Autonomy vs Control **December 12, 2021**

Dear Residents,

One of the unexpected benefits of the **interview season** is the chance to reflect on what makes our program such an inspiring place to train at. A theme that surfaces consistently is the sense of **autonomy** experienced by the residents. It doesn't mean that you can do what you want, instead it signifies that within the parameters of good patient care, the nuances of clinical decision making are very much within your realm. This experience of **active decision making** along with the accountability for those decisions drives the learning you experience and affords the experience of self-determination.

As physicians, we have progressively lost the traditional "autonomy" we had previously owned. To avoid the wrong-patient wrong-site error, we are forced to perform a time-out in a fully awake patient before injecting their knee joint and to confirm their name and date of birth even as they quizzically ask, "Doc, don't you remember me?" This makes sense in an operating room, but seems excessive in the clinic. We have all had to jump through hoops to get prior authorization for imaging or medications that we know our patients need. The EHR order sets make any sort of deviation from the pre-populated process arduous, and documentation guidelines (while recently relaxed) force us to record irrelevant and redundant information in the chart. Manufacturing industry principles have invaded medical practice with mixed results. On the one hand the safety culture has witnessed a reduction in harm by adherence to protocol but it has also spawned an awareness that we do many things for no good reason.

For residency training, there are **hardwired requirements** – 30 of your 36 months of training must involve direct patient care. There should be at least 12 weeks of critical care training, 10 months of outpatient experience, and obligatory rotations in neurology, geriatrics and emergency medicine. I support these requirements because they ensure that you will be broadly competent and well-prepared for any future career. But I also wish for much more flexibility for you – each one of you has their own trajectory of growth and the one-size-fits-all model can serve as a limitation.

Within these constraints, there still exists the **possibility of autonomy**, flexibility and choice. A feeling of control and the power to decide is a central human need. No one wants to be micromanaged. We desire self-direction while those who employ us wish to direct our work. Daniel Pink explains this tension between autonomy and control as follows:

- Autonomy = engagement
- Control = compliance

The concept of **intrinsic motivation** as the main driver of motivation (as opposed to rewards) was developed by **Richard Ryan** and **Edward Deci** who proposed the self-determination theory (SDT) of motivation. They explain further: "*The science of SDT takes seriously our capacities as persons, including our abilities to be aware of ourselves, to actively learn and master our worlds, to strive to internalize cultural norms, to reflectively consider our own attitudes and values, and to make informed choices concerning them. These capacities also afford us an ability to care for the selves of others. At the same time SDT recognizes and researches the "dark sides" of human motivation, and our vulnerabilities to being passive, controlled, defensive, dysregulated and antisocial*."

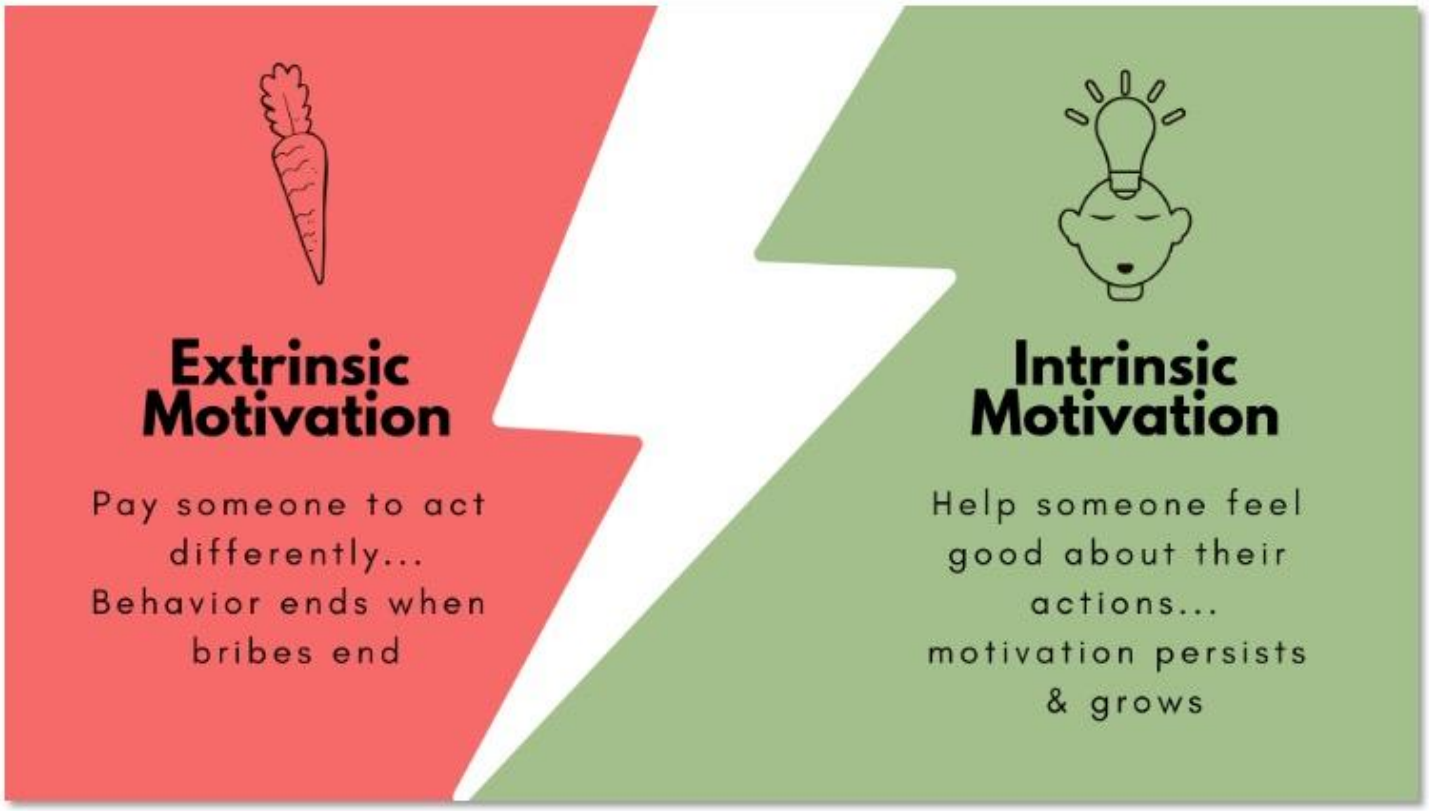
Our sense of autonomy is **reinforced** when:

- There is a feeling that our perspective has been considered
- We are offered meaningful choice
- Relevant information/rationale has been provided
- Our feelings are acknowledged
- Controlling language or attitudes are not used

It irks me that we have so many **compliance-driven messages** in our program – *get your flu shot, clean up your inbasket, complete your modules, record your work hours*. I recognize that we all need to do these things. What worries me is the "*do this, or else…*" undertone. Surely, there are other ways of making it easier to comply and feel less controlled. The creation of an inbasket half-day was one such change the program made when inbasket-related Epic suspensions skyrocketed. The program also purchased ResQ to automate work-hour recording. In general, no one is lazy or derelict. Instead, there are systematic hurdles that come in the way of being "compliant." The better approach would be to make it easier and meaningful to comply rather than to exert "control."

I do hope that the autonomy we convey to our applicants is real and not imagined. I believe that clinical autonomy in our program is sufficiently high to drive self-determination in your learning and clinical experience. Within the constraints of ACGME training requirements, I trust that you do experience the freedom of creating the elective of your own choice, choosing hybrids that advance your career, seeking mentors who guide you and through the availability of tracks we offer.

We are in this profession because it is **intrinsically rewarding**, because we feel that sense of **purpose** as we go about our day – in short, we are **engaged**. Pleasurable feelings of interest or enjoyment simultaneously accompany us as we deliver care to our patients, sharpen our skills or pick up something new. Keeping as much of this activity **self-driven** will sustain our sense of autonomy. **Compliance** will continue to control our time and space – but as long as we have some discretion on how and when we comply, we can value the purpose behind these obligations. Lastly, we ought to be able to question what we do for no good reason.



Warm regards,

Dino Kazi