Resident- as- Debriefer Curriculum: A Novel Approach to the Senior Resident Teaching Role in Simulation Medicine

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Many selections were from the Academic Life in Emergency Medicine (ALiEM) Approved Instructional Resources (AIR) series. We reviewed 5 posts per one-hour session, assigning a resident to summarize/critique each using the ALiEM executive board’s AIR grading tool. We met monthly to discuss and create a summary to distribute.

Following implementation, we solicited feedback via a short survey using SurveyMonkey™.

**Impact/Effectiveness:** We had a 67% response rate. Overall our learners preferred our JC to traditional JC, with 100% (4.85/5) Strongly Agreeing (SA) or Agreeing (A) and want more learning in this format (95% SA/A, 4.70).

Residents felt the new format improved their understanding of the subject matter (100% SA/A, 4.60), while incorporating learning methods they prefer (95% SA/A, 4.65).

Residents felt they were more likely to prepare ahead of time for this format as opposed to traditional JC (100% SA/A, 4.65). They indicated that the selections were appropriate to their practice (100% SA/A 4.55), the material had influenced their practice (95% SA/A, 4.10), and the JC introduced them to new and appropriate blogs and podcasts (95% SA/A, 4.65).

Residents also left very positive comments. (see Table 1)

In conclusion, we have found our residents strongly prefer our new JC to traditional JC format.

### Table 1.

<table>
<thead>
<tr>
<th>Comment Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;Huge help. Like Regions RAP so much better than traditional journal club.&quot;</td>
</tr>
<tr>
<td>2</td>
<td>&quot;It’s nice to have several &quot;quick hitter&quot; type blog posts/podcasts as opposed to just two articles. Feel like we can cover more ground while still getting some evidence based teaching. This has been a good add to the residency.&quot;</td>
</tr>
<tr>
<td>3</td>
<td>&quot;I really like this format– I like the diversity of resources. Let’s keep it up!&quot;</td>
</tr>
<tr>
<td>4</td>
<td>&quot;I love Regions RAP. It is a great format, initiates great discussion, and exposes residents to helpful blogs. Great idea!&quot;</td>
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</tbody>
</table>

**Curricular Design:** Traditional teaching methods often fail to uncover a learner’s cognitive frame to close a specific knowledge gap. The goal is to apply evidence-based educational strategies from debriefing theory in simulation to improve senior resident teaching skills. Four EM trained simulation experts designed a 2-hour interactive debriefing course for the 11 PGY4 EM residents rotating through the simulation center over the 2015/16 academic year. The course consists of a didactic component outlining a stepwise approach to effective debriefing. This is followed by a post-scenario debriefing practicum after which the course instructors debrief the resident’s debriefing. Residents facilitate debriefings for 3rd year medical student (learners) simulation sessions over a 2-4 week period. After each debriefing, they are assessed by the learners using the ‘DASH Student Version’, a validated debriefing assessment instrument. Data was collected pre and post-course and analyzed using unpaired t-test analysis.

**Impact/Effectiveness:** We plan to create a sustainable resident debriefing curriculum that is readily applicable to teaching in the simulation and clinical setting. From August to November 2015, 5 PGY4 residents participated in the course which focuses on techniques related to Element 4 of the DASH assessment instrument; guiding learners to identify and close knowledge gaps. Three out of five residents showed statistically significant improvement (p< 0.05) sustained over time in Element 4. Data collection for 6 more residents (total n=11) and video analysis of resident debriefing by expert simulation faculty are ongoing.