment
3. Implement a care plan in collaboration with the patient, others trusted by the patient, and other health professionals.
4. **Contribute patient-specific medication-related expertise as part of an interprofessional care team**

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Thank you for your time!

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