



Trusting Trainees: A Qualitative Study of Entrustment Decision-Making in Internal Medicine Program Directors



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Background

- Graduate Medical Education (GME) aims to train physicians to provide competent care. However, trainee assessment is fraught with bias and inconsistency.
- Entrustment Decision Making (EDM)** is a form of assessment that offers consequential validity as it infers the ability to act at a given level of supervision.¹
- Entrustment as a construct is not well-understood despite being applicable to GME. Program directors (PDs) provide an important window in EDM as they make both ad hoc and summative entrustment decisions.

Objectives

- To explore processes underlying EDM by Internal Medicine (IM) PDs and better characterize the process of entrustment in GME.

Sample

- Participants included 15 PDs of ACGME-accredited Internal Medicine Programs around the country.
- Recruitment was performed via purposive and convenience sampling.

Methods

- Semi-structured interviews were conducted in-person or over the phone. Audio recordings were transcribed via Rev.com (San Francisco, CA).
- Coding was performed using Dedoose (Los Angeles, CA). Codes were refined via an iterative process until consensus was reached on a final coding schema.²
- Analysis was performed using an inductive approach to enable themes to emerge organically from the data.

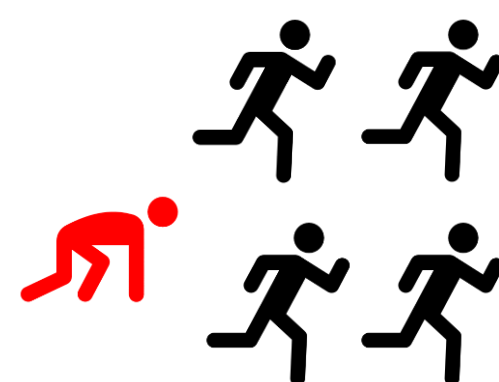
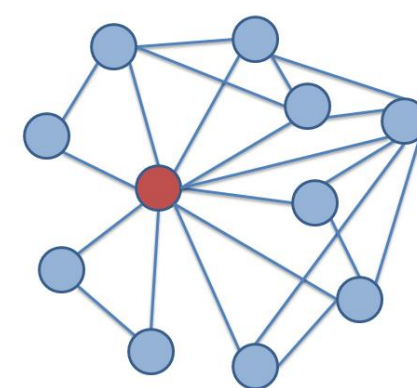
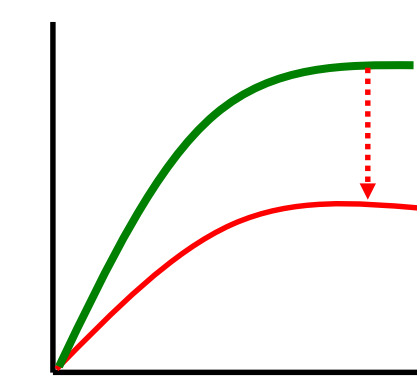
Results and Emergent Themes

15 interviews were coded for analysis. Theoretical saturation was achieved after 10 interviews.

Gender, n (%)	Female, 5 (33%)	Male, 10 (67%)
Practice Setting, (n) %	Inpatient + Outpatient, 11 (73%)	Inpatient or Outpatient, 4 (27%)
Clinical Time, FTE	100% ≤ 0.5 FTE (range 0.2 – 0.5 FTE)	
PD Duration, n (%) [†]	<10 years, 4 (26%)	>10 years, 11 (73%)
Program Type, n (%)	University, 11 (73%)	Community, 4 (27%)
Program Size,* n (%)	<60 Trainees, 6 (40%)	>60 Trainees, 9 (60%)

Table: Participant and program attributes. PDs represented a wide variety of IM program types, including community and academic settings, and consisted of both large and small programs.

[†] Range 3 – 44 years, mean 18 years
^{*} Range 12 – 182 trainees, Median 64 trainees



Expected Trajectory

PDs described a standard by which they expect trainees to develop competence. This standard is often comparative or contextual in nature.

"I think probably the way a lot of these things go it is more of a either comparative, so, hey, other interns can do this and this person just hasn't seemed to grasp it."

Network of Assessment

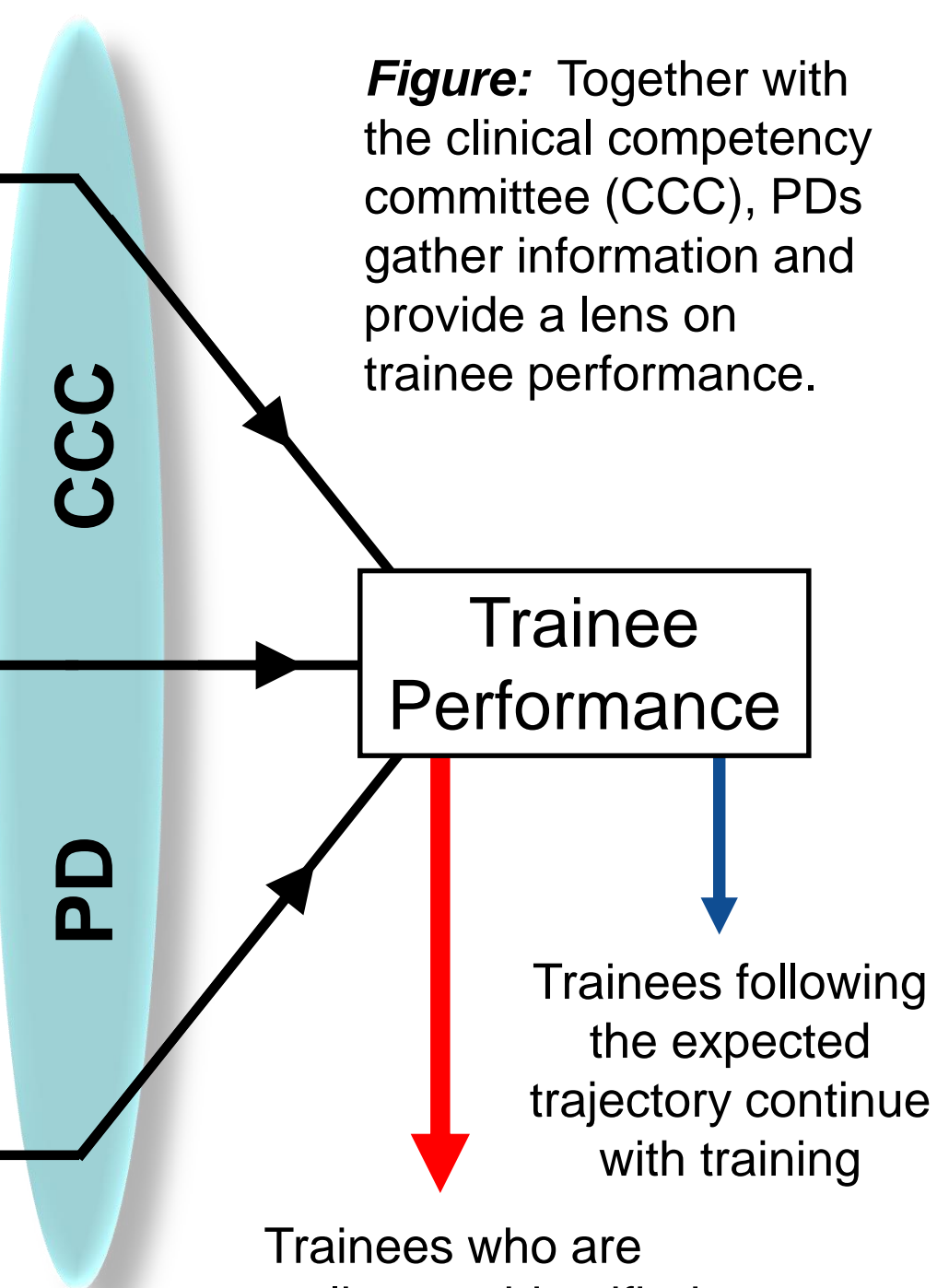
PDs develop intimate knowledge of the resources and personnel present at their institution and use this knowledge to gather information on trainees.

"So it's really a group effort and everyone has a different lens to the trainees. And it's the group's wisdom, I think, that's makes those decisions."

Identifying Stragglers

Assessment paradigms are created to identify trainees who are struggling in multiple domains of competence, with an "alert system" directed towards PDs.

"I feel like I have a different level of responsibility for ensuring the trustworthiness as a program director... You have a bigger picture view of: I have to turn this person loose on the world"



Discussion

- PDs surround themselves with a robust assessment network to determine trainee performance. This network of faculty and staff is important for PDs to 'weigh' information inputs based on the setting, trainee knowledge, and individuals providing assessments.
- Knowledge of the assessment network and resources within the institution allowed PDs to manipulate the training environment to meet trainees' needs.
- Most PDs acknowledged a significant heterogeneity of ability within and between individual trainees. Despite this, PDs described an expected trajectory by which they anticipate most trainees to progress in knowledge and skill acquisition.
- Assessment and subsequent remediation is primarily focused on trainees who were struggling. Some PDs worried that focus on struggling trainees would at times be at the expense of addressing less severe deficiencies in individuals who were 'doing fine.'

Implications

- This study elucidates an entrustment process focused on identification of struggling learners, possibly to the detriment of other learners' growth and development.
- Our study furthers our understanding of the process of EDM from both an ad hoc and summative level, and describes constructs that could guide faculty development efforts to enhance workplace based assessment.

Citations

- International Competency-Based Medical Education Collaborators. Entrustment decision making in clinical training. Acad Med. 2016 February; 91(2): 191-198.
- Strauss AL, Corbin JM. Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, Calif: Sage Publications, 2015.