

Great Evidence in Medical education Summary (GEMeS)

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Education Question or Problem	The effectiveness of direct and timely feedback by faculty to learners is often challenged by faculty cognitive biases, time constraints and concerns about harming their relationship with the learner.
Bottom Line	In this study, a short educational intervention was effective in improving faculty feedback and helping them address uncomfortable topics around performance of the learner in a simulated setting.
Why is its relevant to Emergency Medicine Education?	<p>Emergency Medicine physicians are tasked with providing feedback to a variety of learners on a regular basis. Providing direct and timely feedback to trainees can be a challenge in any academic setting. Since learners come from variable backgrounds and levels of training, it is important for faculty to explore and understand the context of the student and the factors that have contributed to their performance.</p> <p>Addressing poor clinical performance or other CanMEDS roles such as professionalism can be particularly stressful for both faculty and learners. This paper demonstrated that a brief (one hour) intervention was effective in enabling faculty to provide quality feedback to learners in a simulated setting.</p> <p>Consequently, future research should investigate whether these findings are observed in a real clinical setting by assessing the transfer of such skills in that setting. Focused instruction on similar methods of feedback could easily be adopted for an Emergency Medicine faculty development session.</p>
Study Design	Randomized, controlled trial of an educational intervention
Funding sources	Foundation for Anesthesia Education and Research (FAER) Research in Education Grant (REG).
Setting	The Center for Medical Simulation. The study was conducted during a recurring, mandatory, simulation-based crisis management course for practicing anesthesiologists from five academic hospitals in greater Boston, Massachusetts.

Level of Learning	Practicing physicians: feedback was given to a simulated resident.
Synopsis of Study	<p>A balanced randomization (1:1), rater-blinded, parallel-group-controlled experiment was conducted during regularly scheduled faculty teamwork and communication simulation sessions. Seventy-one anesthesiologists were randomly assigned to intervention and control groups. The intervention consisted of a one hour video and role-play workshop on how to resolve the perceived task versus relationship dilemma, how to diagnose trainees' learning needs, and how to address different kinds of errors including professionalism lapses.</p> <p>The experimental case scenario consisted of two parts. The first part allowed the participant to observe a simulated resident commit four errors while managing a simulated patient. In the second part, the participant engaged in a feedback conversation with the resident about his/her performance.</p> <p>Debriefing sessions were rated by four experienced, blinded raters, using both a behaviourally anchored rating scale (BARS) and an objective 12-point feedback assessment instrument to assess the style/pattern of feedback given. Average ratings for the intervention group were higher (4.2 ± 1.28) than the control group (3.8 ± 1.22; $p < 0.0001$) indicating better ability to maintain a psychologically safe environment while providing feedback, to structure the feedback session in an organized manner and to identify and explore performance gaps.</p> <p>Specifically, participants in the intervention group were more likely to use a preview statement to commence the feedback session and they more commonly used advocacy/inquiry model of communication (see Figure 1). They less commonly used "guess what I am thinking" questioning. They were also more likely to address professionalism errors, while the control group tended to focus on clinical errors.</p> <p>Training therefore improved faculty ability to, not only maintain a psychologically safe environment during feedback, but to also explore the resident's cognitive frame, and to address professionalism along with technical issues.</p>
Reference	<p>Minehart RD, Rudolph J, Pian-Smith MCM, Raemer DB.</p> <p>Improving faculty feedback to resident trainees during a simulated case: A randomized, controlled trial of an educational intervention. <i>Anesthesiology</i>. 2014 Jan;120(1):160-71.</p>

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Hyperlink to PubMed link or Journal Link (not all Education Journals are pubmed)	http://www.ncbi.nlm.nih.gov/pubmed/24398734


<p style="text-align: center;">Center for Medical Simulation</p> <h2 style="text-align: center;">Debriefing Molecule</h2> <p style="text-align: center;">Get Curious!</p> <p style="text-align: center;">Advocacy</p> <ul style="list-style-type: none"> • Observation • Concern or appreciation <p style="text-align: center;">Inquiry (examples)</p> <ul style="list-style-type: none"> • I'm wondering what was on your mind at the time? • What are your thoughts? • How do you see it? <p style="text-align: center;">www.harvardmedsim.org</p>	<h2 style="text-align: center;">Three Phases of a Debriefing</h2> <p><u>Reactions</u> - Clear the air and set the stage for discussion, of both feelings and facts.</p> <p><u>Understanding</u> – How to improve or sustain performance.</p> <ul style="list-style-type: none"> - <i>Exploring</i> - explore trainee's frames - <i>Discussion and teaching</i> - help move trainees to new frames and skills - <i>Generalize</i> - apply lessons learned to real settings <p><u>Summary</u> - Distill lessons learned.</p> <ul style="list-style-type: none"> - What worked well and what should be changed for next time? <p style="text-align: center;">or</p> <ul style="list-style-type: none"> - What are your take-aways? <p style="text-align: center;">  <small>©Copyright 2014, All Rights Reserved Center for Medical Simulation, Boston MA, USA</small> </p>
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Figure 1. Visual summary of advocacy/inquiry approach to debriefing. Center for Medical Simulation, Boston MA, 2014.