

Simulation Education Evidence-Based Best Practices

Session 3
Debriefing Growth and Assessment
June 23, 2021

Presenters

Jane B. Paige PhD, RN CCNE, CHSE – Milwaukee School of Engineering
Leslie Graham RN MN PhD(c) CNCC, CHSE, CCSNE-Ontario Tech U-Durham College

Disclosures

Relevant to the content of this educational activity, the speakers and moderator have no conflict(s) with commercial interest companies to disclose.

Overview of Program – Seven Sessions

Session Topic with associated WORKBOOK	Date
Session 1: Introduction to Simulation	4/28/2021
Session 2: Creating a Supportive Environment and Psychological Safety to Learner and Facilitator	5/26/2021
Session 3: Debriefing Growth and Assessment	6/23/2021
Session 4: Evaluation of Student Learning	7/28/2021
Session 5: Scenario Design and Development	8/25/2021
Session 6: Curricular Integration and Alignment to Learning Outcomes	9/22/2021
Session 7: Interprofessional Simulations	10/27/2021

Session #3: Debriefing Growth and Assessment Learning Objectives

1. Compare and contrast common elements of debriefing methods appropriate for simulation-based learning experiences to optimize learning.
2. Justify personal debriefing style based on assessment method to achieve the aim of simulation experience.
3. Develop strategies for challenging debriefing sessions to maintain a psychologically safe environment.
4. Describe a faculty education plan for developing and maintaining competencies in debriefing for simulation-based experiences.

INACSL Debriefing Standards (2016)

**New name coming in 2021 – Healthcare Simulation Standards of Best Practice™*

Criteria

1. Facilitated by a person(s) competent in the process of debriefing
2. Conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback, and reflection
3. Facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience
4. Based on a theoretical framework for debriefing that is structured in a purposeful way
5. Congruent with the objectives and outcomes of the simulation-based learning experience



Debriefing vs. Feedback - What is the difference?

Debriefing

- ✓ Collaborative
- ✓ Reflective process
- ✓ Learners provide feedback about **their** performance
- ✓ Emotions explored
- ✓ Feedback can be provided to each other

Feedback

- ✓ Information given to learner
- ✓ Constructive
- ✓ Address aspects of performance
- ✓ Related to learning objectives
- ✓ Rapidly close performance gaps – best for technical skills and knowledge gaps
- ✓ Time Efficient

Prebriefing

- ✓ A good debrief starts with a good prebrief
 - Prebrief is structured, consistent, sets the stage for learning and the environment of trust.
 - Preparation prior to the prebrief
 - Orientation to simulation environment
- ✓ How do you adjust the delivery of prebrief and debrief by knowing your learners?
 - Please add in chat your thoughts or example



Debriefing with Good Judgment

PEARLS

Debriefing for Meaningful Learning (DML)

Debriefing Methods

Gather-Analyze-Summarize (GAS)

Mental Models or Frames

**Frames are often invisible to the instructor. Debriefing reveals them.*

Debriefing can lead to new frames



Debriefing can change future actions

Rudolph, J. W., Simon, R., Rivard, P., Dufresne, R. L., & Raemer, D. B. (2007). Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 28(2), 361-376.

Advocacy & Inquiry

- ✓ A questioning method applicable across debriefing methods
- ✓ Seeks to uncover rationale for action or mental models
- ✓ Advocate for the client and be curious why an action was done



Debriefing with Good Judgment

- ✓ Reaction Phase
- ✓ Understanding Phase
 - Advocacy (stating what you saw – advocating for the patient)
 - “I noticed.....”
 - “I didn’t hear anyone ask.....”
 - “I didn’t see this occur.....”
 - “I didn’t notice that.....”
 - Inquiry (expressing genuine interest in their learning)
 - “I am curious as to what was going through your mind as that point.”
- ✓ Summary phase (take home points)

Rudolph, J. W., Simon, R., Rivard, P., Dufresne, R. L., & Raemer, D. B. (2007). Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 29(2), 361-376.

Example: Advocacy & Inquiry

Concrete Observation	Share Perspective <small>(express your point of view of observed)</small>	Invite Learners Perspective <small>(ask about the perspective)</small>
I noticed...	I think the patient was agitated because of ...	Tell me what you think was going on with ...
When you gave...	The patient seemed to be having difficulty adjusting to ...	Help me understand what you were thinking when you gave...
I heard you say.....	I am wondering why the patient was asking that question....	If you were the patient, how would you feel with the answer provided.....

Debriefing for Meaningful Learning® (DML)

- ✓ Developed by Dr. Dreifuerst (2012)
- ✓ Employs Socratic questioning and guided reflection
- ✓ Challenges taken-for-granted assumptions
- ✓ Helps to reveal relationships between thinking and action
- ✓ DML uses 6 phases (engage, explore, explain, elaborate, evaluate, and extend)
- ✓ Reflection in-action, on-action, beyond-action
- ✓ Associated worksheet
- ✓ A form of clinical teaching
- ✓ <https://dmldebriefing.com/>



Example – DML



Context of the story
✓ Angina
✓ Pulmonary edema

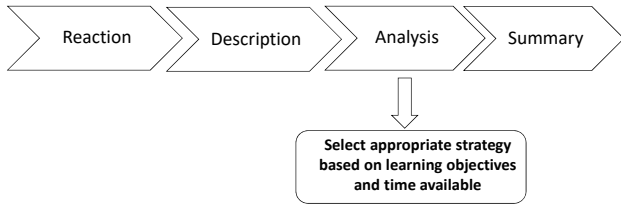
Example – DML – the Debrief



GAS (Gather, Analyze, Summarize)

- ✓ Originated with PALS
- ✓ **Gather**
 - participants provide their perspective
 - facilitator asks probing questions
- ✓ **Analyze**
 - facilitator reviews record of events
 - both report observations
 - both understand basis of action
 - gaps are closed
- ✓ **Summarize**
 - Student led summary – take away messages
 - Facilitator led summary - elicits what learners will do differently

Promoting Excellence and Reflective Learning in simulation (PEARLS) – debrief2learn.org



Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS): development and rationale for a blended approach to health care simulation debriefing. *Simulation in Healthcare, 10*(2), 106-115.

The PEARLS Healthcare Debriefing Tool			
	Objective	Task	Sample Phrases
1	Setting the Scene Create a safe context for learning	State the goal of debriefing (utilizing feedback assumption)	"Let's spend a minute debriefing. Our goal is to improve. Let's work together and give feedback." "Everyone here is intelligent and wants to improve."
2	Reactions Explore feelings	ask for initial reactions & reactions	"Any initial reactions?" "How are you feeling?"
3	Description Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4	Analysis Explore variety of performance factors	See backside of card for more details	Preview Statement See backside of card for more details "At this point, I'd like to spend some time talking about [insert topic here] (see backside of card for more details)" Mini Summary (use to summarize discussion of final topic) "That was great! Discussion, did there are additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?			
5	Application/Summary Identify take-aways	Learner centered	"What are some take-aways from this discussion for our [insert practice]?" "The key learning points for the case were [insert learning points here]"

The Analysis Phase

Performance Domains

The analysis phase can be used to explore a variety of performance domains:

Decision Making

Technical Skills

Communication

Resource Utilization


Leadership

Situational Awareness

Teamwork

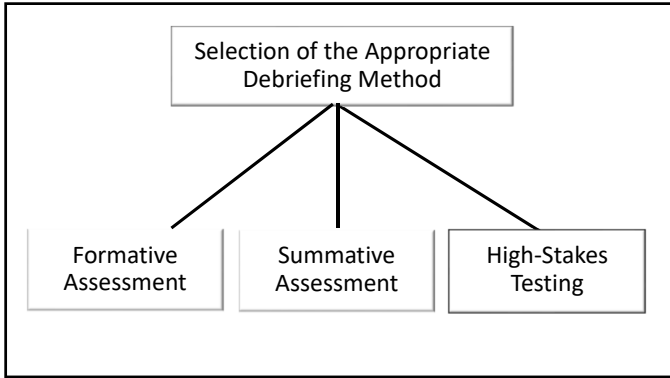
Three Approaches	Sample Phrases
<p>1 Learner Self-Assessment Promote reflection by asking learners to assess their own performance</p>	<p>♥ What aspects were managed well and why? ♥ What aspects do you want to change and why?</p>
<p>2 Focused Facilitation Probe deeper on key aspects of performance</p>	<p>♥ Advocacy: I saw (observed), I think (your point of view). ♥ Inquiry: How do you see it? What were your thoughts at the time?</p>
<p>3 Provide Information Search to close clear knowledge gaps as they emerge and provide directive feedback as needed</p>	<p>♥ (refused behavior) Next time you may want to consider (suggested behavior), because (rationale).</p>

Virtual Debriefing



Breakout Room Discussions

- ✓ When debriefing, have you experienced a situation that you were uncertain in how to respond? Thoughts on how to manage....
- ✓ During the debriefing, have you seen a learner become distressed? Thoughts on how to manage....
- ✓ How do you manage a learner who does not participate?
- ✓ What strategies have or could you use for the disruptive learner?



Debriefing Method for

Formative Assessments

Think about →

- Purpose
 - ✓ Learner still learning the content and how to apply it to practice
 - ✓ Need a facilitation and debriefing method that helps develop thinking
- Learner preparation
- Time
- Experience of facilitator

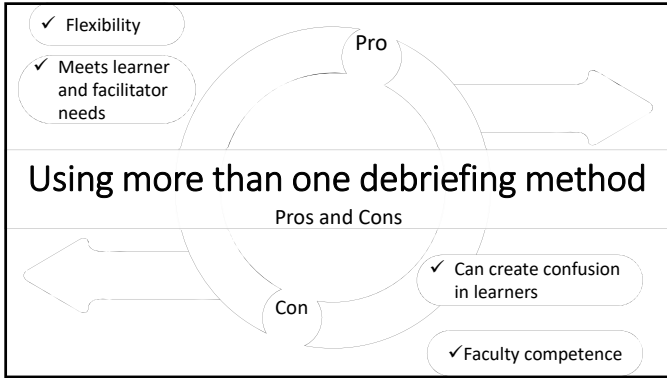
Debriefing Method for

Summative Assessments

Think about →

High-Stakes Testing

- Purpose
 - ✓ In summative, learning still occurs
 - ✓ In high stake testing, ---
 - ✓ Learner needs to know the outcome
- Learner preparation
- Time
- Experience of Facilitator
- Consequences of Outcome
- Emotional Impact



Common Errors in Debriefing

Chat

- ✓ Too much facilitator talk – too little participation
- ✓ Not addressing the emotions first
- ✓ Asking why you did that, rather than tell me what you were thinking
- ✓ Using time to lecture
- ✓ Avoiding or unsure how to address errors in thinking. Can lead to the 'confident incompetent'
- ✓ Two debriefers - not establishing a plan on how to co-debrief.
- ✓ Interrupting someone's train-of-thought
- ✓ If the fiction contract not set – can lead to the debrief focusing on the learning activity rather than the learning itself

Key Elements Across All Debriefing Methods

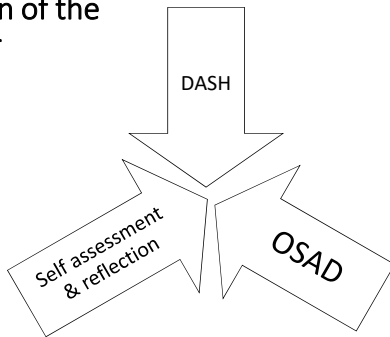
- ✓ Phases of debriefing
- ✓ Faculty competency with debriefing method
- ✓ Understanding learning theories
- ✓ Reminding learners of the confidentiality of debriefing
- ✓ Awareness of the emotional impact

Faculty Development and Evaluation

- ✓ Provide theoretical content
- ✓ Application of knowledge in a controlled setting ie with actors or simulation patients
- ✓ Provide opportunity to debrief with the expert – receiving feedback
- ✓ Repetitive practice

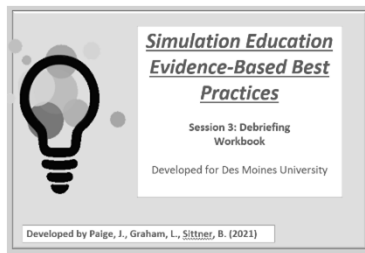


Evaluation of the Debriefer



Additional Resources for You!

- ✓ Available in the Session #3 Workbook
- ✓ Self-Development Plan
- ✓ Debriefing tools
- ✓ Websites
- ✓ Expanded references



References

- Cheng, A., Grant, V., Robinson, T., Catena, H., Lachapelle, K., Kim, J., Adler, M., & Eppich, W. (2016). The promoting excellence and reflective learning in simulation (PEARLS) Approach to health care debriefing: A Faculty Development Guide. *Clinical Simulation in Nursing, 12*(10), 419–428. <https://doi.org/10.1016/j.ecns.2016.05.002>
- Dreifuerst, K. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *The Journal of Nursing Education, 51*(6), 326–333. <https://doi.org/10.3928/01484834-20120409-02>
- Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS): development and rationale for a blended approach to health care simulation debriefing. *Simulation in Healthcare, 10*(2), 106-115.
- INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Debriefing. *Clinical Simulation in Nursing, 12*(5), S21-S25. <https://doi.org/10.1016/j.ecns.2016.09.008>
- Rudolph, J. W., Raemer, D. B., & Simon, R. (2014). Establishing a safe container for learning in simulation. *Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9*(6), 339–349. <https://doi.org/10.1097/SIH.0000000000000047>
- Rudolph, J. W., Simon, R., Rivard, P., Dufresne, R. L., & Raemer, D. B. (2007). Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics, 25*(2), 361-376.
