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BEHAVIORS THAT COMPROMISE TRUST IN RESIDENCY PROGRAMS

Sumaira Iqbal[1*], Aysha Rani[2], Sohaib Ahmed[3], Sabreena Iqbal[4], Anum Wasim[5]

[1*]Associate Professor, Department of Physiology, Wah Medical College, Wah Cantt, Pakistan
[2,3]Assistant Professor, Department of Medicine, Wah Medical College, Cantt, Pakistan
[4]Dentist, Department of Dentistry, Dr. Christiane Müller-Praxis für Zahnheilkunde Kissing, Germany.
[5]Assistant Professor, Department of Hematology, Fatima Memorial Hospital College of Medicine and Dentistry, Lahore, Pakistan.

*** Corresponding Author;** Sumaira Iqbal
*Email address: thesumairaiqbal@gmail.com

ABSTRACT

Background: Developing trust and reliability on others are complicated decisions to be made in the community. These are influenced via numerous challenging elements within the workplace. Endorsing supervision is defined benchmarks of entrustment, reliability and feeling comfortable, collectively with the supervisors' roles and behaviors.

Objective: The objective of the study is to explore the behaviors of senior medical residents that affects the entrustment of supervisors to put sole responsibility for unsupervised tasks in clinical training.

Methods: A qualitative exploratory study in which 12 clinical faculty members supervising senior residents in post graduate clinical programs from Rawalpindi and allied were enrolled. They were selected by purposive sampling technique for semi-structured interviews. Thematic Data and Content analysis was carried out. Data collection and data analysis both were initiated simultaneously. Interviews were recorded, transcribed verbatim, analyzed manually.

Results: A total of 12 participants took part in the study and reported many factors and behaviors among trainees that affect entrustment. Five major themes were found to influence supervisor entrustment in trainees pertaining to critical and unseen situations i.e. resident attributes, working relationship, patient care and context, competence and professionalism.

Conclusion: Factors that contribute resident behaviors demonstrate trustworthiness and credibility promote entrustment by supervisors. It is analyzed that for a supervisor to build trust successfully, the requirements are to work with the resident for a significant duration, the optimum knowledge and sense of commitment are foremost.

Key words: Entrustment, trainee/resident, supervisor, Competence, Clinical specialties. Residency programs, Attributes, Clinical supervision

INTRODUCTION

Trust, defined as the "belief that someone or something is reliable, good, honest, effective," is a crucial factor for making decision of empowering the extent autonomy to be granted to the residents

with patient care tasks(1). Trust involves "dependence on something future," and to entrust someone with something is to make an individual obliged to or give responsibility of someone benefit or loss. Entrustment is the permitted decision making instead of "supervised independence" in a training educational setting to residents to perform the critical clinical assignment without field supervision (2). Their approach certifies the core competencies into the acquainted perspective of clinical practice. Clinical knowledge, attitude, and aptitudes along with the good communication skills, and sound comprehension of morals and ethics establish the foundation of professionalism and entrustment. The learning process of residents is usually defined as a process of measured autonomous provision of patient care to a resident with adequate knowledge and required skills acquired over time, associated with initially high supervision to reduced monitoring by clinical supervisors(3). Clinical supervision required for supervisors to make decisions about how much independence is given to the residents for patient care tasks. The concurrent objectives of guaranteeing quality patient care and safety and dynamically more prominent responsibility to be confided by seniors in their residents. Clinical supervision being foundation of all clinical programs, is an essential establishing activity that links the program mission and vision, aims, and treatment based on current knowledge and evidence-based practices (EBPs)(4). The leading requirements of clinical supervision are to guarantee safe and worth patient care, and continual professional development of clinical staff in a methodical manner(5).

Clinical supervision depends on number of factors that affect the entrustment decisions, like the proficiencies of a supervisor, insight and competence of residents, the mutual relationship between the supervisor and residents, the context that refers to work setting and the environment and task including patient complexity (6). Health care delivery is a risky task involving patient safety and life. The caretaker must have enough capabilities to take the responsibility. Trust refers to "dependence on something". Recently many efforts were made to focus on measuring patients trust in physicians and health care providers. The determinant of mutual trust incorporates honesty, ability, consistency, confidence, and transparency were assessed from two perspectives trust in supervisors and trainees(7). The role of supervisor is to provide residents a scaffolding for simpler to complex tasks more explicitly. The aim of the study is to explore the behaviors of senior medical residents that affects the entrustment of supervisors to put sole responsibility for unsupervised tasks in clinical training.

MATERIAL AND METHODS

This exploratory study was conducted in POF Hospital affiliated with Wah Medical College and Railway hospital affiliated with Islamic International Medical College after ethical approval from the institute. After pilot testing, the clinical supervisors from both hospitals were enrolled for the study ensuing the inclusion criteria. All participants were informed about the study and consent was taken. The study involved 12 participants and were selected via purposive sample and underwent semi-structured interviewed. Purposive sampling technique was employed based on a pre-determined idea of involving clinical supervisors, who were supervising senior residents just before licensing. The participants included in study were senior supervisors with minimum three years supervision experience and had already passed out successful trainees or those who are about to complete their training. The methodology followed for study is demonstrated in Figure 1.

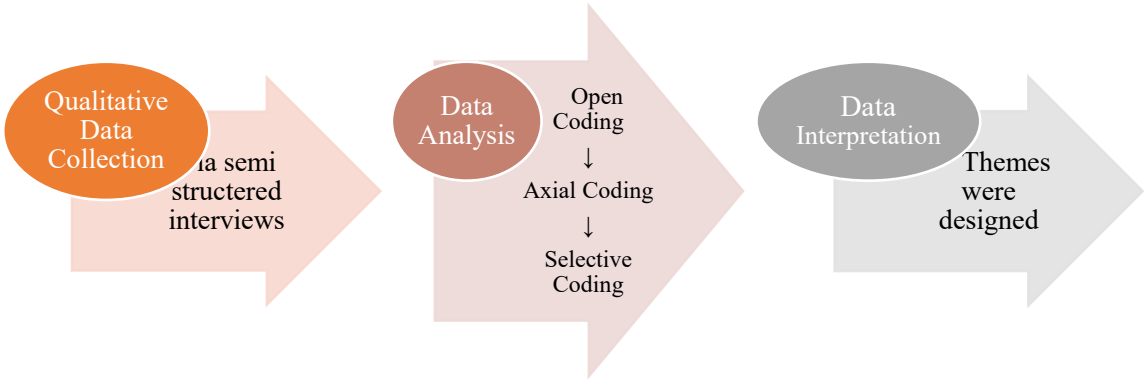


Figure 1: Methodology of Study

The data was collected through semi structured in-depth 15 minutes interviews that were recorded using the mobile phone built in voice recorder". An interview bearing points for discussion on direct experiences of supervisors with residents and their experiences regarding the behaviors that cause breach or enhancement of trust. In addition to their definition of entrustment and stages of development. Later the interviews were transcribed codes were made, and themes were identified. Each interview was listened at least twice to understand the information completely. The recorded interviews were transcribed and were shared with two colleagues for validation to enhance the credibility and triangulation.

RESULTS

A total of 12 participants were selected after applying the inclusion criteria on an initial list of 14 candidates. All of these candidates, from herein, will be called as supervisors actively involved in the teaching activities and patient care. 58% supervisor were males and 42% were females. Distribution of supervisors from various specialties is shown in Figure 2.

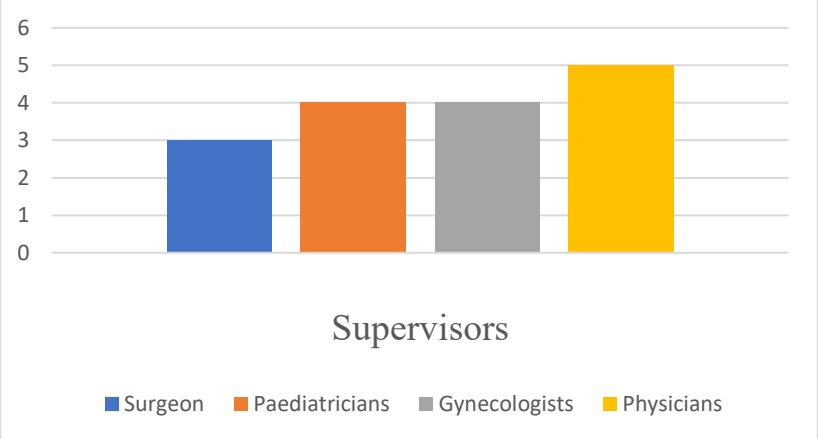


Figure 2: Supervisors from Various Specialties

This research employed a thematic data and content analysis approach to understand participant perceptions. Interviews were transcribed, coded, and categorized manually, with open codes forming nodes and axial codes consolidating similar themes as showm in Table 1. A constant comparison method was used to identify patterns and subthemes, enabling the researcher to analyze respondent views through a framework based on the concept of entrustment. This analysis aimed to answer the research question by identifying and interpreting common perceptions expressed by the participants.

Table 1: Codes, Subthemes and Themes of Entrustment

Theme	Quotes	Codes	Subthemes	Themes
1	*S—2: Once a patient with MI landed in emergency and one of the new resident known to be responsible started managing the patient on his own lately his condition deteriorated and he started panicking and called the staff on call and finally the senior was called, the patient was managed and stabilized*	• Demonstrates self-confidence • Ensures responsibility • Recognition of limitations • Displays commitment • Utilizes opportunities	Responsible and confident	Residents Attributes
2	*S—3: Behaviors matters a lot!!! To modify the behaviors of people it's usually the reference of someone already doing well in the department and extending help to other to create helpful environment……..."*	• Demonstrates interpersonal and intercollegial collaboration • Residents time spent in the ward • Displays team work • Resident being part of the team member	Collaborator	Working/ interpersonal Relationship
3	*S—10: I'm actually teaching and training them to be autonomous, as long as they're not gonna hurt the patient'. Residents those who usually discuss the patient complaints and treatment seriously with seniors builds trust earlier……*	• Assumes responsibility in difficult clinical situations	Care taker	Patient care and Context
4	*S—7: The difference between a junior learner who even under stress can communicate with you what they're thinking and what they're doing, whereas by passing time the situations make them stressed and overwhelmed, makes them totally silent with doing things according to their partial understanding or tries to escape the situation. The reason behind is merely the stress of supervisors*	• Apologize for mistakes • Allows procedures to be carried out according to ability and efficiency	Willingness to learn	Competence level

	perception that he doesn't know anything so far.			
5	*S-7: Mr. Z is really admired because of his concern for his patients, once he receives some critical patient on his call/duty timing, he feels himself responsible enough to ask about the respective patient. He personally discuss the progress of his patients……..*	• Shows selflessness • Symbolizes faithfulness • Shows patient interest.	Honest and concerned professional	Professionalism

DISCUSSION

Entrustment has mainly been hypothesized as assigning compact and delicate professional tasks. Most frequently residents should be giving persistent independent opportunities to deal patients without supervision without compromising their safety, not all resident's performance is observed by supervisor every time, the entrustment decisions include more than conceding discrete undertakings. Furthermore, teamwork and peer collaboration inculcate professionalism and sound professional relationships, in turn it may reduce exhaustion among doctors and staff. It also positively influences their satisfaction and augments collaborative task accomplishment with greater success. Prominent medical organizations support expanded consideration regarding collaboration(8). Clinical residency starts with the training experience that starts with faculty supervised activities, safe learning with patients that leads to adequate and applicable resident progression finally concluding to independence.

Johnsons and colleagues emphasized, supervisors and medical educators strongly stressed on the appraisal of gradual autonomy of resident in making critical patient care decisions. The opinion that residents should be allowed expanding autonomy in crucial circumstances as they are to graduate and are expected to work and deliver independently(9). The extent to which a physician allows resident autonomy in a specific context is measured by various factors. By multiple studies it was evaluated that it depends on the residents and the circumstances. Compared to our results and reviews there are certain resident's characteristics like previous experience with any kind of similarities, pertinent clinical information and practices beyond the current situation, rapport and effect on an instructor's decision in regard to working independence. To assess the association between resident's activities, complication of the case and the level of permitted independence frames a group of harmony of trust(9).

Chen et al explained that residents working on a specific case was the most solid indicator of empowering trust, followed by constant guiding attitude of the supervisor, which are affected by character, qualities, personality, tendencies, convictions and experience of the supervising individual (10).

Vygotsky theorized that developmental gains are maximized when learners are functioning just further than a skill that has been fully mastered, which refers to the zone of proximal development. When placed into the clinical setting and training, this theory reflects that a resident's potential will be fully realized when he or she is working under the appropriate degree of supervision for the task(11). However, too much supervision and vigilance can potentially hinder a resident's skill development and ability to function without supervision after being sent to the clinical setting independently(12).

Conferring to a regarded precept in academic theory, in context of supervision, is finding the appropriate "zone of proximal development" (ZPD). In regard to Vygotsky's the zone of proximal development is "the distance between the particular developmental level as determined by independent problem solving and therefore the level of potential development as determined

through problem solving under adult guidance or together with more capable peers(13,14)." ZPD is the main performance-based learning, individualized learning, and modified learning. It recognizes what the resident brings to the training situation, fostering the supervision union, defines personalized goals, focuses supervision on the specified assistance from the supervisor and puts stress on the setbacks and "deskilling" within the learning process.

Emotional intelligence is also one of the factors that contributes to entrustment by resident's ability to generally overview the situation which may involve sensing the emotional tone of the setting, a supervisor's preferences, or a parent's level of understanding of the situation—all being important factors contribute in entrustment decisions. This skill included having the self-awareness to know how one is being perceived and the ability to adapt one's approach to each situation(14).

CONCLUSION

In conclusion, the findings indicate an association between entrustment of autonomy to residents and supervisors. The effects of entrustment of autonomy appear to be modified by the experience of the team resident. Advancement of trust among supervisors and residents is a basic advance in choices to permit expanded obligation and the arrangement of self-governing dynamic. Trust permits the residents to encounter expanding levels of support and obligation in the working environment such that assembles skill for future practice. The broadness of information and abilities needed to turn into a capable and safe doctor, combined with the bustling remaining burden bewilder this test.

Conflict of Interest: None

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