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Evaluating the briefing, intraoperative teaching, debriefing (BID) method for surgical skills teaching

Background: Prior studies have suggested that suboptimal, unstructured education occurs in the operating room, with a lack of deliberate, focused teaching, discordance between surgeon-trainee learning objectives, and limited feedback/reflection. This may also occur in simulation-based surgical teaching.

Roberts et al. (2009) proposed a novel approach to overcome these deficiencies: the Briefing, Intraoperative Teaching, Debriefing (BID) method. However, this approach has not been formally tested. The purpose of this study was to examine whether the BID approach would improve the acquisition of surgical skills during a simulation-based boot camp given to incoming surgical residents.

Methods and results: A randomized, prospective study using first-year orthopaedic surgery residents was undertaken in the summer of 2012 to develop an effective, sustainable module for training instructors to teach using the BID method, to investigate its effect on learner development of basic surgical skills within an orthopaedic surgery skills course, and to evaluate learner and instructor satisfaction with the model. There were significant improvements in checklist and Global Rating Scale scores for two out of three skills tested (bone plating P=0.011, bone wedge cut P=0.049, but not splinting) based on pre-test and post-test data.

Conclusion: In conclusion, the BID method, an easily taught approach to surgical instruction, was shown to significantly improve the acquisition of surgical skills during a simulation-based skills course. We anticipate this method may provide an ideal framework for time-efficient and effective surgical instruction.