

Debriefing: One Size Does Not Fit All

John M. O'Donnell RN, CRNA, MSN, DrPH

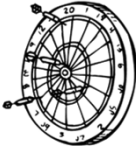
Acknowledgements:

- Dr. Paul Phrampus
- Dr. David Rodgers
- Mr. Joseph Goode
- Dr. Amitai Ziv



Sessions aims

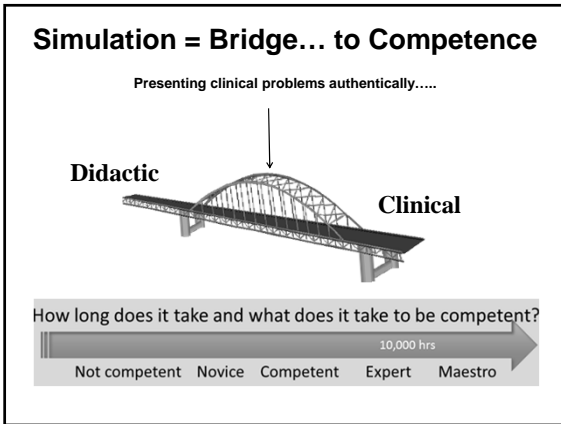
- Describe the value of a structured approach to debriefing
- Identify alternative methods for debriefing matched to course or session objectives
- Develop skills in use of a structured debriefing method

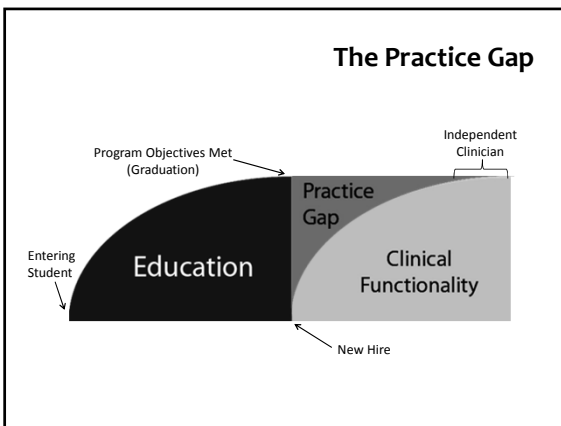




WISER
Simulation Improving Healthcare

**Winter Institute for Simulation,
Education & Research**





Debriefing

One tool in bridging some of these gaps?

Debriefing is where the majority of learning occurs in simulation educational encounters...

Who has heard this??

Is there any actual evidence that learning occurs in debriefing?

2005 BEME- Themes in Literature

- Provide feedback during the learning experience (47%).
- Learners should repetitively practice skills (39%).
- Integrate simulators into the overall curriculum (25%).
- Learners should practice increasing levels of difficulty.
- Adapt the simulations for multiple learning strategies.
- Ensure the simulator provides for clinical variation.
- Learning should occur in a controlled environment.
- Provide individualized (in addition to team) learning.
- Clearly define outcomes & benchmarks for the learners.
- Ensure the simulator is a valid learning tool.

Issenberg, McGaghie, Petrusa, Gordon & Scalese
Medical Teacher, Vol. 27, No. 1, 2005, pp. 10-28

ILCOR Consensus on Science and Treatment Recommendations (CoSTAR)

Evidence from 1 LOE 1 prospective RCT³⁴⁵ and 16 other studies (LOE 3 to 4)^{71,73,93,125,126,132,346-355} documented improvement with briefings/debriefings in the acquisition of the content knowledge, technical skills, and/or behavioral skills required for effective and safe resuscitation. One LOE 4 study³⁵⁶ revealed no effect of briefings/debriefings on performance. No studies indicated that the use of briefings/debriefings had any negative effect.

Treatment Recommendation

It is reasonable to recommend the use of briefings and debriefings during both learning and actual clinical activities.

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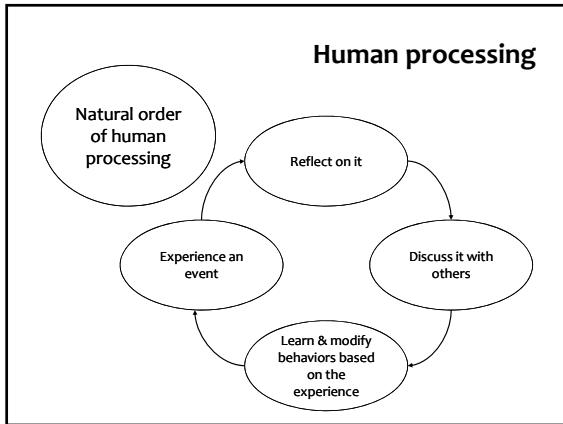
Feedback

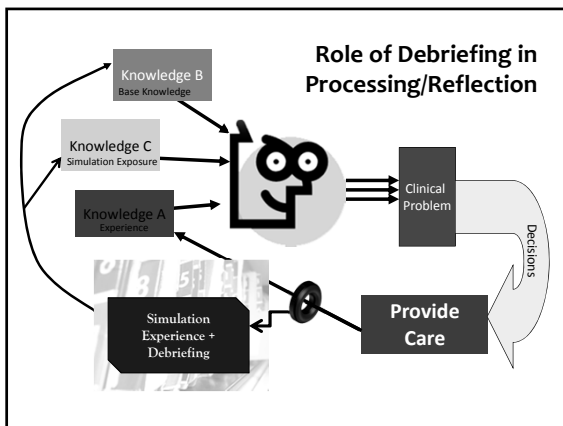
- Feedback comprises a wide array of informational inputs, which may occur prior to, during, and after an experience
- Feedback is often pointed to as one of the most important features of simulation-based learning
 - Knowledge of performance results - key to learning
 - Appears to slow the decay of acquired skills
 - Allows for self-assessment

Issenberg SB,McGaghie WC, Petrusa ER, Gordon D, Scalese RJ (2005). Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. Medical Teacher 27(1): 10-28.

Food for thought & discussion...

What is the relationship between feedback and debriefing?







- ### Factors Impacting Debriefing Design
- Objective of the experiential exercise
 - Complexity of the scenario
 - Experience level of participants
 - Experience level of participants with simulation environment
 - Time available for the session
 - The role of the simulation in the overall curriculum
 - Individual personalities and relationships, if any, between the participants

Inducing Anesthesia

- **Value:**
 - Confidence
 - Basic skills
 - Decreased anxiety
- **Strategy is Scaffolding**
 - Didactic
 - Standardized patients
 - Part task trainers
 - Full task trainers
 - Practice sessions
 - Full context simulation







Setting: 2nd month CRNA training

Setting the Stage: First chance to put a patient to sleep in a fairly real environment

Primary goal:

- Successfully complete the steps of anesthesia induction
- Perform psychomotor tasks correctly
- Communicate effectively
- Manage personal stress

Structured and Supported Debriefing

- ### Structured & Supported Debriefing (SSD)
- Developed in collaboration with American Heart Association
 - Definition of 'structured and supported'
 - **Structured** elements include three specific debriefing phases with related goals, actions, and time estimates.
 - **Supported** elements include both interpersonal support as well as use of protocols, algorithms, and best evidence to inform debriefing statements/questions
 - Other considerations
 - Simple, can be learned rapidly, scalable, validated by practice
- Adapted from O' Donnell, J.M., Rodgers, D.L., Lee, W. W., Edelson, D. P., Haug, J., Hamilton, M. F., Hoadley, T., McCullough, A., Meeks, R., (2009). Structured and Supported Debriefing [Computer Software]. American Heart Association, Dallas, TX.

- ### Structured Debriefing
- A deliberative, learner-centric process designed to standardize the instructor/student post-event interaction to assist learners in thinking about:
 - **What** they did,
 - **When** they did it,
 - **How** they did it,
 - **Why** they did it and
 - **How** they can improve.

Phase	Goal	Actions	Sample Questions	Time
Gather	Listen to participants to understand what they think & how they feel about session	<ul style="list-style-type: none"> Request narrative from team leader Request clarifying or supplemental information from team 	All: How do you feel? Team Leader: Can you tell us what happened? Team members: Can you add to the account?	25%
Analyze	Facilitate participants reflection on & analysis of their actions	<ul style="list-style-type: none"> Review of accurate record of events Report observations (correct & incorrect steps) Ask a series of question to reveal participants' thinking processes Assist participants to reflect on their performance Direct/redirect participants to assure continuous focus on session objectives 	<ul style="list-style-type: none"> "I noticed..." "Tell me more about..." "How did you feel about..." "What were you thinking when..." "I understand, however, tell me about 'X', aspect of the scenario..." Conflict resolution: <ul style="list-style-type: none"> "Let's refocus- what's important is not who is right but what is right for the patient..." 	50%
Summarize	Facilitate identification & review of lessons learned	<ul style="list-style-type: none"> Participants identify positive aspects of team or individual behaviors & behaviors that require change Summary of comments or statements 	<ul style="list-style-type: none"> List two actions or events that you felt were effective or well done Describe two areas that you think your team need to work on... 	25%

Adapted from: O'Donnell, J.M., Rodgers, D.L., Lee, W. W., Edelson, D. P., Haag, J., Hamilton, M. F., Hoadley, T., McCullough, A., Meeks, R., (2009). Structured and Supported Debriefing [Computer Software]. American Heart Association, Dallas, TX.

GAS Model

<p>Goal: Listen to participants to understand what they think & how they feel</p>	<p>Actions: Request narrative from team leader Request clarifying or supplemental information from team</p>	<p>Sample Questions: All: "How do you feel?" Team Leader: "Can you tell us what happened?" Team members: "Can you add to the account?"</p>
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GATHER

G

25%

GAS Model

<p>Goal: Facilitate reflection on & analysis of actions</p>	<p>Actions: Review accurate record of events Report observations (correct & incorrect steps) Reveal participants' thinking processes Reflect on performance Assure continuous focus on session objectives</p>	<p>Sample Questions: "Tell me more about..." "What were you thinking when..." "I understand, however, tell me about 'X' aspect of the scenario..." "Let's refocus... what's important is not who is right but what is right for the patient..."</p>
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ANALYZE

A

50%

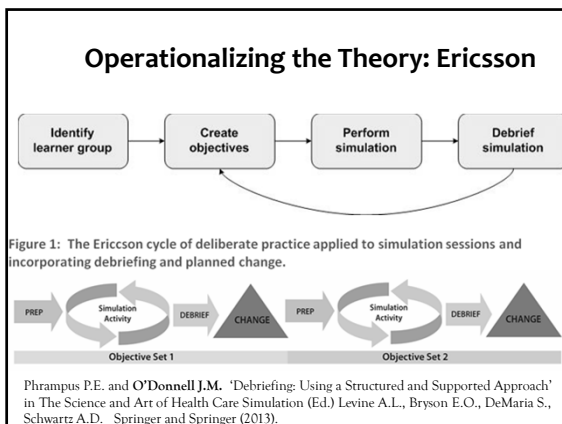
GAS Model

<p>Goal: Facilitate identification & review of lessons learned</p>	<p>Actions: Participants identify positive aspects of team or individual behaviors & behaviors that require change</p> <p>Summary of comments or statements</p>	<p>Sample Questions: "List two actions or events that you felt were effective or well done" "Describe two areas that you think you/team need to work on..."</p>
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S
25%
SUMMARIZE

Supporting Theory

Theorist	Supporting Concept for Debriefing
Dewey (1910, 1916)	Experiential learning, reflection, democratization of education
Goffman (1974)	Pre-existing frameworks of reference based on prior experience (knowledge, attitude, skill) influence current actions.
Bandura (1977)	Social learning theory. Learning through observation, imitation, modeling. Self-efficacy critical to learning and performance
Lewin (1951) & Kolb (1984)	Experiential learning theory. Learning is enhanced by realistic experience. Learning increases when there is a connection between the learning situation and the environment (synergy)
Schon (1987)	"Reflective practicum" where faculty act as coach and mentor. Reflection important both during and after simulation sessions.
Lave and Wenger (1991)	Situated learning theory. Learning is situated within context and activity. Accidental (unplanned) learning is common.
Ericsson (1993, 1996, 2004, 2008)	Deliberate practice leading to expertise. Performance improvement is tied to repetition and feedback.



Interactive Session: Simulation and Debriefing

Patient is not doing well: breathing difficulty
 Hiroko is the nurse, Kasa is the 2nd nurse
 Rick is the physician

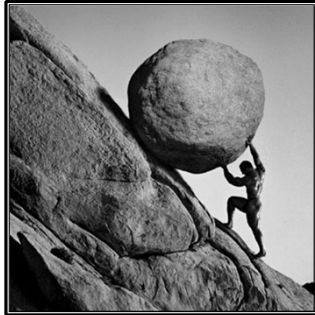
Objectives- Participants will:

- Assess the patient to identify the problem
- Consult/verify with a colleague
- Provide support to the patient
- Call physician to assess the patient
- Communicate effectively

	Phase	Goal	Actions
0-1 min 3:30 16:28	Summarize	Facilitate identification & review of lessons learned	•Participants identify positive aspects of team or individual behaviors & behaviors that require change •Summary of comments or statements •Reflect on their performance •Direct/redirect participants to assure continuous focus on learning objectives

Is debriefing an art or science?

Why is debriefing hard?



Who agrees with this?

*Debriefing is an art form...
One which is honed through
repeated practice, and experience...
There are many approaches and techniques...
And very few absolute rules*

Reality...

*“there are surprisingly few papers in the
peer-reviewed literature to illustrate how
to debrief, how to teach or learn to
debrief, what methods of debriefing exist
and how effective they are at achieving
learning objectives and goals”*

Fanning, RM, Gaba, DM. The Role of Debriefing in Simulation-Based Learning. Simulation in Healthcare. Vol. 2, No. 1, Spring 2007.

Simulation Rule # 1

“The most effective facilitation is achieved when the learners or participants do all of the talking... not the instructor”





Reality...

Some learners or learner groups may lack an adequate understanding of the event and it's elements, or possess enough prior learning and experience to effectively reflect and learn.

Simulation rule #2

“Debriefings should always be conducted in a separate space or environment”

Options in Debriefing

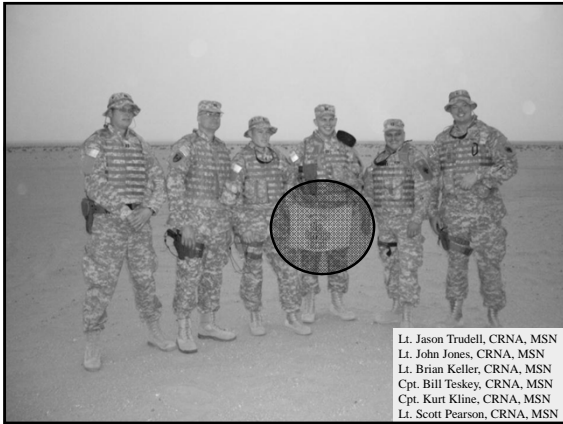
- Private bedside debrief by facilitator immediately post scenario 
- Private 'debriefing room' debrief by facilitator immediately post-scenario 
- Debrief by peers outside of simulation suite 
- Self-guided reflection of video performance 

Simulation rule #3

*“Debriefings should always be held
Immediately after the simulation”*

G.A.S.-2

- Using the GAS rubric for later reflection
 - Less time constrained, more personal, more individual
 - **G: Gather**
 - Thoughts and impressions about the experience
 - **A: Analyze**
 - Plus- Delta from a personal perspective
 - **S: Summarize**
 - What you plan to change
 - How you plan to change (read, watch video, re-simulate etc)
 - Current using a one week post-simulation notification via our SIMS system
 - 'Window of reflection'
 - Ongoing mental habit...

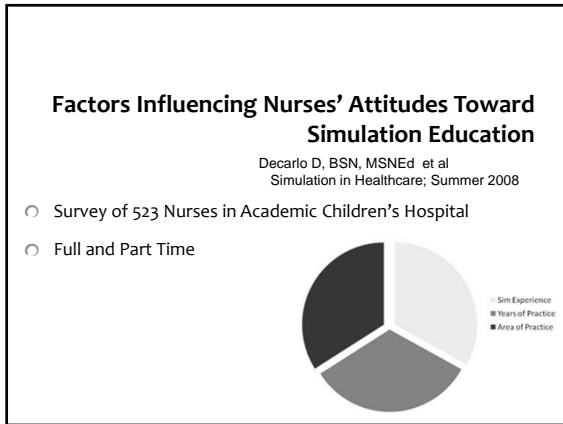


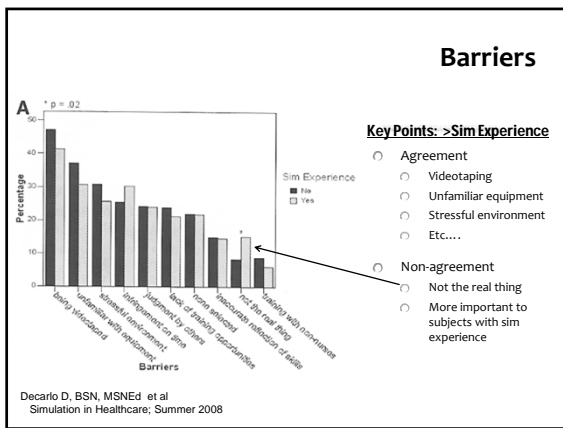
July 2008

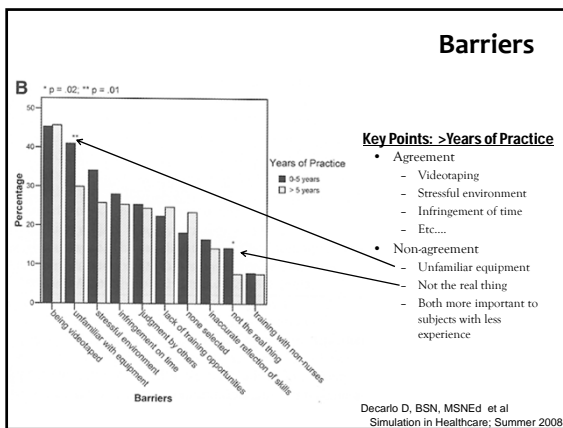
- ...we all agree that such learning activities as **anesthesia crisis leadership training (ACLT), other WISER simulations**, and the variety of clinical experiences that Pitt had to offer are extremely beneficial downrange.
- We provide anesthesia in some of the most austere and unforgiving environments, sand, lack of transport for supplies due to bad weather conditions, and overall enemy activity necessitating the **need for adaptation and quick thinking** when faced with taking care of critical patients.

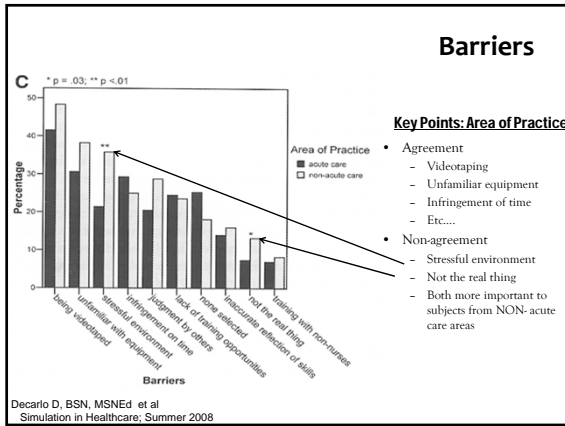
Simulation rule #4

“Debriefings require video of the simulation session to be effective.....”









Other considerations

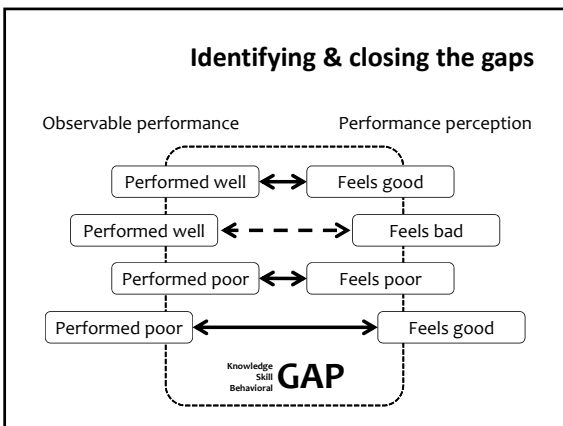
The ultimate failure of debriefing

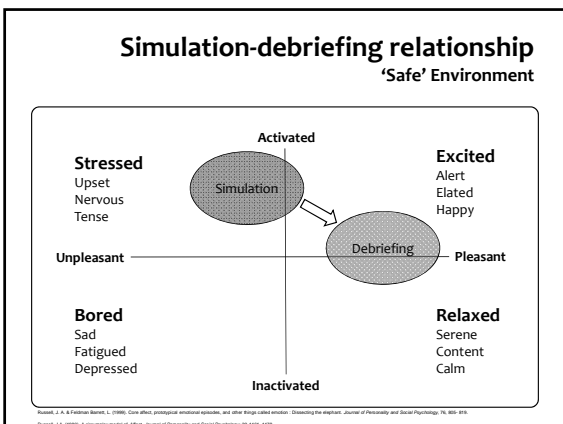
“Learners are left with the mistaken impression that they are doing just fine”

“Ignorance more frequently begets confidence than does knowledge”
Charles Darwin – The Descent of Man (1871)

Simulation rule #5

“Don’t be direct in correcting errors or mistakes- you will damage people”





“Participants may only remember a portion of what they did in simulation but they will always remember how you made them feel”

Amitai Ziv 2013 IMSH

Sampling of Other Debriefing Models

Plus- Delta

- A student-centric approach simulation debriefing using two simple questions.
- Designed to rapidly elicit meaningful participant feedback

	Plus	Delta
Student Response	What did you or the team perform effectively in the scenario?	What change would you or the team need to make to perform more effectively?

Debriefing With 'Good Judgment'

Trainee 'Frames' Approach

- A frame is the internal trainee environment
- Perceptions, knowledge, assumptions, feelings, training etc....
- Instructor role- 'cognitive detective'
- Tries to figure out frames through using a 'stance of curiosity'
 - Genuinely curious inquiry
- Advocacy and Inquiry model

Frames to Actions to Results



FIGURE 1. Frames are invisible, but inferable; they are in the mind of trainees and of instructors. Actions (including speech) are observable. Most results (e.g., vital signs, order/chaos) are also observable.

Rudolph, J.W. et al., Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiol Clin* 25 (2), 361-376 (2007).

Prior Mental Models

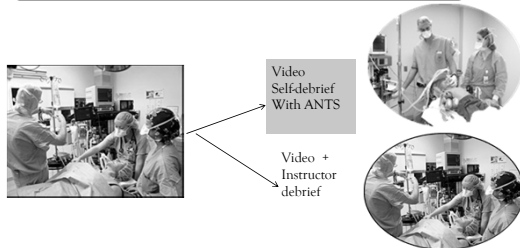
- Goffman (1974) – Frame Theory

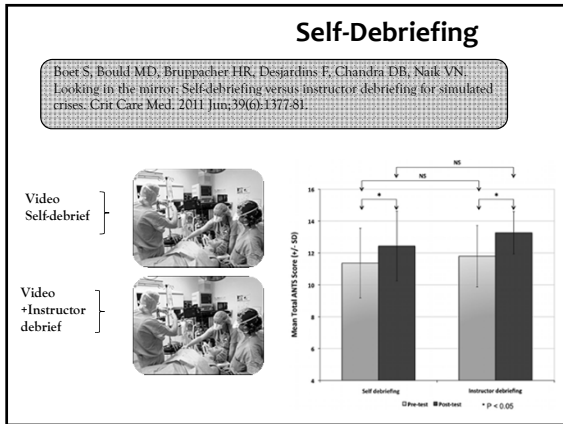
“Given their understanding of what it is that is going on, individuals fit their actions to this understanding.”

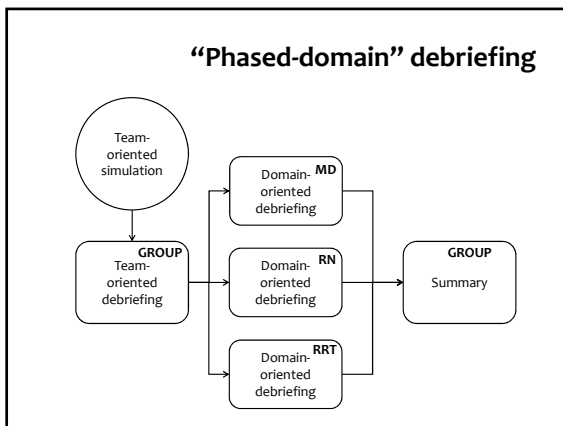
Goffman (1974) Frame analysis: An essay on the organization of experience, pg. 247

Self-Debriefing

Boet S, Bould MD, Bruppacher HR, Desjardins F, Chandra DB, Naik VN. Looking in the mirror: Self-debriefing versus instructor debriefing for simulated crises. *Crit Care Med*. 2011 Jun;39(6):1377-81.







Interactive Session: Sim + Debriefing

Operating Room Crisis

Scenario: Mr. Smith is a 45 year old male having vocal cord surgery. Two anesthesia providers take over the case. The surgeon is using a laser.

Objectives- Participants will:

- Assess the patient to identify the problem
- Follow the RACE principles
- Implement DIVER
- Work effectively within the operating room team
- Communicate clearly

