

# Teaching Styles – Autonomy and Entrustment

What's your style?  
What about your learner?

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## PDW Objectives

- Too much or too little faculty autonomy- impacts on resident independence & appropriate entrustment in patient care.
- Highlighting learning styles for opportunities to improve the approach to learner entrustment
- Lead a faculty development workshop on autonomy addressing educators with a scripted approach beginning with a self assessment and finishing with video examples of too much or too little autonomy.

# Small Group exercise

- Examples of educator who is too controlling
- Examples of Educator who is too laid back

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# Objectives for workshop

- Teaching styles
- Think about feedback we get from evaluations
- Consider your own style
- Consider what things you could do to improve your style and perhaps improve your feedback due to better teaching outcomes.

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# Divide into groups of 4

- Take a moment to each read out loud the comments from evaluations.
- Decide as you read the comments if you think it would be positive or negative comment. Think about if anyone could give you that feedback at any time...

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## Comments from evaluations

- The service is as always a zoo and he/she is flexible enough to help us get through the day.
- He/she continues to be very hands-on with rounding and being a bit more in the background would be helpful to allow the senior to take more of a leadership role.
- I always would like more teaching but I was mostly trying to get my head above water so I'm not sure I would have retained more teaching.
- Gave some negative feedback in front of our entire team including nearby residents that probably could have waited until we were in a less public space.
- Tends to route everything through the senior. Sometimes I am asking for a faculty perspective when I ask a question. I know he/she is trying not to step on toes here but if I have to route everything through the senior (who is often busy with other things), I lose access to his/her insight and knowledge one on one.
- Has a habit of pontificating.
- I have serious misgivings about his/her medical knowledge. There were multiple times when I would ask him/her about what therapies to start and he/she would very confidently give an answer that turned out to be completely wrong and possibly dangerous. He/she does not work effectively on rounds and it is very difficult to get an actual definitive answer on what the plan will be for patients. I spent a lot of my time working with him/her reading about what he/she had told me to do in order to verify that it was medically sound.
- Should allow the residents more autonomy over their patients. Sometimes while rounding it seems as though he/she is not listening to the resident's presentation.
- Dominates the patient interaction in the room, which takes away from the residents' ability to learn that skill.

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- Is extremely approachable and is great at strategizing effective care plans for individual patients. Precepting patients with him/her is both educational and non-anxiety-provoking.
- Allows residents the appropriate amount of autonomy.
- Let's me come to conclusions on my own. Provides me with the direction in thinking about clinic practice in the community in comparison to at the U.
- Great at showing exam skills and talking through the process.
- Has always been consistent in following up/closing the loop on patients care and willing to answer my questions on patients who I might not have even staffed with him/her.
- He/she has a knack for gently pointing out areas that need improvement and noting things I did well. Staffing in the clinic is very efficient and allows me to keep my clinic running on time. I always come away having learned something that day.
- Gives residents autonomy to perform their duties. Offers constructive feedback in a timely manner, sometimes even after a specific patient encounter.
- Always challenges me to go beyond my limited list of differentials and stresses on completing a thorough work up that is excellent for patient safety.
- Is so efficient and fast that sometimes it is hard to keep up with him/her.
- Determine if decisions are based on preference versus clinical experience versus evidence and communicate that clearly so that the learner can understand your reasoning.
- In appropriate situations, may present and discuss (or ask learner) literature related to clinical questions to continue to promote ongoing practice improvement in the learner.
- Had several discrete learning points that changed my plan.

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- Patience! Incredibly knowledgeable and constantly sharing his/her medical knowledge. Always reading the latest research about our current clinical problems. I always have such an enjoyable week when he/she is on. I particularly enjoy his/her "I have a few silly questions" as a means to point out where you may have missed something on a patient.
- Present and collaborative instead of tyrannical.
- Is an excellent bedside teacher. He/she talks through his physical exam so that I am able to see areas which I am lacking or could improve.
- Allows autonomy with the appropriate level of guidance and support.
- Very willing to engage and ask me good questions about my patient care decisions.
- Great quick 30 seconds bullet points for learning. Straight and to the point. Encourages us to lead conversations with patients on rounds.
- Patience, high expectations that help me to improve my skills in order to meet them. Kind and generous with his/her time and knowledge. Makes specific time set aside for teaching.
- Bedside teaching in the room with patient and family. Allows for independent decision making for residents. Asking me for direct feedback regularly and was very interested in adapting his/her own practice as a teacher.
- Having residents justify plans, but in a non-threatening way which can be very educational. Always prepared with good data.
- Encouraged us to commit to a diagnosis/plan- allowing for us to make mistakes in a safe environment. Very effective bedside teaching and teaching on rounds. So patient with the learner on the team. Through yet efficient on morning rounds.
- Very thorough with great attention to detail. Always willing to teach during rounds and stimulate learning among residents.
- Is an excellent teacher (he/she tries to throw frequent small teaching points in during staffing) and he/she always has very practical advice.

- Gives the appropriate autonomy and ability for residents to grow on their own.
- Allows residents the appropriate level of autonomy and ownership over their own.
- Is great to work with on call. He/she is detailed and patient-centered yet allows resident autonomy in developing their plans.
- Teaches at appropriate times. Very organized and tries to ensure learning every day.
- Great to work with. Allows plenty of autonomy to residents.
- Created a great working environment. I felt very comfortable asking questions and also not knowing the answers to the teaching questions asked of me.
- I always appreciate that he/she is a steady educator and I know he/she will expect some forethought about a patient's assessment and plan but from there will continue to teach about and beyond. I learn a lot from him/her both in the content of what he/she teaches and by his example. It is also great that he/she provides printed articles!
- Wonderful during procedures. A good balance between allowing for independence and guidance when needed.
- One of my favorite faculty members to work with. Balances allowing us to make our own management decisions while keeping patient safety and best outcomes at the forefront.
- Allows the right amount of autonomy and supervision. He/she is down to earth and helps residents see the big picture.

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- Teaching is more of a conversation rather than lecture. Forces critical analysis. Also very pragmatic with decision making concerning patient care, which is sometimes depressing but always more realistic and probably, more effective in the long run.
- Allows resident autonomy in decision making offers regular constructive feedback and teaches effective communication.
- Creates a safe space for questions and is very available for feedback! Excellent bedside skills from which I have learned a lot.
- Allows an adequate amount of autonomy to residents in their plans.
- Present but worked in collaboration to allow me to come to my own conclusions as appropriate.
- Allows the perfect amount of autonomy to residents. He/she does not get bogged down in little details and helps the residents see the overall bigger picture for the patient.
- Was always patient with me, would talk me through the process of reaching an appropriate assessment and plan. Really enjoyed my time with him/her. I was on nights when he/she was daytime faculty, but I enjoyed presenting patients to him/her as he/she created an easy learning atmosphere.
- Allows questions to develop resident development of individual management
- Great questions to create a broad differential, but enough room to create an assessment and plan on your own to develop as a resident.
- Is always ready with a teaching point. He/she creates a good atmosphere on rounds and is efficient but thorough.

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## Self Evaluation

- *Please rate yourself on a scale of 1-10:*
- Degree of Resident autonomy/independence given: 1- (minimal) 3-(some) 5-(average) 7-(a lot) 10-(almost too much at times, but I hope the right amount for level)
- Amount of Control I like when staffing: 1-(a ton) 3- (most) 5-(average) 7-(some, but really not worried much about most details) 10-(just need final approval)

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# Video 1- Dr. Shian

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## Video 1

- What feedback could you give Dr. Shian about his teaching? What went well? What didn't? What suggestions do you have for Dr Shian?

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# Group thoughts

- feedback
- suggestions

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**Expert:** Possesses knowledge and expertise that students need. Strives to maintain status as an expert among students displaying detailed knowledge and by challenging students to enhance their competence. Concerned with transmitting information and insuring that students are well prepared.

- *Advantage:* The information, knowledge, and skills such individuals possess
- *Disadvantage:* If overused, the display of knowledge can be intimidating to less experienced students. May not always show the underlying thought processes that produced answers.

**Formal authority:** Possesses status among students because of knowledge and role as a faculty member. Concerned with providing positive and negative feedback, establishing learning goals, expectations, and rules of conduct for students. Concerned with the correct, acceptable, and standard ways to do things and with providing students with the structure they need to learn.

- *Advantage:* The focus on clear expectations and acceptable ways of doing things
- *Disadvantage:* A strong investment in this style can lead to rigid, standardized, and less flexible ways of managing students concerns

**Personal Model:** Believes in "teaching by personal example" and establishes a prototype for how to think and behave. Oversees, guides, and directs by showing how to do things, and encouraging students to observe and then emulate the instructor's approach.

- *Advantage:* An emphasis on direct observation and following a role model.
- *Disadvantage:* Some teachers may believe their approach is the best way leading some students to feel inadequate if they cannot live up to such expectations and standards.

**Facilitator:** Emphasizes the personal nature of teacher-student interactions. Guides and directs students by asking questions, exploring options, suggesting alternatives, and encouraging them to develop criteria to make informed choices. Overall goal is to develop in students the capacity for independent action, initiative, and responsibility. Works with students on projects in a consultative fashion and tries to provide as much support and encouragement as possible.

- *Advantage:* The personal flexibility, the focus on students' needs and goals, and the willingness to explore options and alternative courses of action.
- *Disadvantage:* Style is often time consuming and is sometimes employed when a more direct approach is needed. Can make students uncomfortable if it is not employed in a positive and affirming manner.

**Delegator:** Concerned with developing students' capacity to function in an autonomous fashion. Students work independently on projects or as part of autonomous teams. The teacher is available at the request of students as a resource person.

- *Advantage:* Helps students to perceive themselves as independent learners.
- *Disadvantage:* May misread student's readiness for independent work. Some students may become anxious when given autonomy.

## Teaching Styles

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**Competitive**

- Students who learn material in order to perform better than others in the class. Believe they must compete with other students in a course for the rewards that are offered. Like to be the center of attention and to receive recognition for their accomplishments in class.
- *Advantages:* Motivates students to keep up and to set goals for learning.
- *Disadvantages:* May turn less competitive people off and style makes it more difficult for people to appreciate and to learn collaborative skills.

**Collaborative**

- Typical of students who feel they can learn by sharing ideas and talents. They cooperate with teachers and like to work with others.
- *Advantages:* Develop skills for working in groups and teams.
- *Disadvantages:* Not as well prepared for handling competitive people. Depend too much on others and not always able to work as well alone.

**Avoidant**

- Not enthusiastic about learning content and attending class. Do not participate with students and teachers in the classroom. They are disinterested and overwhelmed by what goes on in class.
- *Advantages:* Able to avoid the tension and anxiety of taking serious steps to change their lives. Has time to do enjoyable but less productive tasks.
- *Disadvantages:* Performance drops and negative feedback acts as another reminder of their failings. Keeps them from setting productive goals. .

## Learning styles of your students

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## Learning styles of students cont'd

**Participant**

- Good citizens in class. Enjoy going to class and take part in as much of the course activities as possible. Typically eager to do as much of the required and optional course requirements as they can.
- *Advantages:* Gets the most out of every classroom experience.
- *Disadvantages:* May do too much or put others' needs ahead of their own.

**Dependent**

- Show little intellectual curiosity and who learn only what is required. View teacher and peers as sources of structure and support and look to authority figures for specific guidelines on what to do.
- *Advantages:* Helps them to manage their anxiety and obtain clear directions.
- *Disadvantages:* Difficult to develop skills for exhibiting autonomy and self-direction as a learner. Does not learn how to deal w uncertainty

**Independent**

- Students who like to think for themselves and are confident in their learning abilities. Prefer to learn the content that they feel is important and would prefer to work alone on course projects than with other students.
- *Advantages:* Develop skills as self-initiated, self-directed learners.
- *Disadvantages:* May become somewhat deficient in collaborative skills. Might fail to consult with others or to ask for help when it is needed

## Video 2- Dr. Shen

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## Video 2

- Discuss-
- What feedback could you give Dr. Shen about her teaching? What went well? What didn't? What suggestions do you have for Dr Shen?

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# Group thoughts

- Feedback
- suggestions

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## Think of a time you are too controlling

- In clinic
- In Ob/Oncall ER

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Think of a time you have experienced someone too controlling when it wasn't justified

- In clinic
- In Ob/Oncall ER

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Please write down for me

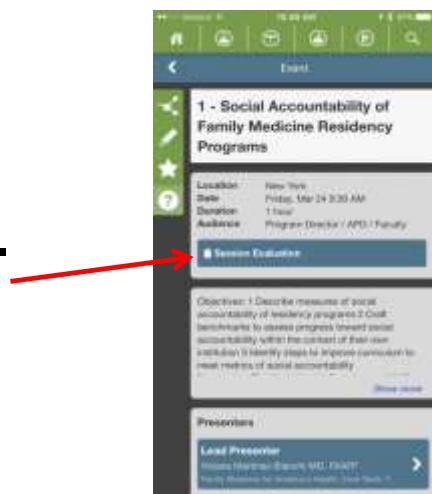
- One thing you'd like to change/stop doing
- One thing you do well and would like to continue
- One thing you'd like to add to your teaching

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- Questions?
- Please let us know if you do the workshop- how it went, what you learn!

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Please  
complete the  
session evaluation.



Thank you.

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- 3. Brunett P. Autonomy versus control: finding the sweet spot. *Acad. Emerg. Med.* Sep 2013;20(9):952-953.
- 4. Halpern SD, Detsky AS. Graded autonomy in medical education - managing things that go bump in the night. *N. Engl. J. Med.* 2014;370(12):1086-1089.
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