

LETTER

Entrustable Professional Activities: Personalization and Expansion for Pharmacy Graduates?

To the editor: We would like to thank Pittenger and colleagues for their thoughtful article “Entrustable Professional Activities for Pharmacy Practice.”¹ Entrustable professional activities (EPAs) are a developing area in medical education and we applaud these authors for pioneering EPAs in pharmacy education. By using the same language for universal frameworks of education in both medical and pharmacy training, interprofessional relationships can be strengthened through a mutual understanding and progression towards fixed-outcome education and training.

The authors’ integration of EPAs within the PharmD curriculum establishes the universality of EPAs for pharmacy graduates to any pharmacy practice setting. A recent survey of pharmacy graduates noted nearly 72% of students planned to pursue employment in the community setting. Furthermore, nine other distinct fields were reported for employment, ranging from 0.07% (other) to 31% (hospital), not including postgraduate education.² With such a wide variety of practice settings available for pharmacy graduates, diverse experiential opportunities and general EPAs are necessary as outlined.

A one-size-fits-all approach to EPAs for pharmacy graduates may be shortsighted for those pursuing unique practice opportunities, including residency training. For example, students wishing to provide direct patient care in the ambulatory care setting may wish to practice point-of-care testing. Requirement of therapeutic drug monitoring as an EPA is critical to the profession and thus universal to all students within a PharmD program.¹ However, requiring all students to achieve a high level of entrustment (level 3 or 4) in performing sample collection may not be critical for general pharmacy practice. Thus, an opportunity to benchmark EPAs through personalization may be useful when establishing a standard for graduation.

In medical education, EPAs have been linked to residency training competencies, or milestones, to simplify assessment of resident performance.³ Beyond the pharmacy graduate, who is a generalist, EPAs may be easily expanded for specialty training through pharmacy residency to mirror medical education models. Pharmacy

residency competencies are clearly delineated through the American Society of Health-System Pharmacists (ASHP) Accreditation Standards for Pharmacy Residency Programs.⁴ EPAs can be used to translate these sometimes abstract competencies into actions. For residency preceptors, EPAs can enhance the preceptor’s supervisory role by clearly outlining descriptors and in turn the preceptor’s trust in the learner prior to advancing to less supervision. For pharmacy residents, EPAs offer tangible practice endpoints to define success and to build confidence. Finally, EPAs could highlight the purpose of residency training with expanded explanations of the elevated responsibilities and abilities of residency-trained pharmacists.

The introduction of EPAs within pharmacy education is exciting. The University of Minnesota’s development of EPAs for pharmacy curriculum highlights our professional activities not only to ourselves but also to other health care professionals. In addition to further exploring EPAs within PharmD curriculums, we encourage further development of EPAs where higher-level competencies are required, such as residency training. By expanding EPAs within pharmacy education and training, our profession can be better understood by other professions and thus trusted as an integral part of the healthcare team.

Jennie B. Jarrett, PharmD, BCPS, MMedEd,^a
Lucas A. Berenbrok, PharmD^b

^a University of Illinois at Chicago College of Pharmacy,
Chicago, IL

^b University of Pittsburgh School of Pharmacy, Pittsburgh,
Pennsylvania

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