




POST-SIMULATION DEBRIEFING

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Debriefing Presentation Overview

- Definitions
- Debriefing Styles
- Best Practices
- Experiential Learning Cycle
- Reflective Learning
- How To Ask Questions
- Guiding the Debriefing
- How to Evaluate Debriefing

Definitions

■ Debriefing (Post-Simulation)

- *“ A formal, collaborative, reflective process with the simulation learning activity(SSH, 2016).”*
- *“An activity that follows a simulation experience and led by a facilitator(SSH, 2016).”*

Debriefing (continued)

- “To conduct a session after a simulation event where educators/instructors/facilitators and learners re-examine the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations (Johnson-Russell & Bailey, 2010; NLN-SIRC, 2013); Simulation should foster the development of clinical judgment and critical thinking skills (Johnson-Russell & Bailey, 2010).”

Debriefing Styles

- Consider context
- Debriefing experience and preference (e.g. co-debriefing)
- Learner Level and Objectives
- Types
 - *Plus (+); what worked well? Delta (Δ); what would you change?*
 - *Advocacy Inquiry (instructor observation/student observation)*
 - *Feedback Guided Reflection*
 - *Debriefing for Meaningful Learning (DML; Dreifuerst, 2012)*
 - *The 3 D's (Defusing, Discovering, Deepening; Zigmont, Kappus & Sudikoff, 2011)*

Best Practices

■ Goals

- *Debriefers are skilled facilitators*
- *Reflection and feedback sustains or improves performance*
- *Environment is structured to ensure safety*
- *Well-planned structure can ensure positive experiences and deep learning.*

(Palaganas, Fey, & Simon, 2016).

All Simulation-based learning experiences should be followed by a planned debriefing session aimed toward promoting reflective learning

(International Nursing Association for Clinical Simulation and Learning [INACSL] (Decker, et al., 2013).

Thought Experiment Exercise

- You are about to conduct a simulation exercise with a group of emergency room personnel that includes new nurses, paramedics and medical residents. The simulation exercise is about team collaboration. The team has just learned of an attempted suicide by a 32 year old male veteran occurring outside on the hospital lawn. A crowd has gathered when the team arrives. Just then, the team notices the gun shot wound to the head. The simulated patient victim is still breathing; SPO2 reads 92%, he is tachycardic on the portable cardiac monitor, and pale. The team has secured the airway, immobilized the neck, started a simulated IV, compressed the wound and placed the simulated patient on a stretcher. Next, someone calls into the emergency room team to prepare for a secondary survey assessment of the patient's injuries. It seems from the initial observations that the team did a great job. You call "stop scenario." A few moments later, the patient actor rises from the stretcher, his eyes roll back in his head and he falls to the ground and is unresponsive. The learners are confused. Is this still a simulation? Is this a real medical situation? Now what? How do you plan for this debriefing. Think about what might happen if this situation were to occur?
- What factors would influence what happens next and how you might structure the debriefing?

Experiential Learning Cycle

- The emotional re-enactment of experiences and reflection upon performances embeds new meanings and deeper connections (Jarvis, Holford & Griffin, 2004; Kolb, 1984).
- Learning to be reflective practitioners set the stage for deeper learning.

Reflective Learning

- The Debriefing role
 - *Training*
 - *Difficult Situations*
 - *Video Playback*
 - *Structured Feedback*
 - *Debriefing Time*
- The Learners
 - *Shame or Blame*
 - *Learner Distress*
 - *Self-Debriefing*

How To Ask Questions

- Stimulate learner engagement by using open ended questions and inquiries that are behaviorally focused
 - *So, what was this case about? How did the team function? What was it like for you?*
 - *What went well? What concerns did you/the team have?*
 - *What information was important?*
 - *What happened that you/the team didn't expect to have happen?*

See Debriefing Questions Handout

Guiding the debriefing

- Interpreting performance (direct observations, video, audio)
- The entire replay of video is not necessary for increasing reflection or achievement of learning outcomes (Sawyer, et al., 2012)
- Video snippets of critical moments focuses the debrief
- Difficult conversations/learner disruption
- Learning Outcomes

How To Evaluate Debriefings

■ Tools

- Example: **OSAD tool (Arora, et al., 2012) (see next slide)

■ Instructor Evaluations

- *DASH (instructor version; Brett- Fleegler, et al., 2012)*
- *360 Degree Reflections*
- *Debriefing for Meaningful Learning © Evaluation Scale (DMLES; Bradley & Dreifuerst, 2016)*

■ Learner/Participant Evaluations

- *National Patient Safety Goals (NPSGs)*
- *Learner-specific*
- *Context specific*
- *DASH (student version; Brett- Fleegler, et al., 2012)*
- *Self-Confidence Scales*

Objective Structured Assessment of Debriefing (OSAD) Tool (Arora, et al., 2012)

■ Features of effective debriefing

- *Approach*
- *Learning Environment*
- *Learner Engagement*
- *Reaction*
- *Reflection*
- *Analysis*
- *Diagnosis*
- *Application*

Approach

- Creating and maintaining rapport throughout the debriefing
- Giving constructive and supportive feedback; nonjudgmental
- Creating psychological safety (pre-sim, sim, debrief)
- Authenticity
- Confidentiality

Learning Environment

- Where should the debriefing be held?
- Ideally, in a sequestered environment
- Aspects of the environment should support active participation during review and reflection about the simulation
- A conference table with seats for everyone

Learner Engagement

- Participation is enhanced when the facilitator uses specific debriefing strategies, such as asking open-ended questions and developing the art of sitting back and just listening.
- Encouragement of all participants can be achieved by sensing who can speak up first, and who may need time to process before contributing to the team reflection. Sensitivity to this aspect encourages group process that includes everyone.
- Consider the power structure of the group that could influence who speaks up.

Reaction

- This is an identified phase immediately after simulation
- Allow time for participants to pass through this phase.
- My strategy is to let participants chatter for a bit and then I ask for a “feeling” word from each participant. The group learns that everyone has emotions; many feeling the same way. This technique has been very constructive with nursing students.

Reflection

- “Cornerstone of the experiential learning experience” (attending surgeon, UK; Arora, et al., 2012)
- This phase creates the pathway for deeper learning
- Individual reflection provides new meaning for participants and group reflection offers alternative viewpoints.

Analysis

- Time to use analytical thinking
- Clinical Judgment
- Critical Reasoning
- Using the opportunity to understand how and why decisions were made

Diagnosis

- Assessment of gaps in technical and non-technical skills
- How to give feedback “sandwich technique”
- Exploring alternatives
- What could be another way?
- What would you do differently now that you have received some feedback?

Application

- Integrating the learning experience
- What concepts are transferable to the clinical situation?
- What does this all mean?
- What aspects will you take forward?
- How will this change your clinical practice?

Questions?

- If you did not observe the simulation, can you lead the reflections as the debrief facilitator? Answer why.

References

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