

Micromanagement Creates a Nonconductive Learning Environment for a Teaching Team

Trainees on every level are constantly trying to fit into the clinical hierarchy and organized chaos that predominates teaching hospitals while gaining trust and autonomy from their attending physicians. Ripley illustrates this process in her article “Components of a Teaching Team.”¹ She describes the dynamics between the teaching team members: the timid medical student, the intern in survival mode, the senior resident as the nominal leader, and the attending at the top. She also describes her personal insecurities in finding her responsibility in her new role as an attending physician.¹

Personal insecurities are influenced by lack of trust leading to micromanagement.² Micromanagement is defined as the ability “to manage with excessive control or attention to details.”³ Micromanagers often waver to trust the competence of trainees whom they supervise. Frequently they are not satisfied with their team’s performance and prefer close monitoring with “controlled delegation,” and they are known for creating unnecessary urgency.⁴ Micromanagers often hide personal insecurities behind the rationalization of their behaviors.²

The attending physician may attribute micro-supervision for patient safety and lack of efficiency in the trainee. Attending physicians could portray power through micro-supervision that directly interferes with the trainees’ performance. We believe micromanagement is a hidden curriculum in clinical supervision. A characterization of hidden curriculum is a difference in what is said and what is really done. The supervisor rationalizes the micromanagement as positive for patient and trainee, but the behavior and attitudes affect negatively.

The micro-supervision restricts a trainee’s autonomy and competence and harms the trainee-supervisor relationship and therefore affects a learner’s motivation.⁵ This destabilizes psychological, emotional, and cognitive safety and creates a harsh and unsupportive learning environment.

Micromanagement has not received adequate attention in the medical education literature and

faculty development. The search “(micromanag*[Title/Abstract]) and ((undergraduate medical education [MeSH Major Topic] or (Graduate Medical Education[MeSH Major Topic]))” gave only 6 results in PubMed. In the slipstream of entrustable professional activities, micromanagement can lead to direct conflict with requirements in undergraduate and graduate medical education.

Faculty development on this subject can create self-awareness and possible self-regulation in faculty with habitual micro-supervision. Minimizing micro-supervision can enhance a learner’s motivation, autonomy, competence, trust, and relatedness.⁵ We believe that individual coaching and mentoring might lead to the desired behavior change in faculty who are labeled as micromanagers.

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