

## **Entrustable Professional Ethical Actions (EPEAs) as a Framework for Assessing Ethical Competence in Graduate Medical Education**

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Ethical decision making in medicine has always been a core element of clinical judgment, though it often resists the structure and simplicity afforded to other areas of medical training [1]. Unlike mastering the technique of central line insertion or diagnosing pneumonia, ethical practice is shaped by the context, the culture, the moment, and the values at stake. For this reason, ethics in undergraduate and postgraduate medical education has frequently remained a discipline of the classroom rather than the clinic, delivered through didactic lectures, abstract principles, and short-answer assessments that rarely capture the complexity of lived patient care [2].

What is missing is a shared language of ethical action that aligns with how we train for clinical competence. The movement toward competency-based education has brought clarity and intentionality to many domains of training [3]. Entrustable Professional Activities, now widely adopted across health professions, have made it possible to assess learners not just for what they know, but for what they can be trusted to do in real clinical settings [4]. Yet, this approach has rarely been applied to ethical practice, despite the fact that decisions about consent, confidentiality, disclosure, resource allocation, and equity are among the most sensitive and high stakes responsibilities entrusted to new physicians.

There is a quiet paradox at work. We expect our trainees to handle ethical decisions with maturity, discretion, and professionalism, but we do not teach or assess these expectations with the same precision we bring to clinical skills [5]. We rely on the hope that ethics is absorbed through role modeling or intuition. This is not enough. If we truly believe that ethical practice is central to good medicine, we must find a way to define it, observe it, and yes, entrust it, just as we do with other essential elements of the physician's work. That is where the idea of Entrustable Professional Ethical Actions (EPEA) begins to offer something significant [6].

To speak of entrustment in ethics is to take a bold and necessary step. It means acknowledging that ethical behavior is not just a matter of knowing what is right, but of doing what is right under real conditions, when time is short, emotions run high, and consequences are far from theoretical. This is the space where EPEA operate. These actions translate the language of moral philosophy

into the practical grammar of clinical life. They ask, not what the student knows about bioethics, but whether the student can be trusted to act ethically when no one is watching.

What sets these actions apart is their grounding in observable and context driven behaviors. Ethics is no longer an invisible thread running silently through the clinical encounter. Instead, it becomes explicit, visible, and assessable [7]. For instance, protecting patient confidentiality is no longer just a principle. It becomes a concrete action with defined expectations. The student must demonstrate the ability to safeguard sensitive information, recognize the limits of disclosure, and respond appropriately when confidentiality may need to be breached in the interest of public safety. It is an action with weight, with clarity, and with room for trust to be built.

Unlike conventional assessments of ethical knowledge, which tend to focus on recall or reasoning in hypothetical cases, EPEAs are anchored in real tasks. These tasks demand not only cognitive understanding but also emotional insight, interpersonal awareness, cultural humility, and moral sensitivity [8]. They ask for presence of mind and steadiness of character. They are not evaluated through exams alone, but through observation over time, across varied settings, and in collaboration with different members of the health care team.

This shift is not just pedagogical. It is deeply philosophical. It reframes ethical competence as something dynamic and evolving, shaped by action and reflection rather than memorization and performance [9]. It opens a door for students to grow not only as knowledgeable individuals but as ethical professionals who can be trusted with the responsibilities that define medicine at its most human. In making ethics an area of entrustment, medical education moves toward a more honest and complete understanding of what it means to prepare someone for the profession of healing [10].

If EPEAs are to find a meaningful place in medical education, then the culture of learning itself must shift. Ethics must be reimagined not as a onetime module but as a thread that runs through the entire training journey. This requires moving away from isolated lectures or single session workshops toward a model where ethical competence is developed progressively, deepened through repeated exposure, and assessed with the same seriousness reserved for clinical tasks [11]. This is not a call for more content. It is a call for integration. Ethical action must be placed in the same learning environments where clinical knowledge is applied. Informed consent should not be discussed only in classrooms but practiced in simulation labs and reflected upon after real patient interactions [12]. The principles of justice and equity should not be taught as historical or philosophical ideas alone. They should be woven into discussions about triage decisions, referrals, and access to care. Ethical reasoning should accompany clinical reasoning, not follow behind it.

Such integration demands a redesign of assessment strategies as well. Traditional ethics evaluations often rely on essays or multiple-choice questions, which may reveal what a student knows but rarely what a student would do [13]. In contrast, the use of EPEAs allows for assessment through direct observation, peer feedback, structured reflections, and supervisor evaluations grounded in real situations. It invites faculty to ask, can this student be trusted to act with honesty, fairness, and respect for dignity when the moment calls for it?

But for this to work, faculty themselves must be equipped to teach and assess ethics in a more engaged way. Faculty development becomes essential. Educators must learn how to recognize ethical behavior, how to give feedback that moves beyond vague praise or critique, and how to model ethical deliberation as a visible, intentional act [14]. They must be encouraged to create learning environments where students feel safe to discuss uncertainty, admit discomfort, and ask questions that do not have easy answers.

Ultimately, embracing ethical entrustment is about restoring a fuller vision of what medical professionalism means. It is not enough for a future physician to be clinically skilled. They must

also be ethically trustworthy. EPEAs offer a vocabulary and structure for cultivating that trust, not through abstract ideals but through lived, observable actions. In doing so, they call medical education to return to its deeper purpose not just to produce competent doctors, but compassionate professionals.

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