

FUNDAMENTALS OF TEACHING, SUPERVISING AND EVALUATING MEDICAL STUDENTS AND RESIDENTS

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Agenda

- Introduction of key concepts (5 min)
- Small group discussions (20 min)
 - 6 Groups
- Group reporting (30 min)
- Wrap up

Common Challenges in Med Ed

- Feedback
- Mentoring
- Supervision
- Time Management
- Autonomy
- Boundaries

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FEEDBACK

Feedback is the process by which the teacher provides learners with information about their performance for the purpose of improving their performance

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MENTORING

“...experienced, highly regarded, empathetic person (mentor) guides another individual (mentee) in the development and re-examination of their own ideas, learning, and personal and professional development.”



Frei et al. Mentoring programs for medical students - a review of the PubMed literature 2000 - 2008. BMC Medical Education. 2010

Not all residents are created equal

- Ed Krall, MD

Ed Krall, MD,

SUPERVISION & EXPECTATIONS

Ed Krall, MD,

TIME MANAGEMENT

- Physicians spend 1 to 2 hours each night devoted mostly to EHR tasks.
- 49.2% of their time on HER & desk work
- Only 27.0% of physician time is spent on direct face-time with patients



Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties
Christine Sinsky, MD; Ann Intern Med. 2016;165(11):753-760.

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AUTONOMY

Freedom from external control or influence – dictionary.com

Autonomy is related to striving to make sense of actions and behaviors into a coherent self by visualizing them as self-determined. The opposite of autonomy is control (Kusurkar 2015).



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BOUNDARIES



A line that marks the limits of an area; a dividing line.

"The eastern boundary of the wilderness."

A limit of a subject or sphere of activity.

"The boundaries of acceptable behavior."

Dictionary.com

Small Group Task (6 groups)

- You have 20 minutes to develop an answer to the **bolded** question below.
- Please be prepared to present your answer to the large group.
- You will have 5 minutes to present.

Groups

1. Feedback
2. Mentoring
3. Supervision
4. Time Management
5. Autonomy
6. Boundaries

“What advice on your topic would you give to preceptors/medical educators?”

Group Reporting

- Feedback
- Mentoring
- Supervision
- Time Management
- Autonomy
- Boundaries

Feedback – Key Points

- Timely, specific, relevant feedback is essential
- Focus on behavior, not the individual
- Data-driven, direct observations preferred
- Assess learner's perspective
- Avoid comparison to other learners
- Attend to emotional and physical environment
- Follow-up to assess impact

Mentoring – Key Points

- Be consistently available, engaged, prepared
- Respect personal & professional boundaries
- Plan appropriate time & place for meetings
- Agree on clear expectations for roles & meetings
- Balance guidance and freedom
- Provide honest constructive feedback
- Provide supportive resources & networking
- Actively listen, encourage mentee reflection
- Know when to exit, transfer responsibilities

Balance Supervision and Expectations

- Not all medical learners are created equal
- Go Slow, first watch me, then watch them

The SUPERB Model

- S—Set expectations for when to be called.
- U—Uncertainty is a time to be called
- P—Planned Communication
- E—Easily available
- R—reassure they can call you
- B—Balance Supervision and autonomy

Time Management – Key Points

- Delegate
- Develop self-awareness of abilities/limitations
- Schedule - Start on time
- Look for role models
- Create protocols to limit interruptions.
- Establish a strategy for dealing with messages.
- Prioritize
- See the big picture.

Autonomy Key Points

- According to the residents, the biggest barrier to creating alignment and a supportive professional relationship was the absence of a proper dialogue regarding issues about expectations and beliefs. (Van Roermund 2014)
- Residents report frustration when faculty maintain tight control of patient care and perceive that faculty members grant them independence in making only insignificant decisions. (Baldwin 2012)
- Increased direct attending physician supervision did not significantly reduce the medical error rate... Residency programs should reconsider their balance of patient safety, learning needs, and resident autonomy. (Finn 2018)

1. Van Roermund TA, Mokkink HG, Bottema BJ, van Weel C, Scherpbier AJ. Comparison of expectations and beliefs about good teaching in an academic day release medical education program: a qualitative study. *BMC Medical Education*. 2014;14:211.

2. Baldwin, C., Craig, M., et al. Autonomy-Supportive Medical Education: Let the Force Be *Within* You! Response to the 2012 Question of the Year. *Academic Medicine*. 2012. 87(11): 1468-1469.

3. Finn KM, Metlay JP, Chang Y, et al. Effect of Increased Inpatient Attending Physician Supervision on Medical Errors, Patient Safety, and Resident Education: A Randomized Clinical Trial. *JAMA Intern Med*. 2018;178(7):952-959.

Boundary Key Points

- There are certain characteristics of both teachers and students that may make them more vulnerable to become involved in personal relationships with each other, such as problems in their own relationships or families, feelings of isolation from colleagues, or depression (Gordon et al. 1992)
- There may sometimes be a tendency for some of us to be excessively available to an emotionally needy student. However, as is the case for parents, our primary role as teachers is to help our students get to the point that they do not need us any longer, whether academically or emotionally (Plaut 2010)
- Our primary role is to foster their confidence as competent professionals, rather than to foster or even exploit their dependency on us. (Plaut 2011)
- We should ask ourselves, “whose needs are we fulfilling?”
- Learners who were on first name basis with faculty during the co-creation of the curriculum felt conflicted shifting back to traditional roles in clinical settings. (Law 2015)

Final Thoughts

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