

Promoting Interdisciplinary Learner Autonomy

May 22, 2024

Lisa DelSignore, MD

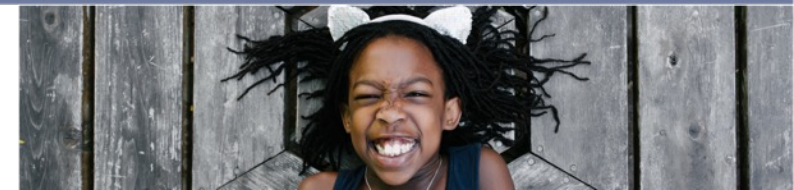
Pediatric ICU Attending, Division of Medicine Critical Care

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

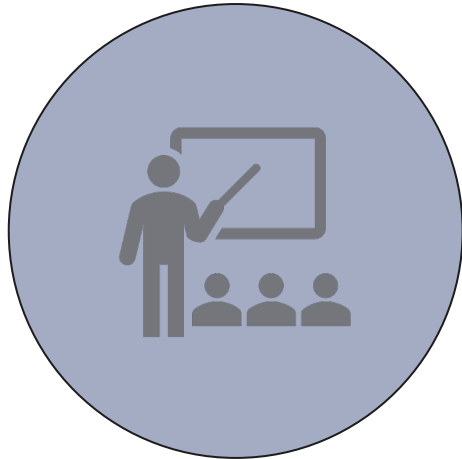


Disclosures

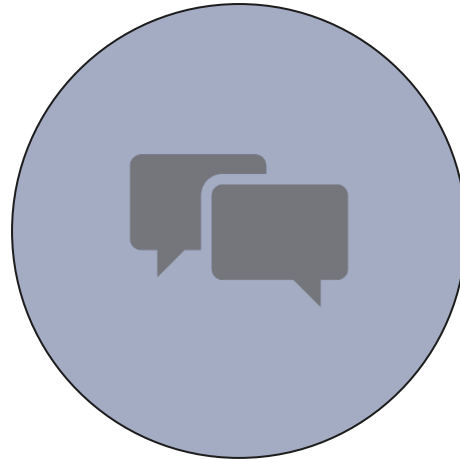
We do not have any relevant financial relationships to disclose



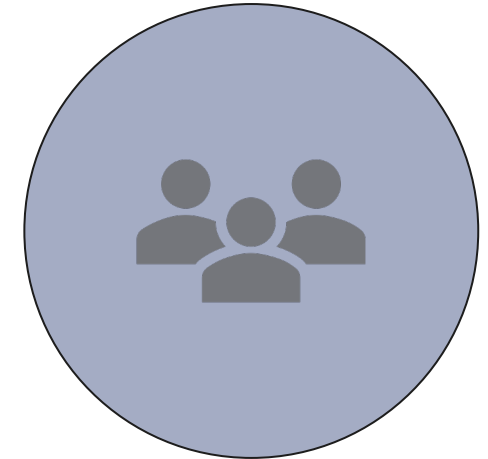
Learning Objectives



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



Discuss strategies to foster learner autonomy



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 a viral upper respiratory tract infection. 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 requiring significant respiratory support and is needing a lot of airway clearance support (helping to remove mucus). As an expert, you know this patient needs to be watched closely and has a 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 blood gas 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

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



What does learner autonomy mean to us?

- Henri Holec: Ability to take charge of own learning
- 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 or classroom learner
- Learner \neq physician-in-training \rightarrow ALL healthcare professionals
- Supervisor \rightarrow Preceptor, “teacher”/educator
- Difficult for us to cover what a specific learner looks like through the lens of *EVERY* healthcare profession or classroom setting – we will do our best to be inclusive!



Motivation for Learning

Self-Determination Theory

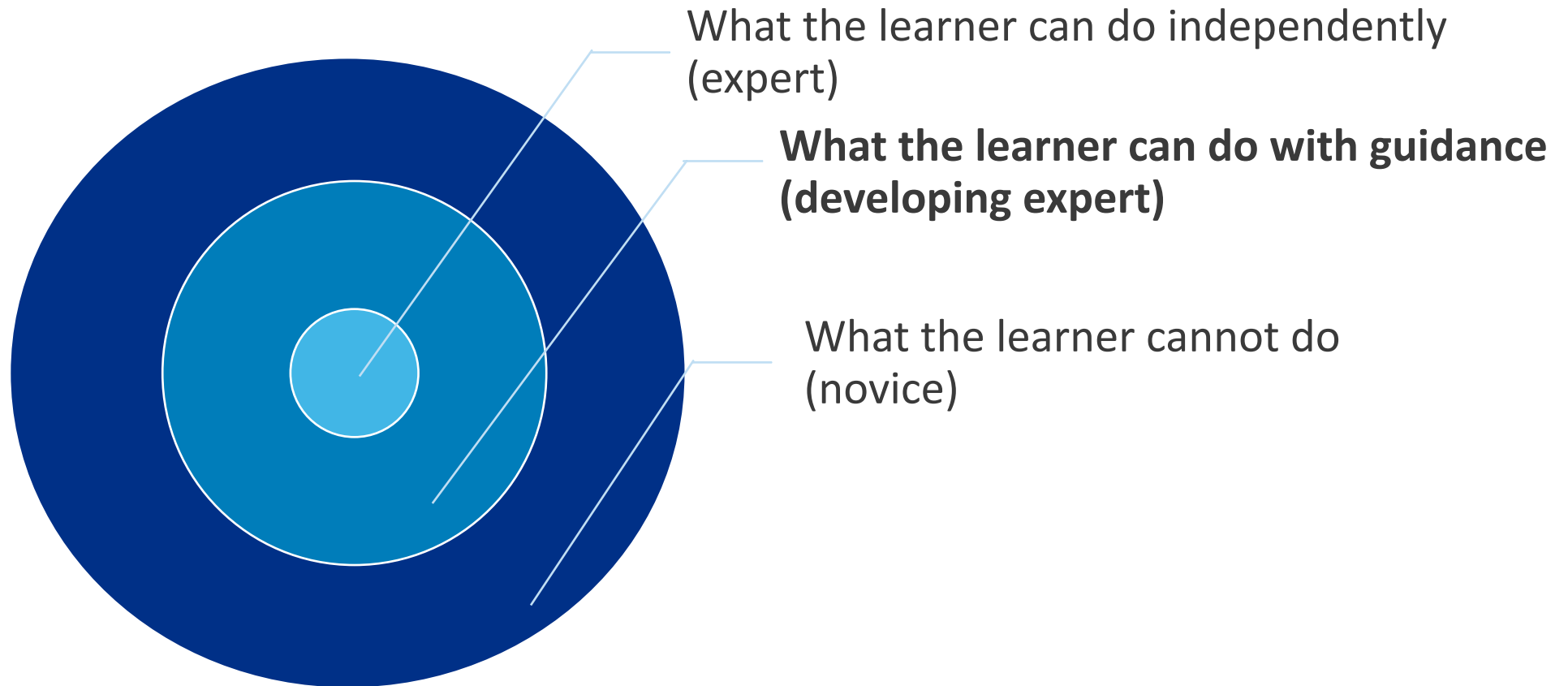
Autonomy
“interconnectedness”
“relational”

Competency

Relatedness



Building Learner Autonomy as a Supervisor: Zone of Proximal Development



Supervisory Oversight “Roles”

Routine

- Activities scheduled in advance
- Daily Rounds
- Teaching session in a scheduled course

Responsive

- Activities triggered by concerns
- Mismatch between experienced nurse’s report & resident’s patient assessment
- Problem based learning group disagreement

Direct Patient Care

- Activities where supervisor assumes patient care
- Acute decompensating patient

Backstage

- Activities learners may not know are occurring to ensure optimal care
- Supervisor reviewing laboratory results and vital signs before connecting with learner
- Teacher as facilitator

11



Challenges Encountered in Balancing Supervision and Autonomy



Supervisor

Micromanager
Absent



Psychological Safety
Unconscious Bias
Patient Safety
Different learning preferences

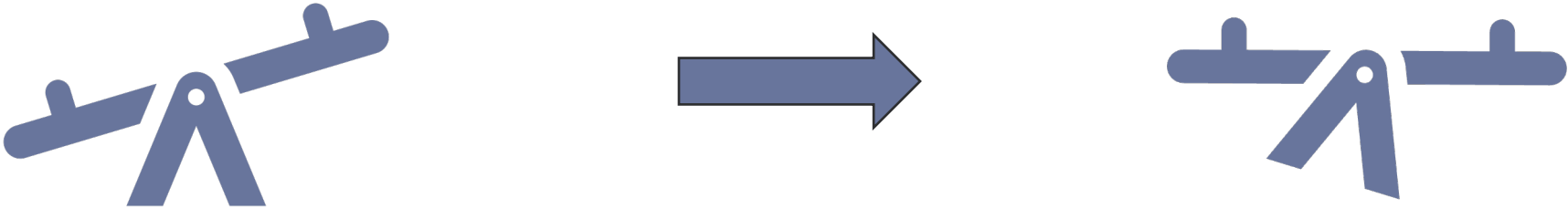


Learner

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?



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
Encourage self-reflection on performance	Feedback/Debrief: - Plus/Delta (what went well? What would you do differently?) - Advocacy/Inquiry (I noticed; I'm wondering) -Reflection assignments



Small Group Exercise

- For the next 10 minutes you will be in small groups of 4-5 individuals discussing a relatable scenario from your own experiences involving interdisciplinary learning and supporting learner autonomy
- Please consider using the following prompts for discussion:
 - What are the challenges for your learner?
 - What are the challenges for your teacher/educator/supervisor?
 - What strategies might you use to promote autonomy in team setting?
 - How may other team members or disciplines support a learner's autonomy?
- We will ask that you choose a reporter for your group (whose birthday is closest to today) to report out in a large group upon reconvening
 - Be prepared to briefly share your scenario and summary of your discussion points
- Have fun!



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
 - Encourage self-reflection
- Be mindful of other interdisciplinary learners within your care team – you can promote/support learning outside your own role using these tips too!



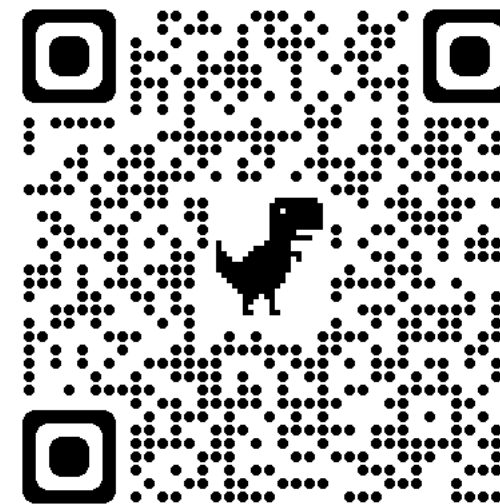
Commit to improving your current educator practice

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

- Carbo AR and Huang GC. Promoting clinical autonomy in medical learners. *Clin Teach* 2019;16:454-457.
- Mookerjee A, Li B, Arora B, Surapaneni R, Rajput V, Van de Ridder M. Micromanagement during clinical supervision: solutions to the challenges. *Cureus* 2022;14(3): e23523.
- Sawatsky AP, O'Brien BC, Hafferty FW. Autonomy and developing physicians: Reimagining supervision using self-determination theory. *Med Educ* 2022;56:56-63.
- Schumacher DJ, Englander R, Carraccio C. Developing the master learner: Applying learning theory to the learner, the teacher, and the learning environment. *Acad Med* 2013;88(11):1635-1645.

