The Educational Checklist

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The 2010 Temple report,[1] Time for Training, reviewed the impact of the European Working Time Directive on the quality of training necessary to 'ensure the continuing supply of a world class workforce which is able to deliver high quality services to patients.' A key recommendation was to make every moment in training count. It advocates that training must be planned and focused for the trainees' needs and that trainers and trainees must use the learning opportunities in every clinical situation.

What is the Educational Checklist?

The Educational Checklist is a tool that can be used to maximise learning in any environment. It is particularly well suited to the multi-disciplinary team within operating theatres.

It is a checklist that functions as a prompt at the start of the session to identify appropriate, student-centred learning objectives and as an aide memoir to close the learning session, with delivery of timely, structured feedback. It ensures each learning session has a planned, focussed, student-centred learning objective thus maximising all training opportunities. It also encourages regular structured feedback that is essential for the professional development of our trainees.

How it works and the theory behind it

Having completed the WHO surgical safety checklist, prior to commencing the theatre session, the Educational checklist is performed with the team.

Identification of learners

Initially, the learners are identified. This can include any member of the team who has a learning objective for the session. Remember, it is not just trainees who are learners. Qualified staff may also have specific learning objectives, particularly if a new technique or unfamiliar equipment is being used.

Agreement of learning objectives and appropriate assessment tools

The learners then identify their learning objectives for the session. Trainees are adult learners who will favour differing learning styles, will have had different experiences and will be at different stages of learning in respect to their knowledge, skill and attitude. With knowledge of their learning needs, dictated either by their curriculum or previous experience, they are best placed to determine their learning objectives for the clinical session.

The trainer, who is well placed to know what learning opportunities a session could support, then agrees with the proposed learning objective or offers appropriate suggestions. Constructive alignment[2] of desired learning goals with the clinical environment would result in increased perceived benefit and engagement for both trainee and trainer. With the learning objective decided, the required standard for successful completion of that work placed based assessments (WPBA) or other assessment tool is made clear.

Commitment to give feedback

Both trainee and trainer then make a commitment to give and receive feedback at the end of the session.

Interpreting the results from the GMC annual national training survey,[3] it has been identified that anaesthetists in training perceive that the feedback they receive from senior clinicians is inadequate.

Are consultants in anaesthesia poor at engaging in feedback with trainees? There are many barriers to delivering feedback including:

- Critical feedback is hard to give and easier to avoid.
- Time pressures.
- Lack of training in delivering feedback leads to avoidance.
- Resistance to defining expectations for trainees.
- Unwillingness of a trainee to receive feedback.

Are consultants in anaesthesia poor at engaging in feedback with trainees?

Figure 1
The Educational Checklist

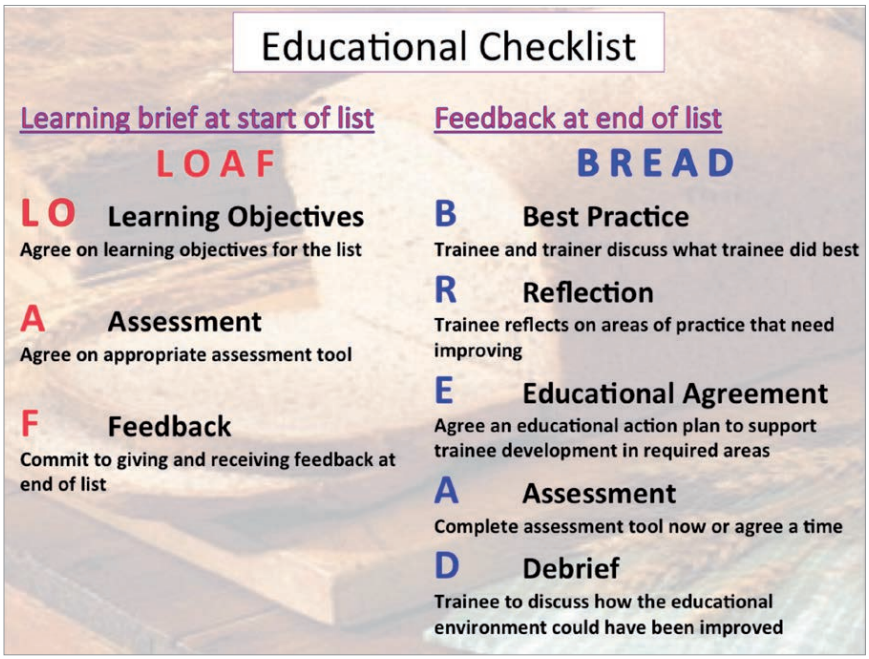
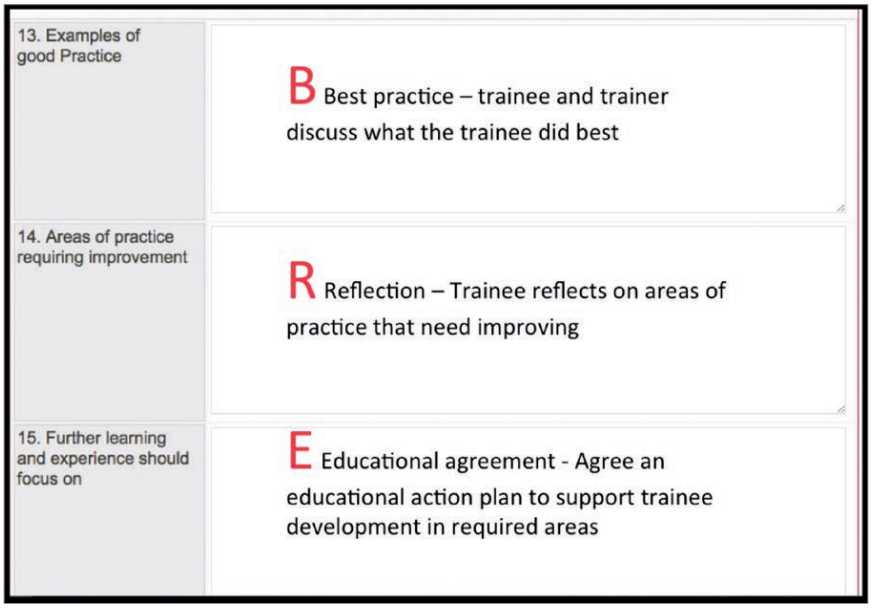


Figure 2
How does the structured feedback mnemonic BREAD fit with the structure of anaesthetic WBPA forms?



In addition to these barriers we may not be signposting that we are actually delivering feedback. Anaesthesia is an apprenticeship specialty with many one to one learning sessions. We may actually be giving feedback all the time but not signposting that we are doing so. Committing to giving feedback at the start of the session begins this signposting exercise.

Structured feedback

The 2010 Temple report[1] states that 'development of the skills and values of educational supervisors should include competence in facilitating reflection on clinical and non-clinical experience, providing information and support for the trainee to gain additional understanding identified through discussion.' Use of this structured feedback tool should help to achieve this vision.

Following completion of the learning session, structured feedback is given prompted by the mnemonic BREAD.

B Best practice – what did you do best?

To open the conversation, examples of good practice should be discussed and positively reinforced.

R Reflection on areas of practice that need improving

The trainee is then encouraged to reflect upon areas of their practice that they feel could be improved. They are encouraged to engage in Kolb's Learning Cycle, with open discussion and reflection on the session. This reflection is paramount, for it is during this process that the next stage, formation of the Educational Agreement, is forged.

E Educational agreement

The Educational Agreement is a term coined to describe the mutually agreed action plan generated having reflected on the session. How will the trainee further develop their abilities? What further resources might be required? (e.g. access to courses, simulation, other clinical sessions etc).

The Educational Agreement can be modelled around the use of SMART goals.

The trainee and trainer must agree to an educational action plan that is specific, measurable in terms of achievement, attainable (and appropriate to level of training and timing within the training programme), result-based and time-bound.[4] Setting goals that are non-specific or not achievable rarely lead to success.

Successful skill acquisition guided by appropriate Educational Agreements will help to positively reinforce the use of The Educational Checklist as a useful tool for training.

A Assessment form completion

Timely feedback is important, the closer to the event you address the issue, the

better. Completion of the agreed WBPA should ideally be performed at the time of giving feedback.

D Debrief for the trainer

Finally, the trainer should seek feedback from the trainee regarding how they found the learning session. As lifelong learners we should look to improve ourselves and critical feedback is a portal for this. As depicted in the Johari window, feedback helps to increase our self-awareness in areas that are recognised by others but unknown by self.[5]

The benefits

There are great benefits to experience based learning. With increasing use of The Educational Checklist, it will become more ingrained into our anaesthetic training and theatre culture. Learners will expect to attend a clinical session with an appropriately mapped learning objective. Trainers will become accustomed to facilitating learning objectives and goal setting. With mutually perceived benefits there will be universally improved engagement in the training session.

As a tool for addressing the learning objectives for a whole clinical team it is also very valuable. Vicarious learning, the act of learning by watching others, has been shown in some studies to be as effective as having the experience yourself.[6] With clear discussion of learning objectives at the commencement of the list, observing learners will have a better understanding of the training that they are observing.

Peripheral participation[7] is increased. Junior staff including trainee doctors, theatre staff and medical students become more aware of the learning objectives being achieved around them. This may form the beginning of their experience in this area. They will advance from being at the periphery of the learning experience, to perhaps being allocated simple low-risk tasks and eventually to becoming central to the task.

Cross specialty learning objectives can also be identified, further expanding the realm of possible learning opportunities. For example an obstetric trainee maybe very interested to observe a failed intubation drill so as to better understand their role in this scenario.

Creation of an open learning environment can positively impact upon patient safety. Levels of competence and experience are openly discussed reinforcing a culture where learners feel more at ease questioning things that they observe.

Trainees feedback

Of 20 trainees who had used the tool:

95% reported that it helped them to plan their learning objectives for the list

85% reported that it helped them to achieve their learning objectives

90% reported that it helped them to get feedback from their trainer

90% felt that it improved the learning environment in theatre

How to implement The Educational Checklist

Implementing any change is a challenge. Some individuals will be more resistant to it than others feeling that they already create a good educational environment in theatre or that it is time consuming. (n.b. It takes less than five minutes to perform the educational checklist!)

Communication is paramount. Ensure that your trainers know that the checklist is intended as an aid to identifying and achieving learning objectives and improving feedback and targeting future learning goals.

Top tips to bear in mind when implementing the educational checklist include:

- Identify and engage with the key educational stakeholders in your clinical area – agree upon a shared vision of improving the learning environment.
- Lead by example.
- Encourage enthusiasts to become champions.
- Encourage learners to initiate the educational checklist.

The future

National multi-disciplinary collaboration could lead to the Educational Checklist becoming a recognised and integral part of the WHO surgical safety checklist. Creation of an environment, which is open and conducive to learning, can only impact positively on patient safety.

References

1 Temple J. Time for training: a review of the impact of the european working time directive on the quality of training. May 2010 (http://bit.ly/1CH190A).

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