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Article type : Consensus Conference

Alternative Markers of Performance in Simulation: Where We Are and Where We Need To Go

Abstract

This article on alternative markers of performance in simulation is the product of a session held during the 2017 *Academic Emergency Medicine* Consensus Conference “Catalyzing System Change Through Health Care Simulation: Systems, Competency, and Outcomes.” There is a dearth of research on the use of performance markers other than checklists, holistic ratings, and behaviorally-anchored rating scales in the simulation environment. Through literature review, group discussion, and consultation with experts prior to the conference, the working group defined five topics for discussion: 1. establishing a working definition for alternative markers of performance; 2. defining goals for using alternative performance markers; 3. implications for measurement when using alternative markers; 4. identifying practical concerns related to the use of alternative performance markers; and 5. identifying potential for alternative markers of performance to validate simulation scenarios. Five research propositions also emerged, and are summarized in the paper.

Introduction and Background

Conventional performance markers include observed behaviors captured by simple checklists and behaviorally-anchored rating scales, individual and team self-assessment, data collected automatically by the simulation system, narrative field notes, and comprehensive

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28 portfolios of learner performance curated over time. Each of these assessment types has
29 associated performance markers that are well-defined; however, they often lack granularity,
30 which limits their ability to offer tangible recommendations for performance.¹ The growth in
31 sensor technology and information processing tools offer the potential for alternative
32 performance markers to address these issues and:

- 33 • provide a detailed scientific description of how people learn (and forget) and how social
34 coordination emerges from the interactions of diverse individuals with and within a
35 complex changing environment.²
- 36 • may provide new insights about ways in which cognition supports decision-making
37 among clinicians with all levels of experience.

38 39 40 **Consensus Areas Discussed**

41 The breakout group discussed five areas concerning alternative markers of performance. They
42 are summarized below.

43 44 45 **1. Working Definition and Examples of Alternative Markers of Performance**

46 Conventional performance markers, including expert observation, typically generate
47 high-level data that views an individual or a team as a system interacting with the environment.
48 Such markers contribute to the understanding of large-scale (i.e. longer-term) patterns and
49 trends.^{3,4} Intermediate markers such as communication analysis generate data that may
50 bridge and validate both micro (milliseconds to seconds) and macro (tens of minutes to days)
51 level performance data.⁵ Markers that generate micro-level data contribute to the understanding
52 of sub-systems (such as those in the brain that underpin performance) tend to be highly granular.
53 An example of such data is modeled electroencephalography (EEG) data. Sampled at
54 millisecond intervals, EEG-generated data provides a window into the microevents, e.g. neuronal
55 firing, in the brain that underpin learners' responses and understanding or lack thereof.⁶ Such
56 data may provide a more targeted approach to training each level of performance, and offers the
57 potential to objectively quantify parameters of performance among individuals and teams.⁷

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 60 checklists and behaviorally-anchored rating scales, individual and team self-assessment, data
 61 collected automatically by the simulation system, narrative field notes, and comprehensive
 62 portfolios of learner performance curated over time.^{1,2} Each of these assessment types has
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74 **2. Working Definition of Alternative Performance Markers**

75 A broad working definition of alternative markers proposed at the Consensus Conference
 76 was, “a performance marker that can potentially or is likely to contribute benefit, but whose
 77 infrastructure, either in material or personnel, is not yet present to make it practical.” Working
 78 Group and Breakout Session members refined this definition with the following characteristics.
 79 It is important to note that they will not be common to all alternative markers.

80 **TABLE 1 HERE**

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82 Alternative performance markers are generated from various types of data. Because data
 83 sources that generate alternative performance markers are either in immediate contact with the
 84 body (on-body)^{6,8-12} or are not in immediate contact with the body (off-body)^{5,6,11-13}
 85 the sources are presented for clarity in Table 2 as on-body or off-body. A description of this data
 86 is also included in Table Two.

87 **TABLE 2 HERE**

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89 **3. Identification of Goals for Using Alternative Performance Markers**

90 Breakout session members identified as important the goals of using alternative markers of
91 performance to develop research-based, quantitative answers to

- 92 • elucidate learning processes and the development of long and short-term memory
93 during clinical tasks
- 94 • understand the cognitive processes that support team cohesion and coordination
- 95 • provide objective metrics to evaluate the efficacy of simulation-based curricula
- 96 • support real-time training adjustments and feedback to maximize learning
- 97 • further describe the cognitive processes supporting decision-making and provide
98 insight into these processes for the learner

101 **4. Implications for Measurement**

102 The introduction of alternative performance markers raised several questions around
103 measurement. The first was whether or not traditional theories of validity such as those
104 introduced by Messik¹⁴ and Kane¹⁵ would remain relevant when analyzing data from alternative
105 performance markers. There was broad consensus that these constructs would remain central to
106 measurement. Participants also agreed that multi-modal approaches to validation of alternative
107 markers would be important, and that such studies should include intermediate markers of
108 performance such as speech analysis that can bridge micro-events such as neuronal firing and
109 macro-level behavioral observations done by trained and calibrated expert raters. Preliminary
110 results suggest that this multi-modal approach may have utility in situations as diverse as
111 submarine navigation tasks by bridge crews and teamwork in healthcare.^{5,6} Multi-modal
112 approaches may also make it possible to more routinely provide the simulation and education
113 communities with quantitative descriptions of the relationship between team members with each
114 other, with complex changing environments and across time and task sets.¹⁶

117 **5. Practical Concerns Related to the Use of Alternative Performance Markers**

118 The conference attendees discussed several practical concerns related to alternative
119 markers including cost, infrastructure, data handling, and end-user acceptance. Regarding cost
120 and infrastructure, many alternative markers will require an investment in new sensors as well as

121 computing and other processing equipment to collect and prepare data, then analyze and
122 integrate the results into meaningful output. One could imagine a fully equipped simulation-
123 based performance laboratory to gather and analyze off-body and on-body performance markers
124 such those listed in Table Two. The price tag on such a facility would be substantial, and likely
125 out of reach for many simulation programs in the beginning. It was recognized that making
126 rational decisions about which technologies to invest in would require deliberate and far-ranging
127 conversations among multiple stakeholders, including department administrators, educational
128 leaders and researchers, and others.

129 *Sensors, Processing, Integration, and Use of Data*

130 Alternative markers are expected to generate large quantities of data, especially as
131 improvements are made in sensor technology, and computer algorithms. The large quantities of
132 data generated by alternative markers creates the need to be able to record, process, integrate and
133 visualize data in meaningful ways. Researchers need to develop methods and analytic
134 approaches to this “big data” problem keeping in mind critical issues related to level(s) of
135 analysis.

136 *Acceptance of Alternative Markers of Performance*

137 Research and education-focused conference attendees noted that acceptance of alternative
138 performance markers by the EM simulation community could represent a significant barrier.
139 Training programs have traditionally tried to move learners along a pre-determined path toward
140 competency. However, with alternative marker data, the potential for real-time assessment and
141 feedback offers the opportunity for rapid adjustments in training design and implementation.
142 Such an approach would require a paradigm shift in clinical education. Educators would need to
143 master the use of alternative marker data to guide rapid adaption of learning goals, objectives,
144 and delivery of the simulation to learners. Likewise, learners would need to be prepared for a
145 more dynamic, individualized curricula.

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148 **5. *Potential for Alternative Markers of Performance to Validate Simulation Scenarios***

149 Alternative marker data can help educators and learners alike focus on scenario elements
150 that are most important for reaching training objectives. For example, educators may wish to
151 design a scenario that requires specific cognitive functions. Alternative markers can provide data

152 corroborating the activation of cognitive processes when expected in the scenario. Research will
153 be needed to evaluate the benefit of using alternative performance markers to understand more
154 deeply the efficacy of various simulation modalities for different learning needs.

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157 **Areas for Future Research**

158 The following research propositions emerged from the consensus conference breakout session:

- 159 1. Research should focus on providing validity evidence to support the use of alternative
160 markers in both individual and team-based performance assessments.
- 161 2. Researchers should consider collecting alternative marker data in actual clinical
162 environments to facilitate the evaluation of system and process changes on performance.
- 163 3. Research is needed to determine appropriate methodological and statistical approaches to
164 alternative marker data aggregation and presentation.
- 165 4. Educators need further instruction to support effective incorporation of alternative marker
166 data into simulation-based training design and implementation.
- 167 5. Research evaluating the effectiveness of simulation-based training should incorporate
168 alternative marker data when appropriate.

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171 **Summary**

172 Alternative performance markers hold significant promise for quantitating performance at
173 a level of bio-behavioral detail never before realized. As these markers move from leading-edge
174 research to common use, it is incumbent on the simulation and assessment communities to
175 actively participate in discussions and research necessary to establish best practices for
176 collection, analysis, and use of data from alternative markers. These best practices must rest on a
177 firm foundation of science drawn from biologic, computational, computer, measurement, and
178 behavioral realms. With such a foundation to support their development, deployment, and use,
179 today's alternative performance markers may become tomorrow's conventional measures.

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Table 1 Common Alternative Marker Attributes	
Generates Granular Data	Granular data is broken down into the smallest possible pieces to generate detail. Granular data can be modeled in any way the scientist requires. It is possible to aggregate and disaggregate such data to meet needs of different situations.
Continuous Nature of Data	Data is captured in uninterrupted fashion during an assessment session
Automated Data Collection	Pre-established protocols drive computerized data collection from on and off-body sensors
Generates Large Quantities of Data	Ever-growing array of sensors with high sampling rates will generate multiple measurements from each sample from a data source.
Raw Signals Requiring Processing and Modeling	EEG, fNIRS, examples of raw signals that must be processed into data and then mathematically modeled
Available as Individual and/or Team Data	Some alternative markers hold potential to untangle individual's contribution to team performance.
Near Real-time	Will likely approach the ability to process signals and model alternative marker data in near-real time

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Table 2	
On-body and Off-body Data Sources for Alternative Performance Markers	
Off-body Data Source	Description
Computerized Communication Analysis ⁵	Communication characteristics linked to specific processes and team performance.
Galvanic Skin Response & Vocal Stress Cues ¹⁷	Synchronized autonomic arousal as measured by changes in skin conductance and elements of speech including pitch, rate, and loudness
Oculometrics ^{16,17}	Evaluates pupil size to measure autonomic arousal.
Eye Tracking ¹⁷	Measures either the point of gaze or motion of an eye relative to the head.
Audiovisual Data Analysis Driven by Machine Learning ¹⁸	Example applications include large scale analysis of discourse, actions, gestures, tone of voice, and other body language captured via AV recording; driven by machine learning.
On-body Data Source	Description
Electroencephalogram (EEG) ⁴	Measures the electrophysiology of action potentials within the brain; does so across multiple frequencies.
Functional MRI (fMRI) ⁹	Measures activity in different parts of the brain by evaluating oxygen levels in the blood circulating there.

Functional Near Infrared Spectroscopy (fNIRS) ¹⁰	Use of near-infrared spectroscopy to measure hemodynamic changes in the brain that are associated with neuronal behavior.
Electrocardiogram for Heart Rate Variability (HRV) ¹⁷	HRV refers to normal variation in time between heartbeats; used as a marker of autonomic arousal.
Cortisol, Interleukin, Neuropeptide Y, Interferon-gamma, Tumor necrosis factor ¹⁷	Biochemical markers of autonomic arousal and stress.

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