

Coaching for Anesthesiology Trainees – Development of a Workplace-Based Assessment Tool

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Background: Feedback is central to effective clinical teaching. It enhances the learners' knowledge and skills, and ensures that standards are met. The 2016 Annual Program Evaluation revealed that anesthesiology faculty and trainees at University of Nebraska Medical Center felt faculty to trainee feedback was poor. An Evaluation Task Force was formed.

Needs Assessment: A survey about current feedback processes was deployed electronically to all residents (N=36) and faculty (N=65). The instrument was validated internally by the Evaluation Task Force and the Vice Chair of Education. 80% of residents (N=29) and 68% of faculty (N=44) responded. A difference of perception regarding the delivery of feedback was found. 79% of attendings (N=39) reported “always”/“usually” providing feedback to trainees versus 31% (N=9) of trainees reporting receiving feedback “usually” and none “always”. Trainees reported that feedback was “vague” and inconsistent. Faculty reported insufficient time for feedback, poor trainee reception, and poor timeliness of feedback reaching trainees.

A curricular change was needed to increase frequency of faculty feedback to trainees, ensure timeliness of feedback, enhance quality of feedback, and improve trainee reception of feedback.

Design: We designed a “Coaching” process integrating the evidence-based concepts of workplace-based assessment and an e-trustability scales. Faculty directly observe trainees and evaluate performance of technical and non-technical skills weekly using an online tool (“Coaching form”). Feedback is then discussed at the conclusion of the workday. A copy of the completed form is emailed to the resident for their records.

Pilot Process: An introductory presentation referencing the concepts of Growth Mindset, Deliberate Practice, and Workplace-Based Assessment, including a video of a Coaching session, was given at departmental Grand Rounds. Volunteer faculty were recruited as Pilot Coaches (PCs).

Over 3 months, the PCs conducted Coaching sessions. 12/36 residents received Coaching. A focus group was held to solicit feedback from PCs: experience was universally positive. An open-ended survey was administered to the trainees to assess acceptability of the tool; 42% (N=5) of the trainees responded. Comments indicated that trainees felt Coaching was valuable, honest, and non-threatening however time-consuming.

Based on this pilot, we are encouraged by positive reception but require more data. A subsequent 3-month repeat pilot is planned. The Coaching form was modified slightly to eliminate redundancy. PCs are encouraged to Coach every time they work with trainees to expand involvement. The Needs Assessment survey will then be repeated and the results compared with the initial Needs Assessment.

Abstract CO-5

Additional File:

Weekly Resident Feedback Form

Faculty Name:

Resident Name:

* Please Rate the Overall Case/Patient Complexity:

- Low – Peripheral minor surgery, age 16-70 ASA 1-2, not 2nd or 3rd trimester of pregnancy
- Moderate – The case has some elements of surgical or patient complexity but not both
- High – Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or number of team members (including other anesthesiologists) in order to attain an optimal outcome.

Weekly Resident Feedback Form

Scale information:

"I had to do" = Trainee required complete hands-on guidance and/or supervision, faculty needed to do this for the resident

"I talked the trainee through" = Trainee able to perform some aspects but requires repeated directions

"I directed the trainee from time to time" = Trainee demonstrates some independence, but requires intermittent prompting

"I needed to be available just in case" = Trainee performs independently for the most part; needs assistance with fine details of patient and/or situation; unable to manage all patients and still requires supervision for safe practice

"I did not need to be there" = Complete independent performance by trainee; can safely manage all patients at level of consultant anesthesiologist

Abstract CO-5

* **Clinical Knowledge:** Demonstrates relevant knowledge and understanding pertaining to the case

* **Patient Assessment and Consent:** Performs a complete and appropriate assessment of the patient and presents well documented findings; uses appropriate level of communication with patient for informed consent.

* **Planning/Orders:** Formulates an appropriate clinical plan demonstrating an understanding of relevant issues related to the patient, procedure, pathology, positioning. Formulates perioperative orders tailored to individual patient.

* **Preparation:** Prepares appropriately for any intervention; checks equipment, organizes work space and monitoring. Prepares medications. Ensures appropriate personnel are present.

* **Organization:** Creates a well-organized work space. Work is completed in a timely manner. Delegates appropriately.

* **Efficiency:** Demonstrates economy of motion and effective use of time.

* **Vigilance/Situational Awareness:** Demonstrates situational awareness through constant monitoring of the patient, the procedure, and other personnel. Utilizes all available resources (clinically and electronically).

* **Problem Solving and Decision Making:** Demonstrates sound judgment and clinical decision making.

Abstract CO-5

* **Technical Proficiency - overall:** Demonstrates proficiency including obtaining appropriate equipment.

Weekly Resident Feedback Form

Skill: Airway

	Type	Rating
Airway	<input type="text"/>	<input type="text"/>

Skill: Lines

	Type	Rating
Lines	<input type="text"/>	<input type="text"/>

Skill: Regional

	Type	Rating
Regional	<input type="text"/>	<input type="text"/>

Skill: Neuraxial

	Type	Rating
Neuraxial	<input type="text"/>	<input type="text"/>

Skill: TEE

Skill: POC Ultrasound

Weekly Resident Feedback Form

Abstract CO-5

* **Documentation:** Comprehensively, concisely, and timely documentation of relevant matters.

* **Patient and/or Family Interaction:** Develops rapport and trust; accurately elicits, synthesizes, and conveys relevant information. Develops a common understanding of issues, problems, and plans. Demonstrates sensitivity to disparity issues (culture, gender, etc.)

* **Team Interaction:** Participates effectively and appropriately in an inter-professional healthcare team. Actively and effectively participates in timeout.

* **Risk minimization, Quality and Patient Safety:** Practices to reduce medical error and maintain infection control standards; complies with departmental, institutional, and specialty protocols and guidelines.

* **Insight:** Recognizes limits of their expertise and experience. Takes on responsibility and asks for help appropriately.

Weekly Resident Feedback Form

* Please note the focus of any discussion or specific feedback during this assessment:

Abstract CO-5

* Examples of what was done well:

* Areas that needed supervisory input:

* Suggestions for gaining greater independence: