

# Trigger Videos: A Novel Application of A Tool For Surgical Faculty Development

Anuj Arora

University of Toronto

Jen Hoogenes

McMaster University

Deepak Dath (✉ [dathd@mcmaster.ca](mailto:dathd@mcmaster.ca))

McMaster University

---

## Research Article

**Keywords:** Trigger videos, faculty development, intraoperative teaching, learning tool

**Posted Date:** April 26th, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-415372/v1>

**License:** © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

---

**Version of Record:** A version of this preprint was published at BMC Surgery on December 1st, 2021. See the published version at <https://doi.org/10.1186/s12893-021-01415-9>.

# Abstract

## Background

Trigger videos have occasionally been used in medical education; however, their application to surgical faculty development is novel. We assessed whether workshops designed to improve surgeons' intraoperative teaching (IOT), anchored by trigger videos, were useful and effective in inspiring surgeons to improve their IOT.

## Methods

Surgeons from multiple specialties attended one of six faculty development workshops where IOT trigger videos were shown and discussed during break-out sessions. Participants completed questionnaires to 1) evaluate videos via survey and feedback, and 2) identify adoptable and discardable IOT techniques. Teaching techniques were collated to identify planned IOT changes and survey data and feedback were analyzed.

## Results

A total of 135 surgeons identified 292 adoptable and 202 discardable IOT techniques based on trigger videos and discussions, and 94% of participants reported that the trigger videos were useful and encouraged them to discuss and consider new IOT techniques in their own practice.

## Conclusions

Participants reported that the trigger videos were useful and motivating. Surgeons critically reflected on IOT during the sessions, identifying numerous adoptable and discardable techniques relevant to their own teaching styles. Trigger videos can be a valuable tool for surgical faculty development and can be tailored to other medical specialties.

## Introduction

Academic surgeons must actively teach, adapt teaching techniques while considering trainees' learning needs, entrust residents with increasing intraoperative autonomy, and provide residents with meaningful feedback.<sup>1</sup> Yet, surgeons teach with little to no formal training in adult education and teaching.<sup>2,3</sup> Intraoperative teaching (IOT) can be especially challenging, as it occurs in the complex environment of the operating room (OR) where the surgeon is also responsible for the patient's outcome and where resident education is secondary to patient safety.<sup>2</sup> Surgical training programs are shifting towards competency-based medical education (CBME) frameworks which raises new challenges for educators. In this new CBME era, frequent assessment, feedback, and documentation means that surgeons need to be constantly mindful of how they are teaching in the OR.<sup>1</sup>

IOT requires surgeons to develop a complicated skillset; but it is uncommon for them to have time to reflect or review on their teaching skills to know how to improve.<sup>4</sup> In 2018, Deal and colleagues identified several key priorities for faculty development in general surgery, which included feedback and assessment of residents and the improvement of IOT skills.<sup>5</sup> Holding regular faculty development sessions that focus on teaching and assessment can provide surgeons with the skills and training required to teach effectively.

Faculty development in the setting of an OR would be ideal, but this is not possible in surgery given the scale on which faculty development must be delivered. Current techniques include small-group discussions, interactive exercises, structured opportunities for reflection, didactic lectures, role-play and simulation, films, and videotaped reviews of performance.<sup>6</sup> Immersive techniques and sessions that are closer to real-life experiences often result in the most effective faculty development outcomes.<sup>6</sup> For general surgery, Deal et al. found that the most beneficial learning modalities are interactive small group sessions and video-based education, noting that fundamental barriers include time limitations, faculty disinterest, and limited financial support for new faculty development initiatives.<sup>5</sup> With these considerations, we delivered faculty development sessions that capitalized on video-based education to provide a realistic and immersive experience.

Our team designed IOT faculty development workshops around a less commonly used tool known as a trigger video. Trigger videos are short, realistic, challenging, or routine scenarios that are meant to stimulate meaningful discussion and reflection among faculty.<sup>7,8</sup> Trigger videos are not “how-to” or “show how” teaching material; rather, participants become immersed in the scenarios they can relate to, providing a common experience from which to generate discussion. The scenarios also encourage reflection with the goal of yielding improved results over passive learning techniques.<sup>9</sup>

The available literature supporting trigger videos exists for medical students and nurses. In problem-based learning sessions, trigger videos have been highly rated by students as being engaging and motivating.<sup>9</sup> In nurse education programs, trigger videos have been shown to be excellent stimuli for discussion and analysis of complex issues.<sup>10</sup> Additionally, nurse anesthesia instructors have noted that trigger videos help to hone skills necessary to teach in high stress environments.<sup>11</sup> To our knowledge, there is no published literature on the use of trigger videos for faculty development in surgery.

We hypothesized that workshops anchored by trigger videos would provide surgical faculty with an immersive experience with their peers that would facilitate learning about how to improve their IOT. To study this, we evaluated whether workshops designed with trigger videos were felt to be useful and whether they were effective in inspiring participants to make changes to improve their IOT techniques. Here, we describe the development of our trigger videos, the design of our workshops, the analysis of the participants’ evaluations, and the potential applications for future faculty development initiatives.

## Methods

## **Ethics Approval**

This research project was exempt from research ethics board review by the Hamilton Integrated Research Ethics Board [HIREB] given that this work was considered quality assurance and program evaluation. Informed consent was obtained by participants attending the workshop and filling the feedback forms. All methods were carried out in accordance with relevant guidelines and regulations.

## **Study design and setting**

In a previous faculty development study, 44 experienced staff surgeons from different specialties participated in focus group sessions designed to initiate discourse with respect to challenges faced during IOT.<sup>12</sup> These sessions identified multiple IOT topics which were used to lay the foundation for the trigger videos.<sup>12</sup> Surgical educators were invited to develop scenarios and scripts for highlighting the different IOT topics to create the videos. The videos were produced using volunteer medical students, residents, faculty, nurses, and other hospital personnel in realistic simulated settings in the OR. Table 1. lists the five trigger videos that were designed to highlight these IOT challenges.

The trigger videos anchored three types of workshops for a total of six events. The first was at our university where all surgeons in the department were invited (three events). The second type was held by invitation at another university where surgeons from a specific division or hospital site were participants (two events), while the third was conference-based and was attended by surgeons from a variety of disciplines (one event). Workshops were one to three hours long in duration depending on venue and allotted time.

Workshop participants were assigned to tables in small groups and all participants were shown the trigger video. During break-out sessions, small groups were instructed to discuss the IOT techniques and concepts they identified in the video. Each group then presented a summary of what they learned when the workshop reconvened in a large group discussion format. Workshops wrapped up with a facilitated discussion that linked the content the participants discussed with evidence from the literature. Multiple trigger videos were used during the sessions.

## **Outcomes**

The outcomes for this study included evaluating whether the workshop engaged participants and whether trigger videos encouraged surgeons to identify techniques to improve their own IOT. For evaluation of the workshops, participants completed a Likert-style survey that elicited feedback on the presentation, the quality and utility of the session, and their opinion of the trigger videos. An open-ended question was included for comments and suggested improvements for future application. To evaluate whether the surgeons planned to change their IOT techniques, we asked them to report three positive techniques they would adopt and three negative techniques they would discard based on their workshop discussions. The evaluation forms are shown in Figures 1 and 2.

## Analysis

To evaluate the effectiveness of engagement of the trigger videos, the questionnaire data were dichotomized into positive and negative responses. The quotes from the comments section were compiled into three categories (positive comments, suggestions for innovation, and critical comments). To assess whether the participants planned to adopt or discard IOT techniques, the positive and negative techniques from the questionnaires were collated. This research project was exempt from research ethics board review at our institution.

## Results

The workshops were attended by surgeons from multiple specialities (general surgery, plastic surgery, orthopedic surgery, urology, gynecology, cardiac surgery, pediatric surgery, neurosurgery, vascular surgery, thoracic surgery, head and neck surgery, ophthalmology). A total of 119 participants completed the questionnaire evaluating the trigger videos, with 94% indicating that the videos were “good” or “forced me to think about teaching concepts” while 6% thought the videos were “distracting” or “somewhat useful”. Almost all (95%) respondents thought the presentation was “dynamic and at times exciting and fun” or “held my attention and kept me interested”, compared to 5% of respondents who thought it was “static, plodding” or “[just] active enough to keep me awake”. Regarding usefulness of the workshop, 97% of thought the session was “good” or “excellent”, while 3% felt it was “poor” or “mediocre”. A total of 98% rated the workshop’s quality as “good” or “excellent”, with the remainder responding that it was “poor” or “mediocre”.

Many of the comments were positive and primarily favoured the delivery of the workshop and included quotes like “[the] session will actually affect my behaviour” and “[a] great forum for all faculty to open up about teaching issues”. Surgeons suggested 21 innovations for practice, including “emphasizing [the] CanMEDS framework” and “including nurses, anesthesiologists, and residents [in their IOT]”. Critical feedback noted in 17 comments surrounded the length of the workshops, indicating that they were “too long”. The teaching techniques questionnaire was completed by 135 surgeons, where 298 positive “adoptable” and 202 negative “discardable” teaching styles were identified. Example quotes are shown in Table 2.

## Discussion

In this prospective cross-sectional study, we designed, delivered, and evaluated faculty development workshops for surgeons that used trigger videos as a tool to improve IOT. The participants were engaged and stimulated during their discussions amongst their peers in both the large and small group formats. Feedback from participants was overwhelmingly positive with respect to the use of trigger videos as a cornerstone of these sessions. A total of 500 unique IOT points were generated by participants who completed the post-workshop questionnaires, indicating that they were able to relate the workshop content to their own teaching experiences.

A barrier to faculty development in surgery is interest.<sup>5</sup> The use of videos in medical education has been used to overcome this barrier, as they can encourage interactivity to improve learning.<sup>13</sup> For simple content, how-to videos are excellent at showing or explaining concepts. For complex content where participants need to remain engaged and interactive, trigger videos are indispensable for generating discussion among peers. Our results show that the trigger videos used in our workshops are capable of inciting dialogue while keeping participants engaged. Positive feedback on the evaluation questionnaires showed that the surgeons enjoyed using the videos and their open-ended responses demonstrated that the videos generated reflection, discussion, and plans for behaviour change.

Our finding that trigger videos can be an excellent stimulus for discussion has been replicated in other studies. Ber and Alroy used trigger videos to teach aspects of professionalism to medical students, finding that participants identified a multitude of issues relative to the topic.<sup>14</sup> In our study, surgeons were able to identify unique issues and challenges they faced in their own daily teaching practice. Despite viewing the same videos, each group highlighted a variety of discussion points related to IOT. This allowed for rich discussion in the small groups, which set the foundation for broader large group discourse. Ber and Alroy also found that medical students' perspectives on professionalism differed when viewing trigger videos prior to clerkship compared to viewing the videos after initiating clinical experience, indicating that the same trigger video format can be used at different stages of training.<sup>14</sup> Surgeons in our workshops had varying levels of teaching experience and were able to learn from the trigger videos and from their peers. In a study by Nichols, when used in nursing education, trigger videos were noted to be excellent discussion stimulators and were rated as highly enjoyable among the students.<sup>10</sup> These findings parallel the results of our study and also suggest that trigger videos can be successful in multiple educational settings.

This paper describes a novel application of trigger videos in the setting of faculty development workshops where surgical faculty learn about IOT. Coaching, small group sessions, and video-based education have been highlighted as the top three learning modalities for faculty development.<sup>5</sup> Our video-based workshops with small group discussion capitalized on two of these techniques. Using the trigger videos as an anchor, surgeons were able to identify and discuss the IOT challenges they face in their own daily practice and strategies to tackle them. Participants were also able to learn from their peers, as each small group focused on specific points introduced in the trigger videos. They shared by reporting the elements of their small group discussions to the larger group, benefiting the entire workshop. The facilitators presented literature that supported the IOT techniques to further solidify what the surgeons had learned during these interactive workshops.

The trigger video is a successful tool because it is immersive. It uses active learning techniques to improve retention of material, encourage motivation for further study, and develop new thinking skills.<sup>15</sup> We believe that the trigger video works by forcing participants to debrief their immersive experiences, allowing for deep reflection and critical thinking among peers in a non-judgemental environment. Debriefing is cited as one of the most important aspects of learning because it translates an experience

into an analyzed and interpreted event.<sup>16</sup> In our faculty development workshops for surgeons, deep reflection and critical thinking during discussion with peers caused participants to evaluate their own IOT styles and behaviours and how they intend to change the way they teach. Based on surgeons' feedback and identification of 500 unique IOT concepts, we believe trigger videos were a highly valuable component of our faculty development workshops.

Barriers to faculty development include financial support for implementing workshops.<sup>5</sup> A trigger video is an inexpensive tool that can be used multiple times. Videos are ubiquitous, can be shot easily or found online (including those we developed for our workshops, available in Appendix 1). Additionally, video can easily be shown online and on virtual platforms, making trigger videos an attractive solution for engaging surgeons during faculty development initiatives on virtual platforms. For example, a trigger video can be shown to a large online group, followed by virtual breakout "rooms" for discussion, and then reconvening in a large group format virtually.

Our study's strengths include the vast acceptance of the trigger videos by the surgeons in the workshops, the demonstration that trigger videos are an engaging tool that can generate discussion about complex concepts such as IOT, and the potential for generalizability from local to multi-institutional delivery of the workshops with a variety of surgeons. The study is limited in that our data may be skewed by participation bias, as surgeons who chose to attend these faculty development sessions may already have an interest in teaching. Furthermore, scheduling of faculty development workshops is a barrier for some, as is the case with many scheduled teaching initiatives. However, with the potential for the use of workshops with trigger videos on a virtual platform, this could alleviate scheduling conflicts for those who wish to participate.

Surgical faculty development initiatives should focus on training participants for their new teaching and assessment roles in the CBME era.<sup>5</sup> To ensure their residents and fellows attain and demonstrate competency, surgeons need to focus on their own IOT skills. In our study, small-group sessions using trigger videos were effective at encouraging surgeons to focus on IOT skills. Our trigger videos are available free online (Appendix 1); but trigger videos can be created using ideas from existing videos, filmed to fit the needs of a workshop or other teaching initiative, and can be used on virtual platforms. Given our success with implementing trigger videos, we believe that strong consideration should be given to using this tool to anchor faculty development sessions focused on IOT. Furthermore, given that trigger videos can be tailored to multiple scenarios, they may be a useful component for other types of teaching modalities and transferable to other medical specialties.

## Conclusions

This paper describes a novel application of trigger videos in the setting of surgical faculty development workshops designed for educating and improving IOT techniques. Incorporating trigger videos in our six workshops allowed for rich discussion and demonstrated that trigger videos are engaging tools that can help to facilitate small and large group dialogue on complex concepts such as IOT. Participants' positive

feedback and their stated intentions to improve their IOT techniques indicates the value of using trigger videos in a faculty development setting. The use of trigger videos for IOT may be adapted from local to multi-institutional delivery of faculty development workshops and may be a feasible option for use via online platforms and with other medical specialties.

## Abbreviations

IOT- intraoperative teaching

CBME – competency-based medical education

## Declarations

### *Ethics approval and consent to participate*

- This research project was exempt from research ethics board review by the Hamilton Integrated Research Ethics Board [HIREB] given that this work was considered quality assurance and program evaluation. Informed consent was obtained by participants attending the workshop and filling the feedback forms.

### *Consent for publication*

- Not applicable

### *Availability of data and materials*

- The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

### *Competing interests*

- The authors declare that they have no competing interests

### *Funding*

- Not applicable

### *Authors' contributions*

- Anuj Arora collated and analyzed the data, edited and wrote the manuscript
- Jen Hoogenes helped develop the trigger videos, analyze data and edit the manuscript
- Deepak Dath helped develop the trigger videos, analyze data and edit the manuscript

### *Acknowledgements*

- Not applicable

### *Author information*

- Anuj Arora, MD, is a medical postgraduate resident of the Department of Surgery, University of Toronto, Toronto, Canada.
- Jen Hoogenes, PhD, MSc, is a Research Fellow and Clinical Research Coordinator at McMaster University, Hamilton, Canada
- Deepak Dath, MD, MEd, FRCSC, is a Professor of Surgery at McMaster University, Hamilton, Canada.

## References

1. Sonnadara RR, Mui C, McQueen S, Mironova P, Nousiainen M, Safir O, et al. Reflections on competency-based education and training for surgical residents. *J Surg Educ.* 2014;71(1):151–8. <http://dx.doi.org/10.1016/j.jsurg.2013.06.020>
2. Iwaszkiewicz M, DaRosa DA, Risucci DA. Efforts to Enhance Operating Room Teaching. *J Surg Educ.* 2008;65(6):436–40. <http://dx.doi.org/10.1016/j.jsurg.2008.07.006>
3. Jeffrey RL, Clarke RM. Ten tips for teaching in the theatre tearoom: Shifting the focus from teaching to learning. *World J Surg.* 2010;34(11):2518–23. <http://dx.doi.org/10.1007/s00268-010-0719-6>
4. Khan N, Khan MS, Dasgupta P, Ahmed K. The surgeon as educator: Fundamentals of faculty training in surgical specialties. *BJU Int.* 2013;111(1):171–8. <http://dx.doi.org/10.1111/j.1464-410X.2012.11336.x>
5. Deal SB, Alseidi AA, Chipman JG, Gauvin J, Meara M, Sidwell R, et al. Identifying Priorities for Faculty Development in General Surgery Using the Delphi Consensus Method. *J Surg Educ.* 2018;75(6):1504–12. <https://doi.org/10.1016/j.jsurg.2018.05.003>
6. Steinert Y, Mann K, Anderson B, Barnett BM, Centeno A, Naismith L, et al. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. *Med Teach.* 2016;38(8):769–86. <http://dx.doi.org/10.1080/0142159X.2016.1181851>
7. Fisch AL. The Trigger Film Technique. *Improv Coll Univ Teach.* 1972 Nov;20(4):286–9. <http://dx.doi.org/10.1080/00193089.1972.10533308>
8. Ber R, Alroy G. Twenty Years of Experience Using Trigger Films as a Teaching Tool. 2001;656–8. <http://dx.doi.org/10.1097/00001888-200106000-00022>
9. Chan LK, Patil NG, Chen JY, Lam JCM, Lau CS, Ip MSM. Advantages of video trigger in problem-based learning. *Med Teach.* 2010;32(9):760–5. <http://dx.doi.org/10.3109/01421591003686260>
10. Nichols J. The trigger film in nurse education. *Nurse Educ Today.* 1994;14(4):326–30. [http://dx.doi.org/10.1016/0260-6917\(94\)90145-7](http://dx.doi.org/10.1016/0260-6917(94)90145-7)
11. Hartland W, Biddle C, Fallacaro M. Accessing the living laboratory: Trigger films as an aid to developing, enabling, and assessing anesthesia clinical instructors. *Am Assoc Nurse Anesth.* 2003;71(4):287–91. Available from: <https://pubmed.ncbi.nlm.nih.gov/13677224/>

12. Dath D, Ed M, Hoogenes J, Ph D, Matsumoto ED, Ed M, et al. Exploring how surgeon teachers motivate residents in the operating room. *Am J Surg* [Internet]. 2013;205(2):151–5. <http://dx.doi.org/10.1016/j.amjsurg.2012.06.004>
13. Dong C, Goh PS. Twelve tips for the effective use of videos in medical education. *Med Teach*. 2015;37(2):140–5. <http://dx.doi.org/10.3109/0142159X.2014.943709>
14. Ber R, Alroy G. Teaching professionalism with the aid of trigger films. *Med Teach*. 2002;24(5):528–31. <http://dx.doi.org/10.1080/0142159021000012568>
15. Charles C, James A. Bonwell, C. C., and Eison, J.A. (1991). Active learning- creating excitement in the classroom. ASHE-ERIC Higher Education Report No. 1, Washington, D.C.- The George Washington University, School of Education and Human Development . 1991. Available from: <https://files.eric.ed.gov/fulltext/ED336049.pdf>
16. Fanning RM, Gaba DM. The role of debriefing in simulation-based learning. *Simul Healthc*. 2007;2(2):115–25. <http://dx.doi.org/10.1097/SIH.0b013e3180315539>

## Tables

**Table 1.** Trigger videos used in the faculty development sessions

Video name	Description
Open gastrectomy	Trigger video depicting challenges faced by a staff surgeon during a complex case (OR running late risking cancellation of last case, external stressors, intraoperative bleeding)
Retroperitoneal node dissection	Trigger video depicting negative and positive teaching strategies to cope with significant intraoperative bleeding
Right hemicolectomy	Trigger video depicting an intern’s first day on a service where the staff and senior resident are not interested in teaching and the intern is “getting in the way”
Laparoscopic cholecystectomy	Trigger video depicting two different strategies to coach a resident on a case the resident has previously struggled on
Ankle open reduction and internal fixation (ORIF)	Trigger video depicting a resident struggling through a case without getting instructive feedback from the staff surgeon

**Table 2.** Quoted examples of positive IOT styles surgeons wanted to adopt and negative styles they wanted to discard

Positive “adoptable” teaching styles	Negative “discardable” teaching styles
<ul style="list-style-type: none"> <li>· Make sure to remain interactive with the junior trainee during a case</li> <li>· Continuous questioning to all learners in OR</li> <li>· Empower resident to control and participate in the environment</li> <li>· Avoid outside stresses</li> <li>· Being better assistant (not getting distracted)</li> <li>· Anticipate potential problems and situations</li> <li>· Label my behaviour to resident (i.e., CanMEDS)</li> <li>· Emphasize the professional role with regards to setting the tone in the OR</li> <li>· Breakdown common cases into teachable components</li> <li>· Quick chat to plan the steps of the surgery with the resident</li> <li>· Explain decisions in OR</li> <li>· Try to talk to residents more through difficult parts rather than take over</li> <li>· Identify verbally, i.e., voice ‘learning moment’</li> <li>· Outline expectations for different levels of learners</li> <li>· Delegate different roles to different levels of training</li> <li>· Let resident choose what to do if there is time constraint</li> <li>· Reminder to time and book OR cases when working with trainees</li> <li>· Asking resident to provide feedback to you as a teacher</li> <li>· Better use of feedback/debriefing after case</li> <li>· Invite feedback from trainees</li> <li>· Pre- and post-case discussion with residents</li> <li>· Understanding learner needs/expectations</li> </ul>	<ul style="list-style-type: none"> <li>· Not engaging in the training or teaching</li> <li>· Not promoting resident self-confidence</li> <li>· Non-case-based discussion that may distract</li> <li>· Being distracted by personal life issues</li> <li>· Allowing frustration with sub-optimal instruments to affect mood/tone in OR</li> <li>· Not speaking up for others</li> <li>· Not advocating for trainees</li> <li>· Not being polite to nursing staff</li> <li>· No teaching plan for OR</li> <li>· Allowing unprepared residents to proceed to OR</li> <li>· Unprepared (to teach)</li> <li>· Assuming residents know what I know/next steps</li> <li>· Failure to communicate the thought process</li> <li>· Poor communication with other members of the OR team</li> <li>· Taking over with no explanation</li> <li>· Ignoring medical students while teaching residents</li> <li>· Minimizing role of junior learners/medical students</li> <li>· Hierarchical downplay</li> <li>· Projecting feelings of being rushed</li> <li>· Thinking too much about time pressures</li> <li>· More patience before taking over</li> <li>· Silence – not giving feedback</li> <li>· Eliminate negative banter, teasing or ridicule</li> <li>· Criticism in OR that may embarrass resident</li> <li>· Not making more time for feedback</li> <li>· Blaming the learner</li> </ul>

- Be more explicit about key learning objectives for case
- Debrief about case post-op
- Go over teaching points
- Not debriefing at the end of case
- Not talking more pre/post and during case

## Figures

### OUTCOME ASSESSMENT FORM

- Three **New** teaching styles or points that I learned or realized from the videos and/or discussion that **I will adopt**.

1.....  
 .....  
 2.....  
 .....  
 3.....  
 .....

- Three **negative** teaching styles that I will try to **change or discard**.

1.....  
 .....  
 2.....  
 .....  
 3.....  
 .....

Are you a surgeon?	Y	N		Surgical Resident?	Y	N					
Teaching Institution?	Y	N		Post-Grad Year	1	2	3	4	5	6	7

Figure 1

Positive and negative teaching styles questionnaire

**Anonymous Evaluation of the Session:**

Please take a minute to give us your anonymous evaluation (please circle):

• **The videos were:**

---

Distracting    Somewhat useful    Good to help focus on teaching    Forced me to think about teaching concepts

• **The presenter was:**

---

Not helpful    Partially helpful in the discussions    Useful at keeping things on track    Good at summarizing points and integrating concepts

• **The presentation was:**

---

Static, plodding    Active enough to keep me awake    Held my attention and kept me interested    Dynamic and at times exciting/fun

• **Overall, the *QUALITY* of this session was:**

---

Poor    Mediocre    Good    Excellent

• **Overall, the *USEFULNESS* of this session was:**

---

Poor    Mediocre    Good    Excellent

Comments and suggestions for improvement or change:

- 1.....  
.....
- 2.....  
.....
- 3.....  
.....

**Figure 2**

Trigger video evaluation questionnaire

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [Appendix1.docx](#)