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This Article Corrects: “Development of a Clinical Teaching Evaluation and Feedback Tool for Emergency Medicine Faculty”

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Development of a Clinical Teaching Evaluation and Feedback Tool for Emergency Medicine Faculty

Dehon E, Robertson E, Barnard M, Gunalda J, Puskarich M

Erratum in

West J Emerg Med. 2019 September;20(5):838-839. There was an error on Figure 1. Faculty Shift Card. The top card originally stated, “What should this faculty member do to improve their procedural teaching skills? Select all that apply.” This should be revised to, “What should this faculty member do to improve their clinical decision making teaching skills? Select all that apply” with the following recommendations: Engage in more collaboration with resident about clinical decisions; Ask more leading questions prior to clinical decisions; Direct resident to helpful resources; Maximize teaching opportunities; Nothing.

Abstract

Introduction: Formative evaluations of clinical teaching for emergency medicine (EM) faculty are limited. The goal of this study was to develop a behaviorally-based tool for evaluating and providing feedback to EM faculty based on their clinical teaching skills during a shift.

Methods: We used a three-phase structured development process. Phase 1 used the nominal group technique with a group of faculty first and then with residents to generate potential evaluation items. Phase 2 included separate focus groups and used a modified Delphi technique with faculty and residents, as well as a group of experts to evaluate the items generated in Phase 1. Following this, residents classified the items into novice, intermediate, and advanced educator skills. Once items were determined for inclusion and subsequently ranked they were built into the tool by the investigators (Phase 3).

Results: The final instrument, the “Faculty Shift Card,” is a behaviorally-anchored evaluation and feedback tool used to facilitate feedback to EM faculty about their teaching skills during a shift. The tool has four domains: teaching clinical decision-making; teaching interpersonal skills; teaching procedural skills; and general teaching strategies. Each domain contains novice, intermediate, and advanced sections with 2-5 concrete examples for each level of performance.

Conclusion: This structured process resulted in a well-grounded and systematically developed evaluation tool for EM faculty that can provide real-time actionable feedback to faculty and support improved clinical teaching.

PMCID: PMC6324693 [PubMed - indexed for MEDLINE]

During this shift, how well did the selected attending facilitate the development of your clinical decision making skills?				
Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Expert
<p>Ensures that the resident structures the patient presentation appropriately</p> <p>Rarely includes the resident in clinical decision-making</p> <p>Allows resident complete autonomy and rarely participates in clinical decision-making</p>		<p>Models clinical decision-making skills and explains decision-making process</p> <p>Elicits the resident's diagnosis and plan and avoids giving the answer</p> <p>Engages in collaborative decision-making with the resident</p> <p>Has the resident provide rationale for decision (not allowing a shotgun approach)</p> <p>Facilitates responses from the resident through leading questions or provision of choices</p>		<p>Uses illness scripts and data from the literature</p> <p>Changes a scenario to maximize teaching opportunities or discuss unusual diagnoses</p> <p>Points out multiple ways to work up or treat a patient</p> <p>Encourages evidence-based medicine dialogue on cognitive errors</p> <p>Directs resident to helpful resources, especially algorithms, decision rules, treatment protocols</p>
<p>What should this faculty member do to improve their clinical decision making teaching skills? Select all that apply.</p> <p><input type="checkbox"/> Engage in more collaboration with resident about clinical decisions</p> <p><input type="checkbox"/> Ask more leading questions prior to clinical decisions</p> <p><input type="checkbox"/> Direct resident to helpful resources</p> <p><input type="checkbox"/> Maximize teaching opportunities</p> <p><input type="checkbox"/> Nothing</p> <p>Comments:</p>				
During this shift, how well did the selected attending facilitate the development of your procedural skills?				
Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Expert
<p>Performs procedure without resident participation</p> <p>Rarely or never observes resident while they perform procedures</p>		<p>Determines/assesses level of trainee knowledge before procedure</p> <p>Coaches in real time with a calm demeanor</p> <p>Debriefs after procedure and provides feedback</p> <p>Reiterates key steps</p>		<p>Ensures that preparation and patient positioning is done correctly</p> <p>Points out real-time tricks</p> <p>Allows resident to respond to difficult situations; provides guidance but does not take over (assuming it's safe for the patient)</p>
<p>What should this faculty member do to improve their procedural teaching skills? Select all that apply.</p> <p><input type="checkbox"/> Coach in real time</p> <p><input type="checkbox"/> Provide feedback in timely fashion after procedure</p> <p><input type="checkbox"/> Reiterate key steps, preparation, patient positioning</p> <p><input type="checkbox"/> Allow resident to respond in difficult situations</p> <p><input type="checkbox"/> Nothing</p> <p><input type="checkbox"/> N/A-no procedures done this shift</p> <p>Comments:</p>				

Figure 1. Faculty shift card 1.