

Learning Surgical Communication, Leadership and Teamwork Through Simulation

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BACKGROUND: In Australia and New Zealand, surgical trainees are expected to develop competencies across 9 domains. Although structured training is provided in several domains, there is little or no formal program for professionalism, communication, collaboration, and management and leadership. The Australian federal Department of Health and Aging funded a pilot course in simulation-based education to address these competencies for surgical trainees. This article describes the course and evaluation.

METHODS: Course development: Content and methods drew on best-evidence for teaching and learning these competencies from other disciplines. Course evaluation: Participants completed surveys using rating scales and free text comments to identify aspects of the course that worked well and those that needed improvement.

RESULTS: Eleven of 12 participants completed evaluation forms immediately after the course. Participants reported largely meeting learning objectives and valuing the educational methods. High levels of realism in simulations contributed to the ease with which participants immersed themselves in scenarios.

CONCLUSIONS: This study demonstrates that a course designed to teach competencies in communication, teamwork, leadership, and the encompassing professionalism to surgical trainees is feasible. Although participants valued the content and methods, they identified areas for development. Limitations of the evaluation are highlighted, and further areas for research are identified. (J Surg 69:201-207. © 2012 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

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KEY WORDS: specialties, surgical, educational, patient simulation, doctor patient relations, interprofessional relations, leadership

COMPETENCIES: Professionalism, Interpersonal and Communication Skills, Practice Based Learning

INTRODUCTION

Surgical training has traditionally provided adequate opportunities for developing high-level psychomotor skills in structured training. Established educational and training methods tend to focus on medical expertise, technical expertise, and clinical decision making. Other competencies, such as professionalism, communication, collaboration, management, and leadership, are taught primarily “on the job,” relying on informal mechanisms, such as role-modeling and mentoring. These competencies are referred to as “human factors” or as “nontechnical skills,” despite containing highly technical elements. They are frequently regarded as being somewhat intangible as well as difficult to teach and to assess. Trainees must themselves undertake to improve their own performance in these competencies, with or without feedback. There is strong evidence, however, that poor skills in communication, leadership, and professionalism can contribute to poor patient outcomes,¹ patient dissatisfaction, complaints, and medico-legal claims.²⁻⁴

A number of educational programs focused on human factors training for surgeons have been reported. Flin et al.⁵ describe a program for experienced surgeons on teaching the principles of “nontechnical skills,” specifically of situational awareness, teamwork, decision making, and leadership. There are reports of using “planned complex educational intervention”⁶ or “high-fidelity” simulation⁷ or to focus on teamwork skills for operating theater teams, with commentary suggesting that simulation is a highly appropriate method for training in this complex domain.⁸ However, there are few examples of dedicated courses for surgical trainees, which teach a broad range of interpersonal and cognitive skills, before completion of specialty training.

In Australia and New Zealand, within the Surgical Education and Training (SET) program of RACS, the Care of the Critically Ill Surgical Patient (CCrISP) course provides some formal teaching and assessment of communication, collaboration, management, and leadership skills.⁹ This is undertaken in a simulation environment, using clinical scenarios, requiring trainees to role-play in small groups with feedback provided by a trained, multidisciplinary faculty of consultant surgeons, anesthesiologists, and other specialists. There are very few other opportunities for Australian and New Zealand surgical trainees to develop these competencies formally.

As with the CCrISP course, simulation is considered an ideal environment for teaching complex interpersonal professional skills. The use of simulation as a learning technology is underpinned by prominent educational frameworks, such as “situated learning”¹⁰ and “experiential learning,”¹¹ which suggest that learning occurs best in authentic contexts where the learner is actively engaged through concrete experience and reflective observation on their own and others’ experiences. Kneebone outlines 4 desiderata for effective use of simulation to support the development of procedural and operative skills. These are “sustained deliberate practice within a safe environment”; access to expert tutelage only when needed; learning within an authentic environment; and a “supportive, motivational and learn-centred milieu.”¹² Previous work emphasizes the importance of an authentic or contextualized approach to teaching and learning surgical skills, where technical, professional, and other communication skills are equally prominent, leading to

integration of the breadth of skills required for safe performance of procedural and surgical skills.¹³⁻¹⁶

This article describes the evaluation of an innovative pilot course for Australian surgical trainees on competencies associated with communication, teamwork, leadership, and the encompassing professionalism. The course provides formal training in key skills essential for safe clinical practice. Here, we aim to:

- Provide proof-of-concept that a dedicated course teaching these competencies through simulation is feasible.
- Qualitatively describe the value of this course to surgical trainees.

METHODS

Pilot Course Design

The educational framework, learning materials, and simulation scenarios for the pilot course were developed by a team of educators, surgeons, and simulation specialists and were intended to be relevant to midlevel trainees across all surgical specialty groups. The overall aim of the 2-day pilot course was to discuss, explore, and practice the use of a specific set of competencies for surgical practice. The first day of the course focused on patient-centered communication and the second day on interprofessional communication and teamwork. Table 1 lists the learning objectives. A number of key pedagogical principles underpinned the course development. These included recognizing and building on trainee’s existing expertise according to adult learning guide-

TABLE 1. Trainees’ Perceptions That Course Learning Objectives Were Achieved

Statement	Strongly Disagree	Disagree	Slightly Agree	Agree	Strongly Agree
Day 1 – Patient-Centered Communication and Professionalism					
Recognize the Importance of Structure in Consultations	0	0	0	7	4
Describe Skills for Effective Explaining	0	1	1	8	1
Outline Responsibilities in Obtaining Informed Consent	0	0	1	9	1
Discuss Benefits and Challenges Associated with Obtaining Informed Consent, Including Explaining Risk	0	0	2	8	1
Discuss benefits and challenges associated with communicating with conscious patients while operating	0	0	1	7	3
Discuss benefits and challenges associated with team communication while operating	0	0	0	9	2
Outline responsibilities during error disclosure	0	1	1	7	2
Identify skills for sensitive and difficult communications	0	1	1	7	2
Practice and reflect on skills used in the above contexts	0	0	1	8	2
Day 2 – Interprofessional Communication, Teamwork, Leadership, and Professionalism					
Discuss the importance of effective teamwork in surgical practice	0	0	0	6	5
Describe teamwork skills relevant to surgical practice, including leadership and role delegation	0	0	0	6	5
Discuss the benefits of effective team-oriented communication skills, including briefing, debriefing, graded assertiveness and task-focused communication	0	0	1	9	1
Describe a standardized approach for communicating patient information via the telephone	0	0	1	7	4
Practice and reflect on skills used in the above contexts	0	0	0	11	0

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