

Sources of information to help supervisors make valid entrustment decisions

| Trainee factor | Comment | Sources of information |
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| Competence ^a | Specific competencies may stem from a competency framework, and, more generally, include knowledge, skills, and attitudes. | <ul style="list-style-type: none"> • Knowledge exams and skills exams • Direct observations, related to specific entrustable professional activities^c • Narrative feedback from patients and peers • Audit of practice, including patient handovers and the electronic medical record • Observation of teaching by trainee • Prior credentials • Gap analysis |
| Conscientiousness or reliability ^b | Conscientiousness and reliability reflect a consistency in actions—for instance, when trainees do what they say they will do and show thoroughness that is reasonably predictable across occasions. | <ul style="list-style-type: none"> • Observations over time by multiple observers (e.g., multisource feedback) • Reputation reported by trusted colleagues |
| Truthfulness and honesty ^b | Truthfulness and honesty imply that trainees, if asked, tell what they observed, what they did, and why. It includes admitting what they should have done and did not. | <ul style="list-style-type: none"> • Sampled checks of truth telling • Patient presentations with cross-checking |
| Recognition of limitations and willingness to ask for help ^b | Discernment of one's own limitations and knowing when to refrain from procedures and ask for help is the cognitive component of this factor. The willingness to ask for help is an attitudinal component that may not always align with the cognitive component. | <ul style="list-style-type: none"> • Review of events during night shifts • Post hoc case-based discussions, using "what if" scenarios • Reflective exercises • Root cause analysis • Significant event audit |
| Empathy, openness, and receptiveness toward patients | Actively listening to patients and reacting verbally and nonverbally in a way that encourages the sharing of information by the patients and that confirms involvement with the patient. | <ul style="list-style-type: none"> • Direct observation • Multisource feedback, including from patients |
| Skill in intercollegial and interprofessional communication and collaboration | Adequate communication about patients exemplifies a mastery of the situation necessary both for general adequate supervision at levels 3 and 4 ("indirect supervision" and "unsupervised") and for specific situations such as patient handovers. | <ul style="list-style-type: none"> • Daily conversations on morning rounds, handovers • Teaching techniques such as one-minute preceptor^d • Multisource feedback on interprofessional skills |
| Self-confidence and feeling safe to act | Being self-confident and feeling safe to act are important to enable action, but overconfidence can be dangerous. An adequate balance is necessary. | <ul style="list-style-type: none"> • Conversations with the trainee • Multisource observations • Guided self-reflection exercise |
| Habits of ongoing self-evaluation, reflection, and development | A habit of self-evaluation, reflection, and development are established qualities of well-functioning professionals. Seeking feedback to improve is part of that habit. | <ul style="list-style-type: none"> • Observations over time • Portfolios and self-reporting • Self-initiated clinical or research projects • Guided self-reflection exercises |
| Sense of responsibility | A trainee who is readily trusted is one who makes sure patients are cared for when he or she is gone and who picks up perceived lapses of care caused by others and accordingly initiates action. | <ul style="list-style-type: none"> • Observation of preparedness, initiative, and follow-through despite sacrifices • Multisource observations |
| Knowing how to deal with mistakes made by one's self and others | As patient safety comes to the forefront of thinking about quality in health care, acknowledging errors and mistakes of oneself and others has become a crucial habit to acquire. | <ul style="list-style-type: none"> • Conversations and case-based discussions • A deliberate task in the patient safety domain that can be evaluated • Significant event audit |

^aSummative entrustment decisions, grounded in sufficient evaluation and made by educational program directors or clinical competency committees, should lead to certification and privileging of the trainee to act in the future with a specified level of supervision.

^bTerminology borrowed from Kennedy et al.⁶⁹

^cEntrustable professional activities, which are units of professional practice that trainees are permitted to execute unsupervised once they have demonstrated sufficient competence, can be the focus of summative entrustment decisions.

^dSource: Aagaard E, Teherani A, Irby DM. Effectiveness of the one-minute preceptor model for diagnosing the patient and the learner: Proof of concept. *Acad Med.* 2004;79:42–49.