

Understanding the Dance: Entrustment in Educational and Supervisory Relationships

Dorene F. Balmer, PhD

Director of Research on Pediatric Education

The Children's Hospital of Philadelphia

Associate Professor of Pediatrics

Perelman School of Medicine

University of Pennsylvania



Objectives

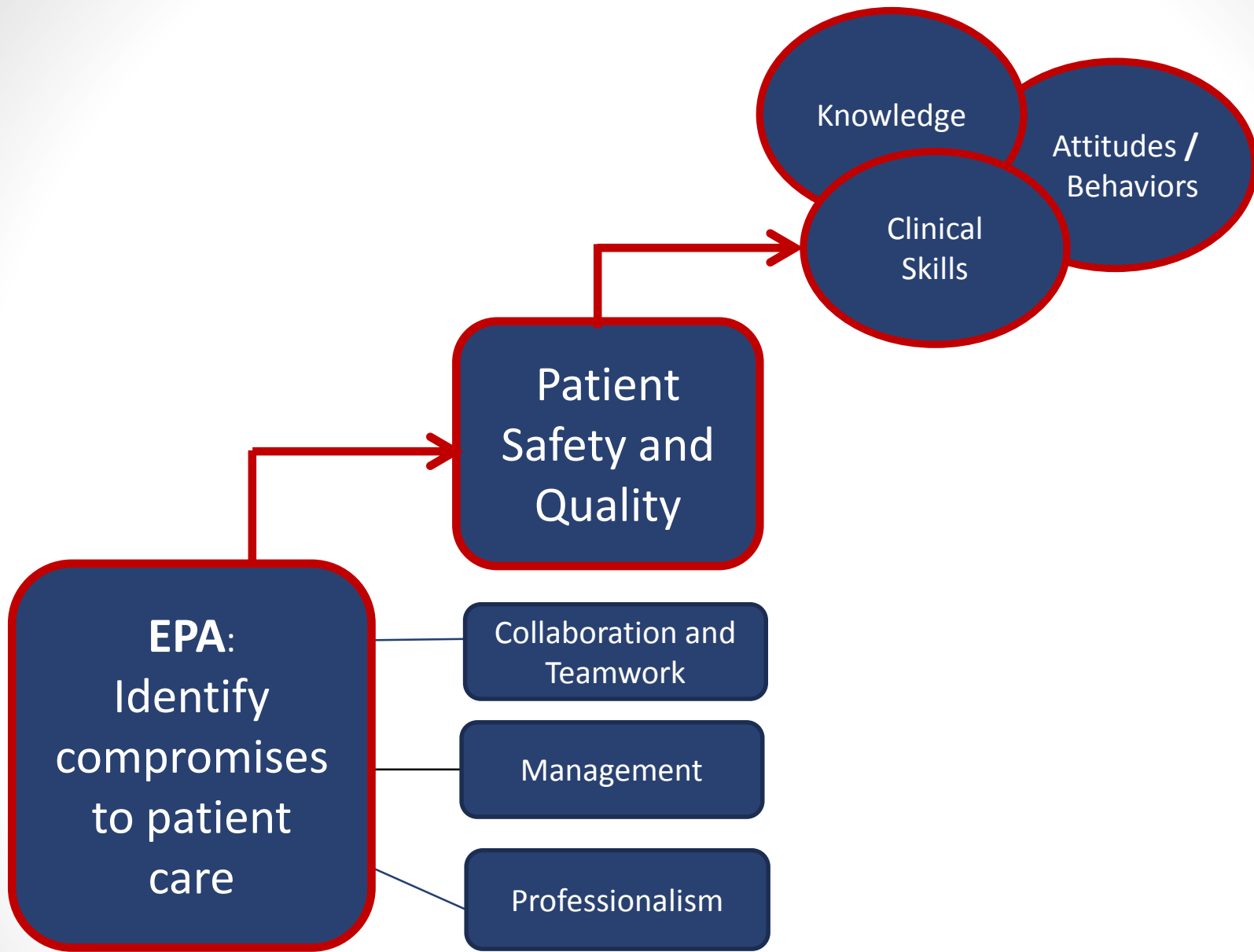
- Appreciate how the concept of entrustment has taken root in medical education
- Examine, up close, one entrustment relationship
- Review current literature relevant to entrustment relationships

Terminology

USA	Ireland	Generic
Attending	Consultant	Supervisor
Senior resident	Registrar	Trainee
Intern	Intern	
Medical student	Medical student	

Entrustment

- Definition
 - To make somebody responsible for doing something or taking care of someone
 - Reliance of a supervisor on a trainee to execute a given professional task correctly, and on the trainee's willingness to ask for help when needed
- Entrustable Professional Activities (EPAs)
 - Units of professional practice that can be fully entrusted to a trainee as soon as he/she demonstrates competence to execute unit of practice without supervision



EPA:
Identify
compromises
to patient
care

Patient
Safety and
Quality

Collaboration and
Teamwork

Management

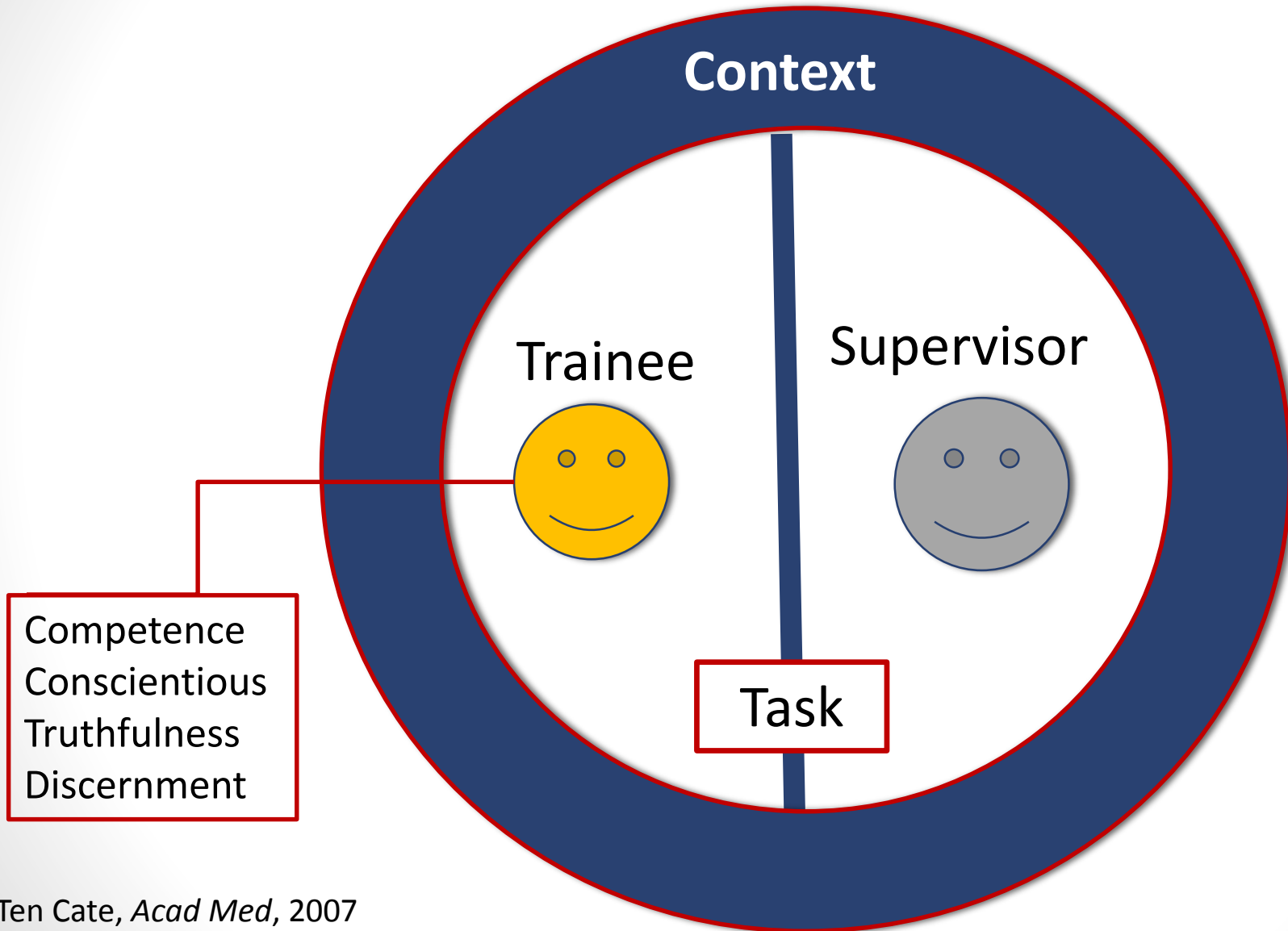
Professionalism

Knowledge

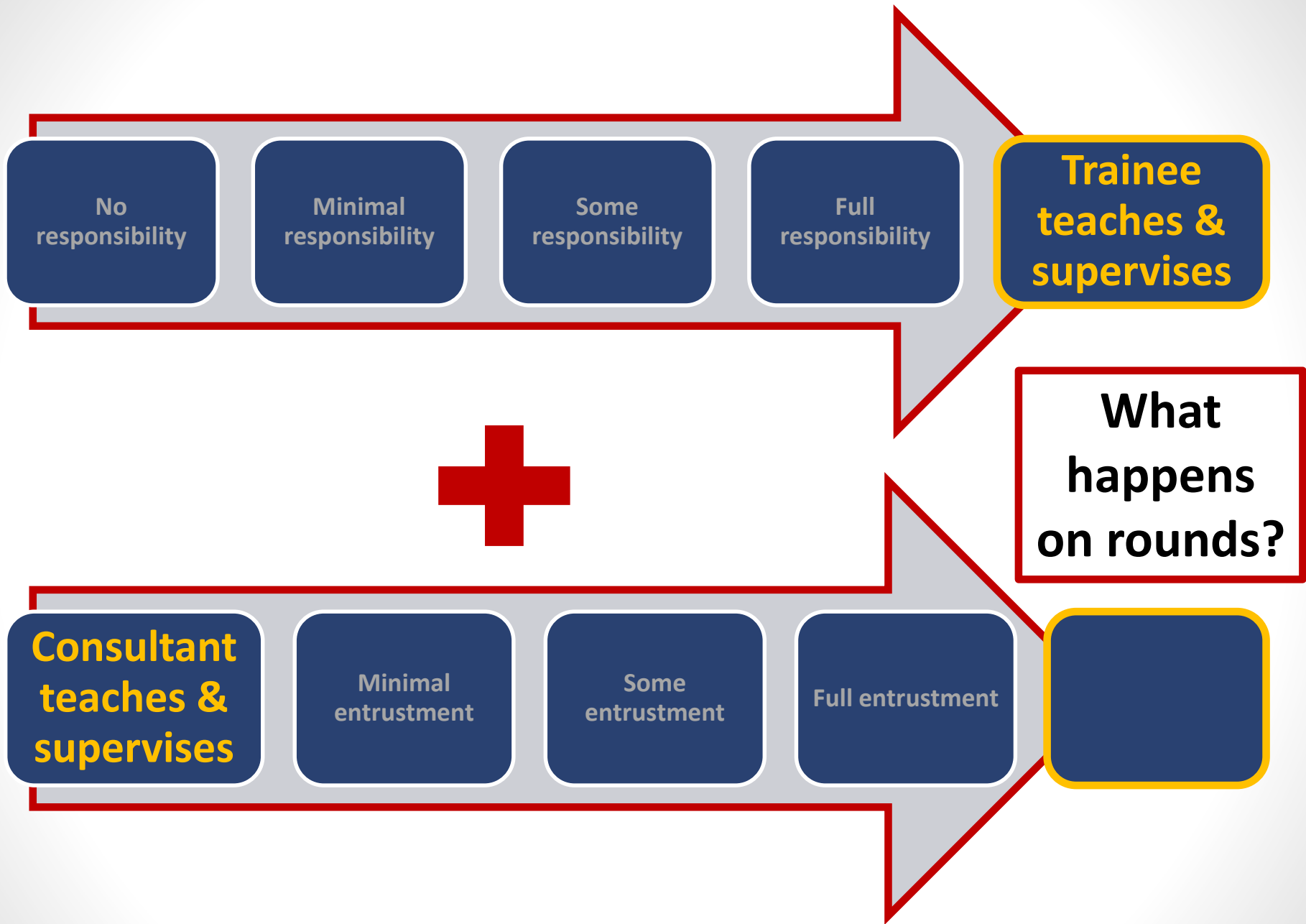
Attitudes /
Behaviors

Clinical
Skills

Factors that influence entrustment



Competence
Conscientious
Truthfulness
Discernment



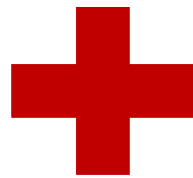
No responsibility

Minimal responsibility

Some responsibility

Full responsibility

Trainee teaches & supervises



What happens on rounds?

Consultant teaches & supervises

Minimal entrustment

Some entrustment

Full entrustment



Emergent Research Question

- Taken from the language and stories of the participants:
 - Supervisors should “stand back”
 - Trainees should “step up”
- Would the metaphor of a dance be a useful representation of how supervisors and trainees negotiate roles for teaching and supervising on rounds?

Research Methodology

- Ethnography: Study of a culture, including role negotiation
- Features of Ethnography
 - Close, prolonged observation in natural setting
 - Interviews with individuals in that setting

Research Context

- Setting: Large Children's Hospital
 - One 22-bed inpatient floor
 - Managed by General Pediatricians who worked in the hospital
- Medical Team
 - Supervisor: 1 General Pediatrics attending
 - Trainees: 2 senior residents and 3 interns

Dual Data Collection

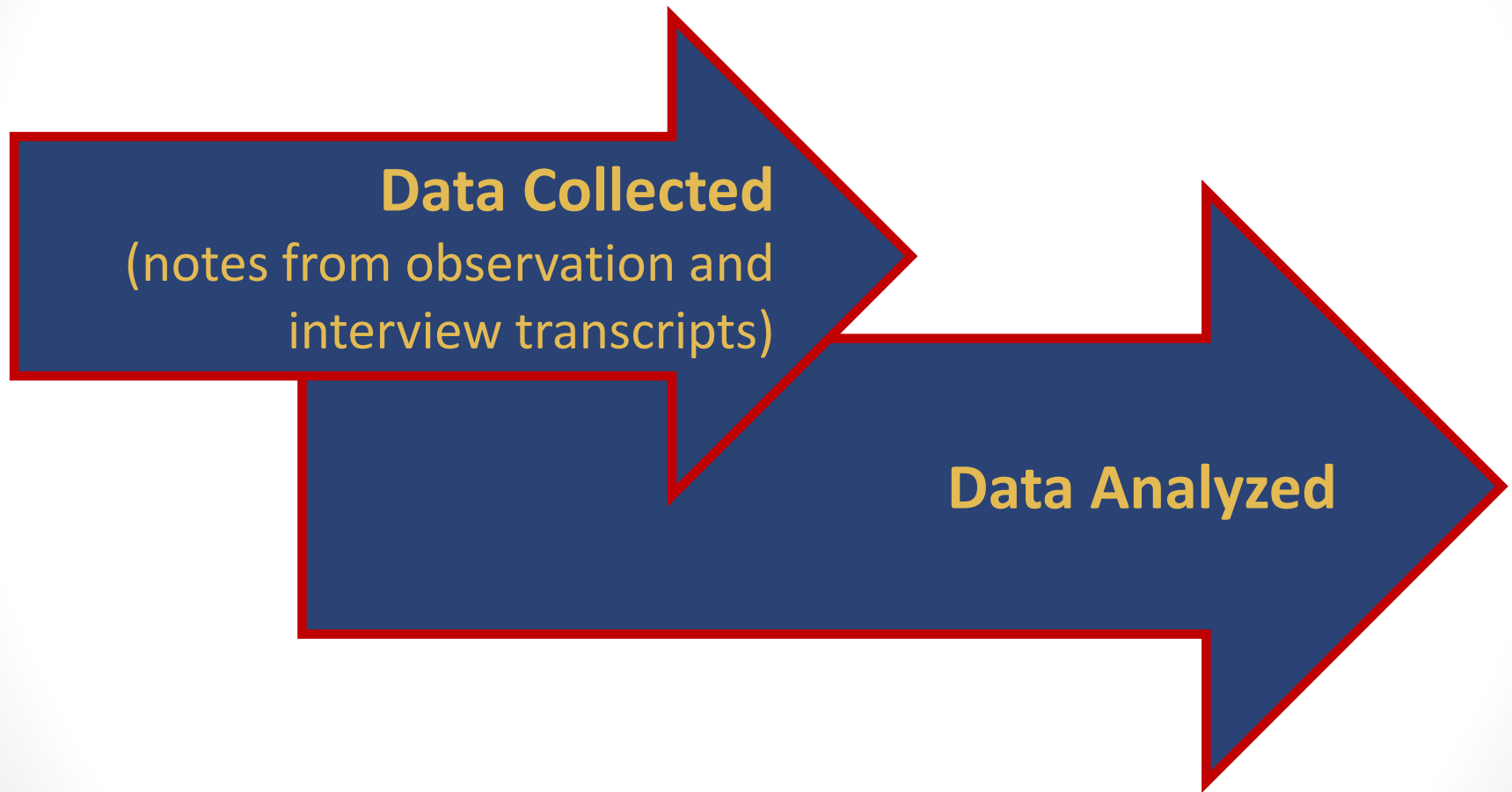
OBSERVATION

- January-August 2007
- 143 hrs (96 hrs on rounds)
- Observer participant stance

INTERVIEWS

- March-December 2007
- In-depth Interviews with
 - 14/18 supervisors
 - 9/11 trainees
- Interview guide
 - open-ended questions
 - specific question about overlap in roles

Overlap in Stages of Research



Inductive Data Analysis

- **Phase One: Deconstruction**
 - Developed codes (i.e. words that act as labels for important concepts)
 - Attached codes to segments of data

Segment of data

Sometimes the attending and senior resident don't really seem to click. It's like some **seniors are better at inserting themselves** into that role, and some **attendings are better at letting them take it on.**

Codes

SR_Stepping up

ATT_Standing back

Inductive Data Analysis

- **Phase Two: Reconstruction**

- Used a metaphor as an interpretive lens to understand how supervisors and trainees negotiate roles in an entrustment relationship
- Created simple 2x2 table of potential dance steps

	Supervisor Stands Back	Supervisor Steps Up
Trainee Steps up	Quadrant A	Quadrant B
Trainee Stands Back	Quadrant C	Quadrant D

2x2 table of Potential Dance Steps*

	Supervisor Stands Back	Supervisor Steps Up
Trainee Steps Up	Quadrant A (n=13/24)	Quadrant B (n=3/24)
Trainee Stands Back	Quadrant C (n=0/24)	Quadrant D (n=8/24)

* Number of scenarios observed and richly described

Quadrant A: Educational “ideal”

- **Supervisor Stands Back and Trainee Steps Up**
 - Role expectation**
 - The educational “ideal”
 - Most frequently reported in interviews
 - Most frequently observed
 - Example from observation: “*Let’s go listen*”

Quadrant A: Educational “ideal”

- **Supervisor Stands Back and Trainee Steps Up**
 - *Making the familiar strange*
 - For supervisors, standing back was not neglect, but the attribute of a “good teacher”
 - For trainees, stepping up was not challenging authority

Quadrant B: Stepping on toes

- **Supervisor and Trainee Step Up**

- **Role competition**

- Trainees: lack of opportunity to teach and supervise had consequences
 - *“You may use one antibiotic but the attending prefers another ... You feel stupid. You spent all this time talking about that antibiotic and then the attending says, “That’s not how we are going to do it.”*

Quadrant C: Sitting out

- **Supervisor and Trainee Stand Back**

- **Role abandonment**

- Theoretically possible but never observed
 - Supervisors: perceived themselves as “ultimately in charge” of both patient care and education
 - *“I am thrilled when residents step up and leave me no room to teach. But I do feel compelled to fill the void when they don’t.”*

Quadrant D: Misstep

- **Supervisor Steps Up and Trainee Stands Back**

Role reversal

- Supervisors who had had a hard time “letting go”
 - *“When you run into an attending who has a hard time letting go, it’s a huge barrier to learning.”*
- Trainees who were “quiet” or unmotivated
 - *“I think a lot of senior residents aren’t really desiring autonomy. They are happy to kind of sit back and say, “Okay, what do you want me to do?”*

Quadrant D: Improvise

- **Supervisor Steps Up and Trainee Stands Back**

- **Role improvisation**

- Trainee who recognizes his/her own limits
 - *“By the time you are a senior, you have picked up along the way that you cannot do it all by yourself. You’ve picked up when you need someone to step in.”*
 - Supervisors who respond to urgent patient care situations

Summary

- Metaphor of a dance was useful means of illuminating role negotiation in entrustment relationships
 - “Educational ideal” and variations
- Missteps could also be improvisation
 - Supervisors and trainees knew their roles but were not bound by them

Repeat Ethnography

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Positive Change in Feedback Perceptions and Behavior: A 10-Year Follow-up Study

Dorene F. Balmer, PhD,^{a,b} Rebecca Tenney-Soeiro, MD, MEd,^{a,b} Erika Mejia, MD,^b Beth Rezet, MD^{a,b}

Entrustment Research Update

- Delineation of five entrustment factors
 - Trainee
 - Supervisor
 - Task
 - Context
 - **Dyad**
- Recognition of trust research in other fields
 - Trainee: ability, benevolence, integrity
 - Supervisor: propensity to trust

Hauer, *Adv Health Sci*, 2013

Damodaran, *Med Educ*, 2017

Holtzhausen, *Perspective Med Ed*, 2017

Supervisory Styles

Supervisor Stands Back	Supervisor Steps Up
Empowerment (Quadrant A)	Direct care (Quadrant B)
Minimal (Quadrant C)	

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