

Promoting Interdisciplinary Learner Autonomy

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Lisa DelSignore, MD

Pediatric ICU Attending, Division of Medicine Critical Care

Associate Program Director, Tufts Pediatric Residency Program

BCH Pediatric Clerkship Site Director and Advanced Clerkship Director, Tufts University School of Medicine

Jennifer Wayshville, MSW, MSN, CPNP

Pediatric Nurse Practitioner, PIMCU



Disclosures

We do not have any relevant financial relationships to disclose

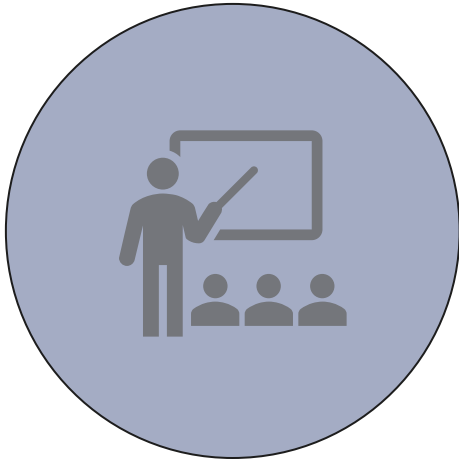


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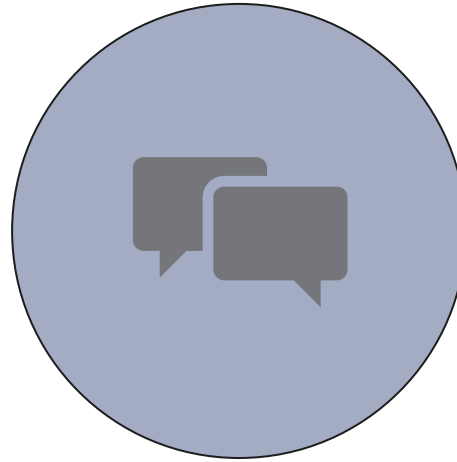
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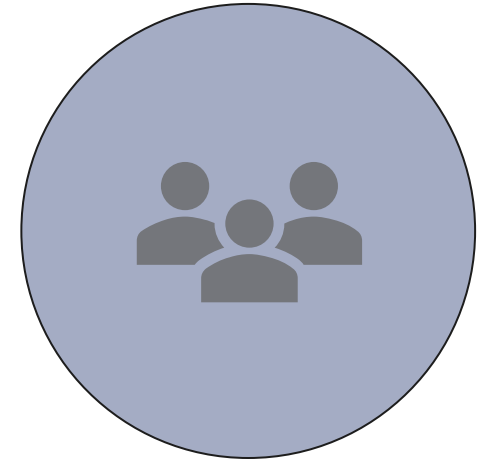
Learning Objectives



Describe inherent tensions between learner supervision and autonomy in the clinical learning environment



Discuss strategies to foster learner autonomy in the clinical learning environment



Compare and contrast interprofessional perspectives on supporting learner autonomy in a team environment



Session Outline

- Introductory Large Group Activity (10 min)
- Interactive Didactic (20 min)
- Small Group Case Discussion (10 min)
- Large Group Report Out (10 min)
- Reflection Exercise & Conclusion (5 min)



You are on rounds in a busy, acute inpatient unit. The unit is almost full with limited bed availability, and the Critical Care Transport Team is due to arrive with a direct admission within the hour. You know the team needs to round quickly and efficiently.

The team - APCs, Charge Nurse & nursing, RT and nutrition – are ready. Rounding starts with a 14 year old medically complex patient admitted with acute on chronic respiratory failure in the setting of rhinovirus. The primary nurse, a new graduate, starts to review patient updates by system. Her preceptor, a senior nurse, standing behind her, listening with eyes downward and her arms crossed. The patient is on escalated BiPAP and has frequent pulmonary clearance demands. You know he's a watcher with his tenuous respiratory status.

The APC, also novice, begins to synthesize the patient. She starts to review care goals by system but jumps ahead to FEN/GI, seemingly skipping respiratory, with significant concern for lack of nutrition as the patient is on his BiPAP around the clock. You notice the attending interrupting "OK well, I am more concerned about his respiratory status." You notice the attending directly engages the precepting nurse, calling her by name and saying, "let's get a CXR and VBG now, keep holding the feeds." The APC pauses but doesn't say anything further but appears embarrassed. The precepting nurse directs the new graduate nurse to call radiology, and rounds moves on to the next patient.



Reactions and Thoughts

Please use the chat to respond to the following questions:

- What is your first reaction to this scenario?
- What are the challenges you see in this scenario?



What does learner autonomy mean to us?

- Learner \neq physician-in-training \rightarrow ALL healthcare professions
- Autonomy = internal perceived locus of causality
 - behaving on one's own volition
 - having choices and opportunities for self-direction
 - decreased *supervision* and increasing responsibility and independence as a practicing professional
- Difficult for us to cover what a specific learner looks like through the lens of *EVERY* healthcare profession – we will do our best to be inclusive!



Motivation for Learning in the Clinical Workplace

Self-Determination Theory

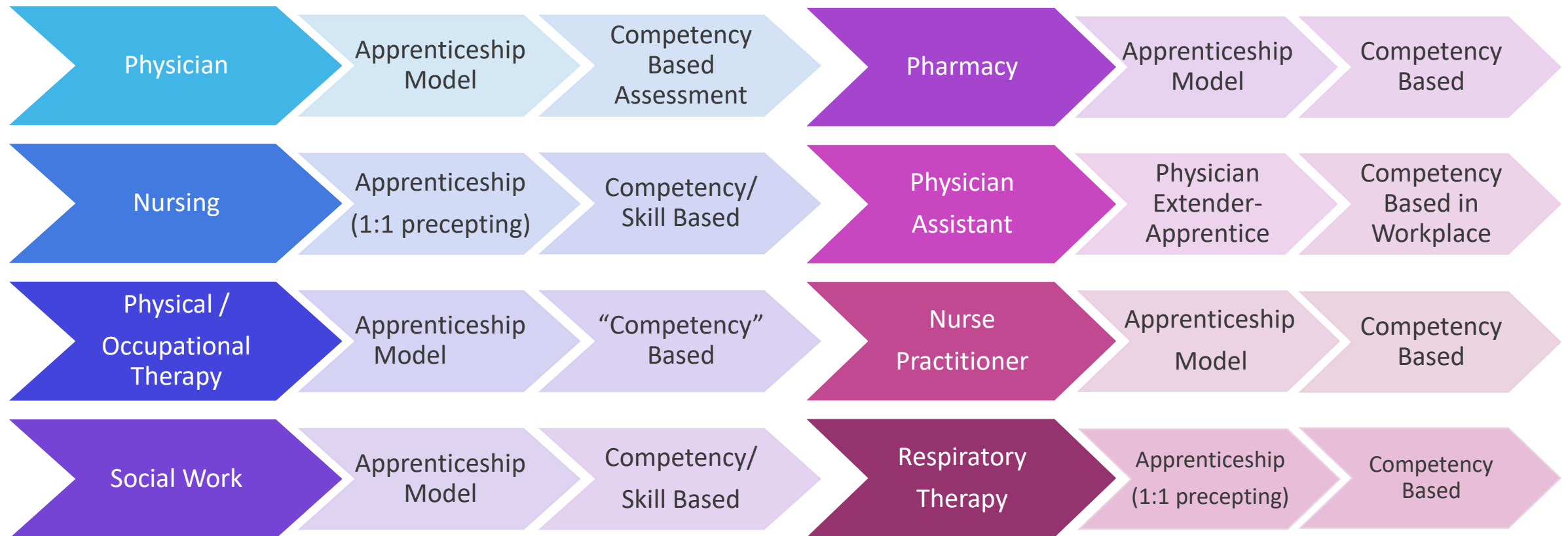
Autonomy
“interconnectedness”
“relational”

Competency

Relatedness



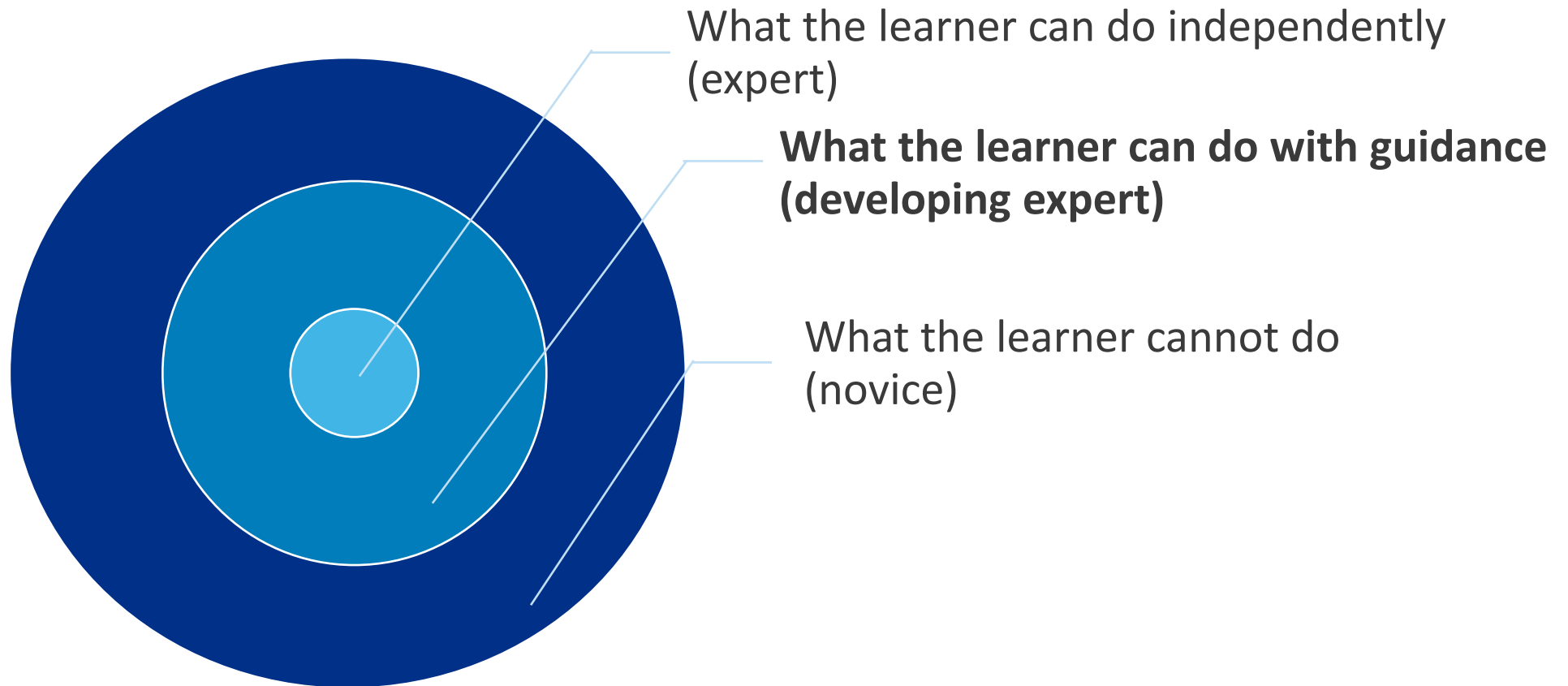
History of Autonomy in Clinical Learning Environment



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Building Learner Autonomy as a Supervisor: Zone of Proximal Development



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Challenges Encountered in Balancing Supervision and Autonomy



Supervisor

Micromanager
Absent



Psychological Safety
Unconscious Bias
Patient Safety
Different learning preferences

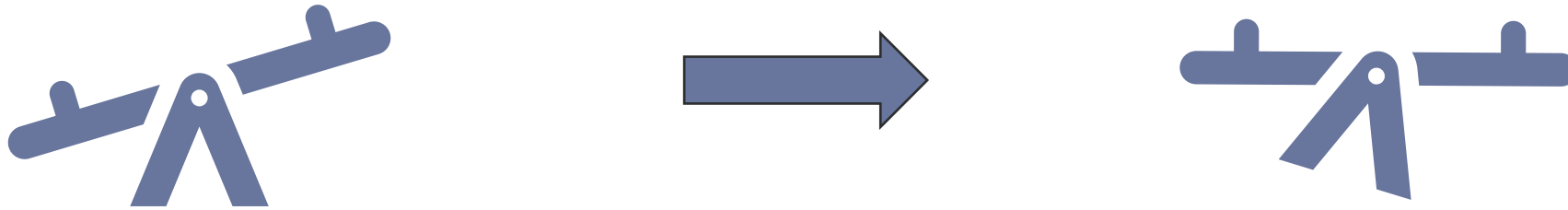


Learner

Overconfident (unaware of limitations)
Not receptive to constructive feedback
Challenges with prioritization



Autonomy and Supervision can CO-EXIST!



Practice Building Learner Autonomy as a Supervisor

Strategy	Example
First day needs assessment	Welcome, [insert name]. I am looking forward to working with you. What has your prior experience with [insert location/activity] been? What are your goals for today (or time together if longitudinal)?
Ease learner out of comfort zone	I've seen you do [insert skill/behavior] well, why don't you take the lead on [next level of skill/behavior] and I'll be here to back you up if needed.
Probe decision-making rationale	You suggested doing [insert plan of care]. Can you explain your thinking?
Modulate line of supervision for critical moments or difficult conversations	Ok, since the patient is suddenly hypoxic, I'm going to take a more active role until the patient is stabilized. How does that sound to you?

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Practice Building Learner Autonomy as a Supervisor

Strategy	Example
Delineate between support and micromanaging	I saw [insert lab value, observation]. I'm going to leave the specific plan for [insert suggested intervention] to you but I am here to answer any questions.
"Step in and step out"	Step in: Can I add something here? Step out: [learner's name], do you mind continuing the conversation?
Practice unconditional positive regard	Try to avoid premature closure/judgment of a learner – we all want to do our best and take care of patients Put yourself in the shoes of the learner who has their best foot forward

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Small Group Exercise

- For the next 10 minutes you will be in break-out rooms of ~6 individuals discussing how to support a new learner taking the lead on a family meeting
- We will read the case aloud and then provide a copy of it in the chat with discussion prompts
- We will ask that you choose a reporter for your group (who's birthday is closest to today) to report out in a large group upon reconvening.
- Please take note of the group number at the top of your screen when you are in your breakout room – this will guide which of the discussion questions your group will focus on for the report out (but can discuss more if time permits!)
- Have fun!



Small Group Exercise Case

Eddie is a new Physician Assistant on the complex care service. It is his first shift off orientation in the unit. Eddie has been asked to lead a team meeting on one of the patients – a patient with a complex history who is convalescing from a prolonged hospitalization. This will be Eddie's first time leading this type of team meeting. Just prior to the meeting, Eddie's attending physician casually informs Eddie that the patient will ultimately benefit from an inpatient rehabilitation stay.

The meeting includes interdisciplinary providers– GI, pulmonary, PACT, unit social work, case management, nursing, respiratory therapy, physical therapy and nutrition. Both parents, who are separated and often in disagreement with one another, are also present. Eddie starts the meeting by welcoming the team shares the plan for transition to an inpatient rehabilitation unit. Everyone stares at Eddie, surprised by the news. Eddie now feels anxious and restates that a transition to rehab seems most appropriate. The parents are immediately opposed to the idea and further question the team's judgment, expressing how they feel no one on the team “knows” their child given how frequently the nursing and medical teams change. Eddie is not sure how to respond, and he nervously tries to offer insight that the patient has improved but just to meeting mother's resistance “of how would you know, you just met him today!” and proceeds to leave the room. Eddie looks around his team for support.

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Small Group Exercise

1. **Groups 1-4 report out:** How can the supervisor support Eddie in the moment?
2. **Groups 5-8 report out:** How can other interdisciplinary team members support Eddie in the moment?
3. **Groups 9-12 report out:** How can the supervisor support Eddie's learning from this experience after the family meeting?



Take home tips

- Autonomy and supervision can co-exist
- Goal as a supervisor = challenge the learner's comfort zone and push them (supportively) beyond for growth
- Practical strategies to consider when promoting learner autonomy:
 - First day needs assessment
 - Probe decision-making rationale
 - Modulate line of supervision for critical moments/difficult conversations
 - Delineate between support and micromanaging
 - “Step in and step out”
 - Practice unconditional positive regard
- Be mindful of other interdisciplinary learners within your care team – you can promote/support learning outside your own role using these tips too!



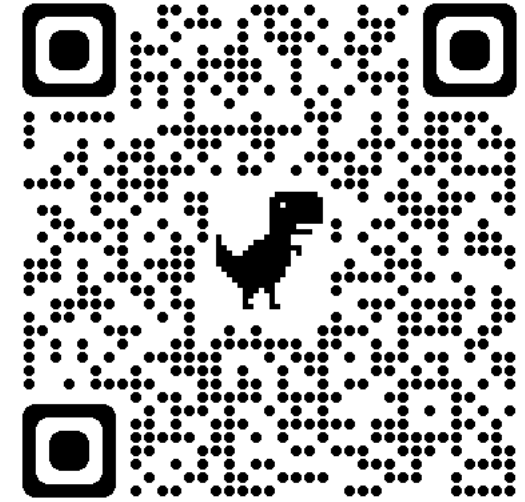
Commit to improving your current educator practice

To promote the “right” amount of learner autonomy:

1 thing I will **change** in my practice is: _____

1 thing I will **continue** to do in my practice is: _____

1 skill I will **add** in my practice is: _____



We're here for you!

What information from our talk would you like additional clarity on or have additional questions about?

Contact us:

lisa.delsignore@childrens.harvard.edu

jennifer.wayshville@childrens.harvard.edu

We are here for you and happy to answer questions after this talk or provide consultation for you in the future!



Thank you!



References

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