

EVALUATING the implementation of **Entrustable Professional Activities** framework in undergraduate **OCCUPATIONAL THERAPY** **Clinical Practice Education**

A continuous improvement journey led by:

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Singapore Institute of Technology OT Clinical Practice Education (CPE)

- SIT BSc(Hons) Occupational Therapy programme started in 2016
- Each student undergo four CPE of 6-7 weeks each at different clinical settings
- Learning and Assessment facilitated by Clinical Educator, supported by SIT Faculty Supervisor
- Assessment Tool: Student Practice Evaluation Form Revised Package (2nd ed), SPEF-R2



Entrustable Professional Activities (EPA)

- EPAs are defined as **key professional tasks** or responsibilities that a learner can be entrusted to perform once sufficient competence is demonstrated (Ten Cate, 2005).
- Each EPA typically integrates multiple **competency** domains.
- **Entrustment scale** provides a structured way to judge readiness for learner to have more autonomy in patient care tasks by rating how independent the learner is performing the task (Ten Cate & Taylor, 2021).

Benefits of implementing EPAs in OT CPE



1. Aligns with Competency-based Education

Focus on equipping students with competencies to perform OT activities to meet population health needs

2. Enhance Relevance and Objectivity of Traditional Fieldwork Evaluation

Fieldwork evaluation tend to focus on broad competency domains and reliant on individual CE's ratings across diverse settings.

3. Clarifies Performance Expectation and Enhances Clinical Learning for Students

EPAs provides mini-curricula for learning and assessment in the unstructured clinical environment

(Hamed et al., 2023; Sanders & Carpenter, 2024; Bramley & McKenna, 2021)

Competencies and OT EPAs in CPE

Competencies (based on SPEF-R2)	Core OT EPAs	Level of Entrustment
<ol style="list-style-type: none"> 1. Professional behavior 2. Self management skills 3. Co-worker communication 4. Communication skills 5. Documentation 6. Information gathering 7. Service provision 8. Service evaluation 	<ol style="list-style-type: none"> 1. Assess occupational performance of an individual 2. Plan therapy to maximize occupational participation 3. Implement therapy to maximize an individual's participation in meaningful occupation(s) 4. Plan for transition of care (Transfer / Discharge) to support occupational transition 5. Conduct education for Patient/Client/Caregiver/Family 	<p>L1: Student not allowed to practice EPA</p> <p>L2: Student allowed to practice EPA with direct supervision</p> <ul style="list-style-type: none"> • 2a: as a co-activity with CE • 2b: with CE in room ready to step in as needed
<p>Performs unacceptably to Performs with distinction</p>	<p>Developed by a MOH-commissioned OT workgroup over 2-3 years</p>	<p>L3: Student allowed to practice EPA with indirect supervision from CE.</p> <ul style="list-style-type: none"> • 3a: with CE immediately available, key findings checked • 3b: with CE immediately available, findings discussed on request <p>L4 and L5: NA to students</p>

Graduation requirement

For each of the five EPAs, a student must collect a total of **72 workplace-assessments** assessed at entrustment level 3 across the four clinical placements.

Version 15. January 2021

Sources of information to support summative entrustment decisions	Tools	Number to be completed <u>satisfactorily</u>	Additional specifications if needed (Who can be raters - staff, nursing, peers? In which context?)
	Short practice observations (eg.mini-CEX)	<u>For Supervision Level 3:</u> 6 observations in 2 different care settings	Supervisor
	Entrustment-based discussions	<u>For Supervision Level 3:</u> 6 discussions in 2 different care settings	Supervisor
	Casenotes evaluation	<u>For Supervision Level 3:</u> 6 casenotes in 2 different care settings	Supervisor
Which supervision level when?	Supervision Level 3 upon graduation. (indirect supervision)		

Key milestones for OT EPA implementation

Jul 20 - Jun 21

- Pilot 2 EPAs in in one CPE before piloting all 5 EPAs for all CPEs

Jul 21 - Jun 22

- Changed WBA forms from 5 forms to 1 WBA form

SHORT COMMUNICATIONS



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Entrustable Professional Activities
implementation in undergraduate allied health
therapy programs

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Aims of study:

1. Evaluate the EPA assessment framework using the *2018 OTTAWA Consensus framework for good assessment*
2. Provide insights into effective EPAs implementation in undergraduate CPE

2018 OTTAWA Consensus framework for good assessment

Table 4. Framework for Good Assessment: Systems of Assessment.

1. Coherent: The system of assessment is composed of multiple, coordinated individual assessments and independent performances that are orderly and aligned around the same purposes.
2. Continuous: The system of assessment is ongoing and individual results contribute cumulatively to the system purposes.
3. Comprehensive: The system of assessment is inclusive and effective, consisting of components that are formative, diagnostic, and/or summative as appropriate to its purposes. Some or all components are authentic and integrative.
4. Feasible: The system of assessment and its components are practical, realistic, efficient, and sensible, given the purposes, stakeholders, and context.
5. Purposes driven: The assessment system supports the purposes for which it was created.
6. Acceptable: Stakeholders in the system find the assessment process and results to be credible and evidence-based.
7. Transparent and free from bias: Stakeholders understand the workings of the system and its unintended consequences are minimized. Decisions are fair and equitable.

Methods

- Seven focus groups were conducted with 18 OT clinical educators and 12 OT students who have used the EPA framework in at least two CPEs.
- Deductive content analysis was used to categorize the data into positives and negatives based on 7 pre-defined domains.
 - The % of positive codes over total codes were calculated
 - Thematic analysis of all qualitative data was done

Results

% of positive codes over total codes in each of the 7 domains were calculated

EPAs reinforces the OT process and components in SPEF-R.

- Coherent (82%)

Implementation challenges affect the acceptability, continuity, feasibility and purpose of the system.

- Acceptable (67%)
- Continuous (63%)
- Feasible (63%)
- Purpose-driven (62%)

Confusion between the link between EPAs and SPEF-R and lack of mutual understanding of implementation.

- Comprehensive (51%)
- Transparent (49%)

Quotes from Participants



*"It follows through the **OT process very closely**, so you actually see from EPA 1 to 5, each step in each big thing we have to do as students." - Student FGD 2*

*"The EPA works as a quick reference as compared to the SPEF-R..., it was a **very good reminder of the things that I needed to do with my clients**, going according to EPA 1, 2, 3, 4 and 5. I think that was very helpful" - Student FGD 3*

*"**I adjusted my supervision style** to make sure that sometimes I just leave them on their own and from distance supervision I can see how they are doing....I realised it's good to give them a bit of freedom to swim a bit, then you know what is missing and what they are actually doing." -CE FGD 4*

Quotes from Participants

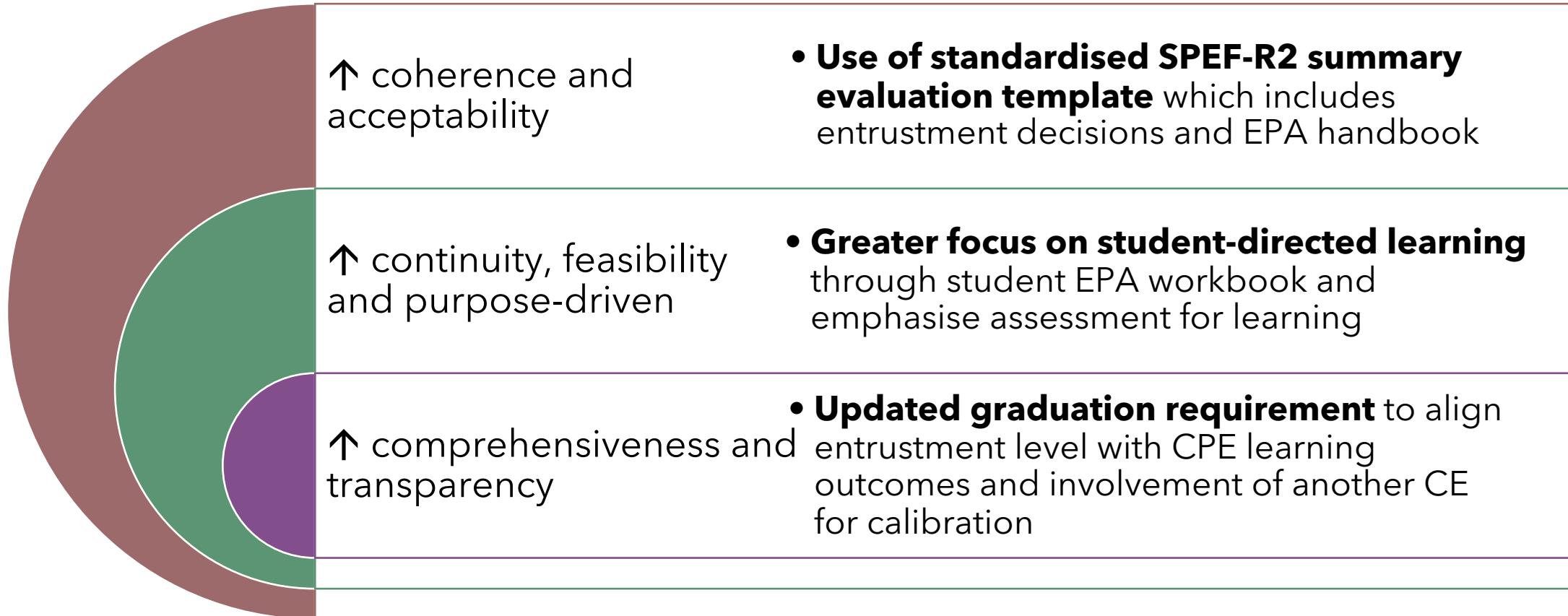


*"I had difficulty relating SPEF-R to EPAs at the start...So if entrustment level 3B is indirect supervision, is it a 5 on the SPEF-R? **How do the ratings correlate?**" - CE FGD 4*

*"They just want to hit that number because they've to hit it. **They are collecting Pokemon.** I have a student who was doing a repeat CPE4, and she just didn't want to do this EPA because she collected all her Pokemon already." - CE FGD 2*

*"My CEs have this **perception that that there's a lot of admin work** for them during placement... And I understand and I feel really bad.." - Student FGD 2*

Implications on practice



Updated graduation requirement

Version 16. January 2025

Sources of information to support summative entrustment decisions	Tools	Number to be completed <u>satisfactorily</u>	Additional specifications if needed (Who can be raters - staff, nursing, peers? In which context?)
	<ul style="list-style-type: none"> Short practice observations (eg. mini-CEX), Entrustment-based discussions, and Casenotes evaluation. 	<u>For Supervision Level 3:</u> 2 unique cases by either CPE 3B or CPE 4	Clinical Educator
Which supervision level when?	Supervision Level 3 (indirect supervision) by either CPE 3B or CPE 4 <i>(i.e. final two Clinical Practice Education modules before graduation)</i>		

Alignment with Learning Outcomes

EPA	CPE 2	CPE 3A	CPE 3B	CPE 4
Assessing occupational performance of an individual	L2b	L2b	L3a	L3b
Planning therapy to maximize occupational participation	L2b	L2b	L3a	L3b
Implementing therapy to maximize an individual's participation in meaningful occupation(s)	L2a	L2b	L3a	L3a
Planning for transition of care (Transfer / Discharge) to support occupational transition	L2a	L2b	L3a	L3a
Conducting education for Patient/Client/Caregiver/Family	L2a	L2b	L3a	L3a

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THANK YOU!

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