COME ONE, COME ALL...

ASCENT TO THE
AHA EDUCATION SUMMIT

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DISCLOSURE

INTELLECTUAL
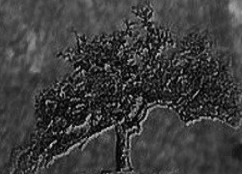AHA Education Summit Co-Chairs
ILCOR Education Task Force
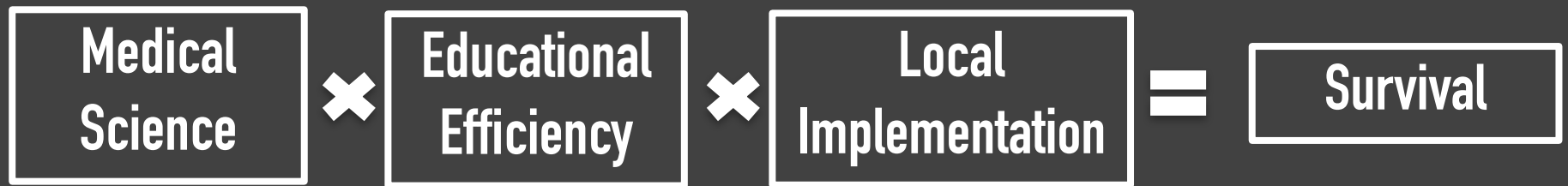AHA Education Committee

WHAT'S THE EVIDENCE?

Medical Science ✖ **Educational Efficiency** ✖ **Local Implementation** = **Survival**

SOREIDE ET AL, RESUSCITATION, 2013

CONTEXTUALIZED LEARNING

ARE REALISM AND RELEVANCE IMPORTANT?

CONTEXTUALIZED LEARNING

Functional task alignment for realism

Contextualized team training

Maximize relevance to practice

FUNCTIONAL NEEDS → SIMULATOR

FEEDBACK AND DEBRIEFING

FEEDBACK AND DEBRIEFING

Prebrief for success

Debriefing scripts

Data-informed debriefing

Debriefing Tool
Scenario: Supraventricular Tachycardia

Learning Objectives	
General Management	**Scenario Specific**
• Applies the 8 elements of effective team dynamics	• Identifies SVT
• Uses the PALS Systematic Approach in examining the child	• Describes potential vagal maneuvers
• Provides oxygen appropriately	• Applies the Pediatric Tachycardia With a Pulse and Adequate Perfusion Algorithm
• Demonstrates basic airway maneuvers and use of relevant airway device as appropriate	• Uses the proper technique in giving adenosine (rapid IV push followed immediately with rapid saline flush)
• Demonstrates application of cardiac and respiratory monitors	• Recalls that synchronized cardioversion should be considered first for SVT in the unstable patient without vascular access
• Summarizes general indications, contraindications, and dosages of relevant drugs	• Performs pediatric electrical cardioversion if needed, including synchronized mode and proper doses
• Demonstrates C-A-B CPR when indicated	

General Debriefing Principles

- Use the table below to guide your debriefing. Also refer to the **Team Dynamics** Debriefing Tool.
- Debriefings are 10 minutes long.
- Address all learning objectives.
- Summarize take-home messages at the end of the debriefing.
- **Encourage:** Students to self-reflect
  Engagement of all participants
- **Avoid:** Mini-lectures and closed-ended questions
  Dominating the discussion

ACTION	GATHER	ANALYZE	SUMMARIZE
• Directs assessment of ABCDE and vital signs	**Student Observations**	**Done Well**	**Student-Led Summary**
• Directs administration of oxygen	• Can you describe the events from your perspective?	• How were you able to [*insert action here*]?	• What are the main things you learned?
• Applies monitor leads and pulse oximetry	• How well do you think your interventions worked?	• Why do you think you were able to [*insert action here*]?	• Can someone summarize the key points made?
• Recognizes narrow-complex tachycardia, distinguishes between ST and SVT	• Can you review the events of the scenario? *(directed to the recorder)*	• Tell me a little more about how you [*insert action here*].	• What are the main take-home messages?
• Categorizes as compensated or hypotensive	• What could you have improved?		
• Directs performance of appropriate vagal maneuvers	• What did the team do well?		
• Directs IV or IO access	**Instructor Observations**	**Needs Improvement**	**Instructor-Led Summary**
• Directs preparation and administration of appropriate dose of adenosine	• I noticed that [*insert action here*].	• Why do you think [*insert action here*] occurred?	• Let's summarize what we learned…
• Directs reassessment of patient in response to interventions	• I observed that [*insert action here*].	• How do you think [*insert action here*] could have been improved?	• Here is what I think we learned…
• Verbalizes indications and appropriate energy doses for synchronized cardioversion	• I saw that [*insert action here*].	• What was your thinking while [*insert action here*]?	• The main take-home messages are…
		• What prevented you from [*insert action here*]?	

The PEARLS Healthcare Debriefing Tool

		Objective	Task	Sample Phrases
1	**Setting the Scene**	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2	**Reactions**	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3	**Description**	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4	**Analysis**	Explore variety of performance domains	See backside of card for more details	**Preview Statement** *(Use to introduce new topic)* "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" **Mini Summary** *(Use to summarize discussion of one topic)* "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
		Any Outstanding Issues/Concerns?		
5	**Application/ Summary**	Identify take-aways	Learner centered — — — — — — Instructor centered	"What are some take-aways from this discussion for our clinical practice?" "The key learning points for the case were [insert learning points here]."

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The Analysis Phase

Performance Domains

The analysis phase can be used to explore a variety of performance domains:

Decision Making	Technical Skills	Communication	Resource Utilization	Leadership	Situational Awareness	Teamwork

Three Approaches

1 Learner Self-Assessment

Promote reflection by asking learners to assess their own performance

2 Focused Facilitation

Probe deeper on key aspects of performance

3 Provide Information

Teach to close clear knowledge gaps as they emerge and provide directive feedback as needed

Sample Phrases

What aspects were managed well and why?
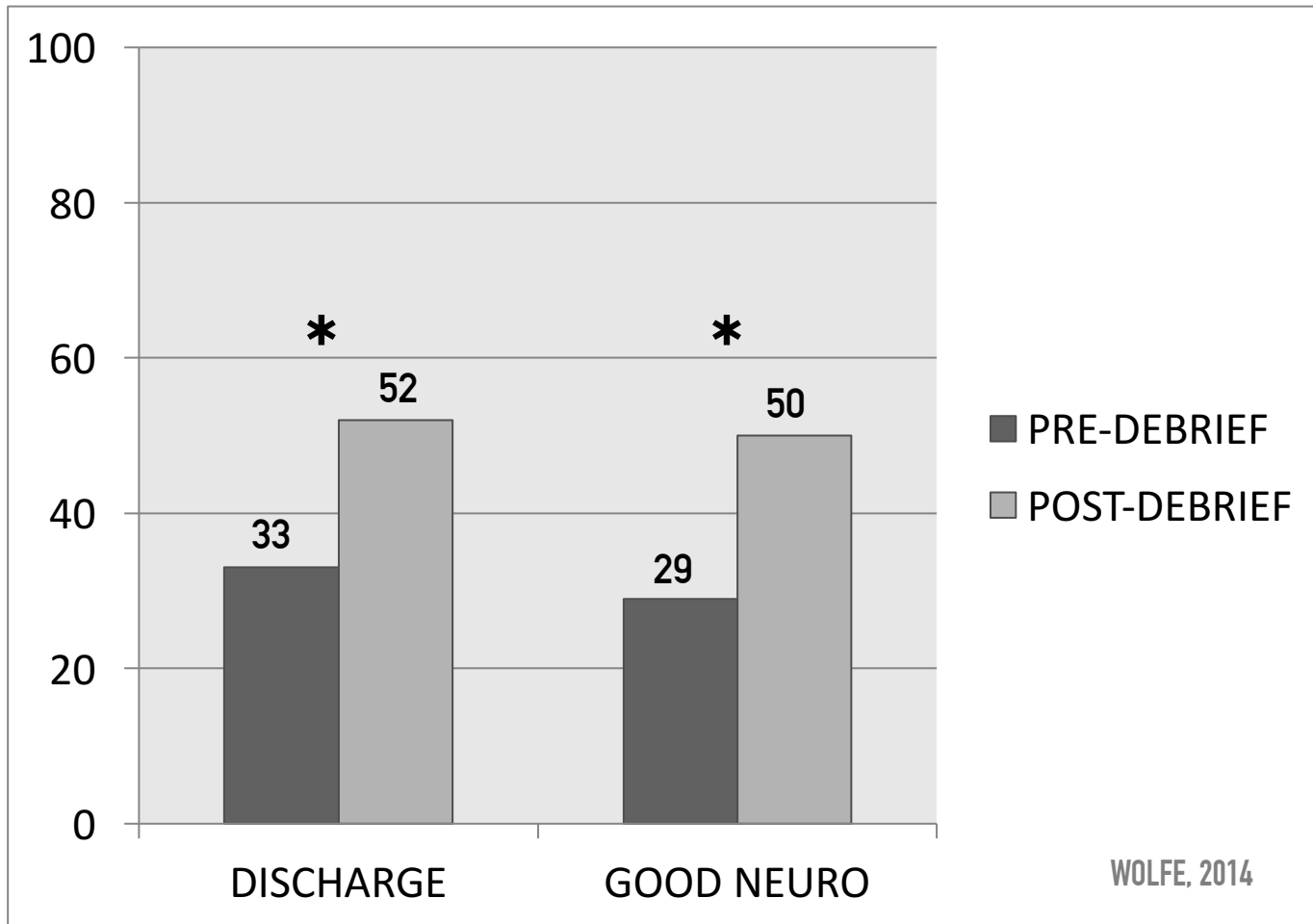
What aspects do you want to change and why?

Advocacy: I saw [observation], I think [your point-of-view].

Inquiry: How do you see it? What were your thoughts at the time?

I noticed [behavior]. Next time you may want to consider [suggested behavior], because [rationale].

DISCHARGE   **GOOD NEURO**

WOLFE, 2014

DEBRIEFING SAVES LIVES

DEBRIEFING WITH DATA SAVES LIVES

Clicking the CPR Performance Summary will open the analysis page.

MASTERY LEARNING

MASTERY LEARNING

Behaviors with link to patient outcomes

Overlearning for behaviors that are likely to decay
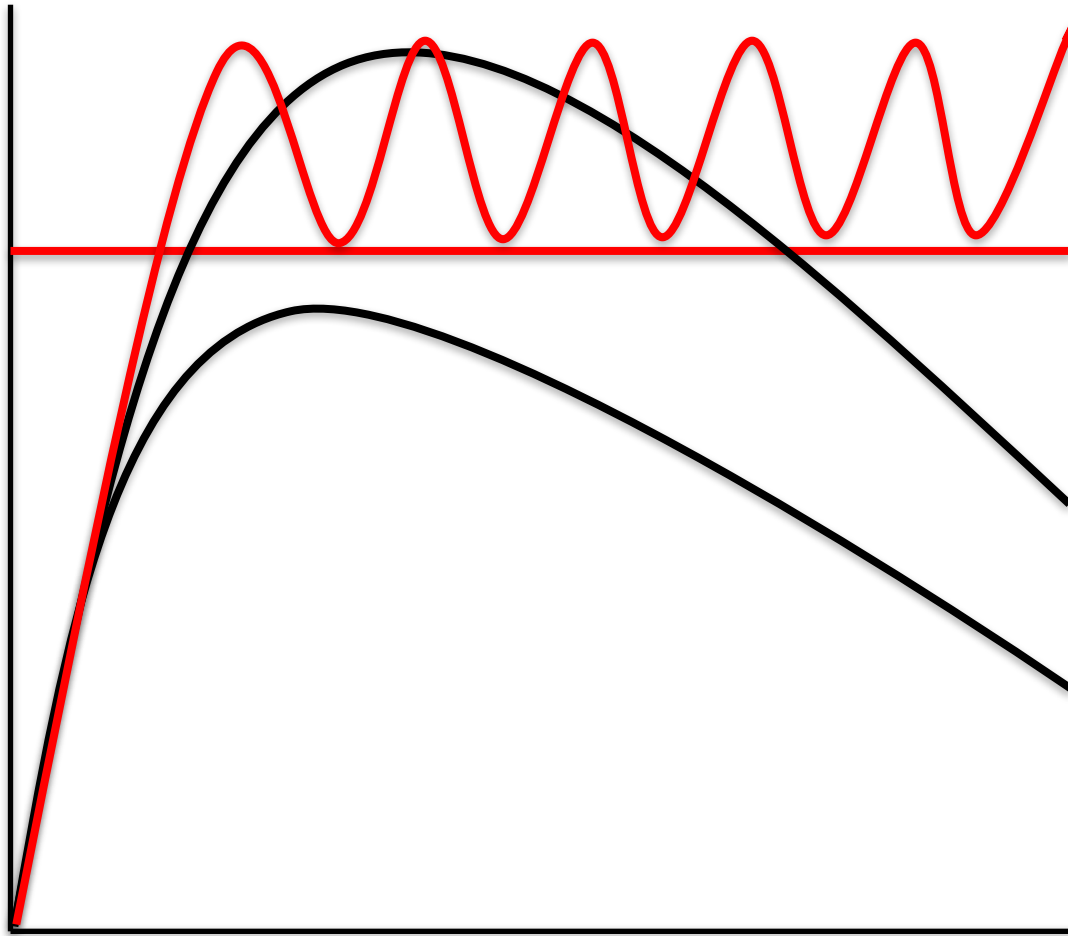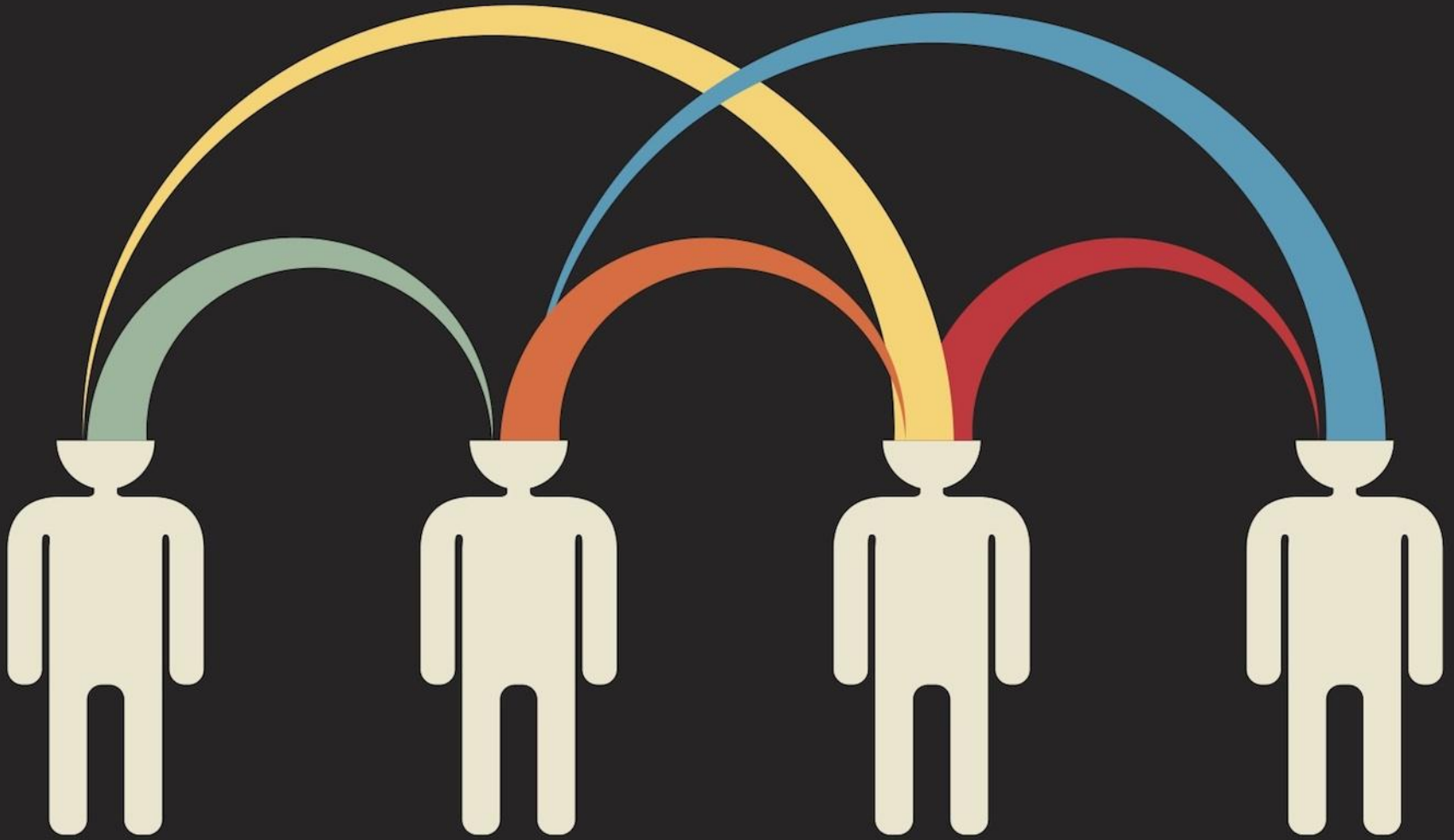
Spaced learning to optimize skill retention

FACULTY DEVELOPMENT

FACULTY DEVELOPMENT

Practice and evaluation of key competencies

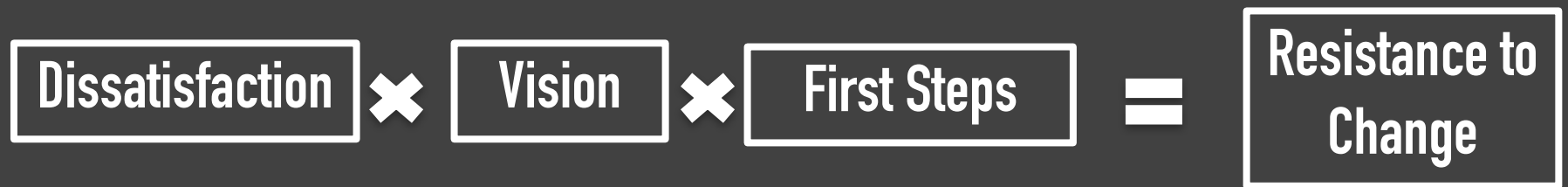Instructors as lifelong learners

COMMUNITIES OF PRACTICE

IMPLEMENTATION STRATEGIES

IMPLEMENTATION STRATEGIES

Design thinking
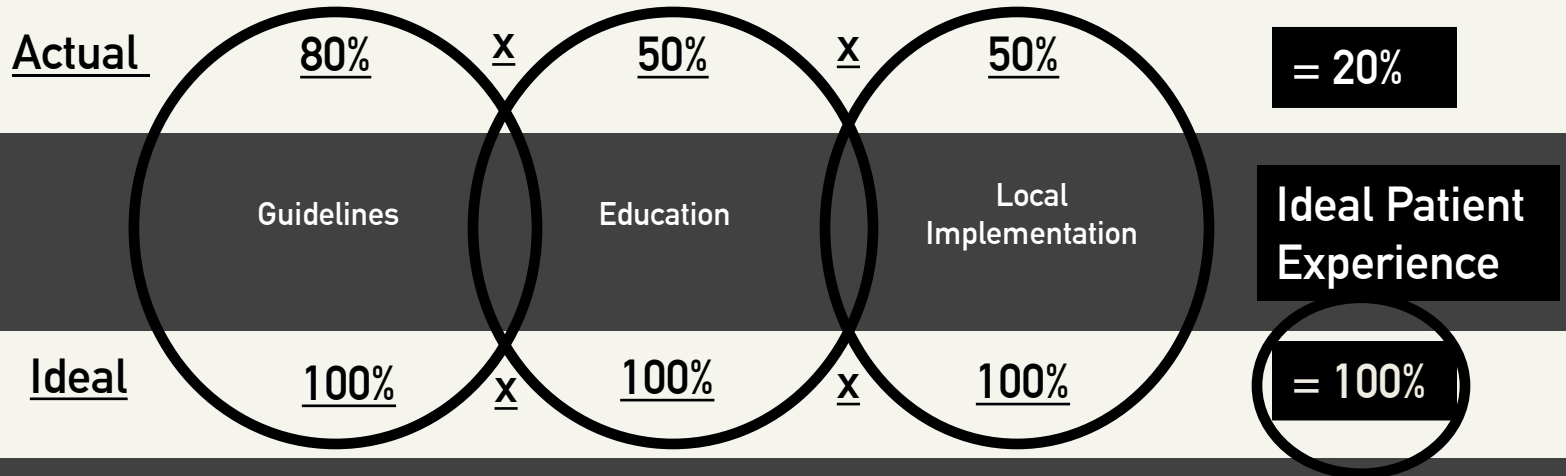
Performance measurement

Continuous quality improvement

Dissatisfaction ✖ **Vision** ✖ **First Steps** = **Resistance to Change**

BECKHARD, 1987

CONTEXTUAL LEARNING

FEEDBACK & DEBRIEFING

MASTERY LEARNING

DESIGN THINKING

PERFORMANCE MEASUREMENT

QUALITY IMPROVEMENT

Actual   80%   x   50%   x   50%   = 20%

Guidelines   Education   Local Implementation   Ideal Patient Experience

Ideal   100%   x   100%   x   100%   = 100%

SOREIDE ET AL, RESUSCITATION, 2013

TOP 3 TAKE-AWAYS

Enhanced instructional design improves learning

Faculty development should address instructional design

Effective implementation supports education

THANK YOU