DEVELOPING MEDICAL EXPERTISE THROUGH
LEADERSHIP, COMMUNICATION, AND REPAIR

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INTRODUCTION

Fellowship programs are teaching spaces where Graduate Medical Education Advanced Heart Failure (AdHF) Fellows develop expertise in their specific field of medicine. Yet expertise develops not through individual, isolated learning but is reliant on teamwork and collaborative practices. Our study examines the practices of Advanced Heart Failure (AdHF) Medicine, where AdHF Fellows, AdHF Attending doctors, and Nurses must work cooperatively to facilitate the development of expertise. The role of AdHF Fellow is to learn the technical skills of performing an endomyocardial biopsy (EMB). These technical skills are supervised by AdHF Attending doctors, who teach the AdHF Fellow how to conduct a proper EMB procedure. The Nurse’s role is to monitor the procedure, needing to patient during the procedure.

In this study, expert AdHF Attendings and Nurses must effectively utilize leadership roles, the use of backstage communication, and practitioner repairs to teach inexperienced AdHF Fellows how to conduct their first-year biopsies. Teaching by an expert AdHF Attending and Nurse in this space is crucial for an AdHF Fellow because it allows for the expert to demonstrate their knowledge and mentorship through these different modes of instruction. Our research focuses on how experienced AdHF Attendings and Nurses can successfully teach novice AdHF Fellows to become experts in conducting endomyocardial biopsies (EMB). We analyze this teaching structure by employing Dreyfus’ model of skill acquisition to our research about expertise and teaching.

THE RELATIONAL ACT MODEL

Our work is part of a larger study in the practices of high-tech modern medicine. We use the Relational Act iterative model to collect and analyze data. The model is comprised of three stages:

1. Video recording of heart biopsy procedures.
2. Co-Generative dialogue (Co-Gen) sessions.
3. Cardiologist(s) member of the medical team and whose interactions were recorded in stage 1, participate in weekly 2-hour video recording viewing sessions as a co-researcher with the research team.

Video analysis to unpack the multimodal resources (gesture, gaze, talk, body movements) utilized by participants to organize their conduct and reciprocal accountability.

Video data is observed and analyzed with the goal of exploring the interdisciplinary perspectives of the medical team.

DISCUSSION/CONCLUSION

What are some of the most effective teaching techniques used by Attending doctors and Nurses in order to create a supportive environment for Fellow doctors to conduct an efficient biopsy on a patient?

RESULTS

Example 1: Leadership

In Co-Gen Session: During the co-gen session, the Attending agreed that the Fellow demonstrated proper leadership, by proving his ability to take control of the task at hand and perform this procedure by himself. The Attending addressed the fact that the Fellow did not ask for assistance or guidance as to what the next step should be in this process, he proceeded with confidence and competence. Most of this leadership communication is shown through body language.

Example 2: Backstage Communication

The Fellow is gaining access into the vein, asking the Nurse to lower the Trendelenburg (tool used to position the patient’s body). The Attending is monitoring the Fellow’s procedure, while the students in the back are watching the Fellow’s procedure as a learning experience. Note: The Nurse verbally informs the patient they are being lowered before starting the task.

Example 3: Repair

The Attending only briefly looks over the Fellow throughout the procedure and sees no reason to actively interfere or intervene in the Fellow’s work. Thus, the Fellow is displaying expertise in his performance, not only shown by his own ability and competence but also verified by the Attending’s minimal activity in the situation.

REFERENCES