Multi-source feedback during simulated resuscitation scenarios: a qualitative analysis

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Introduction

• Competency-based medical education calls for increased formative feedback based on direct observation (Holmboe, 2015; Carraccio et al., 2002)

• Multisource feedback may improve the quality of feedback provided to learners and drive their learning
Research question

- Are there differences in the assessment rationale provided by registered nurses, co-residents, and attending physicians within a simulation-based resuscitation training curriculum?
Methods

- Sixty-one residents at the Foundations of Discipline stage participated in a simulation-based resuscitation curriculum
  - Preparation for independent call
  - 1 session per month for 4 months
  - 3 simulated cases per session
Methods

• Following each scenario faculty, nurse, and peers all provided an entrustment score (O-score) and rationale

• Qualitative data was analyzed using an emergent thematic approach using Nvivo software
Theme 1: Communication

“Good conversation with patient prior to cardioversion.” (Faculty, R4030, Institution2)

“I feel like you knew what was going on but didn't communicate that to your team members well.” (Nurse, R5211, Institution2)
Theme 2: Leadership

“Excellent at delegating members of the team” (Peer, R51, Institution1)

“No prior task/role assignment - poor role assignment with room.” (Post self-assessment, R5254, Institution2)
Theme 3: Confidence and Comfort

“Calm and confident approach led the team very effectively” (Faculty, R16, Institution1)

“Resident appeared comfortable with assessment and asking for vitals/monitoring.” (Nurse, R23, Institution1)

“I know the treatments for hyperkalemia but am nervous of the potential for rapid deterioration/crisis.” (Pre self-assessment, R5214, Institution2)
Theme 4: Medical Expert

“Requested appropriate therapeutic and diagnostic test for patient in hypertensive emergency.” (Nurse, R51, Institution1)

“Difficult case with wrenches thrown in to make even more challenging. In complex patient try to focus on immediately life-threatening issues first, and other issues after.” (Peer, R5207, Institution2)
Discussion

- Assessors from different backgrounds focus on different aspects of resident performance
- Partitioning feedback domains to observer groups
- Team-based medicine should require team-based assessment
- Next steps to explore the quality of multisource feedback
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Questions:
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