



Atrium Health

Autonomy in the Age of Metrics: Balancing Supervision, Safety, and Skill Development

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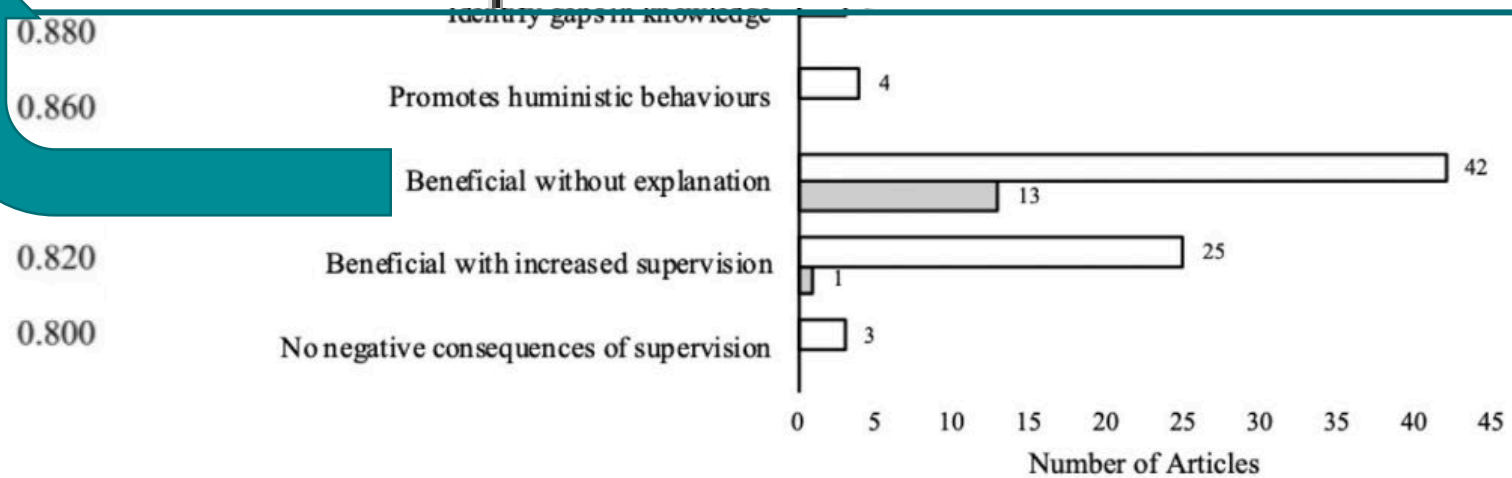
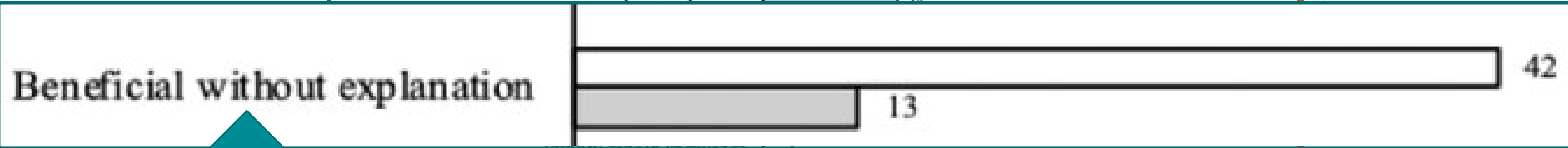
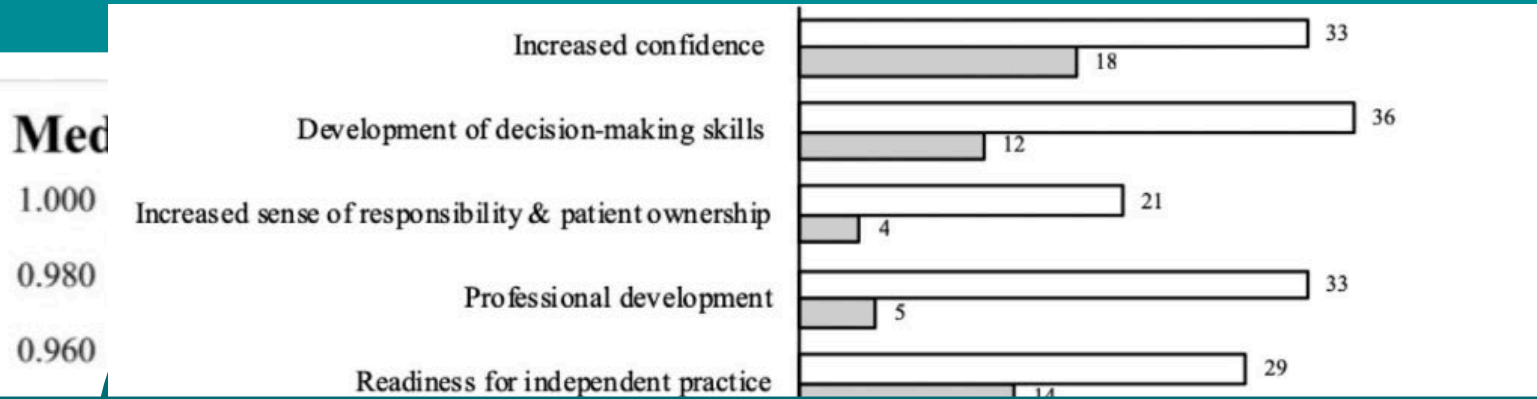
Disclosures

- None

Outline

- What is autonomy?
- Why so important?
- Current state
- Some brutal facts of our situation
- Where do we go?

What is Autonomy?



What is Autonomy not?

- Just doing more
- And it is really hard to get residents to achieve “autonomy” if we cannot agree to what it is

Who is responsible?

“I teach in the OR isn’t that enough”

Study Design

- Survey of 255 ACGME general surgery residency programs
- 148 programs responded (59%)
- 998 resident responses (20% of 4,926 surveyed)

Intraoperative Teaching (Resident Report)

- 84% reported receiving technical advice
- **61% reported being included in intraoperative decision-making**
- **55% reported faculty verbalized operative approach**

Structured Teaching Elements

- **18% reported preoperative goal setting**
- **37% reported postoperative discussion of areas for improvement**

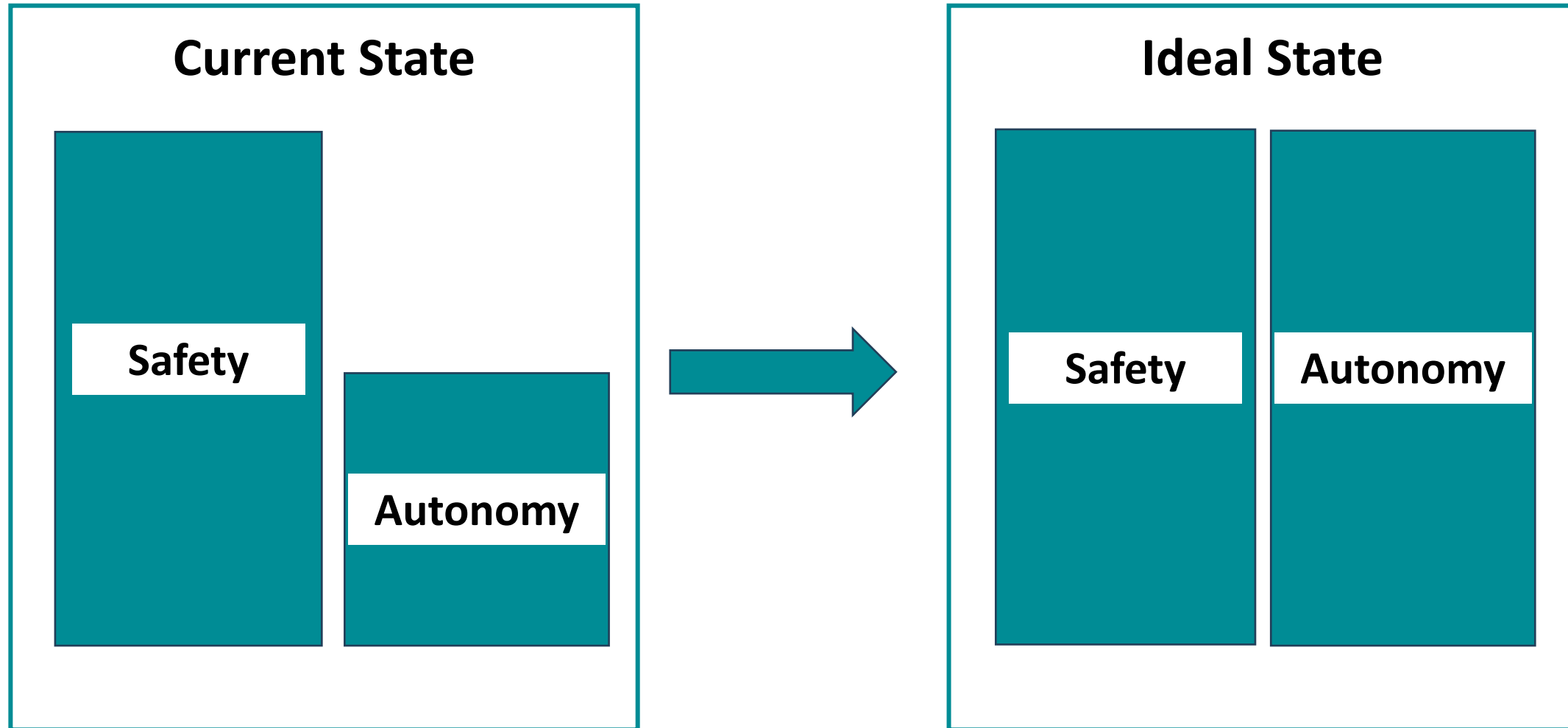
Why is Autonomy so Important?

- Culturally we value it
- Key component to our professional Identity
- We believe it is related to our leadership ability

Autonomy is Accidental

- Inconsistent
- Often without Structure
- Reactive
- Depends on Case complexity and Faculty Comfort

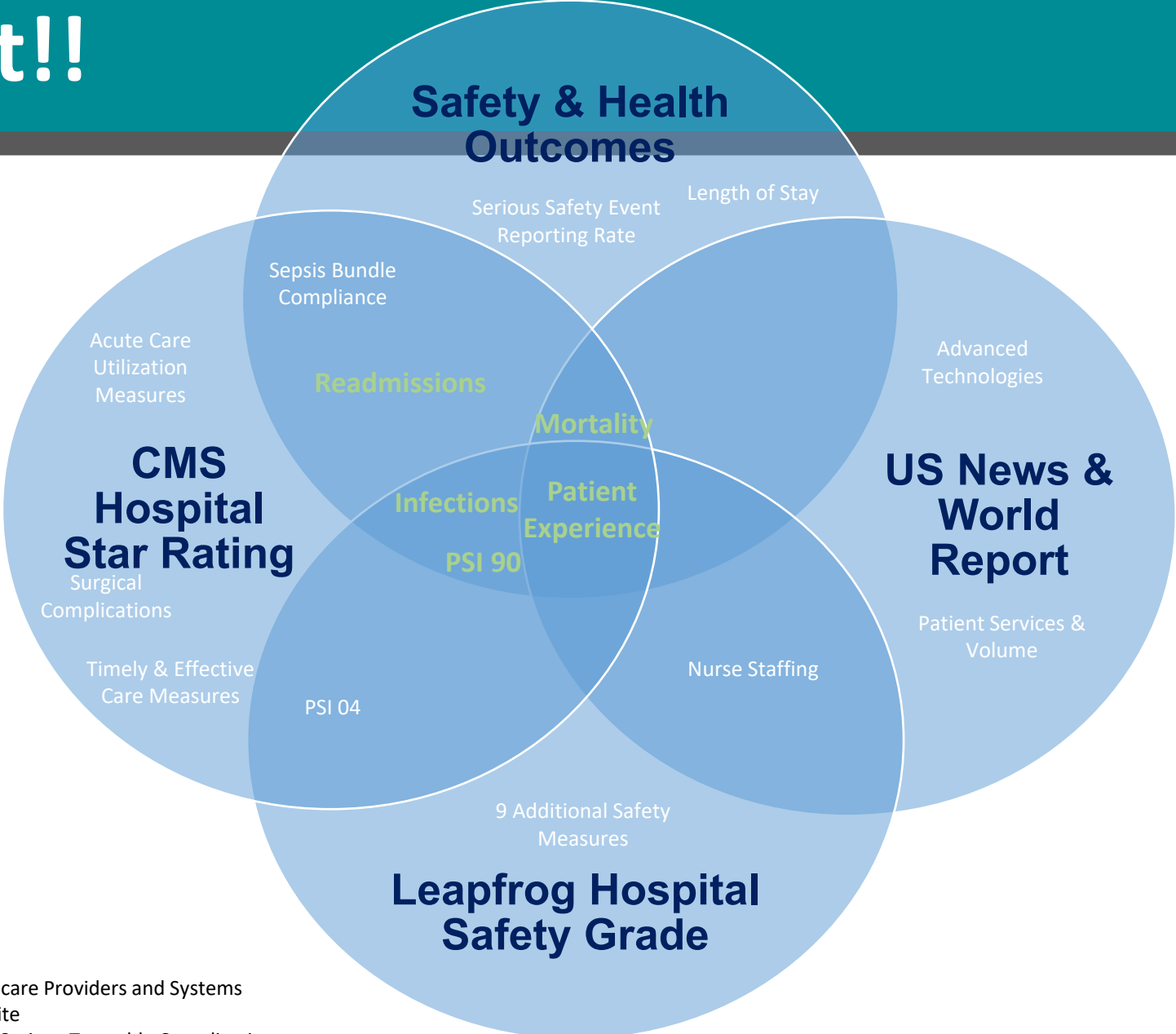
We are safer – MORE SUPERVISION



Influences:

- Accountability and Supervision
 - Productivity Pressures: RVU/ OR
 - Legacy Apprenticeship Models- sustain implicit/ subjective autonomy norms
 - Cultural and Medicolegal Concerns
-
- Two-thirds of graduating Urology residents reported entering fellowship to overcome perceived training deficiencies
 - Resident autonomy across all surgical specialties has decreased by 62% within the Veterans Affairs (VA) Hospitals from 2004 to 2019.

Safety first!!



HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
PSI 90: Patient Safety and Adverse Events Composite
PSI 04: Death Rate among Surgical Inpatients with Serious Treatable Complications

Advocate Health

Enterprise Safety & Health Outcomes Measures

Acute Adult
AHRQ Patient Safety Index
Infections Composite
Risk-Adjusted Readmission Index
Risk-Adjusted Mortality Index
Risk-Adjusted Length of Stay Index
Sepsis Bundle Compliance

Pediatrics
Infections Composite: CAUTI and CLABSI
Sepsis Measure

Inpatient Behavioral Health
Readmissions
CSSRS Improvement During Inpatient Hospitalization

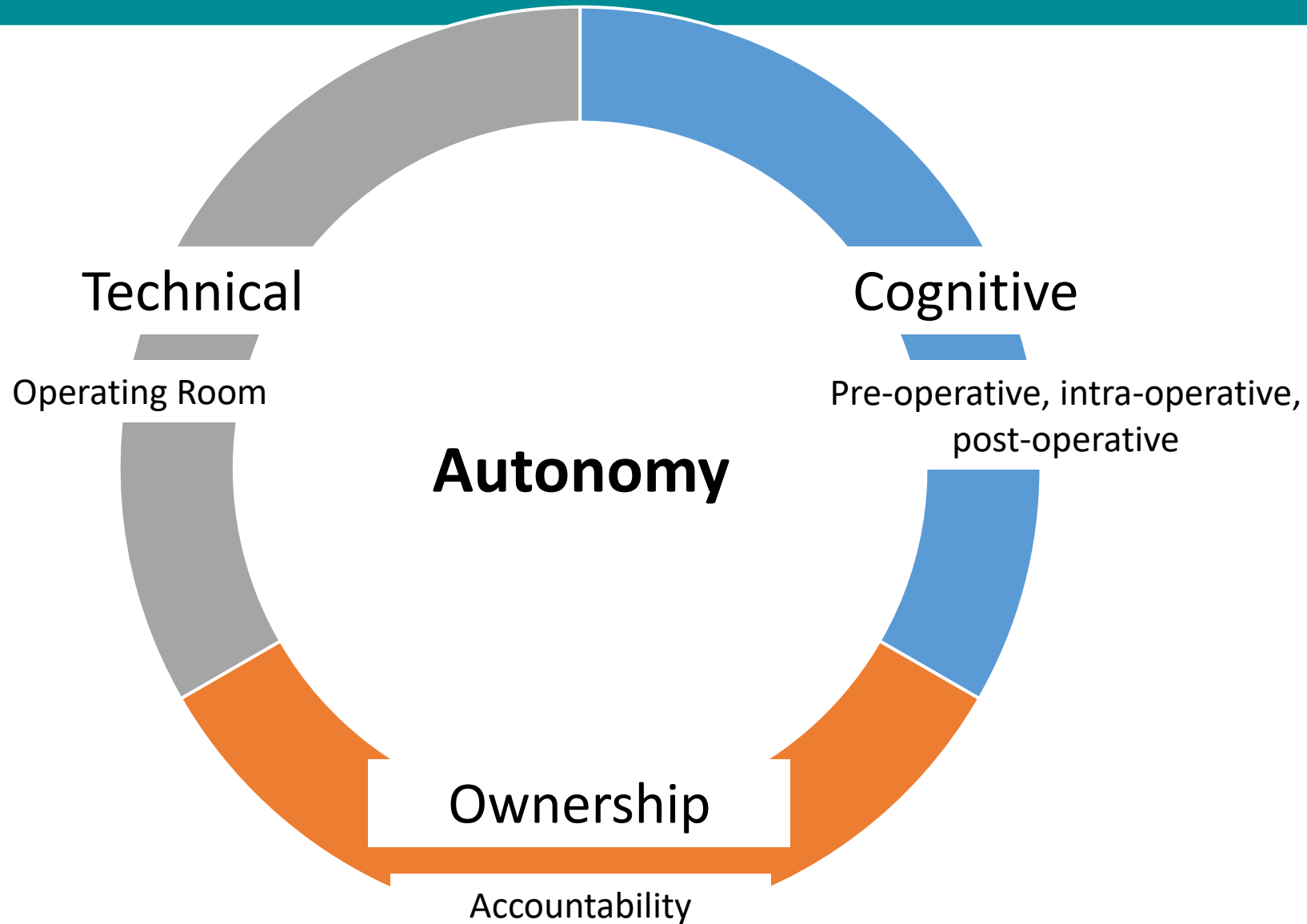
Ambulatory
Breast Cancer Screening
Cervical Cancer Screening
Colorectal Cancer Screening
Depression Screening
Controlling High Blood Pressure
Medicare Wellness Visit
Diabetes A1 <8%
Diabetes Kidney Health Evaluation
Diabetes Statin Use
Condition Management and Documentation

Continuing Health
60-Day Hospitalizations
Home Medical Equipment: CPAP Compliance
Hospice Visits in the Last Days of Life 3 Day Compliance

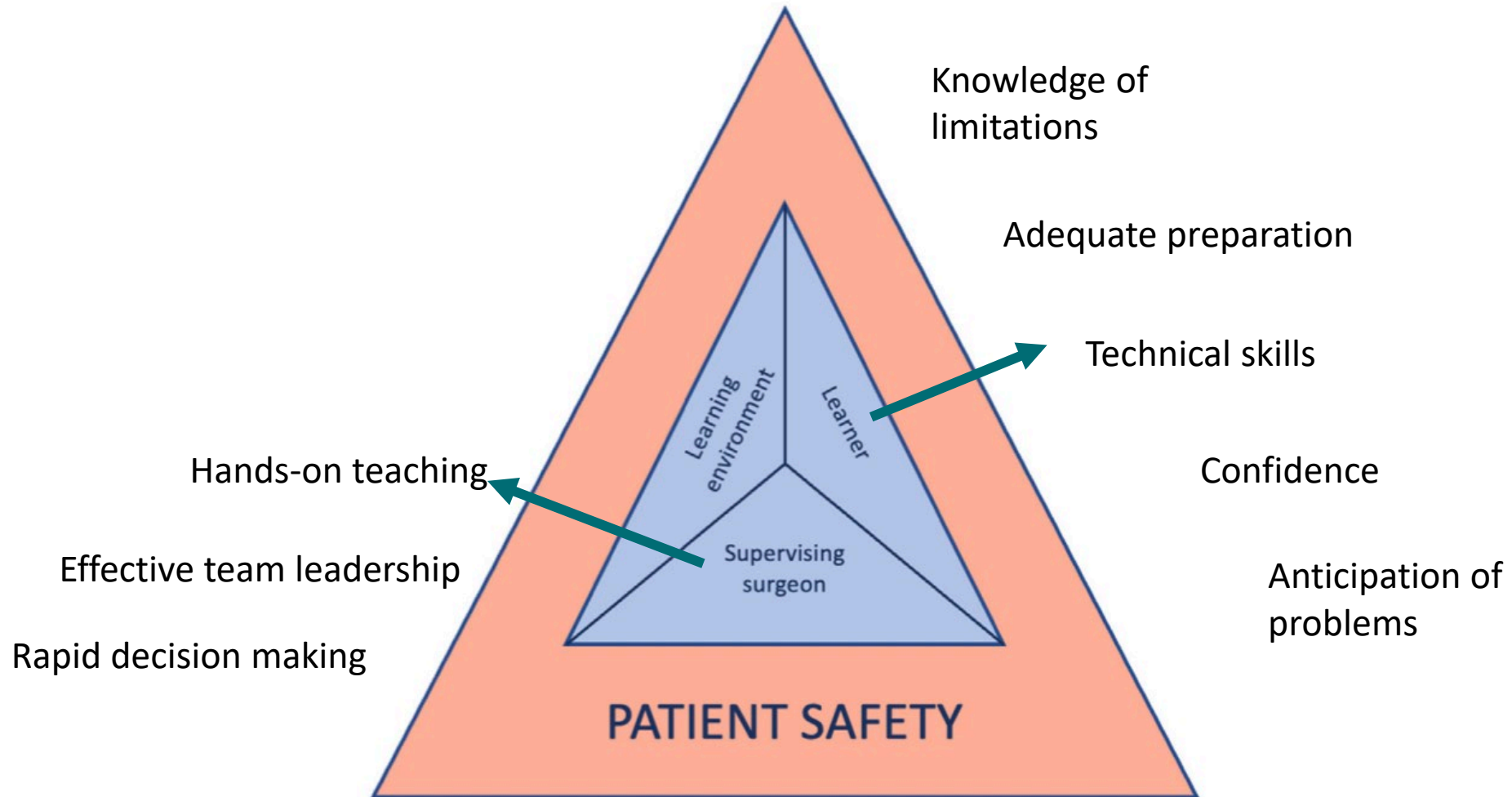
Safety Event Reporting Rate

 Enterprise Priority/Board Level Measure

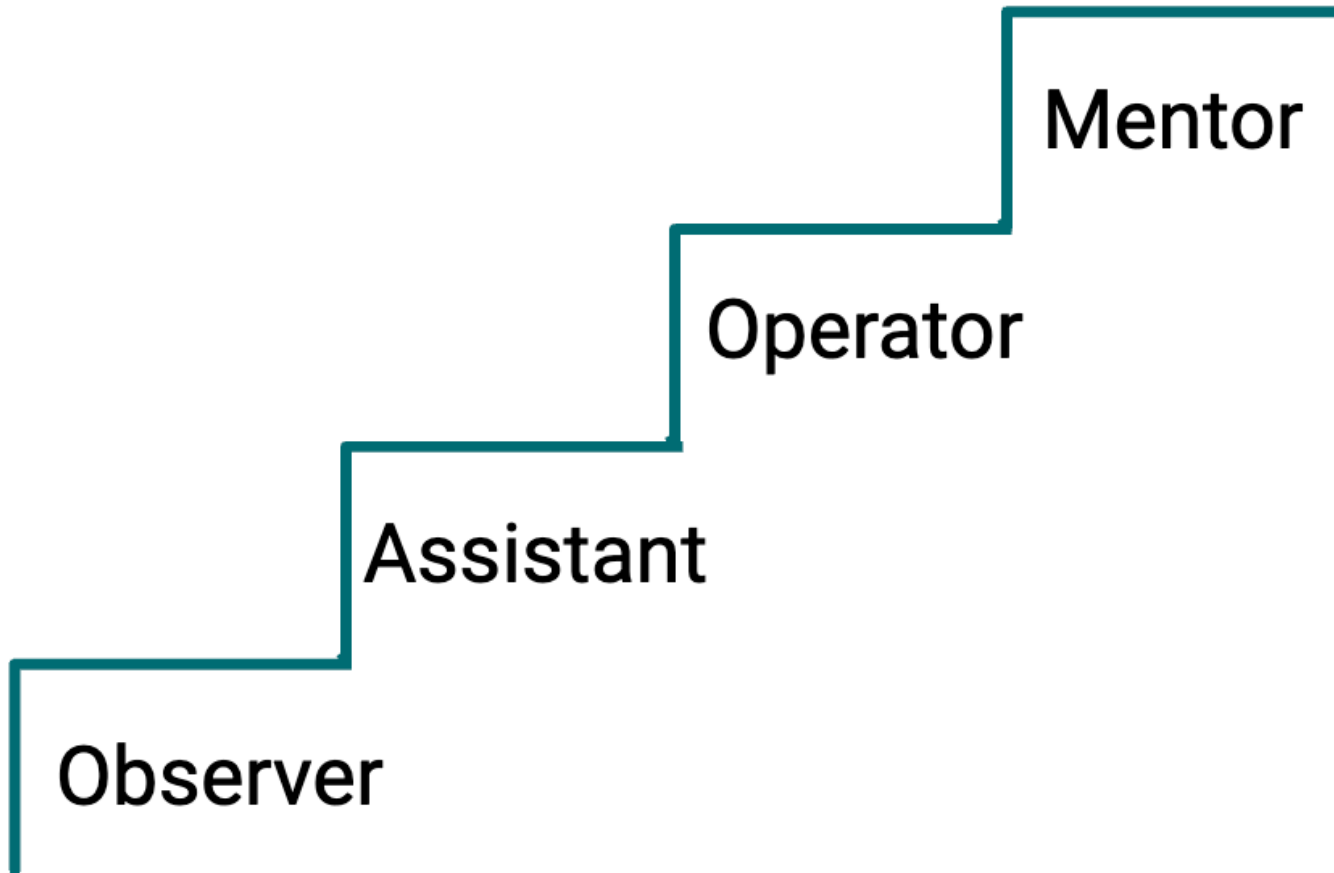
Defining Autonomy



Equilibrium



Where is Autonomy Created?



- In the operating room- the highest-pressure and least forgiving space
- During real-time decisions, not planned entrustment
- Influenced by time pressure, faculty comfort, and case complexity
- Leading to variable, often accidental autonomy development

Can we get better

- Simulation
- Entrustment
- Expectations
- Video review

Shifting **how** and **where** we teach our residents

Outside the OR- How many of us use:

- Debriefing
- Video review (before and after)
- Simulation
- Faculty training on what autonomy means to your Department
 - Trust and the dynamics of trust in the OR

How do residents/faculty learn surgery?

- OR
- Simulation
- ...

YouTube is the Most Frequently Used Educational Video Source for Surgical Preparation

Allison K Rapp ¹, Michael G Healy ², Mary E Charlton ³, Jerrod N Keith ², Marcy E Rosenbaum ⁴,
Muneera R Kapadia ²

Surgical Preparation by Urology Trainees in 2021: The Interplay of Video and Print Resources

Joshua M Eccles ¹, Nathan R Michalak ², Jay D Raman ¹, Susan M MacDonald ¹

- Educational quality of YouTube surgical videos is highly variable
- Viewer popularity does not reliably reflect educational quality

Video Review

Novice Stage

- Become familiar with basic surgical anatomy
- Understand procedure overview and step sequencing



Intermediate Stage

- Expand repertoire of surgical gestures
- Learn variations in technique
- Request and receive targeted feedback on performances



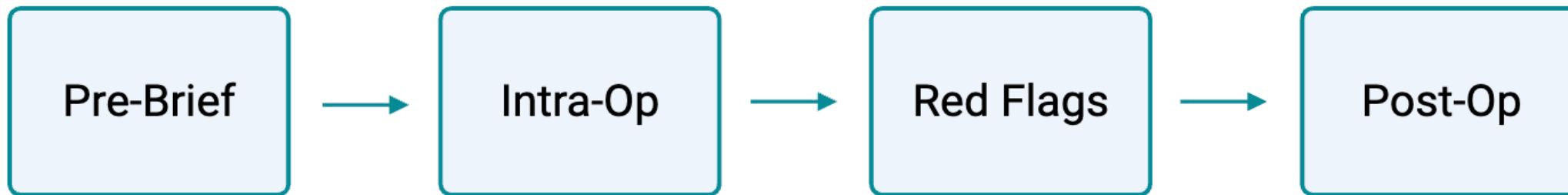
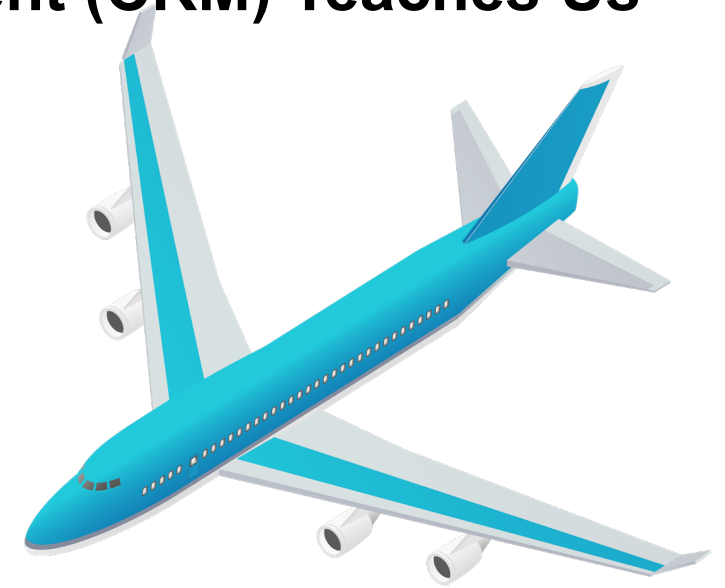
Advanced Stage

- Identify areas to improve efficiency
- Define necessary modifications for challenging cases
- Request and receive targeted feedback on performances

Technical Autonomy requires Cognitive Autonomy

Learning from Aviation: What Crew Resource Management (CRM) Teaches Us

- Fatigue management
- Cross-checking
- Recognizing red flags
- Structured briefings/debriefings
- Assertive communication
- Team decision-making

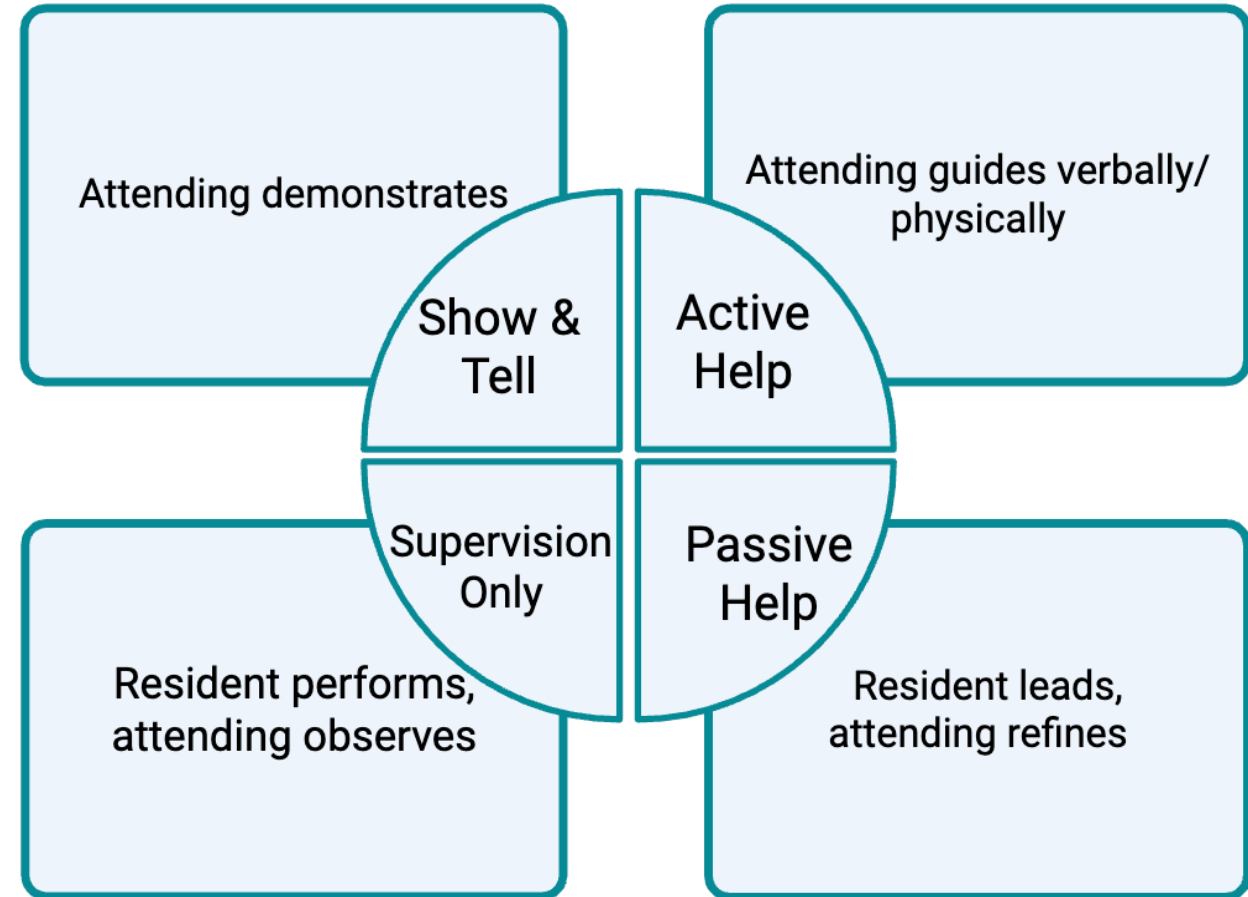


Technical requires Cognitive Autonomy

- Monitoring performance
- Assessing entrustability
- Granting or reducing autonomy

Concepts:

- Teaching Direct Assist
- Zone of proximal development
- EPA (Entrustable Patient Activities)



Structured Approach to Autonomy Development

Prostate Biopsy



- Pre-Op: Expectations + boundaries
- Intra-Op: Graded independence
- Post-Op: Video review + coaching
- Pathways: Standardized frameworks for consistent autonomy

Evolution

Phase One

- **Pre-Operative**
 - Video Review
 - Mental Rehearsal
 - Clarifying goals

Conclusion

- Accept our reality
- Define Autonomy – Make it our “WHY”
 - Technical, Cognitive and Ownership
 - Supervision is for now- Autonomy is for later
- **Be bold-** Cultivate Autonomy out of the OR
 - Simulation/ Video review
- **Teach trust and entrustable framework (help our faculty)**
- Demand ownership

Thank you !

