

Trust and entrustment: a conceptual and terminological look at the new paradigm of medical education¹

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As with many curriculum innovation processes, conceptual ideas need to get translated in practice, and devil tends to be in details.
Olle ten Cate¹

The role of trust in health care and medical education is coming up once again in academic and lay publications, at a time when political-pedagogical turmoils and confusing rhetorics in social networks blur the distinction between right and wrong²⁻⁶. In fact, the word trust has appeared in titles of editorials in the most prestigious medical journals, some even devoting space to series of articles on this topic, and particularly on entrustment processes – with the sense of building trustworthiness – in the realm of medical formation, as explicitized by Lynch and colleagues⁶:

[...] to enable trustworthiness in all relationships as a means of supporting and protecting professionalism, which in turn is necessary to achieve excellence in the health care system. [...] We continue to consult with experts and learn about dimensions of trust. These experts have offered a number of suggestions, including making trust-building an explicit part of medical education and modeling it for residents and trainees [...].

Although discussions about the role of medical education in consolidating public trust in physicians' capability to provide quality health care to people are not new⁷, specific critical assessments of trust relationships between educators and learners, as well as the process of delegating responsibilities, has very recently appeared with more evidence in the medical literature⁸⁻¹¹. These studies emphasize the relevance of formative assessment and the longitudinal character of teaching-learning processes, which have been well summarized by David Sklar, editor of the journal *Academic Medicine*⁵:

Trust forms the foundation of the relationship between learner and teacher, providing the conditions for the transfer of information and the development of expertise. [...] The learner, therefore, must trust that the teacher will guarantee the best interest of patients while simultaneously offering opportunities for the learner to engage at an appropriate level in directing real patient care. [...] Institutional leaders can help promote trust between learners and teachers by improving the institutional learning environment. This can occur through supporting wellness programs; addressing and remediating any disruptive or disrespectful behaviors of teachers, staff, or learners; and making sure that organizational policies align with the values that are taught to learners.

The consolidation of trust as a core concept and unifying principle of all levels of the competence-based medical education system was the second wave of the paradigmatic shift in professional training – which occurred in the first decade of the new millennium – in which the

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We acknowledge the insightful and enlightening review of terminologist Maria José Bocorny Finatto, retired full professor at the Institute of Linguistic and Literary Studies at UFRGS (Department of Linguistics, Philology and Literary Studies; Linguistics Section), researcher at the TERMISUL group (www.ufrgs.br/termisul), who inspired and endorsed the academic perspective of the thesis this text sets forth.

structure/process/time-based curriculum gave way to competency/outcome-based curriculum¹²⁻¹⁴. The first wave had been characterized by the very affirmation of the competency construct, along the 1970s and 1980s, a very slow process that ended up settling the structure of medical competency domains, as proposed by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS), which would be further refined and expanded by the Association of American Medical Colleges (AAMC), already during the 2000s¹⁵. However, in a short time, the vague and theoretical definition of competencies, associated with the lack of criteria for their evaluation in the everyday clinical practice, led researchers to look for means to identify and gauge them in a more operational and effective way. Hence, the second wave of the new paradigm: an evaluative pedagogical approach based on entrustment processes in the context of clinical work, which would quickly become the buzz of medical education worldwide^{11,16}.

The Dutch physician-educator Theodorus Jan (Olle) ten Cate, from the Center for Research and Development of Education, at the University Medical Center Utrecht, introduced in 2005 a new pedagogical tool, which enabled the medical practice teacher to determine one student's competence – and thus his degree of dependability – to take responsibility for performing essential tasks of professional practice without direct supervision in a specific health care context¹⁷. According to ten Cate, those defined professional activities would be the link between the concept of competency-based medical education – which he considered too little tangible under the perspective of assessment – and everyday practice. He was based upon current definitions of competencies, which should be (a) specific, (b) comprehensive (i.e. include knowledge, attitude and skill), (c) durable, (d) trainable, (e) measurable, (f) related to professional activities and (g) connected to other competencies; but above all he referred to the legal connotation of the concept of competence, meaning not only the ability, but also the merit-acquired right to act as a professional.

The broad and rapid acceptance of the strategy proposed by ten Cate, from the first definitions, was due to the fact that it operationalized entrustment processes that clinical teachers were already carrying out intuitively in everyday work, so that competency assessment was placed in the appropriate context, through the language of trust, which is a core and essential concept of health care^{8,10,14,18-20}.

However, ten Cate wrote about the new assessment instrument in English, and although his stated intention was a less complicated language, in qualifying such professional activities with the adjective entrustable, he bumped into a nuanced terminological trap; especially taking into account the rapid international spread that his pedagogical innovation would experience – being recognized in every corner and tongue as the EPAs, short for entrustable professional activities.

The EPAs were designed to link competencies to clinical practice and make them feasible. The EPAs – tasks or responsibilities that can be entrusted to a trainee once sufficient, specific competence is reached to allow for unsupervised execution – are now being defined in various health care domains. Because EPAs represent what physicians do in daily practice, the new language can be briefer and less complicated.²¹

In order to clarify the importance of the conceptual debate around the term EPA, a parenthesis is apt at this point, with a brief commentary on the course of the linguistic studies that base this discussion. In 1931, the German engineer and linguist Eugen Wüster developed the General Theory of Terminology, aiming at eliminating the ambiguity of technical language, as well as transforming such language into a potent instrument of unambiguous communication in

specialized domains of knowledge, starting from terminological normalization, which is extremely functional in standardized communication, as is the case with the academic-scientific medical language ²².

In 1976, Ingetraut Dahlberg, in his Analytical Concept Theory, was concerned with understanding the importance of developing conceptual systems for the representation of knowledge and information, in order to ground the conceptual analyzes of any initiative that would refer to the study and to standardization of terms. According to this theory, each concept has a referent on which verifiable statements can be made; therefore, by summarizing and synthesizing the statements in one term, it will from then on represent the concept in communication processes. Thus, the concept is not the composition of distinct parts or elements, but a whole that is contained both in the referent, in the predications made about it, and in the lexicon adopted to designate it ²³.

On the other hand, since the late 1980s, Maria Teresa Cabré, in her Communicative Theory of Terminology, values the communicative aspects of specialized languages over normalizing purposes, considering that terminological units are part of natural language and the grammar of languages. Thus, a lexical unit may function as a term, depending on its use in a given context and situation. Therefore, the content of a term is not fixed, but relative and varying according to the communicative set in which it is playing a part ²⁴.

More recently, Rita Temmermann proposes the Sociocognitive Theory of Terminology, which links the social and historical features of a knowledge community and the establishment of its terminologies in a temporal continuum. Concepts and terms are not described here as separate constructs, but cognitive models, which are valid units of understanding in a given space-time and the designations associated with them. Thus, there is a whole scenario of meanings, enriched by variations, different meanings and even metaphorizations, which make up a specialized language in its constitutive dynamism. In this scenario, the exchange between what happens in everyday language, portrayed in general language dictionaries, and in the specialized language, reflected in the thematic dictionaries that deal with scientific or technical cuttings, is a constant ²⁵.

Turning back to the case at hand – the term EPA – one could go from general language dictionaries to specialized dictionaries dealing only with medical terms, but even so the meanings are fuzzy, given their high dependence on contexts; and this tends to be further complicated when language variation comes into play. It turns out that the word entrustable, a very new word in the English language, not yet added to dictionaries ^{26,27}, stems from the verb entrust, which has two meanings:

- (a) to invest someone with the responsibility for something in trust, such as in “*she was entrusted with the job of organizing the reception*” (whose best corresponding meaning in current Portuguese could be *encarregar*, such as in “*ela foi encarregada da tarefa de organizar a recepção*”); and
- (b) to delegate or assign responsibility for something in trust, such as in “*Medicare removes a citizen's responsibility for his health care and entrusts it to the state*” (whose corresponding meaning in current Portuguese is *confiar*, such as in “*Medicare confia ao Estado a responsabilidade pelo cuidado da saúde do cidadão*”).

Due to the double meaning of the verb of origin, the word entrustable also carries two meanings:

- (a) endowed with the essential competencies to be assigned the responsibility for a task, such as in “*the student became entrustable to perform the assigned task competently*” (whose best

corresponding meaning in current Portuguese is *confiável*, such as in “*o estudante se tornou confiável para realizar com competência a tarefa a ele designada*”); and (b) amenable to be delegated or assigned in confidence, such as in “*trainees acquire those wider skills, often described as entrustable skills*” (For this meaning, there is no easy translation into the Portuguese language, in which the word *confiável* has the single sense of trustworthy. The most sensible option in this case would be to use an adjective phrase bearing qualifications of both designation and trustworthiness: “*os estagiários adquirem habilidades mais amplas, frequentemente descritas como habilidades delegáveis mediante confiança*”).

As he proposed the concept of the EPAs, ten Cate’s obvious intention was to refer to the first of the two meanings above, that is, it was all about professional activities that lent themselves to the process of medical students’ entrustment. In his own words: “Performing well in a profession could be defined as being entrusted to carry out all its critical EPAs. [...] as training progresses, trainees may be gradually entitled or qualified to perform EPAs and transform from a trainee into a professional”¹⁷. Such notion has been strongly corroborated by the dozens of publications about EPAs that have appeared since then, always emphasizing the longitudinal and complex character of teaching-learning relationships that lead to student entrustment to take responsibility for such professional activities, as the following excerpts exemplify:

Learning to perform clinical tasks competently is a process all medical learners must navigate on their road to professional independence. Clinical preceptors are accountable for helping residents shoulder increasing responsibility and should continually be asking themselves if the resident is capable of completing a task independently. Building trust and making entrustment decisions are complicated social interactions influenced by many competing factors in the workplace. ten Cate developed the idea of “entrustable professional activities” (EPAs) to make explicit the everyday judgments supervisors make regarding whether to trust a given trainee with a specific task.²⁸

Considerable debate and clarification for faculty were necessary to make the distinction between ad hoc and summative entrustment decisions. A student whose dashboard does not show formal permission to carry out an EPA without the supervisor in the room, can, and even must, be stimulated to do so in the learning process. However, at every ad hoc occasion, the supervisor should evaluate the situation for its safety to have a student practice and should evaluate the student’s performance afterward to estimate his or her readiness for the formal statement of awarded responsibility.¹

Based on these findings about the developmental nature of trust—from the perspectives of both trainees and supervisors—questions exist about how medical students, as the most junior members of the physician team, experience entrustment. While intern and resident trainees have well-defined roles on the care team—with established expectations and responsibilities—the role of clerkship students is more variable. The lenses of social learning theory and workplace learning explicate how clerkship students learn their roles through social processes in their workplace. As students familiarize themselves with their clinical learning environment—traditionally rotating from one specialty to the next—they must renegotiate their roles based on setting and team needs. Student perceptions of trust may have important implications for their patient care roles, learning and engagement.²⁹

The word “entrustable” is part of this framework because most physicians, when working with a learner, have asked themselves, consciously or unconsciously, “Do I trust this learner to do that?” And, only if the answer is “yes” do they allow the learner to do the task. So, although EPAs sound new (and potentially confusing), they are built on a foundation that physicians have intuitively used. After working with a student, for instance, and watching him or her conduct histories and physical examinations, a physician will decide whether to trust the student to conduct future histories and physical

examinations on his or her own. This decision will be based on several factors, including the accuracy of the information the student has provided in the past, how well the student recognizes his or her limitations, the complexity of the patient, the circumstances of the family, the nature of the task, and time constraints. It really all comes down to whether the physician can affirmatively answer the question, "Do I trust the learner to do this?"³⁰

In fact, there is a certain dual character to the term entrustable, for, in the specific context of medical education, the professional activities in question can be viewed from the angle of being amenable to be delegated or consigned in confidence – that is, corresponding to the second of the definitions above. However, all references to them reiterate the strong preponderance of the sense of entrustment of a "fiduciary" (i.e., the doctor in training over that of delegation or transfer of a charge. Olle ten Cate himself gave signs of awareness of such linguistic ambivalence in the article in which the term entrustable professional activities first appeared in the medical literature, in 2005, in the journal *Medical Education*:

[...] the daily routine of the medical profession in a specialty can be analysed to identify activities to be entrusted to trainees. [...] Performing well in a profession could be defined as being entrusted to carry out all its critical EPAs.¹⁷

Moreover, in the second article in which he used the new expression, in 2006, in the *British Medical Journal*, while stressing once again the teacher's action to support the student in the process of entrustment, ten Cate was divided as to which adjective to apply to the said professional activities:

Postgraduate training and assessment should not move away from the clinical supervisor in the ward but should instead scaffold the supervisor's role of appraising the execution of activities entrusted to residents. Entrusted, or rather, entrustable activities are not the same as competencies.³¹

Such vacillation was possibly due to the fact that in Dutch, as in Portuguese, there does not seem to exist a gainly and lexicalized adjective to express the notion of "consignable in confidence" (second meaning of entrustable, above); so much so that in articles written in his native language, ten Cate uses the term *toevertrouwde professionele activiteiten*, whose approximate translation would be "entrusted professional activities"¹.

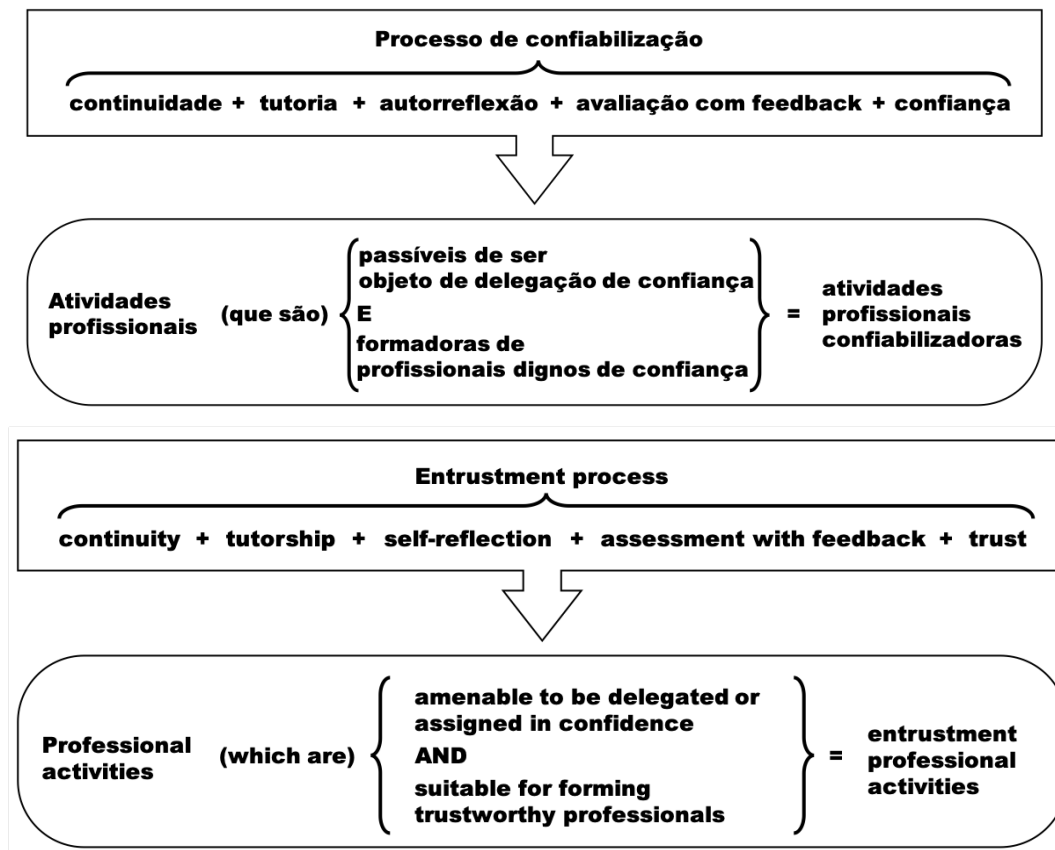
In short, it is really a matter of forging trustworthy professionals (for each of the activities in question). Thinking about adapting the term to the Portuguese language, in which we only have the word *confiar* to mean either (a) trusting someone/something, or (b) entrusting something to someone, we get a linguistic dilemma, because both trustable and entrustable would eventually be translated as *confiável*. However, it is clear that we Portuguese speakers only understand *confiável* as meaning trustworthy. Hence, probably the recent emergence of the term *confiabilizar* – forged out of necessity, because of this gap in corresponding vernacular meaning – in many technical texts, especially engineering. It would make no sense in Portuguese to say that the referred activities are *confiáveis* (reliable), as, in our language, *confiável* only applies to something or someone we trust. On the other hand, if they are amenable to be delegated, the act of assigning them to someone does not guarantee that such "fiduciary" – the student – will actually be trustworthy. Now, to say that they are "atividades confiabilizadoras" (entrustment activities), by making use of a neological construction that the situation demands, leads to the understanding that they were the basis of a painstaking training process, which allow us to pass them on with confidence that the "fiduciary" will perform them with competence, without direct supervision.

This concept is what Englander and colleagues sought to set firmly in their definitive article about the need for a common language to minimize ambiguity within the jargon of evidence-based medical education, published in the journal *Medical Teacher*³²:

Entrustable professional activity: An essential task of a discipline (profession, specialty, or subspecialty) that a learner can be trusted to perform without direct supervision and an individual entering practice can perform unsupervised in a given health care context, once sufficient competence has been demonstrated.

This definition was the backbone of numerous studies aiming to set the notion that the term entrustability, employed by ten Cate in the title of his seminal article, “Entrustability of Professional Activities and Competency-Based Training,” actually referred to an intricate process that begins with an inexperienced student merely observing the completion of a particular medical practice activity, and ends up with that student having become trustworthy to be delegated the task at hand; i.e., an entrustment process^{19,20,33}. Such acquisition of competence (in its unique sense of capability, encompassing skills, knowledge, attitude, and intention to perform a given task), may be gauged by the so-called entrustability scales, which refer to the level of independence the student can be trusted to be successful in performing a task²⁸.

The figure illustrates the relationship of the entrustment process, and the connection of the term “*atividades profissionais*” to the attribute “*confiabilizadoras*”, based on the dual meaning of the English word entrustable, which here refers less to the activity entrusted to the student, but more to the student himself, and his trustworthiness. It is good to point out that the terminological phrase that results from this connection – *atividades profissionais confiabilizadoras* – is not a translation, but a terminological equivalent, which is possibly the best match for the concept in question.



In conclusion, given the complex dynamics of social interactions in the gradual process in which the preceptor makes judgments about the student's entrustment to perform the essential units of professional practice, while supporting him as a protagonist in his particular path towards competence in each and every one of them – thus, a path to independence –, such professional activities are not simply suited to be delegated in trust, but constitute a legitimate procedural tool for forging trustworthy professionals to perform them successfully (i.e., they are truly entrustment professional activities).

In the Portuguese-language health literature, there are still very few references to EPAs. At least one group of authors did not dare to suggest a terminological equivalent and simply used the term in the original language^{34,35}. The others, through inertia or neglect, fall into the linguistic trap of qualifying professional activities as “*confiáveis*” (reliable) in a clumsy, plain translation, which is meaningless in our vernacular, considering that this adjective has the exclusive denotation of trustworthy.³⁶⁻⁴¹ It is curious to note that at least one author uses “*atividades profissionais confiáveis*” in the title, but in explaining what EPAs are, she uses the term “*atividades profissionais responsáveis*” (accountable professional activities), by so reversing the trustworthy subject, even though she apparently realized that the easiest solution was not adequate⁴².

The fact that authors of the medical literature in Portuguese hesitate to propose an equivalent term for EPA, or, when they do so, they do it inappropriately, highlights the difficulty of finding a satisfactory vernacular adjective that translates the word entrustable, but above all confirms that the word “*confiável*” does not match the concept proposed in English. The studies in sociolinguistics developed by William Labov address precisely this issue by describing a model of terminological variation, which is grounded on the analysis of linguistic behavior patterns in a speech community. Terminological tools are also “hesitant” in describing new knowledge, as tentative equivalents are tried until they undergo lexicalization – or sometimes even become “viral”, as was the case of EPAs – within their area of specialty⁴³. Meanwhile, for the sake of clarity, Temmerman's sociocognitive terminology is worth looking for in search of cognitive models that embrace the notion of the entrustment process²⁵.

Considering that effective communication is one of the competencies to be developed by undergraduates and health professionals, its mastery is part of the entrustment process for professional activities. Moreover, it is noteworthy that the specific context of medical education produces new understandings, which require new designations that cope with a state of affairs in permanent adaptation. From this point of view – and perhaps contrary to what the simple terminological frequency seems to be indicating at the moment – to define the appropriate meaning of entrustable professional activities, by suggesting the term “*atividades profissionais confiabilizadoras*”, respects the conceptual demarcation of a whole set of variables of the communicative scenario and the epistemological framework involved; and, therefore, makes all the difference in understanding this concept and its application in medical education.

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