

Bridge to Trust: EPAs and the Cultural Odyssey in Pakistan's Medical Training

Komal Atta

Assistant Professor and Director Medical Education, University Medical and Dental College, The University of Faisalabad.

Correspondence: *komal.atta@gmail.com

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In the realm of medical education, Entrustable Professional Activities (EPAs) have emerged as a crucial concept to bridge the gap between theoretical knowledge and practical application^[1]. EPAs are specific tasks or responsibilities that healthcare professionals are entrusted to perform based on their demonstrated competence and ability^[2]. These activities serve as a bridge between medical education and clinical practice, allowing trainees to apply their knowledge and

However, implementing EPAs in postgraduate / undergraduate training programs in Pakistan poses unique challenges due to the sensitive nature of trust, deeply ingrained cultural dynamics, the lack of competency-based frameworks, underdeveloped assessment systems, and the urgent need for improvement in departments of medical

Despite these challenges, the need for EPAs in Pakistan's postgraduate medical training programs is undeniable. EPAs offer a structured approach to bridging the gap between theoretical knowledge and practical skills, ensuring that trainees are adequately prepared to deliver high-quality patient care. With the rapidly evolving healthcare landscape, there is a pressing need to equip doctors with the right skills and competencies to navigate complex clinical scenarios. Pakistani society, to a certain extent, tends to either revere doctors as Saviors or cast them out as villains^[4]. This "messiah" culture creates an environment where doctors are put on a pedestal, but it also means that their actions are heavily scrutinized. This dichotomy in perception impacts the development of EPAs, as they require not only the trust of patients but also the trust of the healthcare system, which can be compromised in an environment of extreme adulation and criticism.

Correlating these cultural dynamics with EPA development is complex. On one hand, the elevated status of doctors might lead to an overestimation of their abilities, potentially hindering the objective assessment of competencies. On the other hand, the tendency to scapegoat doctors for any medical

mishaps can create a fear of entrusting responsibilities, even when trainees are capable. Developing EPAs in such a culture necessitates a delicate balance between fostering trust and ensuring that entrustment decisions are grounded in evidence-based assessments.

There has been some solid work done in the development of EPAs for radiology^[5], patient care^[6] and dentistry in Pakistan;^[7] however implementation is the key challenge. The cornerstone for implementation is entrustment. For entrustment, the element of "trust" needs to be defined and then assessed not only through a methodological but also a cultural lens. The framework for five levels of supervision proposed by ten Cate et al,^[1] may be improvised here to add a cultural component, keeping in view our patient dynamic and hierarchical structures. This cultural component would involve recognizing the unique social and hierarchical dynamics within the Pakistani healthcare system and how they impact trust in the context of entrusting professional activities. A new model conceptualizing competence suggests three layers, the first being canonical knowledge and skill, second context-dependent knowledge skill and attitude and the third layer being personalized competence^[8].

With regards to development of EPAs in Pakistan, we see an intermingling even inversion of this construct. High patient load gives trainees a hand to develop canonical knowledge and skills, as they are exposed to a wide range of cases along with personalized competence. In my opinion, to implement EPAs, it is layer 2 we need to focus and develop. This layer involves context-dependent knowledge, skills, and attitudes that are specific to the Pakistani healthcare system.

There is a need for a paradigm shift in medical education. Competency-based frameworks must be integrated into curricula, emphasizing practical skills, critical thinking, and effective communication. Assessment systems should be revamped to include objective measures of competency, allowing for accurate entrustment decisions. Moreover, cultural awareness and sensitivity training should be embedded within medical education to help doctors

navigate the complex dynamics of trust and the "messiah" culture. By fostering a culture of open communication and accountability, the extremes of worship and ostracization can be mitigated, fostering an environment where EPAs can flourish.

While the journey may be arduous, the potential benefits for patient care and the healthcare system make it a goal worth pursuing. By fostering trust, embracing competency-based education, and acknowledging the nuances of the local culture, Pakistan can pave the way for a more effective and patient-centered medical education system.

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REFERENCES:

1. El-Haddad C, Damodaran A, McNeil HP, Hu W. The ABCs of entrustable professional activities: an overview of 'entrustable professional activities' in medical education. *Internal Medicine Journal*. 2016;46(9):1006-1010. Doi:10.1111/imj.12914
2. Ten Cate O. A primer on entrustable professional activities. *Korean Journal of Medical Education*. 2018;30(1):1. Doi: 10.3946/kjme.2018.76
3. Latif MZ, Wajid G. Reforming medical education in Pakistan through strengthening departments of medical education. *Pakistan journal of medical sciences*. 2018;34(6):1439-1444. Doi: 10.12669/pjms.346.15942
4. Sadiq MA, Rehman KU, Chaudhry S, Arshad N, Shabbir RK, Afzal A. Why Pakistani students join medical college: passion or pressure. *Rawal Medical Journal*. 2020;45(3):716-719.
5. Nayyar B, Yasmeen R, Khan RA. Using language of entrustable professional activities to define learning objectives of radiology clerkship: a modified Delphi study. *Medical Teacher*. 2019;41(12):1419-1426. Doi:10.1080/0142159X.2019.1645951
6. Younas A, Khan RA, Yasmin R. Entrustment in physician-patient communication: a modified Delphi study using the EPA approach. *BMC Medical Education*. 2021;21(1):1-2. Doi:10.1186/s12909-021-02931-1
7. Orakzai GS, Jamil B. Developing Entrustable Professional Activities (EPAS) for House Officer to Practice Safely and Independently in Dentistry; A Qualitative Study Using Interpretive Paradigm. *Pakistan Armed Forces Medical Journal*. 2022;72(2):419-25. Doi:10.51253/pafmj.v72i2.7366
8. Ten Cate O, Khursigara-Slattry N, Cruess RL, Hamstra SJ, Steinert Y, Sternszus R. Medical competence as a multilayered construct. *Medical Education*. 2023. Doi:10.1111/medu.15162