How clinical supervisors develop trust in their trainees: a qualitative study

Reference: Hauer KE1, Oza SK2, Kogan JR2, Stankiewicz CA2, Stenfors-Hayes T3, Cate OT4, Batt J1, O'Sullivan PS1. How clinical supervisors develop trust in their trainees: a qualitative study. Medical Education. 2015 Aug;49(8):783-95

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Tags Clinical domain Medical Expert Communicator Collaborator Manager Health Advocate Scholar Professional General Educational domain Teaching and learning (Post)graduate (Residency training)

Background

Trust is the gateway to workplace participation in medical education, and thus acquisition of expertise.

Clinical supervision, the oversight by responsible clinical teachers of trainees’ work, is essential to health professions education. The contemporary ideal of supervision involves tailoring the degree of oversight to the level of expertise of the learner: more junior learners need closer supervision, and more senior learners need more autonomy. Making decisions about how to supervise a given trainee is a matter of trust: each supervisor everyday undertakes a process to answer the question: “How much can I trust this trainee to take care of patient care?” The authors operationalize trust as:

*Trust entails ‘dependence on something future’ and to entrust an individual with something is to ‘assign a responsibility to or put something into someone’s care’.*
There is already a great deal of exciting work in this area by authors such as Hauer, ten Cate, Scheele, Kennedy & Regehr.

Previously identified factors that seem to be important include:
- Trainee’s apparent competence level
- Trainee’s conscientiousness & honesty
- Trainee’s help-seeking behaviour
- Trainee’s self-efficacy
- Supervisor’s apparent competence level
- Supervisor’s inclination to trust
- Supervisor’s supervisory ability
- Relationship between trainee & supervisor
- Local environment in terms of culture

**Purpose**

Hauer & ten Cate return to this subject in this paper, in which they explore the ways supervisors develop trust in their trainees.

**Type of paper**

Research: Qualitative

**Key Points on the Methods**

This is a classic qualitative phenomenology paper (focused on individuals’ “lived experience of a phenomenon”). Participants were recruited with a $15 coffee card from a convenience sample of Internal Medicine attending physicians at 2 large academic hospitals who had supervised residents recently. Each was interviewed using a semi-structured design, including sensitizing concepts from the literature, by a research assistant. Interviews were transcribed and analyzed via coding in real time until saturation (aka “sufficiency”) was achieved. The analysis is pretty well described, reflexivity was addressed in the subject selection, triangulation methods, and iterative validity checking. Reflexivity of the PI wasn’t addressed explicitly.

**Key Outcomes**

43 interviews were eventually included. The authors developed a model of trust development that included:
- Trust in a resident was focused on perceptions of clinical competence and organizational skills
- Starting points for development of trust (e.g. prior knowledge)
- Information came from direct observation, stakeholder input, & comparison with a standard
- Barriers included: red flags in resident behaviour, asynchronous schedules, task complexity, high or low patient census, and supervisors that were junior or rigid
- Accelerators included: resident enthusiasm and supervisor experience/attitude about their teaching role
Key Conclusions

The authors conclude that the development of supervisor trust of a clinical trainee is complex and multifaceted

Spare Keys – other take home points for clinician educators

1. This is a beautiful example of model development for a phenomenon in meded
2. This is a good example of a phenomenology paper
3. Don’t forget the first author’s reflexivity

Shout out

Olle ten Cate, Dutch meded guru, father of EPAs is a friend of the podcast. We are certain he earned a lot of air miles during his work on this one!

We always love to see work from bright, young meded researchers Karen Hauer & Jennifer Kogan, two of our faves.