Founded January 1985, the Society for Education in Anesthesia (SEA) is marking 30 years as a society with the mission to “Support, enrich, and advance anesthesia education and those who teach.” Our vision of **Excellence in patient care through education** is grounded in the fundamental belief that how we educate and what we teach lay the foundations, not only for that student, but for the future of our specialty. Our collective roles as clinicians, educators, and leaders in perioperative care are defined by the knowledge, skills, and attitudes we acquire early in our careers - in short, how we are taught. SEA members have helped to shepherd our residency programs through Resident Review Committee Site Visits, adoption of ACGME Competencies, and now the transition to Milestones. And over the past 30 years our role in the system has become more appreciated and valued. Teaching has gone from something that had little value for academic advancement and promotion, to an identified academic career path; and the SEA had played an important part in helping our members achieve the level of national recognition required for promotion to the rank of professor.

The SEA also provides a venue for cross pollination and collaboration among subspecialists in anesthesia. While other subspecialty societies create silos for thoughts and ideas, the SEA is the place where an obstetric anesthesiologist can participate in a small group session with a cardiac anesthesiologist; where a common interest in education creates a fertile environment for innovation and collaboration across subspecialties. This year’s SEA Spring Meeting takes this concept one step further. With the theme of Innovation in Education, the meeting will be a Special Combined Meeting with the Association for Surgical Education (ASE). Collaboration across the ether screen is an exciting prospect that will provide a unique opportunity to align our educational goals and objectives, and to create a truly patient centered focus on education in perioperative care.

Our role as educators is not limited to our residents. We educate our patients, surgeons, colleagues, and administrators on a daily basis, and we are acutely aware of both the written and unwritten curriculum. By recognizing that departmental culture is just another manifestation of a “hidden / unwritten curriculum,” we understand that our background and skills in education theory and practice are important resources that department leadership should look to as we strive to meet the challenges of healthcare reform. For practically all departments of anesthesiology, most “expenses” lie in the category of “salary, wages, and benefits.” You and I know this category as an asset called Our Anesthesia Team; leaders must overcome the challenge of cultural change in order to optimize this resource. Effectively managing change requires educating our faculty about the forces shaping our practice, affectively engaging the team to motivate for change, and empowering outside-the-box thinking that requires the application of knowledge at the highest taxonomic levels - synthesis and evaluation. As educators, we practice these skills every day as we transform our residents from eager medical students into “consultants in anesthesiology.” Educators can become valued department assets as department chairs seek to build strategies (curriculum) that drives cultural change.

As much as things have changed in the last 30 years, there are some things that remain unchanged. As anesthesiologists we are in a

*Continued on page 3*
privileged position. Although patients may not know much about their disease, every patient knows what pain, fear, and anxiety are. They entrust us with their lives and wellbeing during a time of utmost uncertainty. Regardless of what the next thirty years bring, it is this fiduciary responsibility—to be advocates for our patients, bound to act on their behalf and for their benefit—that must remain at the center of every piece of curriculum we write and every lesson we teach.

The SEA is the home for educators from every corner of our specialty, and in education lies the future of our specialty. In the words of J. Michael Bishop, “… it is habits of mind and standards of performance that we should aspire to teach and not the illusion of enduring facts.”

I look forward to working with you as we help to shape the future of graduate medical education in anesthesiology, and the future of our specialty.

References

FALL MEETING 2014 REPORT
The Future of Anesthesiology CME in the Digital Age

The SEA Fall Meeting in New Orleans was a great opportunity to enlighten attendees about the most recent advances in educational technology with the theme, The Future of Anesthesiology CME in the Digital Age. Keynote sessions addressed current education challenges in the setting of limited resources and high expectations, and where modern technology can play a role in addressing some of these challenges. We were introduced to initiatives such as digital badges, IBM Watson, and virtual classrooms for distant education. Despite the emphasis on technological advances, however, the meeting also highlighted how pivotal intraoperative teaching can be for residents.

We were also enriched by discussing individual platforms for delivering education digitally to a large number of recipients through global media. These platforms include Massive Open Online Courses (MOOC); Personalized Online Learning platforms, and social media such as Facebook, and Twitter. We were given the opportunity to compare these innovative digital teaching media to traditional and established educational methods such as traditional lectures, interactive learning modalities (PBLD, workshops, Flipped Classrooms, etc.), simulation, and immersive learning. The workshops were essential to build on the momentum of implementing milestones in anesthesiology residencies. Thus, many workshops discussed strategies to implement the new milestones’ initiative. We also had the opportunity to witness the use of digital media to teach the challenging and complex topic of inhalational gas kinetics.

Last but not least, the unique networking opportunity such a meeting provides combined with New Orleans’ warm and festive atmosphere created a great and an unforgettable experience. On behalf of the Educational Meetings Committee and the SEA leadership, I wish to thank all the presenters who enriched us with their expertise and the attendees who came from far and near and made this meeting fun and successful.

Basem Abdelmalak, MD
The 2015 Spring Meeting is nearly upon us! This year SEA is breaking new ground in many ways. For the first time ever we are collaborating with the Association of Surgical Educators (ASE) in a joint exploration of **Innovation in Simulation**. Our international plenary speaker Dr. Rob Robson will address the concept of the simulation environment as a *mini* complex adaptive system, and describe how an understanding of the world of complex adaptive systems brings a new depth and richness to the study of patient safety through simulation. We will also engage our surgical colleagues in a friendly debate on the merits of simulation training.

We will have the opportunity to hear oral abstract presentations from both surgical and anesthesiology educators, and we are offering a diversity of immersive simulation and other interdisciplinary workshops. These will take place at the University of Washington’s nationally renowned Institute for Simulation and Interprofessional Studies as well as at the meeting hotels. SEA members who choose to arrive in Seattle early will also have the opportunity to join the ASE meeting on Thursday, April 23.

On Saturday, April 25 and Sunday, April 26 SEA returns to its typical Spring Meeting format with round table committee meetings, poster presentations and the SEA/HVO fellowship awards. The theme of the meeting changes course to explore a question of great topical importance: How do we educate our residents and fellows (and even ourselves?!) in the new paradigm of the perioperative surgical home?

Leading innovators and educators from the ASA Perioperative Surgical Home Learning Collaborative will explore this topic during two interactive panels. Additional workshops will be offered on Saturday afternoon and Sunday morning.

The early date for our meeting (April 24-26) is a change from our usual Spring Meeting time, but we are **embracing this change** to bring you a unique opportunity to interact and learn with our surgical educator colleagues!

**Do not miss this meeting!** Registration is now open on the SEA website.

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**Mark your calendar and be sure to join us at these future SEA Meetings**

- **SEA 2015 Fall Meeting**
  - **Quality in Education**
  - October 23, 2015
  - San Diego, CA

- **SEA 2016 Workshop on Teaching**
  - January 29 – February 2, 2016
  - Winter Park, FL
The Peer Coaching and Meetings Evaluation Program (previously known as the Peer Coaching Program) continues to have an expanding role within the Society by providing evaluations of educational sessions at the Fall and Spring Annual Meetings. The purpose of this program is to promote faculty development in a comfortable and informal setting. Peer coaching is more than just a formative evaluation. The intent of this program is to promote improvement in teaching effectiveness by using a non-intimidating but truthful assessment of performance. The information exchanged between the peer coach and teacher will be confidential. The peer coach and teacher will discuss in advance the area(s) of focus that should occur during the teaching evaluation. The peer coach will observe the presentation and then, at a mutually convenient time, have a private discussion with the teacher that will include providing formative feedback. Letters of recognition will be sent to the department chair to acknowledge this scholarly activity and service to SEA members. Likewise, letters of recognition will be sent to the department chairs of faculty who take advantage of this faculty development activity. No specific information discussed during the peer evaluation will be included in the letters.

Two types of evaluations will be provided by the Committee. Voluntary evaluations of educational activities, typically workshops, can be requested by the faculty facilitators. This type of evaluation utilizes a formative and reflective feedback process. In addition, evaluations will be performed by the Committee to address both meeting related factors (e.g., room temperature, audio-visual tools) and issues pertaining to the speaker. The goal is to increase the quality of educational programs offered to our members. Owing to the significant commitment required for these activities, the Faculty Development Committee has created a new Peer Coaching and Meetings Evaluation Subcommittee. This subcommittee will be responsible for oversight of this entire program including the creation of standardized training as well as performing the peer evaluations. The SEA Peer Coaching Program has received many positive reviews from previous participants. Many of the workshop participants have also modified this program to institute similar programs at their home institutions. We are actively recruiting SEA members to join this Subcommittee as well as faculty facilitators to request a Peer Evaluation!

Several members of SEA have received additional training in evaluation of teaching skills and are available to serve as a peer coach. Having a peer coach will allow you to receive support and guidance with teaching activities such as facilitating a workshop. This assistance can be focused on the development of the workshop or only utilized to provide constructive feedback on your teaching skills during delivery of the educational activity at the SEA Meeting. Typical topics that would be discussed during the preparation stages of the workshop would include timing for the particular parts of the session and the use of interactive teaching techniques. Typical details that would be discussed during review of the teaching aspects of the workshop would include interactions with the audience and the overall flow of the session.

The Peer Coaching and Meetings Evaluation Program will be offering a workshop at the upcoming 2015 SEA Spring Annual Meeting titled “Peer Evaluation: Educating the Educator”. This workshop will focus on the following topics: appreciation of how a teaching evaluation can be successfully utilized to assess teaching skills, identifying the challenges of performing a teaching evaluation, creating an effective approach for conducting a teaching evaluation, demonstrating how to effectively deliver feedback after performing a teaching evaluation, and differentiating the use of a teaching evaluation for assessment of the general meeting program. The purpose of the workshop is four-fold: to train and recruit SEA members to become meeting reviewers, to train and recruit SEA members to become a peer coach for voluntary evaluations, to appreciate the key characteristics of effective teaching skills, and to provide workshop participants the knowledge to create similar programs at their home institutions.

If you are interested in having a peer coaching teaching evaluation or have any questions about the SEA Peer Coaching and Meetings Evaluation Program, please contact David Young M.D., M.Ed., M.B.A; Chair, Peer Coaching and Meetings Evaluation Program at davidy@bcm.edu and review a detailed description of the program at the following http://www.seahq.net/index.php/resources-61579/2014-01-24-15-51-54?id=145.
As you are all aware, the SEA/HVO Traveling Fellowships are the best known part of our committee work. This continues to be a highly successful program.

Again this year, we had a fantastic number of applicants for the 2015 SEA/HVO Traveling Fellowships, with 44 residents from 29 different residency programs. Ten programs had more than two residents apply, while four programs had three residents apply. Given that the ASA has just launched its Resident International Anesthesia Scholarship, aimed at the same group of residents, we are delighted that so many people are interested. The reviewing process is not yet complete but we will be awarding eight fellowships this year. I can never thank the donors sufficiently for their continued support of this program, and I hope the wonderfully enthusiastic response again this year will make them feel even more appreciated.

For several years, FAER has contributed a SEA/HVO Fellowship. We often have the resident who receives this award give a short presentation at the Spring SEA meeting. In anticipation of this year’s presentation, I would like to share with you what Michael Hatch (the 2014 recipient) said about his experiences in Peru this year.

On Christmas Day 2014, I boarded a plane in Newark, New Jersey, to travel to Arequipa, Peru, where I would live and work for just under a month under the auspices of the SEA-HVO Travelling Fellowship. On that snowy day in New Jersey, my wife (twenty-four weeks pregnant with our first child at the time) reluctantly kissed me goodbye. Travelling apart from my soon-to-be-growing family over the holidays was not a decision taken lightly, but after much discussion, my wife and I both agreed that this most unique of opportunities was likely to bring an enrichment and broadened perspective that would be well worth the time apart (said differently, my wife deserves a medal). In the end, my experience in Peru exceeded my expectations in every dimension imaginable.

Heeding the advice of a prior Travelling Fellow to view the fellowship as an opportunity for cultural exchange, I did my best to serve in the role of student as much as I did in the role of teacher. The result was that I both gained and shared a great deal of knowledge and, in the process, came to count many of my newfound colleagues as close friends. Mornings in Arequipa were spent amongst the residents and faculty of the anesthesia department in the operating rooms of Hospital Nacional Carlos Seguin Escobedo. Afternoons were often spent in the company of new friends discussing interesting cases (or politics, or the Peruvian versus American public health system) over lunch nearby. Evenings during this special holiday time were universally filled with celebration, and the department chair, Dr. Olazabal, ensured that I was included in all the departmental holiday celebrations. I embarrassed myself as the sole “gringo” dancing at the mid-day “brindis” on New Year’s Eve, as well as an evening celebration at a local restaurant with the entire perioperative staff. Dr. Fuentes and Dr. Malaga of the Hematology Department – both of whom have vowed to come visit the baby boy away from whom my wife so graciously allowed me to travel to spend this immensely rewarding time in Arequipa. To those at HVO who made this opportunity possible, to my wonderful colleagues and newfound friends at Seguin, and yes, of course, to my incredibly understanding wife, Aidan, I offer you all my sincerest gratitude.

Three months have passed since I returned from Peru, and I now sit bleary eyed in front of my computer screen on the seventh floor of the Silverstein Building at the Hospital of the University of Pennsylvania. My memories of Peru have sadly already begun to fade in the hustle, bustle, and sleep deprivation that constitutes residency, but I will never forget the relationships I formed while serving in Peru as an SEA-HVO Fellow. Exactly eight hours ago, my wife and I welcomed our first son into the world at 7:22am; after notifying our families and close friends in Philadelphia, the next set of emails I drafted were to Dr. Fuentes and Dr. Malaga – both of whom have vowed to come visit the baby boy away from whom my wife so graciously allowed me to travel to spend this immensely rewarding time in Arequipa. To those at HVO who made this opportunity possible, to my wonderful colleagues and newfound friends at Seguin, and yes, of course, to my incredibly understanding wife, Aidan, I offer you all my sincerest gratitude.

A huge thanks again to everyone who supports this program, either by spreading the word or by donating so kindly. See you in April here in Seattle.
Although the East Coast was battling snow and high winds, the 2015 SEA Workshop on Teaching was full to capacity with 40 participants. We are fortunate that Bob and Robbie Willenkin decided to retire to Winter Park, Florida, and recommended the Alfond Inn as a venue for last year’s workshop. It was such a positive experience that we decided for the first time to negotiate contracts for the next three years. Just twenty minutes north of Orlando, Winter Park provides a respite from the cold; easy accessibility from all major airports; and many great restaurants within walking distance from the hotel. The workshop has also been moved to late January/early February, limiting competition for time with other meetings.

The course begins in advance with two distant learning modules, the Kolb Learning Styles Inventory and You Have the Power, which are managed through the new SEA Moodle Learning Management system. Our thanks go to JP Lawrence and Swapna Chaudhuri for their time and effort in helping us manage our distance learning. We do recognize that our learners’ needs are changing, and we are currently grappling with the question of appropriate balance of pre-workshop versus on-site learning. The format of the on-site course is for the most part unchanged, with a curriculum that starts with the fundamental theories of teaching and learning. Using a series of small group sessions and workshops, the curriculum then allows participants to identify and practice application methods. Faculty preparation for the workshop actually begins a year in advance, starting with a debriefing session the day the workshop ends. Throughout the year, participant feedback is reviewed, curriculum is critiqued to optimize learning, topics are updated to address current issues in our specialty, and the syllabus revised. As a result the course is never exactly the same two years in a row; rather, it is a constant “work in progress.” A new session, “Motivating Learning”, includes a discussion of Self-Determination Theory and its application to anesthesia education. As always the case, we had a great deal of fun as we made new friends and networked in the academic community.

One of our return attendees, Bridget Marroquin, provided the following commentary:

I attended the SEA teaching workshop in 2012. Like most of us in academic medicine, I had spent the great majority of my life in the education world as a learner, but very little time as a teacher. The workshop enlightened me to how little I knew about educational theory, learner needs, teaching and learning styles, and the problem learner. After a few years of practicing the skills and pearls I learned from the SEA folks, I was in need of a refresher and some inspiration. I have just returned from the 2015 workshop. I had a different perspective this time around. I had new questions and challenges in my career. Once again the workshop met my goals and needs. The faculty are knowledgeable and seasoned in the academic medicine world. There is much inspiration, motivation, knowledge to be gained during the four days.

We are extremely fortunate to have a core group of experienced faculty who continue to come back year after year despite increasingly busy professional and personal lives. Core faculty includes Ira Cohen, Saundra Curry, Melissa Davidson, Steve Kimatian, Gary Loyd, Tom McLarney, Kathy Schlecht, Mike Vollahs and Bob Willenkin. Bob plays a vital role, not just as teacher but also as mentor to participants and workshop faculty alike. All who benefit from his wisdom are very appreciative that he comes out of retirement each year to continue the legacy. We sadly bid farewell to Cathy Kuhn and wish her well in her new role as DIO at Duke.

If you have never had an opportunity to come to the Teaching Workshop, or if you have but it has been a few years, consider joining us in 2016. We are already in the process of planning next year’s course and we will have more details and pre-registration sign up by the SEA Spring meeting in April.

Do you have a colleague who is not a current member of SEA?
Give him or her this newsletter and ask them to join SEA online at www.SEAhq.org and receive all the benefits and networking opportunities that you do.

Not involved with SEA yet? Here’s your chance to join a committee.
Contact Sandy Schueller at sandy@seahq.org and let her know which committee you would like to be on.

- Education Meetings
- Finance
- Membership
- Publications
- Research in Education
- Residency Curriculum
- Simulation in Anesthesia Education
- JEPM
- Medical Student Curriculum
- Faculty Development
- Outreach/Developing World
- Website
**FAER Update**

**Educational Research Advances Knowledge, Builds Skills**

One of the ways through which members of the academic anesthesia community can work toward SEA’s mission to “Support, enrich and advance anesthesia education and those who teach” and FAER’s mission to “Advance medicine through anesthesia education and research” is to pursue education research that improves the concepts, methods, and techniques of anesthesia education and training.

FAER currently offers the Research in Education Grant, a two-year $100,000 award that provides funding to anesthesiologists who have completed their clinical anesthesia training and have academic faculty appointments. It is available to faculty members of all ranks. Years one and two are funded up to $50,000 each. The REG requires 40 percent research time. Many SEA members have been REG recipients.

One recent REG success story is SEA Board Member John D. Mitchell, M.D., Residency Program Director, Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center; and Assistant Professor of Anesthesia, Harvard Medical School. Dr. Mitchell received a Research in Education Grant from FAER in 2012 for his project, “Enhancing Feedback on Professionalism and Interpersonal Communication in Anesthesia Residency Programs.” He completed FAER-funded work in 2014 and presented results at the International Anesthesia Research Society Annual Meeting in Honolulu, Hawaii in March.

Not only did his FAER grant help advance his knowledge, but it also allowed him to develop education research skills and leadership skills, both of which are necessary to make significant contributions to education outcomes and quality training of the next generation of physician anesthesiologists.

“My career development has been strong as a result of the support I received from FAER for my multi-center project on enhancing feedback to residents,” Dr. Mitchell said. “The skills in education research and leadership that I have gained during this project will enhance the quality of research I conduct and the leadership roles I undertake throughout my career.”

While working on his FAER grant, Dr. Mitchell developed his skills in education research. He successfully completed the Medical Education Research Certificate (MERC) program sponsored by the American Association of Medical Colleges (AAMC). Through that program, he learned “valuable approaches to metric development and qualitative research.” During the grant period, he also became a member of the Harvard Academy, which allowed him to exchange ideas with many leaders in medical education and learn more about education research techniques.

“Therefore, this project, I have improved my knowledge of designing and refining assessment tools in education.” Dr. Mitchell said. “I have applied this knowledge to other areas in education, including assessment of curricula in echocardiography and assessment of resident professionalism and communication skills by patients.”

In addition to helping develop his research skills, Dr. Mitchell’s FAER grant allowed him to develop his leadership skills. “I completed a physician leadership development course that taught me techniques useful for managing the logistics and personnel required for this multi-center study as well as future studies,” he said. “The relationships I built with collaborators on this project and the skills I have learned from this project have resulted in additional multi-center collaborations.”

Dr. Mitchell also has a strong relationship with his mentor, Stephanie B. Jones, M.D. “Dr. Jones has been an exceptional mentor to me in this project as well as in my personal and career growth,” he said. “She actively facilitated this project by leading the resident discussion sessions at each site for our intervention, assisting in the development of the rating system, and participating in the rating of all the feedback data. Like her, I will continue to mentor others as they develop their interests in education research.”

Dr. Mitchell is now a member of the Board of Directors for the

**Words of Wisdom**

**FAER asked John D. Mitchell, M.D., Residency Program Director at Beth Israel Deaconess, who received a Research in Education Grant in 2012, what advice he has for a clinician-educator applying for FAER funding for the first time. Here’s what he had to say:**

“Identifying the right project is crucial, as you will be living with it for several years, so pick something that you are passionate about. Find the right mentor — someone with a proven track record for both mentorship and education research. Spend time forming your aims, developing metrics, and getting pilot data before submitting for a grant. Start writing the grant six months before it is due — time flies! Get a lot of feedback from a variety of sources, especially those who write research grants regularly. Don’t be discouraged if you aren’t funded the first time, learn from the process and apply again!”

The next deadline for FAER Research in Education Grant applications is August 15, 2015. For more information and to apply, visit FAER.org/research-grants.
Hello from the Research Committee! We are very excited about the upcoming Spring Meeting in Seattle. There will be three significant venues for our medical education researchers to shine and display their work in oral and poster formats.

Two of those venues will occur during our combined meeting with our surgical colleagues on Friday, April 24th. This is a real opportunity to collaborate, network, and learn from each other. There will be four concurrent moderated oral abstract research sessions. Each session will have both anesthesia and surgical presenters. We have accepted twenty abstracts for these presentations. Then, at noon, there will be a “Thinking Out of the Box” luncheon. This luncheon is also a combined event with our surgical colleagues and there will be ten presenters. We received forty abstracts in the curriculum category and accepted the top five abstracts for oral presentations for this session. We will have a total of twenty-five oral presentations during the Friday meeting! Finally, on Saturday, there will be a moderated poster viewing for the curriculum abstracts accepted for poster presentations.

We want to thank our members for their strong showing for this meeting. Historically we receive 35-40 abstracts for our spring meeting. Despite an earlier deadline this year, we almost doubled the number of abstracts submitted for the research and curriculum categories. We are very excited about seeing all of you at the upcoming meeting and learning from all of your hard work. See you in Seattle!

We are very pleased to inform you of some new and exciting endeavors that our committee has undertaken for this year. For the society’s esteemed four-day Workshop on Teaching, we successfully created a Moodle platform on the SEA server with the assistance of Vanessa Wong, BS (Beth Israel-Deaconess). This allowed the educators and participants to review all the reading material in one place; the plan is to develop this to a one-stop interactive learning site that all instructors and participants can utilize for future courses.

One of the goals of this committee is to introduce SEA members to various technological tools that can be integrated into anesthesiology education. To initiate this transformation, we conducted a needs-assessment survey that showed that our membership had a broad interest in gaining knowledge about learning management systems, methods of filing notes and data sharing, developing educational online courses, as well as learning about cool apps and possibly creating new ones. In our follow-up survey we found that the top five apps that our membership was most interested in were: (1) online clicker/polling system; (2) online presentation tools; (3) note-taking tools; (4) questions/flashcards; and (5) password managers. Therefore, we are looking forward to the opportunity to introduce these apps via two workshops at the upcoming Spring 2015 meeting; they are scheduled to be held on Saturday, April 25, 2015

- Cool Apps for Personal Knowledge Management (Saturday 10:45 am-12:15 pm)
- Digital Tools for Evaluation/Assessment (Saturday 4-5:30 pm)

Our committee is dedicated to provide our members with a useful and functional website, and to facilitate understanding of various technological tools that can be utilized for teaching and learning. To that end, we would sincerely appreciate your feedback and involvement in the development of such material. Please feel free to contact Annette or Swapna.
In this edition of the newsletter, we introduce a new feature called Perspectives. This column presents various members’ viewpoints on issues related to anesthesiology education. Our first topic is Effective Debriefing after a Critical Incident.

If you have suggestions for topics for future Perspectives columns or are interested in writing a perspective, please contact Jonathan Hastie at jh2646@cumc.columbia.edu.

A Systems Approach

At our place, the break room is the communication hub for hearing about near misses, mistakes, and critical incidents. A few recent examples include the wrong concentration dialed in on a medication infusion pump leading to ten times the correct dose being delivered; mannitol almost given through an arterial line; and the wrong identification armband ending up on a patient. No patients were actually injured due to vigilance and quick action, but all have led to trainee anxiety, confusion and, undoubtedly, guilt. It is unpleasant to be at the sharp end of a critical incident!

Our specialty is fraught with complex environments and conditions that lead to such events no matter how focused we are on patient safety. Although we know well through research in human factors that critical events are most often system problems, how often do we debrief these episodes in the context of “what factors led to this moment?” We need to debrief incidents in a systems approach. I have sat in on several root cause analyses and benefited from looking at an event in great detail with everyone in attendance. This is the best way to debrief but it takes energy, expertise, and often takes place many weeks distant to the event. And we save this for the clear hits, not the near misses.

How can we debrief the near misses in a format that leads us away from individual guilt (“How could I have been so stupid!”) and toward a systems approach? My suggestion is to discuss the event asking the trainee to move away from personal flagellation. Ask them to look at the “latent factors” we know lead to mistakes such as the time of day, the distractions, and the level of experience or supervision. Let them analyze why it occurred and how they could avoid this error in the future. They will come up with really good solutions—ones you might not have considered. (Let another person check the pump drug concentration before running it, set up before patient enters the room, check more than one number, never let the armband leave the skin of the patient, etc.) There is rich literature concerning critical events with respect to machine interfaces and human factors such as cognitive load. This is a good opportunity to direct the trainee towards this literature. The trainee should be the one to report the incident, not as punishment, but as good practice for the benefit for others. This is effectively a “mini-RCA”. An effective, timely, and systems-based debrief should put an error into the proper perspective. Every error is a lesson waiting to be learned.

After years in practice we all have the memories of our own hits and misses and have lived with the anxiety and guilt that naturally arises. Over the years I have looked back to analyze my own events with the systems approach and see now that, although I was certainly at fault many times, I was also many times at the end of a list of unfortunate events. I’d like to think that we could have compassion for the trainee who finds himself at the sharp end of a critical incident and can turn that around for a valuable lesson about patient safety using a systems approach.

Jane Easdown, MD, FRCPC
Dictionary.com has several definitions of debriefing. One is “…to interrogate on return from a mission in order to assess the conduct and results of the mission…” Another is “…to question formally and systematically in order to obtain useful and intelligent information…” Both of those definitions have militaristic and slightly sinister overtones, but I think the key element in both is the goal to assess and gain information about something that happened. What they don’t refer to is the positive psychological effect debriefing has on the person being debriefed. In many ways each case we have is a mission which is to get a patient through their surgery safely and well. Debriefing after each case is a way to review both good and bad things that happened, to fix the bad and continue the good. We usually call it feedback and save the word debriefing for when things go badly wrong.

I recall being debriefed only once during all of my training. When I was a medical student, my intern and I had had a patient who arrested, was coded, and died. I don’t remember the particulars, but the senior resident on the case took us aside later to review the case and to discuss what was done and what could have been done better. Her first comment was “Are you all right with what just happened?” I was impressed, but I never had the experience again. I recall two other experiences during training, once as a student and once as a resident. Each time the patient died, somewhat at my hands. My debriefing consisted of “…don’t worry; they were going to die anyway.” My inner response was “…but not today! Not now!” Though those events were at least 30 years ago, just recently I read an article about the lack of debriefing that occurs in anesthesia. I started to shake as I read the article and recalled those incidents.

The debriefing I conduct with residents now is more immediate, more like feedback, and has to do with smaller events that happen - laryngospasm, hypoxia, hypotension - and how we could have avoided the problems or treated them more quickly or efficiently. I think it’s important to remember that “small events” to us as experienced faculty can be devastating to those less experienced. Also the events don’t have to result in death of a patient to be devastating to trainees. One event that did end in a patient death was with a senior resident. We could not intubate the patient and eventually lost the airway. Multiple teams came in to help, including surgeons for a surgical airway, but to no avail, and the patient died. The resident and I talked and talked about what we could have done. There were Grand Rounds about the case, which culminated in no one being sure what had really happened - no finger pointing either. After the Grand Rounds session the resident and I were off the rest of the day. We went shopping and spent a lot of money. Retail therapy worked quite well for both of us!

Acknowledging Emotions

On my very last day of residency training, a patient presented for an abdominal procedure. After assuring his family that we would take good care of him, I walked the patient back to the operating room as we talked about his children and about his drive in to the city. As I positioned him for intrathecal morphine injection, we talked about the surgeon’s excellent reputation, and I adjusted a blanket high over his shoulders so that he would remain warm in the cold operating room.

The surgery commenced. Previous radiation had led to excessive scar tissue and difficult dissection of the tumor, and the bleeding became progressively worse. The massive transfusion protocol was instituted. Other attendings and residents came to help as the day slowly spiraled out of control. From my current vantage point many years afterward, only one image remains with razor sharp clarity: between pushes of calcium and epinephrine, a sideways glance revealed numerous five-liter suction buckets, full of exsanguinated life and lined up like sentries along the wall of the operating room.

This patient’s life ended at precisely the same time as my residency training. And then, it seemed, everyone walked away to go about their things: clinic, ICU call, previous plans. I went home, still shaking, thinking of the patient’s final waking moments.