

# Comparing Graduates' Self- Assessment with Program Directors' Ratings of Entrustability

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**SHARED DISCOVERY**  
CURRICULUM

MICHIGAN STATE  
UNIVERSITY

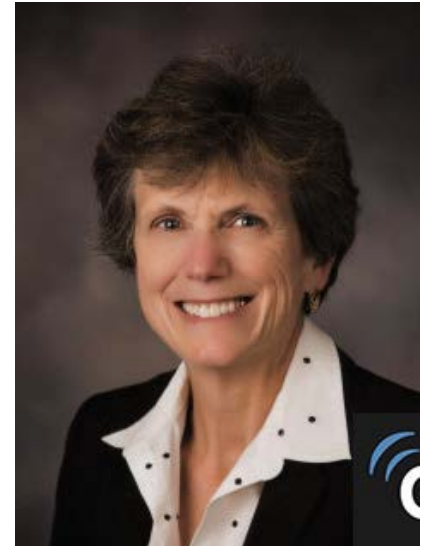
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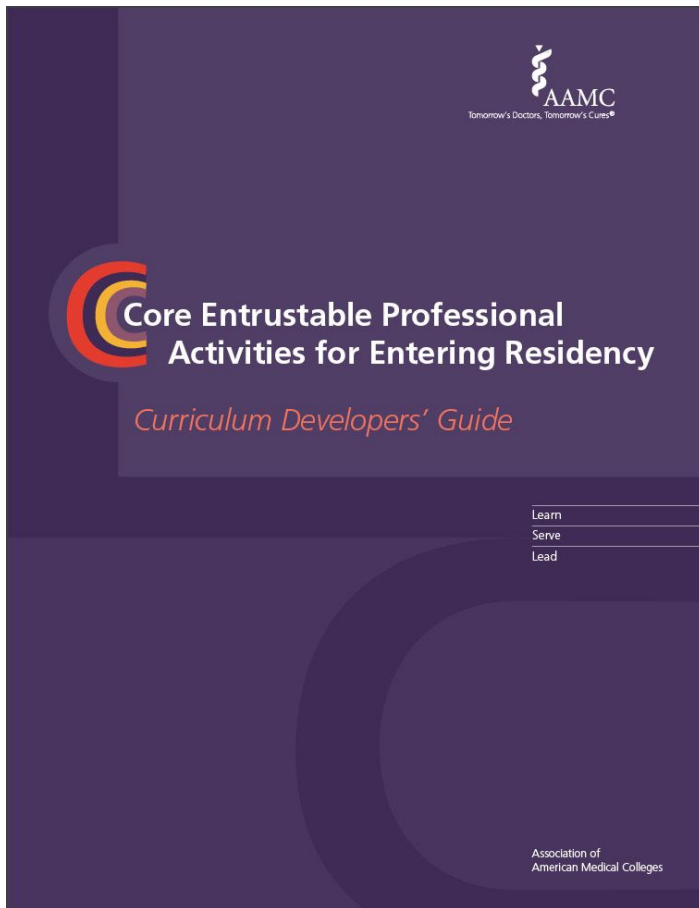
## > Background

### Core Entrustable Professional Activities for Entering Residency

- Foundational skill sets expected of all medical school graduates
- Residency program “first day ready”
- Without direct supervision
  - **Direct** Supervision: Supervising physician is physically present with resident and patient
  - **Indirect** Supervision:
    - Direct supervision immediately available onsite
    - Direct supervision available

## Background

### Core Entrustable Professional Activities for Entering Residency

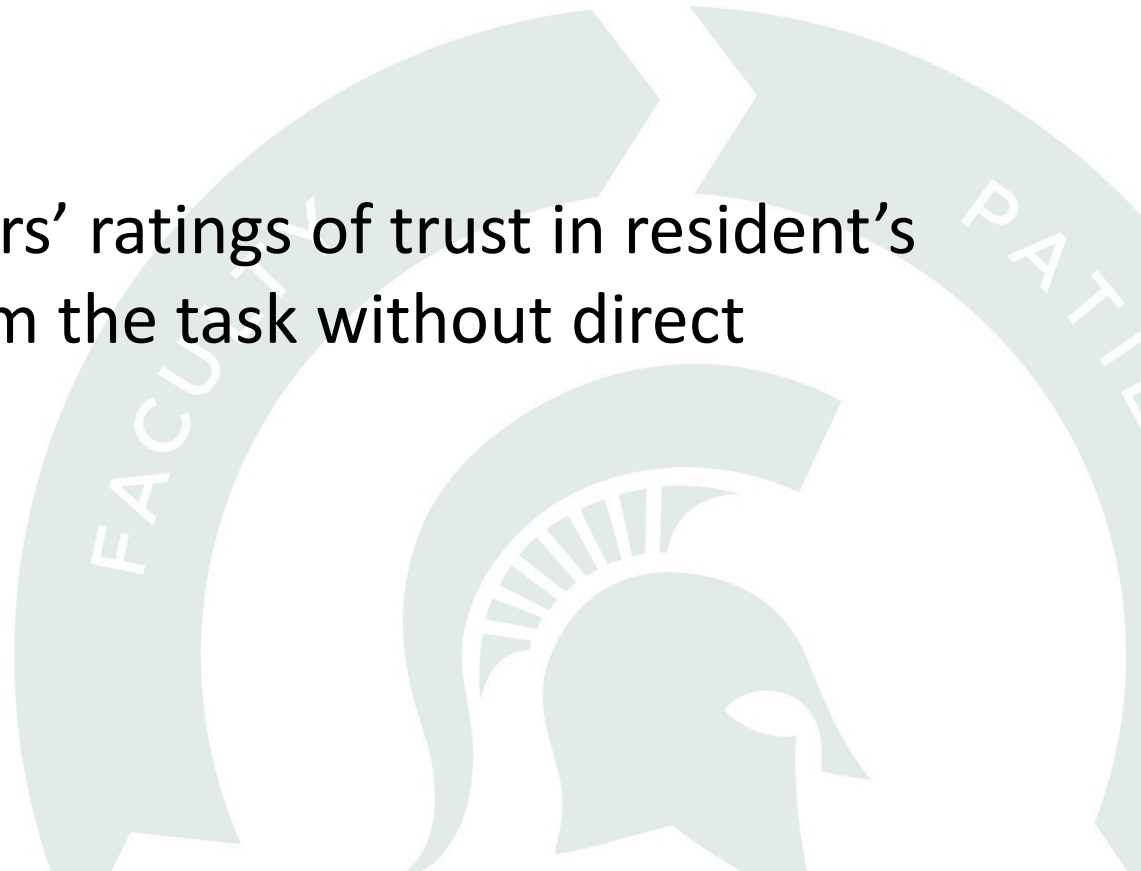


- History and physical exam
- Prioritize differential diagnoses
- Interpret diagnostic tests
- Enter orders and prescriptions
- Document clinical encounter
- Oral patient case presentation
- Evidence-based medicine
- Patient hand-offs in care
- Interprofessional teamwork
- Recognize emergent care needs
- Obtain informed consent
- Perform general care tasks
- Contribute to safety culture

## Research Question

This study compares:

- graduates' self-assessed confidence in abilities related to EPAs
- program directors' ratings of trust in resident's ability to perform the task without direct supervision



## Methods

Annual survey of students re: learning environment

- Year 4 survey has questions about 13 core EPAs
- Survey is anonymous

Annual survey of program directors for recent graduates

- Includes questions about 13 core EPAs

Data from 2017 graduates' self-assessment compared with program director ratings from 2018

## Year 4 Student Survey

LITTLE OR NO  
CONFIDENCE

MODERATE  
CONFIDENCE

VERY HIGH  
CONFIDENCE

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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For each of the integrated skills listed below, please indicate the number that best represents your confidence in your abilities

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions

...

## Residency Program Director Survey

LITTLE OR NO  
TRUST

MODERATE  
TRUST

VERY HIGH  
TRUST

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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For each of the integrated skills listed below, please indicate the number that best represents your level of trust in this resident's ability to perform the task without direct supervision

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests



## Results

2017										2018			
MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR



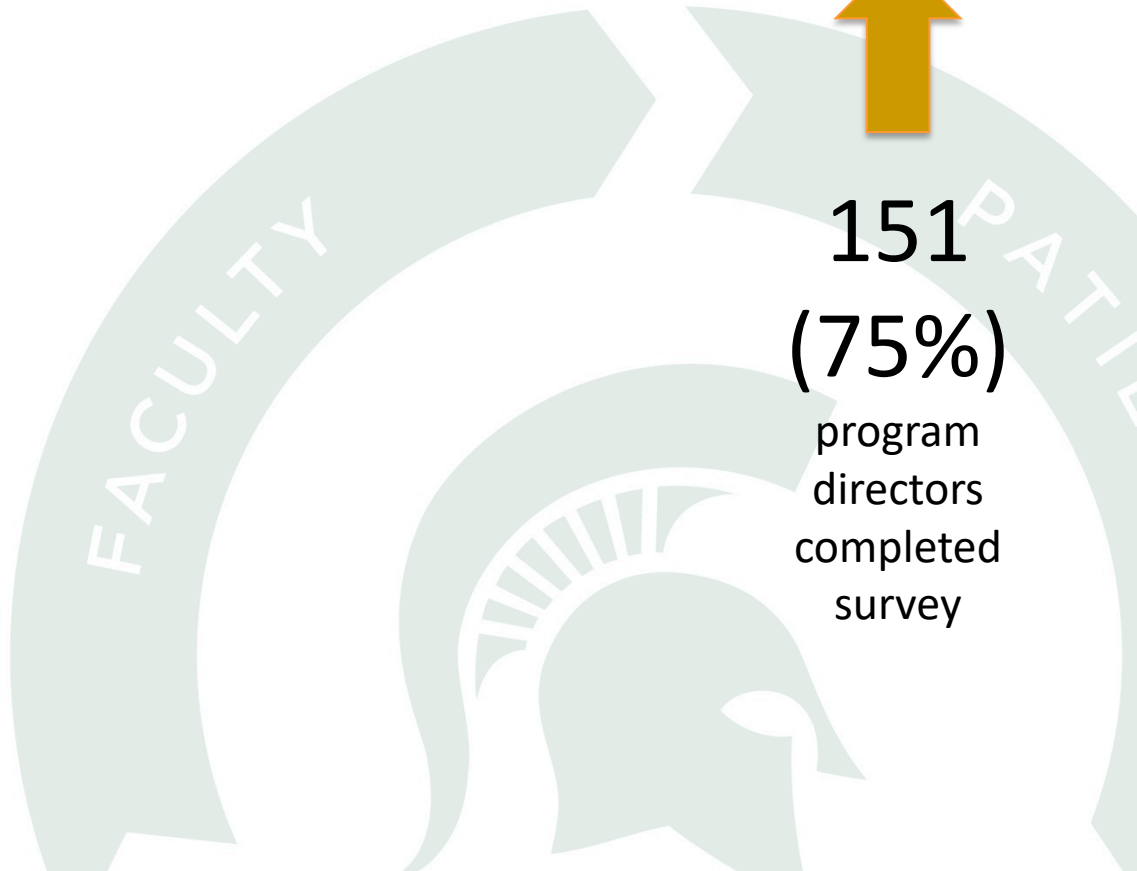
89  
(48%)  
graduating  
medical  
students  
completed  
survey



started  
residency  
programs



151  
(75%)  
program  
directors  
completed  
survey



## Student Representativeness

### Underrepresented in Medicine

- 11.4% of survey respondents identified as URiM
- 10.7% of all graduates identified as URiM

### Clinical Campus

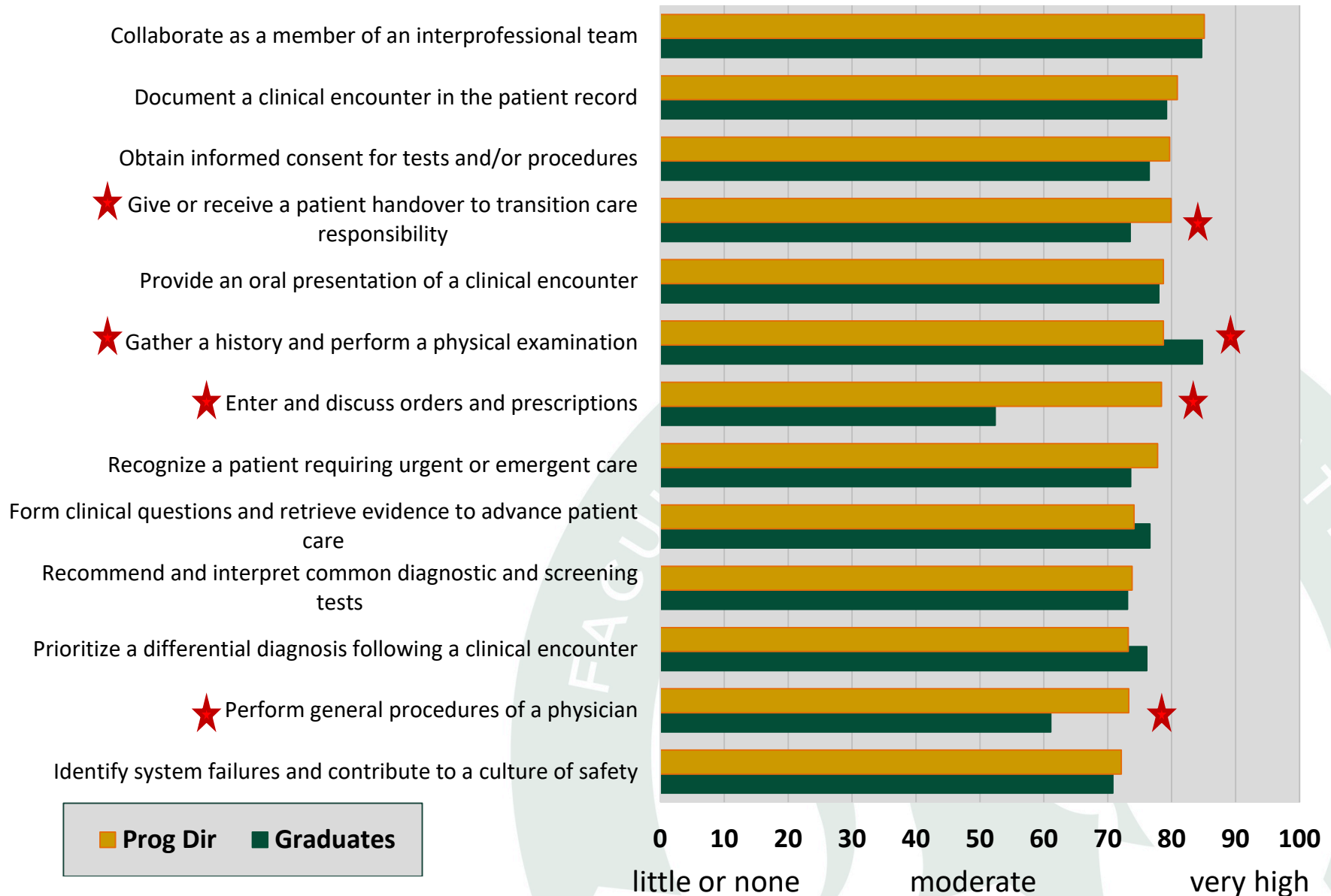
	FN	GR	LN	MD	TC	UP
Survey	25.8	34.8	15.7	3.4	10.1	10.1
Graduates	21.6	41.3	19.7	5.8	5.8	5.8

### Gender

- 63.6% of survey respondents were women
- 54.3% of all graduates were women

Chi-Sq=4.03, p=.044

## EPA Ratings (Mean) by Program Directors and Graduates



## Discussion

For nine EPAs,

**program directors = graduates' ratings\***

\*one year intervening

Where differences were found:

**program directors > graduates' ratings  
for 3 of 4 EPAS**

- skill enhancement with time
- all differences suggest possible opportunities to improve curricular practice and feedback

## > Limitations

- Unmatched cohort data
- Ratings of confidence vs trust
- One graduating class
- 48% response rate for graduates

## > Significance

- Feasibility of assessing entrustability for learners and clinical faculty
- Convergence of opinions: graduates' ratings associated with program directors' ratings
- Approach useful for program evaluation, especially for competency-based curricula
- Methods generalizable to other medical schools for gathering comparable data