When do supervising physicians decide to entrust residents with unsupervised tasks?

Reference:

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Tags

Clinical domain
CanMEDS Scholar
General

Educational domain
Curriculum
Teaching Method
Other

Background

In the clinical context (during experimental learning), the “right amount” of supervision is necessary for optimal learning: too much inhibits learning whereas too little may negatively affect patient care and learning. This learning at the edge of competence is described as “constructive” and “destructive” friction, respectively.

An EPA, or entrustable professional act, is a way of looking at benchmarks for competency development. There are a number of factors that affect the “entrustability” of a task, related to the learner, teacher, task & context; however these factors are thought to act independently.

Purpose

1. To elucidate factors that influence whether clinical teachers will ‘entrust’ specific tasks to particular levels of residents.

2. To compare an EPA framework with residents’ self-efficacy and their actual level of responsibility

3. To investigate faculty members’ concept of EPA’s for specific tasks.
Type of paper

- Research: mixed methods design and analysis

Key Points on the Methods

- Anesthesia residents (56) and faculty (52) in one Dutch program
- Defined “mastery” as ready for unsupervised practice and also described levels of competence on a scale of 0-5, for 6 common procedures

1) Teachers were asked for each procedure, what level of competency would be expected in what residency year. Residents were asked for each procedure to rate their self efficiency and describe their highest level of actual performance

2) Factors influencing entrustment decisions were explored using semi structured interviews with vignettes.

Key Outcomes

There was a 55% and 60% response rate; all respondents interviewed.

1) There were variable expectations by faculty, especially in mid years
   The residents report a higher self efficacy and also a higher level of actual performance/responsibility than mean faculty expectations,

Factors from both residents and faculty fit into 4 main theme areas as outlined in table 2: trainee, supervisors, circumstances, task. Rich qualitative data and quotations are used.

Key Conclusions

The authors conclude...
This type of project is essential as we move toward a CBME approach: it defines tasks and starts to define milestones and enhance assessment of competence in clinical setting. It is not clear if all faculty understood concept of EPAs as there was a great variability in responses.

Spare Keys – other take home points for clinician educators

A nice example of a mixed methods study.