The Neurohospitalist in Residency Education: The Role of Supervision

The Neurohospitalist
2015, Vol. 5(1) 8
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DOI: 10.1177/1941874414554301
nhos.sagepub.com

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Keywords

neurohospitalist, residency education, supervision

Velez-Ruiz et al have given a helpful outline of the evolving role of the academic neurohospitalist in residency education. There are undoubtedly numerous advantages to the role—in clinical care, in medical education, and in the combination of the 2.¹ However, as with all new reforms, there may be unintended consequences. Among other potential problems, the authors mentioned the “theoretical risk to future patients by not providing trainees the chance to make independent decisions in the relatively protected environment of a residency program.”

This potential problem is worth exploring in more depth. There is a theoretical risk to future patients; however the neurohospitalist role should ensure that today’s patients receive care while under the close supervision of senior physicians. Current residents need not lose out provided the supervision by the neurohospitalist is carried out according to best modern practice. Oversupervision can be a problem but so can lack of supervision. According to Bell, “a significant cause of serious errors, including deaths among hospitalized patients, can be attributed to resident physicians who work in GME [graduate medical education] programs that feature as part of their educational structure sleep deprivation, chronic fatigue, and poor supervision.”² So how will we get supervision right? A good supervisory relationship should involve constant and

constructive 2-way feedback; it should enable the resident to take on increasing responsibility until mastery is attained; and it should offer procedural and patient care opportunities for residents. Supervisors shouldn’t just have a single mode of supervision, they should be able to adjust their behavior according to the needs of the resident and the needs of the patient. How will we develop such excellent supervisory practice? It is likely that train the trainer programs for neurohospitalists and all hospital generalists will need to be developed. Just as importantly, generalists should not view supervision as a skill to be learned in isolation from their clinical and managerial skills but rather as a skill to be integrated with and seen as an essential part of excellent patient care.³

References

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