

Growing initiative into ownership



Back to the inpatient scenario

- The intern presented the facts well, but got overwhelmed by parent questions, and asked you if the patient seemed dehydrated...
- You collectively decided the patient seemed dehydrated and started IV fluids
- As you finish up your discussion, the team's pagers beep signaling time for noon conference



What should happen next?

- The senior and intern run off to conference saying they'll follow-up after teaching
- Who “owns”:
 - Explaining to the family why you're starting fluids
 - Ordering fluids and any follow-up labs
 - Checking back in on the patient
 - Deciding when the patient can safely discharge home

Resident Patient Ownership –
the historical view

**“THEY KNEW EVERYTHING ABOUT
THEIR PATIENTS AND DID
EVERYTHING FOR THEIR PATIENTS.”**

Van Eaton, E. G et al. *Arch Surg*, 2005

Patient care “ownership” now

- Commitment, obligation, duty
- **Taking initiative/being proactive**
- Presence: being fully present, accompanying patient(s) throughout care
- Responsibility, trustworthiness, accountability
- Dedication and follow-through: doing everything for a patient, knowing everything about a patient
- Autonomy and independence
- Involves: Communication, knowledge, advocacy and teamwork

McLaren, K et al, *Perspect Med Educ*. 2013
Van Eaton, E. G et al. *Arch Surg*, 2005
Sun NZ, et al *Academic medicine*, 2015
Hinchey KT, et al, *Academic medicine*, 2009

Pediatric Milestones

PROF1. Professionalization: A sense of duty and accountability to patients, society, and the profession					
Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Appears to be interested in learning pediatrics but not fully engaged and involved as a professional, which results in an observational or passive role	Appreciates the role in providing care and being a professional, at times has difficulty in seeing self as a professional, which may result in not taking appropriate primary responsibility	Demonstrates understanding and appreciation of the professional role and the gravity of being the "doctor" by becoming fully engaged in patient care activities; has a sense of duty; has rare lapses into behaviors that do not reflect a professional self-view	Internalizes and accepts full responsibility of the professional role and develops fluency with patient care and professional relationships in caring for a broad range of patients and team members	Extends professional role beyond the care of patients and sees self as a professional who is contributing to something larger (e.g., a community, a specialty, or the medical profession)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Accreditation Council for Graduate Medical Education and American Board of Pediatrics, "Pediatrics Milestone Project". 2012

PROF5. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

Not yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
			Demonstrates inadequate level of KSA for the level of clinical responsibility, with little insight into limits of competence; seeks responsive help for all aspects of patient care; data-gathering is incomplete with little consideration of high-risk situations; participated patient care is often incomplete; needs, and careful consideration of high-risk situations first and foremost; little prompting required for follow-up	Demonstrates competent level of KSA for the level of clinical responsibility and assumes full responsibility for all aspects of patient care, anticipating problems and demonstrating vigilance in all aspects of management; pursues answers to questions, and communications include open, transparent expression of uncertainty and limits of knowledge	Demonstrates competent level of KSA for the level of clinical responsibility and assumes full responsibility for all aspects of patient care, anticipating problems and demonstrating vigilance in all aspects of management; pursues answers to questions, and communications include open, transparent expression of uncertainty and limits of knowledge

Level 2 Example: On hand-over of patients from the day team to the night team, several tasks are identified as needing follow-up or completion during the next shift. The following day, when the service is handed back over to the original learner, several of these tasks were either incomplete or not completed as specified in the sign-out. When questioned about these tasks, the night-float individual indicated that things were busy, he forgot, or gives another excuse indicating an awareness of the expectation but failure to complete the tasks.

Level 4 Example: An individual possesses the knowledge, skills, and attitudes to lead the team on rounds, asking for pertinent data not presented by other team members (assertive inquiry). Constant review and vigilance of patient status uncovers unexplained findings on laboratory or physical examination. Findings are reported to supervisors as change with unidentified meaning (and potential concern).

Potential barriers to ownership

- Duty hours – complex schedules, more handoffs
- Increased supervision
- QI focus on systems of care/team based models of care
- Generational differences between attendings and trainees

Greenzang & Kesselheim, JAMA Peds 2015



MILLENNIAL LEARNERS – unique challenges and unique talents

Who are the Millennials?



- Born early 1980s-2000
- Used to attentive/involved parents
- Brought up in a kid-focused society
- Raised in a culture of technology & innovation
- Collectively minded/strong desire for collaboration
- Diverse

Borges et al, Med Ed 2010
Roberts et al, Med Teacher, 2012
Martin et al, J Hospital Med, 2013

Millennial Learners

- Preferred learning environment: structured, interactive and experiential learning
- Collaborative & team-based activities
- Desire clear expectations and immediate feedback
- Adept at fact-finding, not as skilled at synthesis/application
- Seek work-life balance

Borges et al, Med Ed 2010
Roberts et al, Med Teacher, 2012
Martin et al, J Hospital Med, 2013

Medical student differences in motivation

- **Achievement**: motive to succeed; need for feedback and a sense of accomplishment
- **Affiliation**: motive to share; need to be liked by others, feel a sense of involvement and “belonging”
- **Power**: motive to influence others; desire to lead, have ideas prevail, and make an impact
- Millennials scored higher on Affiliation & Achievement
- Gen Xers scored higher on Power

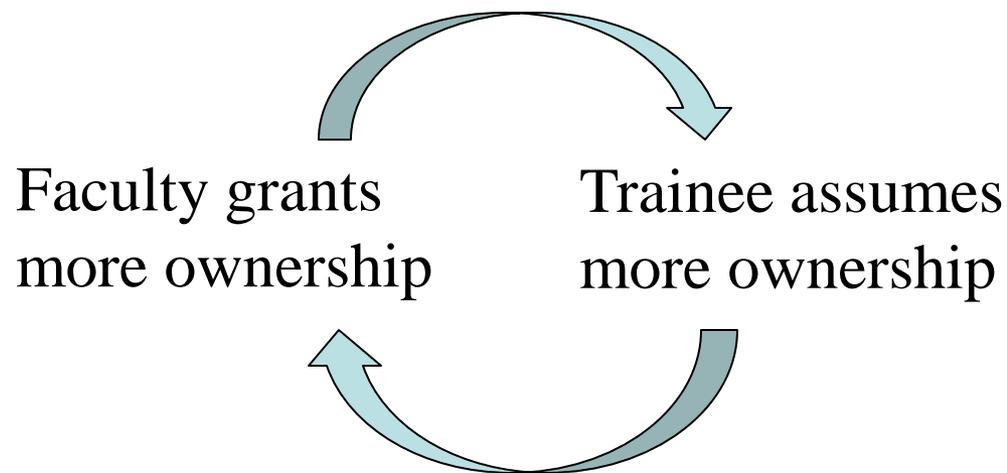
Borges et al, Med Ed 2010

Why might millennial learning styles conflict with assuming ownership?

- Motivated by affiliation and desire for collaborative work
- Used to being the focus of attention, instead of focusing on the needs of others (e.g. patients)
- Work-life balance goals

Who owns ownership?

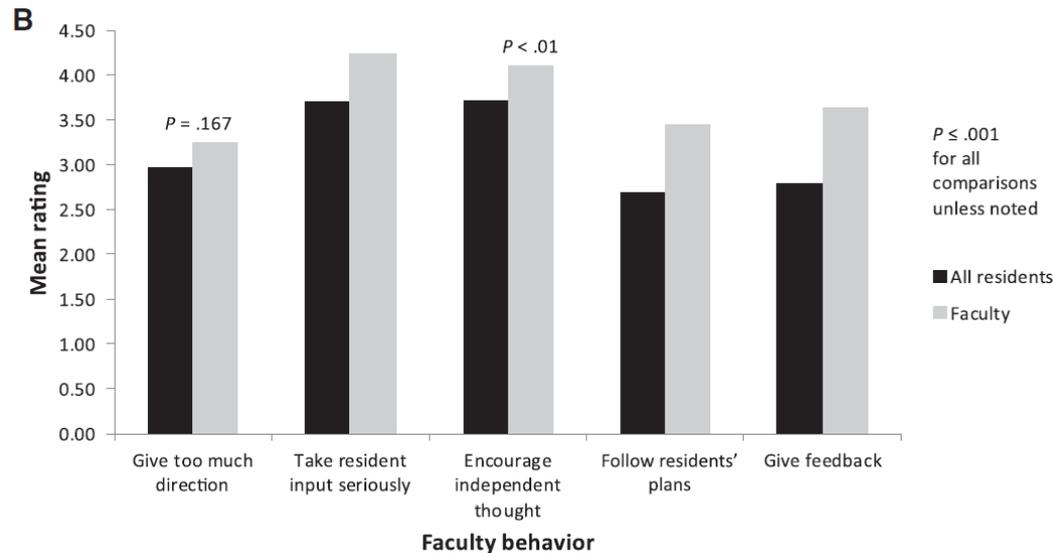
- Faculty give more independence to residents who exhibit “ownership” traits



Biondi et al, Acad Med 2015

Discordance between resident & faculty perceptions of autonomy

"Collectively faculty reported granting more independence to residents who were confident and took initiative, who were committed to knowing the patient well and being accountable..."



Biondi et al, Acad Med 2015

Thought Questions for Group Work:

How can program directors provide opportunities to foster ownership among millennial learners in today's training environment?

“I Can Do Patient Care on My Own”: Autonomy and the Manager Role

Kevin T. Hinchey, MD, Isao Iwata, MD, PhD, EdM, Michael Picchioni, MD,
and Patricia J. McArdle, EdD

- 2nd year resident “manager” role to give residents the opportunity to “care for patients entirely on their own from admission to discharge”
- Qualitative analysis showed residents felt markedly improved ownership of patients:
 - Independent decision making
 - Responsibility from admission to discharge
 - Self-directed learning around patient cases

Hinchey et al, Grad Med Ed 2009

Part 1 (5 minutes)

- Each participant has 5 sticky notes
- Use 5 minutes to generate 5 new ideas
 - One per sticky note
 - Place on paper in center of table
 - Redundancy is ok

Gray D, Brown S, Macanuso J.

Game-storming: A playbook for innovators, rulebreakers, and changemakers.
O'Reilly Media, Inc; Sebastopol, CA: 2010.

Part 2 (5 minutes)

- As a table, sort the sticky notes by theme
 - Clusters or rows
 - Label
 - OK if some ideas do not sort and hang along
- Each participant places a “dot” by their favorite ideas
 - Three votes per person

Gray D, Brown S, Macanuso J.

Game-storming: A playbook for innovators, rulebreakers, and changemakers.
O'Reilly Media, Inc; Sebastopol, CA: 2010.

Part 3 (15 minutes)

- Identify the 2 ideas with most votes
 - Write into left hand column on worksheet
- **N**= New, has it been tried before?
- **U**=Useful, does it solve the problem without creating new ones?
- **F**=Feasible, can it be done?
- Does your table have a winner?

Gray D, Brown S, Macanujo J. 2010.

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