Learning through Talk:
Exploring synergies between simulation and workplace learning

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Disclosures

• Harvard Center for Medical Simulation: salary support
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• Faculty, Debriefing Academy
Main questions

**What** is talk?

**Why** does talk matter for clinical education?

**How** do simulation and workplace talk inform each other?
What is ‘talk’?

Talk as ‘work’

Talk as ‘communicative competency’

Joint social activity
‘Talk’ as a social medium of learning

Talk mediates learning and patient care in team-based healthcare settings

When communication breaks down, patient care breaks down, and learning breaks down

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Eppich et al. 2016
‘Talk’ as a *social* medium of learning

Steering the talk of practice

- Interdisciplinary ward rounds
- Checklists
- Handoffs
- Simulation

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Eppich et al. 2016
Why this matters…

How we design curricula
How we develop faculty
How we support learners
How does ‘talk’ contribute to learning in clinical education?

Learning through talk for practice

Learning through talk from practice
Learning through talk for practice
Healthcare Debriefing

Learning through talk from practice
Telephone talk Team reflection

Synergies?
Learning through talk **for** practice
- Healthcare
- Debriefing

Learning through talk **from** practice
- Telephone talk
- Team reflection

**Synergies?**
What are debriefings?
Process
“How to debrief”

Content
“What to debrief”

Context

“Artistry”

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Krogh et al. 2016
Promoting Excellence and Reflective Learning in Simulation (PEARLS)

Development and Rationale for a Blended Approach to Health Care Simulation Debriefing

Walter Eppich, MD, MEd;
Adam Cheng, MD, FRCPC, FAAP


Focus: Post-event Debriefing

- PEARLS blends common educational strategies in the analysis phase
- Adapts debriefing to context
Structuring Feedback and Debriefing to Achieve Mastery Learning Goals

Walter J. Eppich, MD, MEd, Elizabeth A. Hunt, MD, MPH, PhD,
Jordan M. Duval-Arnould, MPH, Viva Jo Siddall, MS, and Adam Cheng, MD


Focus: Within-event Debriefings

• Microdebriefings during advanced life support scenarios
  • Highly contextualized
AHA SCIENTIFIC STATEMENT

Resuscitation Education Science: Educational Strategies to Improve Outcomes From Cardiac Arrest
A Scientific Statement From the American Heart Association

Circulation. 2018;138:e82–e122.

Feedback and Debriefing

• **Timing, process, content**
• **Performance data**

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Learning through talk *for* practice

Healthcare Debriefing

*Synergies?*

Learning through talk *from* practice

Telephone talk
Team reflection
“Learning the Lingo”: A Grounded Theory Study of Telephone Talk in Clinical Education

Walter J. Eppich, MD, PhD, Tim Dornan, MD, PhD, Jan-Joost Rethans, MD, PhD, and Pim W. Teunissen, MD, PhD

“Learning the Lingo”: A Grounded Theory Study of Telephone Talk in Clinical Education

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How does work-related telephone talk contribute to clinical education?
“Learning the Lingo”: A Grounded Theory Study of Telephone Talk in Clinical Education

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Methods

17 in-depth semi-structured interviews
Constructivist grounded theory
Sociocultural lens

Why not analysis of recorded conversations?

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“Learning the Lingo”: A Grounded Theory Study of Telephone Talk in Clinical Education

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→ Positive influences on learning

‘Productive conversational tensions’

Power differentials
Pushback
Uncertainty

Why?

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Power differentials

You don’t want to call your attending up in the middle of the night...and then clearly not [have] thought about what’s going on with a case. It’s just disrespectful... And there’s just a self-respect aspect of it: I don’t want them to think I’m an idiot (P009)
Pushback

In medicine, most of the time when there’s a difference of opinion, it’s kind of subjective... You pick and choose those battles... you’re storing up your ability to push your opinion harder when it really matters. (P011)
Uncertainty

You get a lot of pages from nurses about little things...and sometimes you’re not sure. I often feel like I have to check with my senior.... Sometimes, I do know the answer, and that’s great.... But sometimes I do have to say, “I don’t know. I’m going to call you back.” (P002)
Experiencing tensions

Power differentials
Pushback
Uncertainty

Patient care context

“Why you are saying it”
“To whom are you saying it”

“What you say”
“How you say it”

Managing tensions

Resident/Fellow

Conversation partner

Eppich et al. 2019
The first substantive sentence is critical “because people won’t listen unless they know what they're listening for” (P016). Participants also stressed “learning the lingo” (P008) to “paint a picture” (P003) by using “buzzwords” (P007) that conveyed key information and urgency succinctly and persuasively.
So, ‘productive conversational tensions’…

BEWARE

We should NOT be intentionally creating tensions

Incivility

Disruptive behavior
Learning how to learn using simulation: Unpacking disguised feedback using a qualitative analysis of doctors’ telephone talk

Walter J. Eppich\textsuperscript{a}, Jan-Joost Rethans\textsuperscript{b}, Timothy Dornan\textsuperscript{c,d} and Pim W. Teunissen\textsuperscript{c}

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**Aim:** to perform an educational needs assessment

**Methods:** thematic analysis of 17 interviews
Qualitative analysis of clinical telephone talk

Main findings

*Junior doctors need training*

*Common challenging situations:*

Calling for advice (subspecialists, supervisors)

Structuring presentations succinctly while conveying urgency convincingly

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Eppich et al. 2018
Giving “rambling” presentations in which “the severity of [the patient’s] condition can get lost” (P001) with the result that “nobody’s going to pay attention” (P006)
Qualitative analysis of clinical telephone talk

Presenting irrelevant information while paradoxically leaving out critical details:

“If you don’t really know what [is] important, you’re going to tell me everything ... which maybe I don’t care about ... I care about the important things” (P011)
Qualitative analysis of clinical telephone talk

Main findings

What helps them learn:

Explicit teaching and feedback practices,
→ sharing ‘the why’

Informal conversational interruptions and questions

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Eppich et al. 2018
Informal conversational interruptions and questions

“Disguised feedback”
“Disguised feedback”

Even if they’re not specifically giving you feedback…you can tell if they have all the information that they want, or if they feel like you’ve left out some things…You get better at unpacking the disguised feedback on the other end of the phone. (P013)
Qualitative analysis of clinical telephone talk

Informal conversational interruptions and questions

“Disguised feedback”

Learning how to learn through simulation

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Eppich et al. 2018
Paradigms of simulation

**Learning how to perform**
Preparing learners *for* their clinical practice
- Using a structured approach to ‘call a consult’

**Learning to how to learn**
Preparing learners to learn *from* their clinical practice
- Sensitizing learners to ‘disguised feedback’

*Integrating telephone talk into existing simulations*
Team reflection
Promoting Learning and Patient Care Through Shared Reflection: A Conceptual Framework for Team Reflexivity in Health Care

Jan B. Schmutz, PhD, and Walter J. Eppich, MD, MEd

Before
Pre-action TR
“huddle, briefing”

During
In-action TR
“recap, summary, inviting input”

After
Post-action TR
“debriefing”

Goal: create shared mental models, adaptation, learning
Key finding: In-action TR improves performance especially in larger teams
TWELVE TIPS

Twelve tips for integrating team reflexivity into your simulation-based team training

Jan B. Schmutz\textsuperscript{a}, Michaela Kolbe\textsuperscript{b} and Walter J. Eppich\textsuperscript{c}

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TR in other settings: Antarctica
What enables adaptation in Antarctic teams?

- Rapid ethnographic approach
  - Observations during field missions, formal meetings and informal leisure time

- 23 semi-structured interviews
  - Members of Antarctic research teams
  - Logistics staff (boat drivers, coordinators, mechanics)
Initial lessons relevant for healthcare

• Social cohesion and relationships matter
  – “building trust”; “my team has my back”

• Preparation for critical events happens long before the critical event
  – Informal time (“hanging out”, meals, social activities)

• Briefings and debriefings occur—formally and informally

• In-action TR is essential and promotes adaptation
“Let's Talk About It”: Translating Lessons From Health Care Simulation to Clinical Event Debriefings and Coaching Conversations

Walter J. Eppich, MD, MEd*, Paul C. Mullan, MD, MPH†, Marisa Brett-Fleegler, MD‡, Adam Cheng, MD§

Learning through talk

Synergies

Context
Framing
Process and content
Structure and strategy
Explicit and disguised feedback
Relationships and rapport
Productive tensions
Simulation
The ’why’

Learning through talk

for practice
Healthcare
Debriefing

Learning through talk

from practice
Telephone talk
Team reflection

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Summary

**What:** Talk is joint social activity

**Why:** Talk is a medium of learning and patient care

**How:** Simulation and workplace talk inform each other
Summary

*Talk is more than a competency; talk drives learning*
Thank You

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