

Conducting Elite Performance Training



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KEYWORDS

- Simulation • Performance • Coaching • Conducting • Leadership • Music • Sports
- Training • Surgical education • Medical leadership development

KEY POINTS

- In elite-level music and sports, the skills and strategies of the performance coach affect the achievement of mastery performance.
- Simulation-based training in surgery functions as a rehearsal or practice, during which the desired performance is practiced and refined until proficiency is achieved.
- Specific, reproducible techniques are used to coach elite-level athletes and musicians, and these techniques have direct applications in simulation-based training of surgeons and surgical teams.
- Constants are strategies used in every simulation and include coaching team (CT), warm-up, bilateral active engagement (BAE), and momentum arc.
- Planned variables are strategies that are used on an as-needed basis.

INTRODUCTION

Within undergraduate, graduate, and postgraduate surgical practice, a need exists to acquire and maintain proficiency of core skills before when they are clinically applied. In the context of higher-than-acceptable adverse event rates in health care,^{1,2} work hour restrictions for residents, evermore complex and technologically advanced surgical procedures, and an increased sense among chief residents of not being fully prepared to enter independent practice,³ a clear need to improve training methods that

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translate to iterative skill and confidence building for the learners is evident. Faculty development with respect to the skill of coaching is needed to accomplish this goal. Coaching to elite performance is a skill in and of itself. This article provides surgical educators with a step-by-step coaching model, consisting of techniques and strategies from the rehearsals of an elite musical ensemble and athletic sports training performance, which have been identified and deconstructed for use in medical education. This method is named the Conducting Elite Performance Training in Medicine (CEPTiM) model.

Medical simulation is similar to penicillin. It can be lifesaving but if applied incorrectly, it is ineffective. It is not an all-encompassing solution, and a critical need exists to create new versions of it in surgical training to adapt to rapidly emerging problems and resistant pathogens that contribute to global morbidity and mortality. Innovative and efficient training models are needed to address the challenges of increasingly complex surgical procedures. When applied as a complete framework, the techniques and strategies that comprise the CEPTiM model operate synergistically to allow for increasingly iterative training sessions that lead to elite performance in simulated and nonsimulated events.

The traditional training paradigm is that the more experience one has, the better the person's performance will be. It has been demonstrated, however, that, more so than experience, deliberate practice (DP) is crucial to expert performance and avoidance of arrested development in a particular task or skill.⁴ DP entails setting a well-defined goal, being motivated to improve, and having adequate opportunities for practice and refinement of performance through structured feedback. This process has been documented to be effective for skill acquisition in medical and surgical training.⁵

Engaging in DP alone, however, is not sufficient for an individual to reach maximal performance. The CEPTiM model has been created for surgical educators to integrate and apply a defined coaching construct to medical education that includes an emphasis on team-based and procedural skills. These techniques and strategies can be integrated and applied separately, yet have a multiplying effect when used in tandem, maximizing each other's efficiency and effectiveness.

The model described in this article is derived from a collaboration among experts in health care, music, and sports training. Scott Tucker serves as the Conductor and Artistic Director of the Choral Arts Society of Washington D.C. Solveig Imsdahl is a 2-time member of the US National Rowing Team. Elliott Silverman has spent 7 years as a surgical education coach, served a year as the Visiting Fellow in the Cornell University Department of Music, trained for 2 years with Scott Tucker, and collaborated with Solveig Imsdahl to identify and distill the elements from elite music and sports that could form a standardized model for direct application to surgical coaching.

CONDUCTING ELITE PERFORMANCE TRAINING IN MEDICINE MODEL OVERVIEW

The CEPTiM model has the ability to improve medical education by providing a reproducible, standard lexicon and an iterative surgical coaching model to attain proficiency of core skills before when they are needed.

The techniques and strategies are classified as either constants or planned variables. A constant technique or strategy is defined as one that is fundamental to and occurs at each and every simulation or training session. Planned variable techniques and strategies are used by coaches in moments when they have planned to highlight critical steps or when the trainees unexpectedly need correction or refinement. The component strategies that comprise the CEPTiM model are summarized in [Table 1](#).

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