Clinical Supervision for Graduated Responsibility

Mark C. Wilson, MD, MPH
Associate Dean, Graduate Medical Education
Carver College of Medicine
Associate Hospital Director, GME
University of Iowa Hospitals & Clinics

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Disclosures

• I have no financial or non-financial conflicts of interest

• However, I do sport a southwestern drawl honed in West Texas ...

• And my passion over past 25+yrs is to educate resident/fellow physicians to be better than their faculty
My Nutshell Odyssey

• During my CR year, learned that I was fascinated by complex decision-making and education
• 3yr fellowship in GIM ... MPH ... clin research ... EBM ... teaching skills/curriculum development

• Program Director for 12yrs at Wake Forest
• Came here as first physician director of GME in 2004

• Much as a Program Director, I’m still intrigued by how to move to next level of ever-higher performance to do right by patients & learners
Today’s Road Map Objectives

We’ll have a discussion to ...

• Define and consider implications of supervision
• Explore intersection of supervision with role-modeling, coaching, mentoring, and trust
• Identify key factors that influence entrustment decisions for graduated responsibility
Defining ‘Supervision’

**Supervision** = to look over;  
a critical watching and directing

**Common Perceptions** can be ... to take over  
to reflect dependence

**ACGME Construct**
1) Direct
2) Indirect (immediately, or by telephone)
3) Oversight
We’re All Imperfect Supervisors

• Each of us is somewhere along our developmental road as a clinical supervisor

• Each of us is farther or less far along based on:
  » How long we’ve been a supervisor
  » Whether we’ve been fascinated by the challenge of how hard it is to supervise well
Clinical Supervision

Resident & Fellow

Independent Practitioners

Distillation by Tim Flynn – 2009
What Kinds of Challenges Did You See Your Prior Supervisors Have?
Perceptions of Clinical Supervision

• Survey and interviews of 85 faculty & residents on Univ of Chicago ward services
• Used scenarios to elicit likelihood of resident soliciting supervision & faculty desire to supervise
• Many more faculty wanted earlier contact than did residents (34% vs 4%)
• Twice as many faculty believed contact changed care plan (21% vs 10%)

On-Call Supervision and Resident Autonomy: From Micromanager to Absentee Attending. AJM 2009
Perceptions of Clinical Supervision

• Prevalent faculty models emerged:
  • Micromanager
dictate care; minimal resident autonomy ... apathy/withdrawal
  • Absentee
faculty rubber stamps ... abandonment/anxiety with decisions

• Valued attributes of effective supervisors:
  • Act as a safety net ... reassuring
  • Promote higher-ordered thinking ... stimulates learning
  • Respect residents’ work & time ... mutual respect

On-Call Supervision and Resident Autonomy: From Micromanager to Absentee Attending. AJM 2009
Chat with your Neighbor ...

• How are these 3 terms different:
  – Role Modeling
  – Coaching
  – Mentoring

• Will solicit in 2 minutes
How Are They Different?

- Role-Modeling
- Coaching
- Mentoring
Important & Distinct Roles

Role-Model

• Passive, observational mode ... one tries to emulate
  (Altho, what if more explicit with pre&post debriefs)

Coach

• Time-limited relationship
• Teaches & directs; Drives specific agenda
• Focused on improving performance of specific skills/tasks
Important & Distinct Roles

• **Mentor**
  • Developmental relationship
  • Active listener
  • Facilitates growth *without* agenda

• ‘The process whereby an experienced, highly-regarded, empathic person (the mentor) guides another – usually younger – individual (the mentee) in the development and re-examination of their own ideas, learning, and personal & professional development.’

  J. Oxley, Mentoring for Doctors
All This is All Nice, But Learners Say ...

“Hey ... I want more autonomy!”

(i.e. they want to be entrusted with more graduated responsibility)
A Few More Definitions

**Trust**
- Firm belief in integrity, ability, character of a person
- To place confidence in; depend upon; reliance

**Entrust**
- To give over to another for care, protection, or performance
- Delegate, assign, turn over, authorize
Chat with Your Neighbor

• Identify at least 2 characteristics of residents, faculty, &/or clinical predicaments that affect entrustment decisions

• Will solicit in 2 minutes
‘Entrustable’ Requires

Trustworthiness Requires Direct Observation of:

• Level of K/S/A (Ability)

• Hard work & reliable (Conscientious)

• Absence of deception (Truthfulness)

• Knowing one’s limits (Discernment)

Tara Kennedy
Academic Medicine 2008
Along the Path to Entrustment

1. Supervisor’s entrustment decisions reflect ‘taking a calculated risk that’s acceptable’ (Olle ten Cate)

2. Increasingly, making (key) entrustment decisions should be explicit; could permit more rational & meaningful graduated responsibility

3. **Presumptive, Initial, & Grounded** approaches gather information for entrustment ... which informs our supervisory practices
Please Take Away ...

Ideally, supervision is much more than simple presence of ‘superiors’ directing &/or taking over for trainee

Ideally, our supervisory tool bag includes a mix of role-modeling, coaching, mentoring, & entrustments ... that we unleash judiciously/artistically

*Ideally, supervision optimizes patient care AND educational trajectories of learners*
And, Please Take Away ...

*We should not teach (only) as we were taught*

*We should not supervise (only) as we were supervised*

Stay Fascinated to continually practice and improve your repertoire of clinical supervisory skills