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Chapter 9

Socialization and accountability

Instructional responses to peer feedback in healthcare simulation debriefing

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Introduction

Simulation-based team training is a common feature of healthcare education, offering a safe, ethical, and time-efficient alternative to training with real patients (Issenberg & Scalese, 2008). Debriefing, which takes place after the simulated case, is a central component of such training in which the students' simulation performance is subject to feedback from both instructors and peers. This chapter investigates how the provision of feedback is organized during debriefings and discusses its relevance for professional socialization in healthcare settings. In the following, we first outline how feedback has been conceptualized in the research literature and highlight some findings central to the current chapter. The focus is on the sensitive nature of feedback and the differences between peer and instructor feedback. After introducing the empirical case and setting, we then turn to an analysis of two episodes from post-simulation debriefings. By investigating how feedback from instructors relies on and is responsive to prior talk amongst students, we show how the instructional work accomplished through the instructors' contributions addresses not only simulation performance but also the ways in which performance is accounted for in student talk. The analysis demonstrates how the socialization of members entails an interplay between fostering performative competence through feedback on observable conduct and shaping professional forms of accountability. In the concluding discussion, we return to this observation and its consequences for professional socialization in healthcare settings.

Background

In research on healthcare simulations, debriefing conversations are considered central to simulation training and believed to foster reflection and consolidate the learning of the skills trained (e.g., Dieckmann et al., 2008). Rall et al. (2000), for instance, called debriefing "the heart and soul of simulator training" (p. 517), a description that has been widely cited in the simulation literature. A growing body of studies explores the effectiveness of different ways of eliciting reflection and providing feedback in debriefing to improve learner achievement (see, e.g., Kolbe et al., 2013; Rudolph et al., 2008; Timmis & Speirs, 2015). Meta-analyses have summarized the debriefing literature and identified and discussed features that can

impact the effectiveness of debriefing (Tannenbaum & Cerasoli, 2013; Keiser & Arthur, 2021; 2022), including the duration of the debriefing, whether the feedback is individualized or delivered to groups, the amount of structure applied to the debriefing format, the degree of instructor involvement, and the character of the media used to recreate and analyze simulator performances and events (see Keiser & Arthur, 2021).

The terms debriefing and feedback are sometimes used synonymously in the research literature on healthcare simulations (e.g., Chiniara et al., 2013; Issenberg et al., 2005; McGaghie et al., 2010; Motola et al., 2013). Others use "debriefing" for activities where participants and instructors jointly discuss and reflect upon the preceding simulation performance (Eppich et al., 2015), whereas "feedback" refers to the delivery of "[s]pecific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance" (Eppich et al., 2015, p. 1501). The conceptualization of feedback as the one-way transmission of information from a sender to a recipient (see Chiniara et al., 2013; Sawyer et al., 2016; van de Ridder, 2008; Waznonis, 2014) can be contrasted with the understanding of feedback as a more interactive process that is predominant in contemporary educational research literature (Evans, 2013). In line with this view, feedback is typically used as an umbrella term for evaluative, corrective, recommending, and instructive conversations between two or more parties aimed at improving one party's understanding and/or performance of a task (e.g., Evans, 2013; Hattie & Timperley, 2007; Sadler, 2010).

In this chapter, the term "debriefing" is used to designate the encompassing activity or context in which feedback sequences occur. In parallel with the educational research literature, feedback is used to refer to sequences constituted by various types of actions, including corrections, assessments, and advice. This is also in line with prior conversation analytic studies on feedback, which have treated feedback as compound turns that include "contextualising, evaluative and recommending elements" (Vehviläinen, 2009, p. 187). There is some prior research on simulation-based professional training that outlines the function of debriefing in relation to the scenario (e.g., Hontvedt, 2015; Sellberg, 2018; Roth, 2015), how debriefing can be supported by various tools such as video recordings and other visualizations (Roth & Jornet, 2015; Nordenström et al., 2017; Sellberg et al., 2021), and how the simulation performance in various ways are linked to professional practice (Hindmarsh et al., 2014; Sellberg, Lindwall & Rystedt, 2021). Given the investigated phenomena, however, it is also relevant to mention studies of post-performance feedback talk in other academic contexts that explicitly deal with the sensitive nature of feedback and the difference between feedback from instructors and peers before returning to feedback specifically aimed at professional practice.

As shown in conversation analytic research on various ordinary and professional settings, the production and reception of corrections, negative assessments, and advice tend to be interactionally delicate and coupled with tensions and resistance (e.g., Heritage & Sefi, 1992; Jefferson, 1987; Pomerantz, 1984; Pomerantz & Heritage, 2013). To some extent, this holds true for educational interactions as well, even though critical feedback is typically an expected part of such activities.

With respect to the sensitive nature of feedback, there are systematic differences in the ways in which feedback is delivered by teachers and student peers. Copland (2011) investigated the "negotiation of face" in post-teaching feedback meetings for teacher trainees. She argues that the trainers, although sensitive to issues of "face-threatening acts" or "politeness," largely orient to critical feedback as an interactionally unproblematic activity associated with their institutional role. Peer feedback, in contrast, tends to take the form of descriptive comments and positive evaluations. The rare instances of negative feedback are "unelaborated, hedged, and often linked by the trainee delivering the feedback to a weakness in his/her own performance, as if somehow to share responsibility for the weakness" (p. 3838).

The observations made by Copland (2011) are repeated in other studies (e.g., Park, 2014; Waring, 2007; 2012) and peer feedback seems to be systemically couched with downgrades, hedges, accounts, or other minimizing features to a greater extent than feedback from teachers. These differences are associated with locally relevant categorial relations and entitlements, which potentially shape the ways that actions are produced and responded to. Svinhufvud (2015) noted further differences in terms of turn-taking and turn-allocation: student discussants provide feedback on the reviewed manuscript, primarily in response to invitations or prompts from the supervisor. The supervisor, by contrast, recurrently self-selects to provide feedback, both on the manuscript and on the discussant's prior feedback, in some cases aligning with peer feedback and in other cases objecting to it or prompting further elaboration.

Other studies engage with the instructional significance of teacher feedback by pointing out how student performance during a simulated scenario is linked to disciplinary and professional standards, norms, and principles to demonstrate "the deeply reasoned and skilled practices that characterize professional conduct" (Sellberg et al., 2021, p. 321). In the context of simulation-based dental education, for instance, Hindmarsh et al. (2014) found that tutors' instructional corrections are routinely coupled with accounts that serve to demonstrate the relationship between students' simulation performance and "real" situations and contingencies from work in clinical settings. As emphasized by Hindmarsh et al. (2014), these accounts serve an important instructional function in invoking "situations and contingencies from work in real clinical settings and with human patients […] that they [the students] have not yet experienced" (p. 256), thereby broadening "the horizon of the student's actions […] holding them accountable to issues that are relevant when engaging in professional practice" (p. 256). Similarly, Waring (2017) demonstrated how mentors providing feedback to teacher trainees invoke larger disciplinary and pedagogical principles to frame problems in the trainees' teaching as "not isolated and idiosyncratic, but violating some fundamental understanding of the profession" (Waring, 2017, p. 23). This practice of "going general" serves to establish "the severity of the problem, opening up spaces for exploring principled understandings, and socializing the teacher into important disciplinary and pedagogical conduct and conceptualizations" (Waring, 2017, p. 30).

In sum, the work outlined in this section has demonstrated differences in both interactional organization (e.g., mitigation strategies) and the instructional

character of teacher–student and student–student feedback. Our chapter extends previous work by further examining the sequential embeddedness of instructor contributions in relation to peer-feedback interactions. Specifically, the chapter demonstrates how peer feedback, in conjunction with the recipient's uptake, is used as a basis for instructional expansions. First, we show that these expansions can serve to *generalize* prior peer-feedback talk, the latter tending to be locally oriented and particularized. While Waring (2017) examined the practice of "going general" in the context of instructor feedback on practical performance, we explore how generalization may also function as an operation on the immediately preceding talk. Second, our analyses aim to qualify the image of peer feedback as locally oriented and particularized, and teacher feedback as providing generalizations by pointing out the relevance of students' accounting practices in the delivery and reception of feedback.

The case

The investigated simulation training was part of two one-day sessions on interprofessional[1] collaboration for medical students and nursing students in the final stages of their educational programs at a Swedish university. The students were divided into mixed groups of approximately ten medical and nursing students who rotated between different exercises, of which one was based on a full-scale computerized patient simulator. This exercise aimed to train students in communication and interprofessional teamwork in line with the principles of the crisis resource management (CRM) system:[2] a set of 15 principles for individual and team behavior aimed at promoting patient safety in both ordinary and crisis situations. The exercise involved three steps: briefing (short introduction to the simulated case), scenario (performance of the simulated case), and debriefing (follow-up conversation including feedback). Due to the large group size, not all students could take part in the scenario. Therefore, about half of the group observed the scenario through a one-way window from an adjacent control room. Prior to the start of the scenario, the students who were to perform the case received brief background information about the patient. The students also decided on the work distribution, which involved decisions regarding which of the medical students should have the role of the doctor in charge, which student should be the assisting doctor, and what tasks the nurses should perform. The observing students were told to pay careful attention to the course of events to learn as much as possible from their peers' simulation performance and to be able to provide peer feedback in the subsequent debriefing.

The scenario was conducted in a simulation room designed to resemble an authentic hospital wardroom with standard medical equipment and supplies. Two instructors, who were medical doctors, monitored the patient simulator from the control room, and a third instructor, who was a nurse, was present in the simulation room to assist with the equipment. Immediately after the scenario, all instructors and students went into another room to have a debriefing conversation that lasted approximately 15 minutes. In some educational contexts, debriefing is a

highly structured event organized according to a predefined template that includes several scripted questions (see Johansson et al., 2017), whereas in other contexts it involves a more loosely structured discussion (see Nyström et al., 2016). The debriefings examined in the present chapter did not follow any predetermined debriefing template and instead took a loosely structured format. In the eight investigated debriefings, the discussion was initiated by one of the instructors, inviting the students to comment on anything they felt like discussing. The opening phrase was similarly formulated across all debriefings, e.g., "You're welcome to speak freely. What do you want to say more? Spontaneously? Everyone? Actors as well as observers." The discussions that followed included both students and instructors commenting on various aspects of the simulation performance, both in positive and critical terms.

Figure 1 A debriefing room and a simulation room with a patient simulator. Picture from the data.

The analyzed data consisted of video recordings of eight student groups performing the same simulation exercise during two training days (see Figure 1). The briefings, observing students, and debriefings were video-recorded with one video camera with an external microphone, and the scenarios were captured with two cameras with external microphones. The data collection was undertaken as part of a larger research project financed by the Swedish Research Council that explored how simulation-based learning environments could support the training of interprofessional collaboration and teamwork skills for healthcare students and professionals.[3]

Analysis

As part of the analytical work for the study reported in this chapter, all the recordings of the eight simulation exercises were reviewed to gain an understanding of the course of events and the organization of the simulation training. The debriefing conversations were subject to more detailed reviews and transcription,[4] which resulted in the identification of ten episodes initiated by a student providing critical feedback on the simulation performance of one or more student peers, followed by a response by the addressee and concluded by an uptake of the feedback by

an instructor. The ten identified episodes demonstrate the same overall sequential organization, although there are substantial variations among them. In this chapter, we focus on two episodes. The first shows a comparatively simple example of the basic episode we are dealing with, to open a discussion of the ways in which instructional interventions are produced as responsive to prior talk. The second episode is more complex and involves more extensive accounting work on the part of the students and a more elaborate response from the instructor.

In line with observations made by Hindmarsh et al. (2014) and Waring (2017), the analyzed cases show how accounts that accompany the delivery and reception of peer feedback are not merely mitigating devices but display "moral and practical reasoning" (Buttny, 1993, p. 49). More specifically, these accounts involve generalized understandings of how a "failure event" (Buttny, 2004, p. 3) noted in critical feedback can relevantly be understood. Furthermore, the accounts produced in these episodes are not produced as isolated utterances; instead, they rely on and seek out hearers' evaluations (see Buttny, 1987). By implication, expressions of alignment or disalignment can be thought of as conditionally relevant in response to a formulated account. To specify the relationship between students' and instructors' accounts, we draw on conceptualizations of both categorial and sequential orders of interaction (see e.g., Watson, 2015). References to categorization are mainly used here to characterize the ways in which student and instructor accounts are constructed, respectively, and how the latter respond to the former. We take an interest in the membership categories and action descriptions (see also Lindwall & Lynch, 2021) that undergird the accounts' status as an excuse and how these same categorial orders are transformed in the instructors' interventions. Specifically, we examine the latter for the ways in which a *professional* frame of reference or "logic of action" is installed and the instructional significance of the contrasts between student and instructor accounts thereby achieved.

Going general in response to peer-feedback talk

The transcribed interaction in Extract 1 involves two medical students and one instructor. It occurs about 1 minute and 20 seconds after the instructor's opening phrase that initiates the start of the debriefing, which occasions positively oriented evaluative comments from several students in the group. Thereafter, a medical student (FPM) who observed the scenario self-selects to proceed. Turning toward the medical student who acted as the doctor in charge (FAM), FPM starts by providing a general positive appreciation of his performance, claiming that it was magnificent. FPM then opines that there is room for improvement and that she has written down a few things that she will now go through quickly, after which she proceeds to address the observations written down on a piece of paper (eight items in total). After addressing the first list item, which concerns FAM's method of giving orders to the other students taking part in the scenario, FPM turns her gaze down toward the paper and takes a deep breath, seemingly preparing to address the next item on the list. At this point, she is interrupted by the instructor (INS), who, after requesting permission to "stop there," invites the other students who took part in

the scenario to comment further on the issue addressed by FPM. The way in which the instructor stops the progression of FPM's list construction to initiate further discussion is repeated after the delivery of each of the following items on the list and is thus a distinctive feature of the feedback episode. The episode is too long to show in its entirety, and only the delivery and uptake of the second list item are provided in Extract 1.

Extract 1

```
101    FPM:    åttife:m de e inte pulsen de e mapp
               eighty five that's not the pulse it's map
       fpm:    >>looks at FAM---->
       fam:    >>looks at FPM---->
       ins:    >>looks at FAM---->
102            (0.8)
103    FAM:    +m: ja såg@ de sen  [(att de)  (xxx)]
               m: I saw that later [(that it) (xxx)]
104    INS:                        €[EH-HEH-HE    +€] men de e jätte-
                                    [EH-HEH-HE      ] but that's very-€
       fpm:           @looks down at notes---->
       fam:    +looks in front------------------+looks at INS---->>
       ins:                        €throws head back, looks at stud to her
                                    left-----------€looks at FAM---->
105    INS:    å bara där om €ja får bara @kommentera .hh (0.3) €ha som vana
               and just there if I may just comment .hh (0.3) have as a habit
       fpm:                                  @looks at INS---->
       ins:             €looks at FPM--------------------€looks at
                                                            students
                                                            sitting
                                                            opposite--->
106    INS:    (.)@när ni ska börja jobba nu på (.) vilka kliniker de än är
               (.)when you'll start working now at (.) whatever clinic it is
       fpm:       @looks down at notes---->>
107    INS:    se till att ni e väl förtrogna me den utrustning som ni
               make sure that you're well acquainted with the equipment you
108    INS:    ska använda bara en sån enkel €grej€
               will be using just such a basic thing
       ins:                                  €looks at FPM€
```

The episode begins with FPM providing a correction of FAM's interpretation of a number displayed on the patient monitor[5] in the preceding simulation scenario (line 101, Extract 1): the number 85 was not a measure of the patient's pulse, as FAM took it to be, but a measure of the *mean arterial pressure* (MAP). Identifying an error in the use of a specific medical device and contrasting this correctable with the proper alternative, the correction is local, specific, and retrospectively oriented, features that characterize many of the students' feedback contributions in the other extracts that have been analyzed as well.

The correction by FPM is followed by a gap of 0.8 seconds (line 102), after which the addressed student, FAM, begins to formulate a response: an affirmative token is followed by a claim of having noticed the error "later" in the scenario (line

103). The response is interrupted as the instructor bursts into loud laughter and turns toward the students sitting next to her, as if to invite them to laugh along with her (line 104). As Glenn (2003) notes, "laughter is *indexical*; it is heard as referring to something, and hearers will seek out its referent" (Glenn, 2003, p. 48). Due, in part, to laughter's lack of adherence to any systematic linguistic code, the referent of individual instances of laughter will, by default, be sought in its immediate proximity. That is, laughter will routinely be heard as a response to the last utterance, or in the case of interruptions, to the "current state of development" (Sacks, 1974, p. 348, cited in Glenn, 2003, p. 48) of the utterance in progress. Of course, speakers can overcome this local referential range by explicitly tying back to earlier events in ensuing talk. Here, however, the instructor's laughter is produced at a transition-relevant point, just after the completion of "I saw that later," thereby overlapping further talk by FAM, and no ensuing attempt is made at locating the laughable elsewhere. Thus, we could relevantly hear the instructor's laughter as responsive to FAM's utterance in line 103. Since there are no prior efforts by FAM to invite a non-serious orientation, the instructor's laughter, in being a "first laugh" targeting someone other than the speaker, thereby displays a *disaffiliating stance* to the prior turn (see Glenn, 2003). What exactly about line 103 warrants such expressed disaffiliation is not immediately apparent. The instructor's ensuing remarks, however, can be heard an indirect elaboration on this issue.

The initial "but", followed by the emphasized indexical "that" (line 104), projects a contrast that can be heard as an elaboration on the laughter. However, the utterance is then aborted and restarted, with "and just there" signaling *continuation* and *expansion* rather than contrast (see Bolden, 2010). Thus, the instructor self-repairs, possibly as a way of downplaying prior laughter by not proceeding with further talk in direct connection to it. Subsequently, after a request for permission to interject, a formulation of advice (lines 105–107) is produced. Proposing that the students should make a habit of familiarizing themselves with the equipment available in future workplaces, the instructor's contribution is designed to solve the problem identified by FPM and is thus clearly responsive to the topic raised in the feedback turn.

While the instructor's uptake aligns with the prior feedback, building on and further expanding it, there are several significant differences regarding the design and focus of the student's and instructor's contributions. First, in contrast to the student's correction, the instructor's uptake does not concern the use of a specific medical device but indicates equipment in general. Second, the uptake does not point to what should have been done in the preceding scenario but to what should be done in future work practice. Third, it is not solely directed at the student who made the mistake but addresses all students in the room (note the use of "ni"/plural "you"). Thus, the advice not only serves to demonstrate to FAM how his local educational achievement forms a relevant experience for future professional practice but also provides the entire group of students with a general lesson.

Notably, the advice, albeit not in explicit terms, invokes one of the CRM principles for team behavior to be practiced in the simulation exercise: *know the environment*. It is of vital importance for healthcare practitioners to be familiar with

the specific working environment, including personnel, equipment, and supplies (Miller et al., 2014, p. 121). Hence, in addition to demonstrating how the simulation performance is relevant to future work practice, the advice also indexes a model for team behavior, further emphasizing the generalizing thrust of the instructor's remarks. The uptake, in encouraging "an orientation and production of the talk 'as if' it was undertaken in a clinical setting" (Hindmarsh et al., 2014, p. 265), thus has an obvious instructive function in relation to the professional competencies being practiced and learned. In sum, to characterize the instructional intervention as an operation on the prior feedback turn, a local, specific, and retrospectively oriented correction of a peer student's simulation performance is elaborated through generalized and future-oriented advice directed at the entire group of students.

The question of how we might consider the possibility that the instructor's remarks are also oriented to FAM's brief account in line 103 remains. Here, it is helpful to point out the *categorial* order at work in the noted contrasts between the instructor's response and the prior talk. In shifting the address term from the singular (Sw. "du") to the plural (Sw. "ni") in conjunction with the reference to "work" and "clinic", the instructor does not merely expand the set of relevant addressees to include the group of overhearing students – she also invokes a *professional* social organization in which students are addressed as (future) incumbents of professional roles. While this error was made by an individual acting in the simulation, the advice concerns professional practice in general. Moreover, this professional categorial order also reframes the boundaries for assessing the relevance of *accounts*, which is significant for understanding the instructor's disaffiliating laughter. For a professional role incumbent acting under the jurisdiction of the principle to know the environment, "I saw that later" would be a problematic – and at best peripherally relevant – response to the error of mistaking one vital measure for another. The *categorial shift* in the instructor's response can thus be heard as dealing with the everyday, or specifically nonprofessional, character of the feedback recipient's response, in addition to "going general" (Waring, 2017) in relation to the individualized and particularized character of the feedback turn.

These final considerations raise the possible relevance of feedback recipients' responses and accounts more generally for analyzing instructional follow-up interventions. Any determinate analysis of the instructor's intervention as responsive to the detailed construction of FAM's account is, however, compromised by the latter's brevity. In the next extract, we hope to demonstrate such responsiveness more clearly.

The generalizing character of accounts

In Extract 1, both the feedback and the account produced in response are brief and unelaborated. They are also locally and individually oriented in targeting events within the prior scenario. Consequently, the instructor's contribution can be described as an instance of "going general" (Waring, 2017) and doing so *first*, in a sequential context characterized by prior individualized orientations. The accounting work done in peer-feedback talk, however, is not always locally and

individually oriented in such a clear-cut way, as the following extract illustrates. The episode shown in Extracts 2a and 2b is taken from another debriefing session led by the same three instructors, but with a different group of students.[6] Prior to the episode, one of the medical students who took part in the preceding scenario (FAM) commented on his own performance in critical terms by saying that he was uncertain about his responsibilities as an assisting doctor and that he was unsure about whether to remain by the head end of the patient's bed to monitor breathing and other vital parameters. In response, FPM – the student who played the role of the doctor in charge in the scenario – delivers feedback beginning on line 201.

Extract 2a

```
201   FPM:   ja tror liksom man vill ju inte störa den som
             I think somehow one doesn't (PRT) want to disturb the one who
202          ä:r (0.6) ledaren (0.3) e läkar (.) ansvarige så att
             is (0.6) the leader (0.3) uh the doctor (.) in charge so to
203          säga men de hade ju: (0.7) de hade nog vart bra alltså (.)
             speak but it had (PRT) (0.7) it had probably been good then (.)
204          [å de e väl de    ]
             [and it's the thing]
205   STX:   [ja:             ]
             [yeah            ]
206   FPM:   att vi känner ju (.) inte varandra jättebra
             that we don't know (PRT) (.) each other very well
207          [heller sådär    ]
             [either like that]
208   FAM:   [nä:            ]
             [nah           ]
209   FPM:   sen tidigare men (.) har man jobbat ihop då kanske du
             since earlier but (.) has one worked together then maybe you
210          hade sagt så här a men har du tänkt på du kanske
             had said like this yeah but have you thought about maybe you!
211          borde gå igenom (.) de [här ]
             should go over (.)     [this]
212   FAM:                          [a:  ]
                                    [yeah]
213   FPM:   ibland så (.) hakar man ju upp sig lite å fastnar å
             sometimes so (.) one gets caught up a little and gets stuck and
214   FAM:   (xxx)=
215   FPM:   =ja försökte få kontakt me dej nån gång men (.) j↑a=
             =I tried to get in touch with you at some point but (.) yeah=
216   FAM:   =a=
             =yeah=
217   FPM:   =ja va nog inte så tydlig heller      [där liksom  ]
             =I was probably not that clear either [there somehow]
218   FAM:                                         [nä          ]
                                                   [nah         ]
219   FPM:   att (0.3) du hade ju kunnat stötta
             that (0.3) you could (PRT) have provided support
```

```
220    FAM:   a: (.)    [jo å de va nåra           ]
              yeah (.) [yeah and there were a few]
221    FPM:             [(xxx)                     ]
222    FAM:   gånger som de (.) va i mitt huvud nu borde ja kanske säga de
              times that it (.) was in my head now maybe I should say
223           här men-
              this but-
224    FPM:   a:
              yeah:
225    FAM:   sen lät ja dej (.) [göra din grej (xxx)          ]
              then I let you (.) [do your thing (xxx)          ]
226    FPM:                      [nä precis asså de e ju svårt  ] å veta
                                 [nah exactly so it's (PRT) hard] to know
227           va man (.) vilken typ av roll man har där
              what one (.) what kind of role one has there
228    FAM:   m:
229    STX:   °m°
```

As in Extract 1, the student delivering the feedback in Extract 2a provides a correction of the peer student's simulation performance. On line 219, FPM contrasts the somewhat passive behavior pointed out by FAM himself in his preceding self-critique with a preferable course of action: "you could (PRT) have provided support". Note, however, that the correction in Extract 2a is not direct and overt, as in Extract 1, but *embedded* (Jefferson, 1987) – it is incorporated into a stretch of talk that includes accounts justifying both the criticism (line 213) and the criticized behavior (lines 201–202; 206), evidentials and modifiers ("Jag tror"/"I think", "probably", "maybe"), mitigators ("a little"), and longer within-turn pauses (line 202, 203) that serve to downplay the criticism and mark it as interactionally delicate (Pomerantz, 1984; Pomerantz & Heritage, 1984). Further, similar to what Copland (2011) noted in the context of feedback conversations involving teacher trainees providing feedback on each other's teaching, FPM links the correctable to his own performance, thus assuming part of the responsibility for the problematic behavior (line 217: "I was probably not that clear either there somehow"). Thus, in line with much prior research on peer feedback, the delivery of peer feedback is marked by a set of mitigating devices. We would like to highlight here, however, a further aspect of the use of *accounts* in this episode. In prior research on feedback interactions, accounts have been placed under the rubric of mitigating devices, along with hedges, evidentials, modifiers, etc. Not denying the fact that accounts do have such an interactional function, they also invariably embody some form of substantive formulation regarding the *significance* of the "failure event" (Buttny, 1993). As Buttny notes, "social accountability practices reflect a person's moral or practical reasoning for action" (Buttny, 1993, p. 49). An account's transformative power to "recast the pejorative significance of an event" relies on the ways in which it refers to a putatively shared social and moral order and the degree to which it will gain acceptance for the relevance of the particular "folk logic of action" (Buttny, 1993) it invokes.

What this means is that there is invariably a generalizing component to accounts in the ties they make with shared moral orders for justification and excuse. Two aspects of FPM's feedback delivery can be highlighted: first, the various *generalizing* devices employed; and second, the *everyday* character of the folk logic of action (see Buttny, 1993) invoked. Recurrently, a generic "one" is used (Sw. "man"). See, for instance, lines 201–202, in which a generalized statement that "one does (PRT) not want to disturb the one who is the leader" prefigures the critical comment in line 203. The Swedish epistemic particle "*ju*" ties the statement to something putatively shared and taken for granted (Heinemann et al., 2011). The following rule-like formulation invoked as an explanatory resource for the noted lack of communication also implies generalization: FPM notes that "we don't know each other very well" (line 206) and that "has one worked together then maybe you would have said…" (lines 209–210). The general observation that "sometimes so (.) one gets caught up a little" (line 213) offers an additional normal and reasonable explanation, this time of a more cognitive nature. Finally, FPM concludes that "it is hard to know […] what kind of role one has there" (lines 226–227).

Throughout, FPM does extensive work to frame the criticized performance as reasonable and normal in relation to an everyday logic of social interaction and cognition. When the professional situation is made relevant, it is in connection with considerations of tact and deference (e.g., knowing one's "role" and not wanting to disturb "the leader"). This logic is offered as an organizing principle for producing accounts and as an explanatory frame of reference for understanding the "failure event" (see Buttny, 1993). The offer is accepted by FAM, who produces tokens of affirmation throughout (208, 212, 216, 218), and (line 220) an "accept with account" (Waring, 2007), which aligns with the social-relational logic set up by FPM's prior accounting work: FAM claims to have noted the possible relevance of "saying something" on several occasions, but decided in the end not to: "but- […] then I let you (.) do your thing" (lines 223–225). Not speaking when it would have been relevant is thus framed as an active choice; moreover, with FPM as a benefactor, the formulation alludes to something akin to "negative face" as described by Goffman (1982), in indexing a reluctance to impose on FPM's personal domain of action. As already pointed out, FPM concludes by responding affirmatively and in overlap with reference to a role-related uncertainty.

In sum, the episode so far partly echoes the observations regarding peer feedback made in prior research: criticism of performance has been delivered in a downplayed and mitigated manner. In addition to this achievement, however, the students have also collaboratively constructed a generalized frame of reference for how the failure event can relevantly be understood in and through the specific ways in which their accounts are put together. In critically assessing his own conduct, FAM invokes general issues of distinct "category-bound" responsibilities he had toward the patient as an assistant doctor. Occurring in the pragmatic context of FAM's generalized self-critique, FPM's feedback takes on a similar character. Furthermore, the accounting work done by FAM and FPM frames the problem in terms of their *relational* reasoning as socially considerate, ordinary persons. This particular logic is proposed by FPM and ratified by FAM. We believe this level

of practical reasoning is important for understanding the instructor's subsequent remarks, as presented in Extract 2b.

Extract 2b

```
230   INS:   +@men va e de viktigaste+ i målet va e- va e de
             but what's the most important in the goal what's- what's
      fam:   +looks at INS-----------+looks down---->
      fpm:    @looks at INS---->>
231   INS:   viktigaste för teamet (.) att uppnå i en sån här
             the most important thing for the team to achieve in such a
232   INS:   situation
             situation
233          (2.5)
234   INS:   +de e ju att (0.5) den samlade kompetensen+ förmågan
             it's (PRT) that (0.5) the collective competence the capacity
      fam:   +looks at INS---------------------------+looks in front---->
235   INS:   som teamet har (.) att de gagnar patienten så att den
             that the team has (.) that it benefits the patient so that it
236   INS:   får de mest optimala (0.3) omhändertagandet å då (0.2)
             gets the most optimal (0.3) care and then (0.2)
237   INS:   €då då +liksom får man kanske lägga und€an   [vilket uttryck]
             then then somehow one perhaps must set aside [what term     ]
      ins:   €leans forward looks at FAM-----------€looks up---->
      fam:         +looks at INS---->
238   FAM:                                             [+m:         +]
      fam:                                              +nods-------+
239   INS:   ska ja ha .ptk (0.4) finkänsligheten å kan €ja säga €[de här]
             shall I have .ptk (0.4) the tact and can I say        [this  ]
      ins:                                          -->€looks
                                                      at FAM--€looks up->

240   FAM:                                                  +†[m   †]!

      fam:                                                   †nods-†
      fam:                                                   +looks at
                                                             INS---->>
241   INS:   å så [vidare]
             and  [so on ]
242   FAM:        [m    ]
243   INS:   utan: (1) då har ju alla ett ansvar att se till
             but €(1) then everyone has (PRT) a responsibility to make sure
      ins:        €looks at FAM---->>
244   INS:   att man för[söker inom rimliga gränser  ]
             that one tri[es within reasonable limits]
245   FAM:             [+a just de (.) m:         +]
                       [yeah that's right (.) m     ]
      fam:               +nods-------------------->+
246   INS:   (att) upp↑nå °såna° ↑ELLER (.) va säger ni?
             (to) achieve °such° ↑OR (.) what do you say?
```

After both FPM and FAM have signaled the end of their turns in Extract 2a, the instructor enters the conversation with a question (lines 230–232). Prefaced

with the disjunction marker "but", which signals an opposing stance, the question reframes the concerns about social relations raised in prior talk and instead high-lights *professional* categories and priorities, asking what is most important for the "the team" to achieve in "such a situation". When the instructor begins to formulate the question, several of the students, including FPM and FAM, turn their attention toward her, but none of them make any attempt to respond, which suggests that they understand the question as rhetorical rather than as demanding an answer. After a longer pause of 2.5 seconds (line 233), during which the students continue looking at the instructor, she goes on to provide the answer. She begins by formu-lating *what* goal the team should strive for – to utilize their collective competence in a way that benefits the patient (lines 234–236) – and then provides a suggestion on *how* to achieve this, which involves setting aside tact and considerations of what is appropriate to say (lines 237–246). As in Extract 1, the instructor's suggestion here corresponds with one of the CRM principles for team behavior guiding the simulation training: *communicate effectively – speak up* (see e.g., Miller et al., 2014, p. 122).

The instructor's extended turn clearly indicates disaffiliation. At the same time, there is no indication that her assessment of the target performance differs from the concerns raised by FPM – that is, that FAM "could have provided support" (line 219). Quite to the opposite, in alluding to the *speak-up* principle, the instructor explicitly supports FPM's critique of FAM's passive behavior and further elabo-rates it by framing it as in line with a general model of team behavior. This means that the source of the disjunction must be sought elsewhere. We suggest that the instructor's remarks are directed at the practical reasoning evinced in the students' collaboratively produced accounts, possibly including FAM's prior self-critique, as much as responding to the target simulation performance.

In Excerpt 2a, we saw how the students collaborated in supporting the relevance of social-relational considerations as a frame of reference for the production of accounts. In affiliating with an account, the speaker also ratifies the relevance of the particular social and moral order the account invokes. Non-aligning responses may, by implication, target either the account itself as valid in relation to the sug-gested moral order or question the situated relevance of the latter. The instructor clearly leaves the individual accounts aside in favor of questioning the orientation to "tact" (Sw. "finkänslighet") that they index. As Buttny (1993) noted, there are often competing logics that may be applicable to a given situation, and a central question for speakers is to determine and negotiate this applicability. Here, the instructor introduces a competing moral order, populated by a different set of actors compared to the students' accounts. As indicated, the students are reasoning mostly in terms of social relations. The membership categories invoked include a non-descript generic "one" and, where professional categories are used, a highly asym-metrical and deferential social structure (where, for instance, "doctor in charge" is used interchangeably with "leader", whom one does not want to "disturb"). The instructor, by contrast, refers to "the team", "the patient", "optimal (0.3) care", "collective competence" (Extract 2b), and similar categories, explicitly placing this social structure and the moral order it embodies in opposition with the voiced

concerns about tact. These elements clearly speak to the relevance of seeing the instructor's remarks as responsive not only to the simulator performance under discussion or to the assessments of it made in peer feedback, but also to the prior accounts and the practical reasoning they embody.

Discussion

Simulation-based training provides learners with practical experiences of (simulated) professional conduct and observers with the possibility of monitoring the performance in the simulated tasks. Through practical activities, "the body of the trainee is being socialized into the comportment and embodied skills of the expert" (Hindmarsh et al., 2014, p. 248). In addition, the embodied actions of the trainees provide observable grounds for assessment, feedback, and instruction. Our analyses have highlighted how the debriefing makes both the simulation *performance* and various *accounts* of this performance available for feedback discussion. This means that the instructor's comments might address the performance, various accounts of the performance, or both. Given the conditional relevancies set up by prior talk, instructors' contributions could, in many cases, be heard as part of a sequence and responsive to prior talk rather than to the performance in the simulated scenario as such.

In the analyzed extracts, the ties between instructors' contributions and prior talk feature an evaluative stance regarding the *accounts* produced in prior talk. The socialization of medical professionals involves what we have termed a *categorial shift*, whereby the particular "folk logic of action" set up in student accounts is replaced by one more fitted to the professional context. In the analyzed extracts, this shift has included downplaying an everyday social and moral order, and its typical designations of membership categories, in favor of an order where actors and actions are categorized in terms of the profession. We also identified the ways in which the accountability of simulation performances which was corrected by the instructor could be seen to reflect some of the CRM principles, the implementation of which was an important objective informing the analyzed simulation and debriefing sessions. For instance, when the students say that they do not want to disturb the doctor in charge or that they let someone do their own thing, they provide accounts of their actions that contrast with the principles of CRM. According to these principles, healthcare staff members "must advocate for the course of action that they feel is best, even if it involves conflict with others," and they should therefore "speak up and state their information with appropriate persistence until a clear resolution is achieved" (Powell & Hill, 2006, p. 188). While it is the obligation of each member of the interprofessional team to follow these principles, the guidelines on CRM also highlight the importance of integrating the principles in the organization, for instance, by encouraging and upholding a "challenge and response" environment (Powell & Hill, 2006).

As noted by Garfinkel, methods of practical reasoning are "organizationally situated and embody members' common sense knowledge of social structures" (Garfinkel, 1967, p. viii).[7] We can now see how the instructor's interventions serve

to enforce a particular "organizational situatedness" of practical reasoning tied to professional understandings of emergency care teamwork. Seen in this light, student accounts are analyzable expressions of common-sense knowledge as they pertain to specific organizational contexts. This analyzability is an important resource for the instructor in producing follow-up responses. In the two episodes, we could see how instructors' interventions align with, depart from, or otherwise operate on prior talk, including the generalized claims and practical reasoning embodied in student accounts. Most centrally, the instructor analyzes what the students say with an orientation toward the fit between student accounting practices and "expectations of sanctionable performances" (Garfinkel, 1967, p. 199). These expectations, moreover, are formally tied to CRM principles, which we suggest can be characterized as *glosses* on some particularly salient aspects of how the socialization of practical reasoning breaks with everyday orientations to interpersonal relations and politeness, as well as with professional hierarchies. In conclusion, this shows how the instructional work addresses not only performance but also the ways in which performance is accounted for in student talk. The socialization of members thus entails an interplay between fostering performative competence through feedback on observable conduct and shaping professional, organizationally situated forms of accountability.

In relation to studies concerned with the evaluation and development of simulation and debriefing pedagogy, the present analyses cannot be easily translated into recommendations. They do point, however, toward the pedagogical value of allowing room for spontaneous student accounting talk, in that such talk is revelatory of operative "folk logics of action," which instructors may find a reason to address. Considering that one issue in the debriefing literature is the relative merits of tightly versus loosely structured debriefing formats (Keiser & Arthur, 2021), the present discussion at least highlights the possible value of accounting sequences whose presence in these recordings may hinge in part on a relatively permissive interactional structure. Obviously, the findings also speak to the relevance of facilitation by "a content domain expert" (Keiser & Arthur, 2021, p. 1012), through the ways in which the instructor may provide a professional frame of reference (see Waring, 2017; Hindmarsh et al., 2014) for the socialization of accountability practices, which the students, as learners, necessarily have limited access to.

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Notes

1 Interprofessional team training means that team members of two or more professions (e.g., physicians and nurses) train together to learn about each other's professions and to practice interacting with each other as a team (Salas et al., 2016).

2 The CRM principles are presented in Miller's *Anesthesia* 8th Edition (Miller et al., 2014). It should be noted, however, that the principles can be retrieved from a variety

of other sources and some variations in the formulation of the principles may occur. Moreover, while the principles serve as backdrop for the interprofessional simulation training, how the universities arranging this kind of training present them to the students varies.

3 The project involved three research teams that included both medical practitioners and educational researchers who worked in close collaboration to collect and analyse video-recorded data of simulation-based training. The first author of this chapter was part of one of these teams.

4 Transcription conventions are provided in the beginning of the volume (pp. 22–23).

5 A "patient monitor" is a bedside monitor that measures and displays the patient's vital parameters, such as blood pressure, heart rate, and mean arterial pressure.

6 In Extracts 2a and 2b, the acronym STX represents an unidentified student.

7 In introducing the notion of practical reasoning, Garfinkel (1967) states that "ordinary activities consist of methods to make practical actions, practical circumstances, common sense knowledge of social structures, and practical sociological reasoning *analyzeable*" (p. viii, emphasis added). For our purposes, we stress that this is an analyzability for members, rather than for the external observer.

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