Empowering Faculty to Foster Resident Initiative and Ownership across Clinical and Educational Settings Using Practical Examples and Self-determination Theory

Dan Sklansky, MD, Katie Greenzang, MD, EdM, John Frohna MD, MPH, Grant Syverson, MD, Jennifer Cohn, MD

4/1/16
Disclosures

• None
Objectives

• Discuss the importance of intrinsic motivation in learners and how Self-Determination Theory can provide a framework for fostering intrinsic motivation.

• Identify ways to foster intrinsic motivation in learners in inpatient, outpatient, and consultative settings.

• Derive and describe techniques for encouraging clinical and educational ownership in millennial learners by growing and harnessing their intrinsic motivation.
Session Timeline

• 0-20 min  Intrinsic motivation via use of SDT
• 20-40 min  Small groups employ SDT in scenarios
• 40-60 min  Groups report back barriers and solutions
• 60-75 min  Ownership of care, millennial learners
• 75-95 min  Groups make and assess tools via NUF test
• 95-115 min Groups share ideas and tools
• 115 min   Wrap up
The Concerns

• Will today’s trainees be prepared for unsupervised practice?
  – Are learners less intrinsically motivated?
  – Are learners overly reliant on extrinsic motivators?

• What has changed?
  – Premedical environment
  – Medical environment
  – Motivators

Well, how did we get here?
Helicopter Parenting

Kids of Helicopter Parents Are Sputtering Out
Recent studies suggest that kids with overinvolved parents and rigidly structured childhoods suffer psychological blowback in college.

By Julie Lythcott-Haims

Why Helicopter Parents Aren't Going Away, No Matter How Much You Mock Them
National Public Radio recently interviewed two authors with books that wrestle with the phenomenon of helicopter parenting, and all the ills it visits upon children. At the end, Julie Lythcott-Haims, a former Stanford University dean and author of *How to Raise an Adult*, gives this blunt advice: “Parents just need to back the hell off.”

Great advice! I'll bet it's as effective as, say, overweight people just need to put down the damn fork.

Has Helicopter Parenting Created a Need for Workplace Mentoring?
By Mike Haberman on August 11, 2015

I came across an article on demographic trends in law firms. Peter Black, the author of this article, said that one of the trends he noticed was the need for greater mentoring in the Millennial generation that is joining law firms. I think this may be true in many firms.

Helicopter Parents and the Kids Who Just Can't
Megan McArdle is a Bloomberg View columnist who writes on economics, business and public policy. She is the author of “The Up Side of Down.” Read more.
Are you a Helicopter Parent? Take our quiz

Some call it overparenting or micromanaging, but helicopter parenting comes from good intentions — we all want the best for our kids. How close we’ll hover over our children — strapping “crawling helmets” on our infants or going to job interviews with our college graduates — is what earns us our pilot’s wings. Monitor staff devised this 50-question quiz on parenting style, based on real-life experiences. Test your rotor speed. There are no wrong answers, just more or less micromanagement ones.
Helicopter Parenting

- Conditioned to external direction and extrinsic motivators
- Less likely to spontaneously explore
- Less likely to extend themselves
- Decreased problem solving
- Less experience with risk
- Potential for decreased resilience

True Helicopter Parents
Training Environment

• Extrinsic direction and motivators
• Less time exploring/discovering in patient care
  – Time compression due to
    • EMR
    • Complex patients
    • Complex systems
• Attending pressures
  – Quality measures
  – Patient satisfaction
  – Hospital efficiency

Burnham EL. 24/7 attendings: "helicoptering" the housestaff? Pediatrics 2014;133:131-3;
Result: Helicopter System

• Concern about measures
  – Can outweigh educational experience
• Attendings dictate decisions
• Too much support
• Support provided too early
• Expectation to solve problem not present
Example Areas of Excessive Support

• On the inpatient service:
  – Too much attending availability?
  – Attending early identification of medical issues
  – Specialty team management
    • TPN and Nutrition teams
    • Pharmacy medication monitoring
    • RT protocols
    • Vascular access and lab teams
Downward Spiral

Faculty doesn’t trust residents

Faculty make/change decisions

Resident initiative decreased

Residents learned helplessness

Faculty perceive lack of confidence and competence


Initiative

• The power or opportunity to do something before others do

• The energy and desire that is needed to do something

• A plan or program that is intended to solve a problem

Self-Determination Theory

“There is an inherent human tendency to develop toward self-directed and autonomous regulation of behavior.”

“For a high level of intrinsic motivation (initiative), people must experience satisfaction of the needs both for competence and autonomy”

Self-Determination Theory

- Autonomy
- Competence
- Relatedness

Richard Ryan and Edward Deci

SDT and Intrinsic Motivation

<table>
<thead>
<tr>
<th>Amotivation</th>
<th>Extrinsic motivation</th>
<th>Intrinsic motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>External Regulation</td>
<td>Introjected Regulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Least autonomous → Most autonomous

SDT

Intrinsic Motivation and Outcomes

- 2013 Study of 383 medical students
- Basic science and clinical years
- Validated assessment of intrinsic motivation

SDT themes in facilitating initiative

• Sense of autonomy
  – Space to make choices
  – Allowing decisions

• Competence
  – Tasks are difficult but can be accomplished
  – Mild to moderate stress without major fear

• Relatedness
  – Formative and summative feedback
  – Not demeaning
  – Team integration and leadership

Autonomy Support is Important

• Autonomy-supportive effects
  – Catalyze greater intrinsic motivation
  – Encourage desire for challenge
  – Improve affect in learners and supervisors
  – Decreased stress

• Autonomy-limitation effects
  – Learners lose initiative
  – Material is not as well learned
  – Decreased learner and job satisfaction
  – Depression, possible suicidal ideation


Moreau E, Mageau GA. The importance of perceived autonomy support for the psychological health and work satisfaction of health professionals: Not only supervisors count, colleagues too! Motivation and Emotion 2011;36:268-86.
Pediatric-Specific Problem?

• Other residencies have similar issues
  – Much more literature from other specialties
• Culture and nature of pediatric care
  – Unique
  – Some evidence of increased limitations to autonomy
Pediatric-Specific Problem?

Respondents answered the question: “Overall during the past year, I felt my attending physicians gave me an appropriate level of autonomy.”

**Respondents’ Perceived Level of Autonomy on Inpatient Rotations**

Autonomy isn’t everything...

G. DOMAIN OF COMPETENCE: PERSONAL AND PROFESSIONAL DEVELOPMENT

Primary Author: Carol Carraccio, MD, MA

1. COMPETENCY: Develop the ability to use self-awareness of knowledge, skills and emotional limitations to engage in appropriate help-seeking behaviors

- Recognizes limitations, but perception that autonomy is a key element of one’s identity as a physician and the need to emulate this behavior to belong to the profession may interfere with internal drive to engage in appropriate help-seeking behavior.
Legitimate Need for Supervision

Supervision and Autonomy

- Not opposing forces
- Can and should coexist
- Ideal environment provides both
- Autonomy ≠ Independence

Autonomy-Preserving Supervision

• Can be done!
• Haber adult medicine study
  – Increased overnight supervision
  – ↑ attending contact during critical clinical decision-making
  – ↑ perception of patient care
  – No ↓ in perceived decision-making autonomy
• Supervised mistakes

Haber LA, Lau CY, Sharpe BA, Arora VM, Farnan JM, Ranji SR. Effects of increased overnight supervision on resident education, decision-making, and autonomy. Journal of hospital medicine : an official publication of the Society of Hospital Medicine 2012;7:606-10
Learner Competence

• Challenge the learner
  • Should *increase* competence
    – Out of comfort zone
    – Extends prior knowledge or skill
    – High chance of success

• Should be supportive
  – No penalty for failing
  – Not high stakes for the learner

Learner Relatedness

• Team cohesion
  – Roles and expectations are clear
  – Leadership assigned
  – Strive for despite scheduling challenges

• Shared experiences
  – Via your own past experience
  – Via reflection after current events

• Encourage connectedness
  – Within team, other HCPs, patients

Small Group Activity 1: Cases

• Identify barriers to intrinsic motivation of learners due to learner and environmental factors for each case scenario.
  – Categorize barriers using SDT tenets

• Apply strategies to overcome those barriers
  – Refer to the core tenets of SDT
  – Be creative!

• Share your cases with the larger group


