Video-based Collaborative Learning to Improve Ventral Hernia Repair
Identifying the Gap

Rationale: The Need for Surgical Coaching
Variation in Surgeon Skill

- Landmark study quantifying surgical skill
- There is wide variation in surgical technical skill as judged by peer surgeons

Birkmeyer, et al. Surgical Skill and Complications Rates after Bariatric Surgery
Variation in Outcomes

- There is strong inverse relationship between surgeon skill and patient outcomes
- 5-fold difference in complication rates for highest and lowest rated surgeons
- Translates into increased utilization of healthcare

Birkmeyer, et al. Surgical Skill and Complications Rates after Bariatric Surgery
Current Surgical Education Paradigm

- Based on summative, written evaluations
- Little to no meaningful feedback after training
We Need a Disruptive Intervention
Continuing Board Certification: Vision for the Future Commission

FINAL REPORT

February 12, 2019
Continuous Professional Development Must Be Improved

• The ABMS boards must offer an alternative to burdensome, highly-secure, point-in-time examinations of knowledge

• Continuing certification is unique from initial certification and should be formative to support practice advancement

• Assessments grounded in adult learning principles
  - Frequent, spaced learning with timely feedback
  - Repeated for reinforcement
  - Gap analysis to aid in focus
Other Points that Align With Coaching

• Procedural skills must be addressed
  - Major component of practice for some specialties
  - Approaches for technical skill learning and assessment are nascent and challenging
  - As technology advances, the ABMS Boards should work toward incorporating skills learning and assessment into continuing certification programs

• Other important issues to address
  - Demonstrate commitment to professional self-regulation
  - Integrate lifelong learning with formative and timely assessments of knowledge and skills

• Important opportunity for professional societies
Coaching Improves Performance in Other Disciplines

**Athletics** - Coaches Bret Bielema, Bo Ryan, Lamont Paris

**Music** - Professors Felicia Moye & Dan Grabois

**Education** - Professor Hala Ghousseini, Nicole North Hester
Avoiding the “Proficiency Plateau”

Transition from clinical practice to DELIBERATE clinical practice through coaching

Adapted from “The scientific study of expert levels of performance: general implications for optimal learning and creativity” by K. A. Ericsson in High Ability Studies with permission.
Personal Best

Top athletes and singers have coaches. Should you?

Atul Gawande

Postgame Analysis: Using Video-Based Coaching for Continuous Professional Development

IDEAL Framework

• Recognition that the pharmaceutical approach to evidence generation will not work for surgical innovation

• Yet rigorous, systematic evaluation is required for safe and effective innovation

• 4 stages of evidence-generation
  – Stage 1  Idea
  – Stage 2a Development
  – Stage 2b Exploration
  – Stage 3 Assessment
  – Stage 4 Long-term Outcomes
# Surgical Peer Coaching

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| 2b    | Replicate Benefit/Harm | Small iterative program until intervention defined and stable | Application of intervention to another setting with focused assessment & rubric development for quality assessment | Evidence of effectiveness compared to waitlist control in RCT | Continued observation, refinement |
| 3     | Evidence of Effectiveness | | | |
| 4     | Continued Observation, Refinement | | | |

## Funding
- Risk Management Foundation
- Wisconsin Partnership Program
- NIH/NIDDK R01  
- Blue Cross Blue Shield  
- AHRQ R01  
- UW CTSA  
- Industry  
- Charitable donations

## Discovery
- First description of concept

## Empirical Research Publication
1. JACS (2012); 214(1): 115.  
4. JAMA Surg. (2017); 152(4)  
COACH

Call for nominations via Wisconsin Surgical Society

All nominated surgeons invited to serve as coaches

Complete live ½ day coach training program

PARTICIPANTS

Program announcement sent via Wisconsin Surgical Society

Surgeons signed up via completion of participation form

Surgeons completed 2 hour online (WebEx®) Participant orientation session

Coach and Participant matched

Pre-Call

Participant records case video and sends to coach via secure methodology

Coach reviews case video in preparation for live coaching session

Live coaching session (~1 hour each) at a location of pair’s choosing. Quarterly over course of 1 year.
Developing Evidence Base

- Wisconsin program evaluation indicates:
  
  1. surgeons can identify specific coaching goals related to technical, cognitive, and interpersonal skills
  2. these goals can be effectively targeted during a video-based or live coaching session
  3. surgeon coaches can acquire and effectively employ peer coaching principles through training
  4. both coaches and participating surgeons found the coaching program to be highly valuable
  5. surgeons report making sustainable changes to practice as a result
WI Surgical Coaching Program


Michigan Bariatric Surgery Collaborative

- Select coaches from among the top performers
- Train using the Wisconsin Surgical Coaching Program
- Mixed methods evaluation of coaching sessions, exit interviews, clinical data
## Coach Effectiveness

### Domain 1. Shares responsibility, contributes to equal exchange.

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<td>The coach consistently and skillfully provides the coachee with opportunities to contribute to the coaching session agenda and what gets discussed, treating the coachee as a professional peer and supporting his/her initiative as a self-directed learner.</td>
<td>In general, the coach engages in some of the strategies identified with ‘high alignment’ but less consistently so or occasionally lapses into “low alignment” strategies.</td>
<td>The coach consistently prevents or interferes with the coachee’s opportunity to contribute to the coaching session agenda and what gets discussed, treating the coachee as a trainee while positioning himself as an expert and undermining coachee initiative as a self-directed learner.</td>
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### Domain 2. Uses questions/prompts to guide coachee self-reflection/analysis.

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<td>The coach consistently and skillfully uses questions to facilitate collaborative in-depth analysis of the coachee’s performance in relation to the coachee’s goals in a non-threatening manner that ultimately supports the coachee’s “diagnostic and remedial initiative.”</td>
<td>The coach uses questions to facilitate reflection in some instances, but often misses opportunities to press for deeper analysis and/or coachee accountability to identifying actionable steps. The coach may also underutilize questioning, relying too heavily on giving recommendations in the form of feedback.</td>
<td>The coach does not utilize questions to facilitate collaborative in-depth analysis of the coachee’s performance in relation to the coachee’s goals, but instead asks questions in a confrontational or accusatory manner or in a way that feels like an interrogation/exam.</td>
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### Domain 3. Provides constructive feedback and encouragement.

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<td>The coach provides descriptive, balanced feedback relevant to coachee needs/goals in a reassuring, supportive, and nonconfrontational manner. Feedback regularly includes the potential impact of the behavior being addressed and/or a well-reasoned, clearly-articulated rationale and is followed by an opportunity for the coachee to consider and respond to it.</td>
<td>In general, the coach engages in some of the strategies identified with ‘high alignment’ but less consistently so and provides minimal feedback or occasionally lapses into “low alignment” strategies.</td>
<td>Ineffective feedback is vague, judgmental, unbalanced, insensitive, and inattentive to coachee needs/goals. In addition, the coach regularly does not provide the coachee with an opportunity to consider and respond to the feedback and frames feedback as expert advice.</td>
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### Domain 4. Guides goal setting and action planning.

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<td>The coach (1) supports coachee in identifying specific, concrete goals early in the session; (2) moves beyond discussing alternatives and/or offering suggestions at opportune times throughout the session to support the coachee in identifying actionable steps to try out in practice and to specify a clear plan for implementing those steps; (3) and reviews the plan and new goals at the end of the session.</td>
<td>The coach facilitates one or two of the three components in this domain but neglects the other component/s; or the coach partially attends to the three components, missing opportunities to press the coachee to sufficiently specify goals, actionable steps, and a clear plan for implementing those steps.</td>
<td>The coach pressures their own agenda moving forward, dictates action steps or new goals, or mandates an action plan without input from the coachee.</td>
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Study Objective

• Test the effectiveness of two interventions that provide constructive feedback to improve surgical performance and clinical outcomes
  – live surgical coaching
  – asynchronous feedback
  – wait list control group (everyone eventually gets coaching or feedback)
Study Overview

Aim 1: Is video-based collaborative learning (surgical coaching or caresyntax) effective in improving performance and outcomes?

- **Surgical Coaching**
  - Building relationships
  - Setting goals
  - Using inquiry
  - Providing constructive feedback
  - Action planning
  - Attending to the process

- **Technical Performance**
  - Approach = ordered sequence of steps that comprise the operation
  - Surgeon skill = how well the surgeon carries out the approach

Aim 2: Is constructive feedback independent of the other activities of coaching (caresyntax) sufficient to improve performance and outcomes?

Aim 3: Does surgical coaching lead to a more accurate self-assessment of surgical skill than constructive feedback alone?

Short-term Patient Outcomes

Long-term Patient Outcomes
Study Design

• Prospective randomized trial of 54 AHSQC surgeons

• Video capture is required for all three arms and will be supported by the research team. All participants submit 2 procedural videos pre- and post-intervention for self-assessment and blinded expert review utilizing a previously validated assessment instrument to measure technical skill.

• Peer-reviewed results will be linked to risk-adjusted patient outcomes before and after intervention.
## Analysis

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<th>Secondary Outcomes</th>
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<td>Change in OSATS score</td>
<td>1- and 2-year recurrence</td>
</tr>
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<td>Change in SSO</td>
<td>Patient reported outcomes</td>
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<tr>
<td>Intervention acceptability</td>
<td>Time per intervention</td>
</tr>
<tr>
<td></td>
<td>Accuracy of self-assessment</td>
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- 2 phase analysis
  - Any intervention v waitlist control
  - Coaching v video assessment
Coaches

• Coaches were nominated by the membership of AHSQC
• An effective surgical coach exhibits the following characteristics in his/her practice:
  - Strong communication skills including active listening
  - Leadership
  - Ability to motivate
  - Broad knowledge base
  - Well-respected by peers
  - Experience with intraoperative consults
• Seeking additional coaches – please send us nominations!
Trained Coaches

- Jeffrey Blatnik
- Chad Copper
- Joe Deka
- Thomas Gillespie
- Andrew Kastenmeier
- David Krpata
- Kevin Sexton
- Jeremy Warren
Participating Surgeon Recruitment

• Inclusion criteria
  – AHSQC membership in good standing
  – Submission of a minimum of 10 eligible cases within the 6 months preceding the time of enrollment

• Benefits of participation
  – Free assessment of operative performance by your colleagues
  – Free video-based feedback from a trained surgeon-coach
  – Access to de-identified peer videos
  – Potential to improve performance and/or clinical outcomes
  – Early experience with new model for CPD
Randomization

• Randomization will take place at the time of enrollment and will be assigned after baseline videos submitted

• Randomization to intervention
  1) live surgical peer coaching
  2) asynchronous video-based constructive feedback
  3) a wait-list control group (will get randomized 6 months later)

• Random assignment to coach
Video Capture

- Video capture is required for all three arms
- Capture of robotic and laparoscopic ventral hernia repair is routine
- Capture of open operations may be more challenging; many operating rooms outfitted with boom cameras and in-light cameras
- When this is not the case, surgeons will be provided with a portable recording system (caresyntax)
Arm 1: Live Coaching

- Coach facilitates an introductory phone call with surgeon
  - Explore each other’s background, experience, and motivation
  - Set overall goals and specific goals for the first coaching session
  - Develop action plan, type of first case for review
  - Develop a timeline for coaching sessions

- Peer coaching sessions scheduled at national meetings (ACS, AHSQC Summit) or via video conference platform

- Surgeons record and upload a self-selected video to caresyntax® platform for advanced coach review if desired

- 3 coaching sessions during 6-month intervention period
Arm 2: Asynchronous Feedback

- No real-time interpersonal contact with coaches
- Surgeons upload self-selected procedural video to caresyntax® platform (qvident) with short case description and any specific questions
- Coach reviews video within one week of its posting, provides time-stamped feedback via qvident
- Surgeons review coach feedback and respond
- Coach and surgeon continue communication via qvident until no further comments are made on that case video
- Review three videos during 6-month intervention period
Arm 3: Wait List Control

- One third of surgeons will be randomized to intervention and coach but wait-listed to provide a control group.
- These surgeons will submit two videos for technical skill evaluation during each of the baseline and follow-up.
- AHSQC data will be tracked for short-term outcomes prior to their crossover to the intervention for long-term follow-up.
Baseline and Post-Intervention Assessment

• Objective Structured Assessment of Technical Skill (OSATS)
  - Judged by other participants
  - Self-assessment

• OSATS Domains
  - Gentleness
  - Tissue exposure
  - Instrument handling
  - Time and motion
  - Flow of the operation
Benefits for AHSQC

- First incorporation of video sharing allows evaluation for future video-based projects
- Members will get benchmarked OSATS performance evaluation
- Trial of peer coaching to improve performance takes QI activities to the next level
- Resources to trial better capture of long-term clinical outcomes and PROs
Coachee Orientation
Introduction to Peer / Partnership Coaching
Definition of Coaching

- Unlocking a person’s potential to maximize their own performance. It is helping them to learn rather than teaching them.

- Providing objective and constructive feedback to help someone recognize what works and what can be improved and inspire them to maximize their potential

2. International Coaching Federation (http://coachfederation.org/)
**Peer Coaching** – a distinctive type of coaching in which peers, who are often at a similar level of knowledge engage in an equal non-competitive relationship that involves establishment of goals, observation of a task, self-evaluation and coach feedback to improve task performance and support in the implementation of changes.

Peer Coaching

• **Power balance** – by nature a collaborative relationship where neither participant takes a superior role

• **Self-directed/responsible** – enhances intrinsic motivation and enables coachees to follow self-concordant goals

• **Develop own capacity** – support progress until the coachee starts to develop the habit of self-monitoring

We are Often on “Auto-Pilot” or Do What Makes Sense to Us

Visible (to ourselves & others)

Behaviors/Actions

Conditioned Thinking Paradigms

Experiences

Results/Outcomes

Invisible/Unknown (to ourselves & others)

Courtesy of Janet Dombrowski, JCD Advisors, LLC
“Auto Pilot” at Work in Surgeons

Morbidity/Mortality
  Blood Loss
  Case Time

Equipment/Technology
  Approach
  Technique

Risk Prevention
  Thinking Routines
  Intuition

Training/Mentor
  Bad/Tough Cases

Courtesy of Janet Dombrowski, JCD Advisors, LLC
The Role of Coaching in Surgery

ROLE OF THE PARTICIPANT
- Re-examine experiences
- Reflect on paradigms
- Choose behaviors
- Achieve different results

ROLE OF THE COACH
- Clarify results
- Observe behaviors
- Challenge thinking
- Provide new experience/support insights

Self Awareness
Self Reflection

- Risk Prevention
- Thinking Routines
- Intuition

Training/Mentor
Bad/Tough Cases

Morbidity/Mortality
Blood Loss
Case Time

Equipment/Technology
Approach
Technique

Courtesy of Janet Dombrowski, JCD Advisors, LLC
Who is Responsible for the Learning?

You (the Coachee)
Adult Learners

- Active participation
- The role of experience

Peer Coaching Sessions
Context: Video v. Real-Time

- Allows one to view own performance
- More successful in sustaining behavior change
- Confers a time savings of 50-80%
- Removes concurrent responsibilities to allow full concentration on performance assessment
- Mitigates medico-legal and credentialing complexities

Content / Focus of Peer Coaching Session

- **Technical skills**
  - psychomotor
  - exposure
  - approach

- **Interpersonal skills**
  - communication
  - leadership
  - teamwork

- **Cognitive skills**
  - decision-making
  - judgment
  - situation awareness

- **Stress management**
  - stress response
  - coping strategies
Activities and Mindset of Coaches

- Active participation based on equality and choice
- Role of experience of coachee
- Co-learner, not expert
- Responsibility, not rescue

MINDSET
Adult Learning

- Facilitate goal setting
- The art of inquiry or asking good questions
- Observation/constructive feedback
- Facilitate action planning and follow through

SKILL SET
for Effective Peer Coaching
# New Roles / Skills

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<th>Participating Surgeon</th>
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<td>The art of inquiry or asking good questions</td>
<td>Don’t defend or explain, think deeply</td>
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<td>Giving constructive feedback</td>
<td>Receiving feedback</td>
</tr>
<tr>
<td>Supporting goal identification and action planning</td>
<td>Setting individual goals and following through on action plan</td>
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Reframing Your Response to Good Questions

FURIOUS (or Fearful) → Curious

Courtesy of Janet Dombrowski, President JCD Advisors, LLC
“Let go of your attachment to being right – and suddenly, your mind is more open. You're able to benefit from the unique viewpoints of others, without being crippled by your own judgment.”

– Ralph Marston
The Learner Mindset

**Expert**
- Knows the answers
- Shows little curiosity
- Relies on habits, routines/rules
- Feels competent, complete, comfortable

**Learner**
- Wonders about answers
- Shows great openness
- Challenges assumptions and beliefs
- Continuously tests competence and accepts discomfort

Courtesy of Janet Dombrowski, President JCD Advisors, LLC
YOUR RESPONSIBILITY: Goal Setting & Follow Through

• Come to session with initial thinking about opportunities for improvement – technical, cognitive, interpersonal, stress management, etc.

• End sessions in agreement with coach about planned changes.

• Track impact of implementing changes to share with your coach.
How Do You Feel About Giving and Receiving Feedback?

**NO ONE LIKES TO GIVE NEGATIVE FEEDBACK, BUT EVERYONE WANTS TO HEAR IT**

- **TEND TO PREFER**
  - Receive positive feedback: 4.7
  - Receive negative feedback: 2.3

- **TEND TO AVOID**
  - Give positive feedback: -2.3
  - Give negative feedback: 0.1

**SOURCE** Zenger/Folkman

**HBR.ORG**
Requirements for Effective Feedback

Credible & Skilled Giver

Willing & Prepared Receiver

Courtesy of Janet Dombrowski, President JCD Advisors, LLC
How Can You Be Most Prepared To RECEIVE Feedback?
A mental model is an explanation of your thought process about how something works in the real world. It is a representation of the surrounding world, the relationships between its various parts and a your intuitive perception about your actions and their consequences.
Receiving Feedback?

- Expose and acknowledge your mental models
- Ask for it regularly
- Listen effectively
- Ask only clarifying questions or “what else?”
- Guard against defensiveness – accept their reality
- Focus on the future
- Be gracious
- Be grateful
Levels of Listening

• For Understanding
  – Of the entire message; beyond the words
  – Generative, full of possibilities

• For Application

• To Agree/Disagree

• To Tell My Story

• Non-listening

PRESENCE MAKES THE DIFFERENCE

Courtesy of Janet Dombrowski, President JCD Advisors, LLC
“Most people do not listen with the intent to understand. They listen with the intent to reply.”

– Stephen R. Covey
YOUR RESPONSIBILITY:
Goal Setting & Follow Through

- Come to session with initial thinking about opportunities for improvement – technical, cognitive, interpersonal, stress management, other

- End sessions in agreement with coach about planned changes

- Track impact of implementing changes to share with your coach
Cheat Sheet for Being a Great Coachee

- Be self directed, take responsibility, set goals
- Be aware of your mental models
- Shift to curious
- Listen intentionally
- Be truly “in the moment”
- Guard against defensiveness
- Inquire – for understanding
- Be forward focused – set plans for action
caresyntax®

• Company that supports video capture and data analytics in the Operating Room
• Patient Safety Organization status
• Similar level of protection from discoverability due to AHRQ funding
• Videos will be stored at caresyntax® as a vendor for AHSQC
Video Process

• Participating surgeon uploads a video
• De-identification to the extent possible
• Ability to add comments to study with case history and specific points of feedback requested
• Email notification for review
  – Others in the AHSQC for blinded performance assessment using structured assessment tool
  – Coach
Video Process

• Coach can review with several approaches
  – Case level comments
  – Individual time markers
    • Events, errors or free text
• For asynchronous feedback arm, surgeon gets notification when comments are ready.

For coaching arm, coach and surgeon review video together in person.
caresyntax® Support

User Manual

3 Version

UW Coach qvident QRIO Release 1.2

This reference guide describes common tasks that are performed when using qvident application. Please see the qvident USER Manual for more detailed information and task details.

Starting qvident
1. Enter the following URL in the address bar:
   https://usercare@coresyntax.com:8080

Logging in
1. From the Login screen enter your:
   1. Enter Username
   2. Password
   3. Click on the “Sign In” button

Searching for a Study
1. Type Study ID into:
   1. Search
   2. Click on the thumbnail in the Last Studies section

Studies will be identified with the following naming convention: 001-001
• Series of 6 short videos (duration: 1-3 min)
  – Logging in and out
  – Importing videos and studies
  – Adding comments
  – Time markers
  – Video parallel replay
  – Study deletion
caresyntax® Training Video
caresyntax® Training Video
Questions?

The Wisconsin Surgical Coaching Program (WSCP)
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