

IMPROVING FACULTY SUPERVISION of RESIDENTS:

Implementing a *Proactive* Approach to Ensure Patient Safety

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WORKSHOP OBJECTIVES

At the conclusion of this program, participants should be able to:

- 1) Describe the *limitations of the traditional method* of faculty supervision.
- 2) Explain the *Five-Step Learning Curve* and how to use it for assessing a resident's learning needs and determining the level of supervision.
- 3) Describe strategies to implement a *PROACTIVE approach to faculty supervision* of residents to comply with ACGME requirements and ensure safe patient care.

WORKSHOP OUTLINE

**Improving Learning and Eliminating Patient Safety Problems:
What is Wrong with a Reactive Approach to Supervision?**

**The Five-Step Learning Curve for Developing Clinical Expertise:
Competency is NOT the Final Stage**

**“I Can’t Always Look over Their Shoulders...
How Much Independence Should I Allow?”**

**Developing a Resident’s Graded Authority & Responsibility for Patient Care:
The Proper Level of Supervision using the ACGME Classifications**

**Increasing Patient Safety through Improved Supervision:
The Critical Components of a Proactive Model of Supervision**

CREATING AN EFFECTIVE GME PROGRAM: Ten Core Principles to Guide Decision-Making

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“Continuous Evaluation is Essential for Professional Growth”

1. **Ultimate Responsibility of the Institution, its Administrators, and the Faculty is the *Protection of the Public.***
2. **Primary Responsibility of Administrators and Faculty is to *Document and Certify* that Residents have *Achieved ALL the Requirements* of the Accredited Program.**
3. **A Program’s *Educational Integrity* is a Direct Reflection of the Rigor in its Evaluation Criteria, Methods, and Procedures.**
4. **All Educational Activities (e.g., Didactic Lectures & Seminars, Clinical Rotations, Clinics, Research, etc) are *Critical Components* of the Curriculum.**
5. **Each Day of Each Month in the Program is *Equally Important* in the Evaluation of Resident Performance and Achievement.**
6. **Rules, Regulations and Criteria for Performance Evaluations Should be Established Through *Consensus Decisions* involving Administrators and Faculty and Clearly Stated in Documents and Handbooks.**
7. **Knowledge, Skills and Professional Behavior are *Equally Important* in the Evaluation of a Resident or Student’s Clinical Competence.**
8. **Subjective & Arbitrary; Advocate & Enabler; and Confidential & Anonymous are *NOT* Pairs of *Synonyms*.**
9. ***Fair is not the same as Flexible* when it comes to Enforcing Rules, Regulations and Requirements (i.e., Being Equitable).**
10. **We are NOT Obligated to Graduate Every Resident We Accept into Our Programs; We ARE Obligated to *Graduate Qualified, Competent Residents.***

FACULTY SUPERVISION

Traditional----*REACTIVE* Approach

“This person should be able to...”

“I will leave him/her alone to build his/her confidence...”

“I don’t want to undermine his/her relationship with the patient...”

“Call me if you need me (But you better damn well need me)...”

“I am the safety net in case something goes wrong...”

“I am NOT a babysitter...”

INTEGRATING TEACHING & PATIENT CARE: GUIDELINES FOR ORIENTING YOUR LEARNERS

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Conducting an orientation at the start of a clinical rotation establishes your role as the **TEAM LEADER**. The orientation gives each member of your team a clear understanding of what you expect from him/her and what he/she can expect from you. This meeting is especially critical in our *era of duty hours* because it will avoid problems and make things run smoothly by explaining how the clinical service will function. To conduct a well-organized, effective orientation, the **TEAM LEADER** should:

1. **PROMOTE A POSITIVE ATTITUDE AND PROPER MOTIVATION**

Remind everyone that each rotation is part of their established curriculum. While learners may not find every rotation equally interesting and exciting, remind them that **EACH ROTATION IS IMPORTANT**. Emphasize that each learner must meet the requirements in order to successfully complete the rotation. Be sure to make everyone feel welcomed as integral members of the team.

2. **DISCUSS OBJECTIVES, STANDARDS, AND EXPECTATIONS**

Review the specific learning goals and objectives for each of the learners in the group as well as the standards for professional conduct. Explain the clinical duties and responsibilities to be assigned to each team member commensurate with his/her abilities. Review the didactic schedule (e.g., lectures, etc.) to be sure each team member knows his/her role in these sessions. Discuss the *Seven Elements of Professionalism*.

3. **DESCRIBE PATIENT CARE ACTIVITIES**

Delineate the daily schedule of clinical activities and assignments for each team member. Include a review of the format for case presentations and medical records (i.e., EMR). An outline of *a model format for the case presentation* would be useful. If applicable, discuss how to handle the *handoffs of patients and patient information* (e.g., post-call, end of day, etc.). Introduce other key team members (e.g., nurses, pharmacists, PAs, techs, clerical staff, etc.), and conduct a brief tour to familiarize everyone with the facility and/or equipment.

4. **REVIEW EVALUATION AND DISCIPLINARY PROCEDURES**

Review HOW, WHEN, and WHO will evaluate each team member and specifically remind residents of the 360° evaluations! Include a review of the forms and/or tests that will be used and the procedure for determining successful completion of the rotation. Take time to review the policies and procedures for excused absences, and for handling problems that may arise within the team.

5. **EMPHASIZE ADULT LEARNING SKILLS**

Discuss the importance of developing good professional work habits and self-directed learning skills. Review the Adult Learner Model and the adult learning skills that enable individuals to maximize learning and accomplish the required learning objectives. Emphasize examples of the *active learner* approach. Point out *bad learning habits* (e.g., being late, not following-up on patient care questions, not being prepared to perform or assist with procedures, being absent without prior approval, etc.) and *negative attitudes* that can create problems for everyone (i.e., patients, faculty, learners, staff).

6. **GET TO KNOW YOUR TEAM MEMBERS**

Take time to learn about each team member's prior clinical rotations and their personal situations. Some learners have prior clinical experiences; entering healthcare as a second or third career. Ask each person what s/he wants to get out of the rotation (and getting out of the rotation is NOT an option!). Identify any possible conflicts between clinical education requirements and team members' personal life obligations; proactively resolve them. Develop common patient cases and/or clinical scenarios to be seen during the rotation and use them in a discussion to assess their basic medical knowledge and problem-solving skills. Have each member show you how they read some common imaging studies drawn from your patients. Review procedures to be learned during the rotation; find out who has performed them and how they were taught to do it. Create an email group for use with a "Clinical Case/Question of the Week" exercise.

The *LEARNING CURVE*

The Five Steps for Developing Clinical Expertise*

<i>STEP</i>	<i>CHARACTERISTICS OF LEARNER</i>
5. EXPERT/ MASTER	Shows tremendous flexibility & ability to solve unusual problems Exhibits strong professional standards and a desire for continued improvement of knowledge and skills Can have difficulty explaining performance or decisions to others May perform worse than novice on tests of factual recall An INTERDEPENDENT learner
4. PROFICIENT	Able to perform tasks <i>automatically</i> Increases process of <i>internalization</i> Organizes knowledge & skills into discrete units for problem-solving Eliminates all major errors and most minor errors A COOPERATIVE learner
3. COMPETENT	Able to complete a task repeatedly, reliably and consistently at a pre-determined level of performance----no major errors but may include minor mistake(s) Identifies all potential problems & major errors as well as preventive steps Develops an <i>internalized</i> sense of responsibility (i.e., Clinical Judgment) An INDEPENDENT learner
2. BEGINNER	Gains knowledge of facts and increases skills Improves speed and accuracy---makes fewer errors Forms groups of information and concepts to problem solve May <i>over-generalize</i> his/her abilities on the basis of a one-time successful performance A CONFIDENT learner
1. NOVICE	Is rule driven (variations are distracting & confusing) Follows directions in a methodical, step-wise manner Performs slowly, makes many errors, needs <i>Instructive Feedback</i> Seeks limited objectives and standardized evaluations A DEPENDENT learner

(* Chambers, DW *Some Issues in Problem-Based Learning*
Journal of Dental Education, 59(5): 567-572, 1995)

Guidelines for Giving ***INSTRUCTIVE FEEDBACK***

1. **Base Your Comments on Direct Observation** (as much as possible)
2. **Give It Immediately After Performance**
3. **Choose an Appropriate Setting**
4. **Focus on Specific Behaviors, Skills or Words**
5. **Link to Stated Standards, Expectations, Goals, and/or Objectives**
6. **Use *Specific Descriptive Words* to:**
 - Reinforce Problem-Solving Skills**
 - Highlight Professional Conduct**
 - Reward Clinical Decision-Making**
7. **Provide *Specific Instructions* to:**
 - Correct Errors and Mistakes**
 - Modify Behaviors and Words**
 - Resolve Problems or Conflicts**
8. **Limit the Amount of Information**
9. **Check for Comprehension and Understanding**
10. **Promote Self-Evaluation and Self-Directed Learning Using Follow-Up Assessments**

FACULTY SUPERVISION

A *PROACTIVE* Approach

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“Let me SEE what this resident knows and can do...”

“I will give INSTRUCTIVE FEEDBACK to build confidence...”

“I will ensure a POSITIVE RELATIONSHIP with this patient...”

**“What is (are) the WORST THING(S) that can go wrong
with this patient, this procedure, this situation...?”**

**“What are the WARNING SIGNALS of a potential problem
with this patient’s care...?”**

“As an ADVOCATE for this Resident, I will...”

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***Monitor and evaluate* the resident’s learning and performance**

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***Stop enabling* unsatisfactory performance and unacceptable behaviors or conduct**

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***Help* the resident improve by *using instructive feedback* techniques**

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***Document* my observations and judgments *honestly & accurately* on all evaluation forms**

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***Report any deficiencies or unresolved problems* to the residency program director**