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?

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures that the resident structures the patient presentation appropriately</td>
<td>Models clinical decision-making skills and explains decision-making process</td>
<td>Uses illness scripts and data from the literature</td>
</tr>
<tr>
<td>Rarely includes the resident in clinical decision-making</td>
<td>Elicits the resident’s diagnosis and plan and avoids giving the answer</td>
<td>Changes a scenario to maximize teaching opportunities or discuss unusual diagnoses</td>
</tr>
<tr>
<td>Allows resident complete autonomy and rarely participates in clinical decision-making</td>
<td>Engages in collaborative decision-making with the resident</td>
<td>Points out multiple ways to work up or treat a patient</td>
</tr>
<tr>
<td></td>
<td>Has the resident provide rationale for decision (not allowing a shotgun approach)</td>
<td>Encourages evidence-based medicine dialogue on cognitive errors</td>
</tr>
<tr>
<td></td>
<td>Facilitates responses from the resident through leading questions or provision of choices</td>
<td>Directs resident to helpful resources, especially algorithms, decision rules, treatment protocols</td>
</tr>
</tbody>
</table>

What should this faculty member do to improve their clinical decision making teaching skills? Select all that apply.

- ☐ 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

Comments:

During this shift, how well did the selected attending facilitate the development of your procedural skills?

<table>
<thead>
<tr>
<th>Novice</th>
<th>Intermediate</th>
<th>Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs procedure without resident participation</td>
<td>Determines/assesses level of trainee knowledge before procedure</td>
<td>Ensures that preparation and patient positioning is done correctly</td>
</tr>
<tr>
<td>Rarely or never observes resident while they perform procedures</td>
<td>Coaches in real time with a calm demeanor</td>
<td>Points out real-time tricks</td>
</tr>
<tr>
<td></td>
<td>Debriefs after procedure and provides feedback</td>
<td>Allows resident to respond to difficult situations; provides guidance but does not take over (assuming it’s safe for the patient)</td>
</tr>
<tr>
<td></td>
<td>Reiterates key steps</td>
<td></td>
</tr>
</tbody>
</table>

What should this faculty member do to improve their procedural teaching skills? Select all that apply.

- ☐ Coach in real time
- ☐ Provide feedback in timely fashion after procedure
- ☐ Reiterate key steps, preparation, patient positioning
- ☐ Allow resident to respond in difficult situations
- ☐ Nothing
- ☐ N/A-no procedures done this shift

Comments:

Figure 1. Faculty shift card 1.