The Role of Debriefing

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Objectives

• Compare the strategies and models of debriefing and guided reflection

• Explore the integration of debriefing and guided reflection during clinical simulation
Debriefing

• Interactive discussions or conversations after events to explore actions and thought processes, promote reflective learning, and identify strategies to improve future performance
When?

• Last 5-15 minutes
• Routine
• Many events in clinical simulation are amenable to debriefing, even those with successful or less emotionally charged outcomes
• Debriefing critical incidents, particularly highly stressful and emotional ones is recommended
Who?

- Trainer simulation educator/instructor
- Courses/faculty development on debriefing strategy, how to guide discussion, how to facilitate and coach learners
Sequence of the learning activity in Clinical Simulation

**BRIEFING**

- Information
- Expectation
- Demonstration (on site or pre-recorded)
SCENARIO

- Complexity
- “Brains trust”
- Outside perspective

- Learning objectives
- Clinical case information
- Scenario participants
- Scenario context (clinical decision making, assessment, emergency response, etc.)
- SP roles and behavior overview (patient case background, narrative, roles)
- Scenario events and expected actions
- Manikin settings (HR, RR, BP, lung and heart sounds, etc.)
- Supplies and equipment needed
Adult Learning Principles

Diverse Learning Styles in Clinical Skills/Simulation:

• Visual (realism, fidelity of the environment)
• Auditory (verbal responses)
• Tactile (heart and lung sounds)
• Kinesthetic (handling equipment)
<table>
<thead>
<tr>
<th>PERFORMANCE DOMAINS</th>
<th>ASSESSMENT</th>
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<tbody>
<tr>
<td>Cognitive</td>
<td>Knowledge related Clinical decision making</td>
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<tr>
<td>Technical or Psychomotor Skills</td>
<td>Performing procedures Manual maneuvers</td>
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<tr>
<td>Behavioral</td>
<td>Team skills Communication Collaboration</td>
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<tr>
<td>Affective</td>
<td>Attitudes</td>
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Adult Learning Principles

• Learning = process of constructing meaning

• Educator functions as a collaborative facilitator

• Includes experiential learning
  o Active engagement
  o Reflective thought
Promoting Reflective Thinking

Experience alone does not guarantee learning
Need the integration of reflection

(Boud, Keogh, & Walker, 1985)

Simulation = Patient Care Experience + Debriefing and/or
Guided Reflection
DEBRIEF

• Clinical reasoning
• Emotions
• Situational awareness

• Were the learning objectives met?
• What went well?
• What didn’t go so well?
• How did you feel about the experience?
• What did you learn about yourself?
FEEDBACK

- “Brains trust” observations
- Educator final thoughts
- Explanations/Examples

- Focused and targeted
- Immediate
- Contextual
- Balanced
- Avoids judgmental phrasing/language
REFLECTION

- Critical thinking
- Challenges
- Future situations (action plan)

- The process that allows practitioners to uncover and expose thoughts, feelings and behaviors

- A form of self-assessment/analysis that forces practitioners to face incongruity and uncomfortable facts
Reflection on action
Reflection in action
Reflection

**Schön (1987)** Learning promoted through the use of a “reflective practicum”
- learning environment realistic in which faculty act as coach

**Reflection-on-action**
- After the event
- Think back – gain understanding

**Reflection-in-action**
- During
- Prompted by unexpected event

**Knowing-in-action (Thoughtful Thinking)**
- Unconscious, initiative knowing
Stages of Reflective Thinking

• **Non reflectors**
  – Don’t identify relationships

• **Reflectors**
  – Identified relationships between new and past knowledge

• **Critical reflectors**
  – Identified relationships and demonstrated self-analysis

Mezirow, J. (1981)
Wong, Kember, Chung, & Yan (1995)
Reflective Thinking

• Enhances learning from experience
• Helps expand clinical knowledge
• Promotes reflective practice
• Improves clinical judgment

Glaze, J. E. (2001)
Paget, T. (2001)
Murphy, J. I. (2004)
But, learning from reflection is not automatic

• Demands active involvement in a clinical experience

  Teekman, 2000

  &

• Guidance throughout the reflective process

  Johns, 1996; Tanner, 1999
Barriers & Outcomes of Reflective Thinking

**Barriers**
- Previous learning
- Fixations
- Socialization (as a nurse)
- Organizational culture

**Outcomes**
- Heightened self-confidence
- Understanding
- Better patient care
- Improved clinical reasoning
Environment

– Safe – non-threatening, trustful
– Confidential
– Time equal to or longer then the scenario
Setting the Ground Rules

• Confidential (what happens in simulation, stays in simulation)
• Review objectives and expectations
• Professional courtesy
  – No interruptions
  – Respect
• Supportive not judgmental
  – Don’t talk about anyone not present
  – Positive before negative
• Listen
Audio-Visual Integration
Audio-Visual Integration
Audio-Visual Integration

• Be proficient with the equipment
• Do not show a segment unless it is to be discussed
• Show only 3 to 4 critical segments
• Index critical segments
  – Introduce each segment (“This segment occurred ... discuss what you were thinking as you...”)
  – Show the segment
  – Pause – all the learner to self-critique
Discussion

• Do you include audio-visual segment during each simulation?

• When would they be appropriate?

• Thing to think about:
  o Confidentiality forms
  o Archiving of materials
Faculty Role & Responsibilities
Faculty Role and Responsibilities

• Dual role – facilitator and instructor

  • Facilitator
    o Guides learner

  • Instructor
    o Enhances understanding of “deficiencies”
Faculty Roles and Responsibilities

• Set expectations (outline the process)
• Guide the session
• Facilitate Include “quiet” learners
• Integrate instructional points
• Reinforce
Faculty Role and Responsibilities

• Give your analysis last
• Keep the discussion “learner centered”
• Be an active listener
• Use silence and pauses
• Use questioning – if appropriate to:
  o Encourage discussions
  o Identify issues
  o Explore other options
  o “Was there anything that occurred during the situation that made you uncomfortable?”;
  o “What could you have done...?”
What is the difference between debriefing and guided reflection?
Debriefing
Debriefing

• A process in which after an experience the learner is lead through a purposeful discussion related to the experience

Lederman, 1992; Fanning & Gaba, 2007
Debriefing: Purposes

• Correct errors
• Identify different ways of handling event next time
• Encourage self-assessment
• Promote reflective thinking
Facilitation Techniques with Debriefing

High-Level Facilitation
• Guidance

Intermediate-Level Facilitation
• Elicit continued or deeper discussion and analysis

Low-Level Facilitation
• Refrain from interrupting and review objective
Debriefing Models

**Questioning**
- What did you experience?
- How did you perform overall?
- What have you learned?
- How would you change your performance?
- How can you apply learning to the future?
# Debriefing Models

<table>
<thead>
<tr>
<th>Plus +</th>
<th>Delta –</th>
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<tbody>
<tr>
<td>Examples of good behaviors</td>
<td>Behaviors to improve on Include both what and how</td>
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Debriefing Models

Advocacy – Inquiry

– “I noticed ....”
– “I’m concerned...”
– “I was wondering...”
Debriefing

- Summary
- Correct any errors
Vocabulary

• **Microdebriefing:** Brief, focused discussion during a simulated event to address a targeted performance issue; may occur in a pause in the activity; may include directive feedback

• **Post–event debriefing**

• **Feedback:** Information about the performance compared to a standard; part of “directive feedback”
<table>
<thead>
<tr>
<th>Simulation context</th>
<th>Microdebriefing During Simulations</th>
<th>Post–Event Debriefing After Simulations</th>
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<tbody>
<tr>
<td><strong>Simulation context</strong></td>
<td>Interruption in action (&quot;pause and discuss&quot;, &quot;pause and rewind&quot;)</td>
<td>After-action, or post–event debriefing after a simulated event</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>Concurrent (during) Future-oriented &gt; past-oriented</td>
<td>Terminal (after) Past-oriented = future-oriented</td>
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<tr>
<td><strong>Main goal</strong></td>
<td>Optimize immediate future performance</td>
<td>Focus on delivered care to optimize future patient care</td>
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<td><strong>Process</strong></td>
<td>Brief, focused facilitation Focused directive feedback</td>
<td>Structured discussion, including specific phases: Reactions Description Analysis (blended approach depending on situation) Learner self-assessment Focused facilitation Directive feedback Summary of take-home messages</td>
</tr>
<tr>
<td><strong>Educator role</strong></td>
<td>Coach &gt;&gt; facilitator</td>
<td>Facilitator &gt;&gt; coach</td>
</tr>
<tr>
<td><strong>Target learner</strong></td>
<td>Individual = teams</td>
<td>Teams &gt;&gt; individual</td>
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<tr>
<td></td>
<td>Microdebriefing During Simulations</td>
<td>Post–Event Debriefing After Simulations</td>
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<td>------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Rationale</strong></td>
<td>Enhance deliberate practice &gt;&gt; reflective practice</td>
<td>Promote <strong>reflective learning</strong></td>
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<tr>
<td><strong>Focus</strong></td>
<td>One or few targeted aspects of performance</td>
<td>Multiple aspects of performance</td>
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<tr>
<td></td>
<td>- Taskwork: procedural skills</td>
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<tr>
<td></td>
<td>- Teamwork: leadership communication</td>
<td>- Teamwork: leadership, communication</td>
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<tr>
<td></td>
<td></td>
<td>- System issues</td>
</tr>
<tr>
<td><strong>Main outcome</strong></td>
<td>Improved <strong>taskwork or teamwork</strong> in very targeted areas related to case objectives and in response to demonstrated performance</td>
<td>Improved <strong>global performance</strong> and reflective learning about taskwork and teamwork related to case learning objectives and emergent issues</td>
</tr>
</tbody>
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Guided Reflection
Guided Reflection

• The process that allows practitioners to uncover and expose thoughts, feelings and behaviors

• An active process of self-monitoring initiated by a state of doubt or puzzlement occurring during or after an experience
Guided Reflection: Purposes

• Promotes insightfulness
• Leads to discovery of new knowledge
• New knowledge – to be applied in future situations
Guided Reflection: When

• Immediately after the experience
Guided Reflection: Faculty (facilitator’s) role

– Facilitator

– Learners who make their own discoveries – even if disappointing are more likely to acknowledge and own these discoveries then if these insights are pointed out to them.

*Dewey, 1938*
Guided Reflection: Models
**Gibbs (1988) Reflective Cycle**

- **Description**
  What happened?

- **Feelings**
  What were your thinking & feeling?

- **Evaluation**
  What was good & bad about the experience?

- **Analysis**
  What sense can you make of the situation?

- **Conclusion**
  What else could you have done?

- **Action Plan**
  What would you do next time?
Reflective Thinking

- Learning from reflection is not automatic
- It demands active involvement in clinical experience and guidance
Reflexivity “resolve the contradictions between what the practitioner’s aim to achieve and actual practice, with the intent to achieve more desirable and effective practice”

Describe situations you have experienced that influenced your decision making during this experience.

Describe how this experience could have been handled differently.
Barriers Identified

• Having tunnel vision (fixations) or focusing inappropriately on past experience
• Being resistant to change or having a defensive attitude
• Having poor communication skills
• The inability to access appropriate resources both technical and human
• The learner’s cultural background

Decker, 2007
References

AACN, (2005). Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply. AACN: Washington


References


References


