Essential Debriefing Skills for Simulation

Please help yourself to Tea & Coffee whilst completing your questionnaires
Essential Debriefing Skills for Simulation
Welcome

Course Designers: Peter Jaye, Colette Laws-Chapman, Gabe Reedy
Course Team:
Consent Process

Improving Patient Safety through Simulation Research

• We are a leading centre for educational research in partnership with the King’s Learning Institute at KCL
• We are exploring the links between simulation training, your learning outcomes and patient safety
Consent Process

• Through examination of video data, questionnaires, interviews & focus groups we hope to demonstrate the value of simulation in the training of healthcare professionals

• We seek your consent for all aspects of this research

• Please read the information sheet & complete the consent form to enable us to collect any appropriate data from your training day

• If you do not wish to consent for any aspect of this research your training will not be affected
Housekeeping

- Fire Exits
- Personal belongings
- Phones and Pagers
- Toilets & Bio Breaks
- Air-Con & keeping comfortable
- Drinking water available
- Tea & coffee breaks
- Lunch break
- Keeping in touch & social media usage
Who’s Who?
Hopes and Concerns

Hopes

I hope to...
I hope to...
I hope to...
I hope to...

Concerns

I’m concerned that...
I’m concerned that...
I’m concerned that...
I’m concerned that...

(for this session)
Course Aims

• Understand the process of debriefing and its effects on the learner

• Learn how to use a Model: *The SaIL Debrief Diamond*

• Gain a level of skill and confidence that allows each participant to start to use a debriefing model in simulation

• Understand your duties and responsibilities as a simulation facilitator
Course Objectives

• Be able to discuss the differences between instruction and facilitation

• Practice the skills needed to facilitate a debriefing

• Describe how to centre a debrief around Human Factor skills

• Demonstrate how to use the Model: The SaIL Debrief Diamond

• Describe how your behaviour and the behaviour of others may impact on the debriefing
Two-Day Timetable

- Interactive use of activities, scenarios and abstract exercises, followed by debriefing
  - Role model a debrief
  - Deconstruct the model
  - Reconstruct it
  - Practice Phases – (Diamond- D, A and A)
    - Debrief the Debrief
      - Description focus on day 1
      - Analysis focus on day 2
    - 6 abstract exercises

- Not a course to teach you Human Factor (NTS) skills
- Think about your 4 practice sessions after day one / course
Establishing a Safe Container for Learning in Simulation
The Role of the Presimulation Briefing

Jenny W. Rudolph, PhD;
Daniel B. Raemer, PhD;
Robert Simon, EdD

Summary Statement: In the absence of theoretical or empirical agreement on how to establish and maintain engagement in instructor-led health care simulation debriefings, we organize a set of promising practices we have identified in closely related fields and our own work. We argue that certain practices create a psychologically safe context for learning, a so-called safe container. Establishing a safe container, in turn, allows learners to engage actively in simulation plus debriefings despite possible disruptions to that engagement such as unrealistic aspects of the simulation, potential threats to their professional identity, or frank discussion of mistakes. Establishing a psychologically safe context includes the practices of (1) clarifying expectations, (2) establishing a “fiction contract” with participants, (3) attending to logistic details, and (4) declaring and enacting a commitment to respecting learners and concern for their psychological safety. As instructors collaborate with learners to perform these practices, consistency between what instructors say and do may also impact learners’ engagement. (Sim Healthcare 9:339–349, 2014)

Key Words: Debriefing, Prebrief, Psychological safety, Realism, Education
Group Activity 1 and Debriefing

- Two groups
- Ten minute exercise
- Debrief
“So, what happened? ... and then what happened next?"

“Let’s not judge our performance now, let’s just focus on what happened”

Transition
“Let’s address the technical and clinical questions. What is the protocol for...?”
“How do we normally deal with this clinical situation? Everyone ok with that?”

“How did that make you feel? To participants then group
“Why?” Then use silence

“How did you / they do that exactly?”
“Why did you respond in that way?” or “Why did you take that action?”

“It feels like...was an issue. Did it feel like that to you?”
“What I’m hearing from you is... is that correct?”

“This is part of...”(identify the non-technical skill/ human factor)
“We refer to that as a human factor or non-technical skill, which means...”

Transition
“So what we’ve talked about in this scenario is...
“What have we agreed that we could do?”

“What are you going to do differently in your practice tomorrow?”

© SaIL Centre August 2014
Coffee Break
Why do we debrief?
Working out what we mean
Accessing our mental models

Frames → Actions → Results
Teaching, Facilitation, and Simulation

• What are the differences between teaching and facilitation?

1. What does the term mean?
2. What is each one good for? Why?
3. What are the challenges of each?
Re-cap – Kolb & simulation with debrief
The Debrief

- The Debriefing Process in Everyday Practice
- Unstructured debriefing – DVD – Nobody died
Human Processing

• To experience an event

• To reflect on it

• To discuss it with others

• Learn and modify behaviours based on the experience
Why a Facilitated Debrief?

“Individuals learn far better as active participants responsible for their own learning process, rather than as passive recipients of wisdom imparted from instructors.”

Levels of Facilitation

Low
• Intense level of instructor involvement

Intermediate
• Intermediate level of instructor involvement

High
• low level of instructor involvement
Facilitating yourself

• Be Positive

• Think I’m OK, You’re OK

• Your energy will transmit onto the group
How do we debrief?
Plus / Delta (+/Δ)
(Decker 2009, Jeffries 2010)

+ : What went well? And why?
△ : What would you change? And how?

• + Plus: positive, desirable aspects of performance or behaviour
• △ : Greek letter Delta used to denote change or uncertainty
A Typical Debrief Structure using DAA

• Description 10 mins
• Analysis 20 - 25 mins
• Application 10 - 15 mins
“So, what happened? ... and then what happened next?"

“Let’s not judge our performance now, let’s just focus on what happened”

**Transition**

“This scenario was designed to show...”

“Let’s address the technical and clinical questions. What is the protocol for...?”

“How do we normally deal with this clinical situation? Everyone ok with that? ”

“How did that make you feel?” *To participants then group*

“How?” *Then use silence*

“How did you / they do that exactly?”

“Why did you respond in that way?” or “Why did you take that action?”

“It feels like...was an issue. Did it feel like that to you?”

“What I’m hearing from you is... is that correct?”

“This is part of...”*(identify the non-technical skill/ human factor)*

“We refer to that as a human factor or non-technical skill, which means...”

**Transition**

“So what we’ve talked about in this scenario is...”

“What have we agreed that we could do?”

“What are you going to do differently in your practice tomorrow?”

© SaIL Centre August 2014
Spend most of your time in Analysis.
Deconstruct behavior into specific actions, and explore what happened in detail.
Ask about effective responses and validate them.

**Transition into Analysis by clarifying any technical and clinical issues**

Reinforce a safe learning environment.
Situate the debrief in the shared and meaningful activity that occurred.

Make sure everyone shares the same understanding of what happened (share the mental model).
Keep the focus dispassionate – discuss what happened but avoid focusing on emotions.
Listen for emotional responses but resist the temptation to discuss emotions.

Spend most of your time in Analysis.
Deconstruct behavior into specific actions, and explore what happened in detail.
Ask about effective responses and validate them.

**Transition into Analysis by clarifying any technical and clinical issues**

Analyze and interpret the activity by applying appropriate frameworks or lenses (such as non-technical skills, or the clinical context surrounding the scenario).
Keep the discussion positive, and avoid the temptation to focus on “strengths and weaknesses”.
Reflect responses back, allowing participants to amend or augment.

**Transition into Application by Reinforcing Learning**

Move from the specifics of the scenario to the more general world of practice.
Break behaviors down into specific actions.
Explore the other kinds of situations that this might apply to.
Ask what participants will do differently in their practice.
CRM (NTS) terminology

- Decision Making
- Anticipate & Plan
- Call for help early
- Situational Awareness
- Prioritization
- Effective management of multiple patients/issues
- Sharing the mental model

- Know your environment
- Team working
- Leadership/ followership
- Closed loop communication
- Coping with Distraction / Disruptions

Missing Healthcare Factors

- Self care
- Verbal / non-verbal communication
- Appreciating the person
- Spatial awareness

Guy’s and St Thomas’ NHS Foundation Trust
Health Education South London
Circle of Care - a model for compassionate Human Factors in Healthcare

© 2016. Copyright Clod Ensemble and Guy’s and St Thomas’ NHS Foundation Trust. All Rights Reserved.

Guy’s and St Thomas’ NHS Foundation Trust
Circle of Care: A model for compassionate human factors in healthcare Figure 7
© 2016. Clod Ensemble and Guy’s and St Thomas’ NHS Foundation Trust. All rights reserved

C of C- Human Factor Skills in Healthcare

CARE

Teamwork
Self Care

Leadership
Verbal Communication

Decision Making
Non Verbal Communication

Learning from Success & Error
Appreciation of the Person

Spatial & Situational Awareness
Taking a Set of Observations

Breaking Bad News

Performing Surgery

Appraising Staff

Setting Goals

Transferring a patient

© 2016. Copyright Clod Ensemble and Guy's and St Thomas' NHS Foundation Trust. All Rights Reserved.
Conclusion

In debriefing
If a learner led approach is being taken….

• Focus on what the group want to learn, not what you want them to learn
• Adhere to the model you are following
• Any Questions?
Coffee Break

- 15 minutes
The Diamond Debrief Model in Practice
The Debrief in Practice

- Deconstruct the diamond
- Video observation
- Divide into groups
- Each person will run a phase of debrief
- Group discussion
- Next member debriefs the next phase of debrief
- Do not role play
Description: Key Phrases to Remember

**Description**

“So, what happened? … and then what happened next?”

*Continue asking until confident that the details of the scenario have been raised by the candidates*

“Let’s not judge our performance now, let’s just focus on what happened”

© SaIL Centre August 2014
Description:
Underlying Principles

- Reinforce a safe learning environment
- Situate the debrief in the shared and meaningful activity that occurred.
- Keep the focus dispassionate – discuss what happened but avoid focusing on emotions.
- Listen for emotional responses but resist the temptation to discuss emotions.
- Make sure everyone shares the same understanding of what happened (share the mental model).

© SaIL Centre August 2014
First Transition: Key Phrases to Remember

**Transition**

“This scenario was designed to show…”
“Let’s address the technical and clinical questions.
What is the protocol for…?”
“How do we normally deal with this clinical situation?”
“Everyone ok with that?”

© SaIL Centre August 2014
Analysis: Key Phrases to Remember

**Analysis**

“How did that make you feel?” *To participants then group*

“How did you/ they do that exactly?”
“Why did you respond in that way?” or “Why did you take that action?”

“It feels like…was an issue. Did it feel like that to you?”
“What I’m hearing from you is… is that correct?”

“This is part of…” (*identify the non-technical skill/ human factor*)
“We refer to that as a human factor or non-technical skill, which means…”

© SaIL Centre August 2014
Analysis: Underlying Principles

Spend most of your time in Analysis.

Deconstruct behavior into specific actions, and explore what happened in detail.

Ask about effective responses and validate them

Analyse and interpret the activity by applying appropriate frameworks or lenses (such as non-technical skills, or the clinical context surrounding the scenario).

Keep the discussion positive, and avoid the temptation to focus on “strengths and weaknesses”.

Reflect responses back, allowing participants to amend or augment.
Second Transition: Key Phrases to Remember

Transition

“So what we’ve talked about in this scenario is...
What have we agreed that we could do?”
Application

“What other kinds of situations might you face that might be similar?”

“How might these skills we discussed play out in those situations?”

“What are you going to do differently in your practice tomorrow?”

© SaIl Centre August 2014
Application: Underlying Principles

- Focus on moving from the specifics of the scenario to the more general world of practice.
- Break behaviors down into specific actions.
- Explore the other kinds of situations that this might apply to.
- Ask what participants will do differently in their practice.
• Any Questions?
Lunch Break

• 45 minutes
Scenario and Debrief 1

- Watch a DVD of a filmed scenario
- Practice debrief
Tea Break

- 15 minutes
Scenario and Debrief 2

- Abstract Exercise
- Practice debrief
Close of Day One

• Review of Learning
• Your Reflections

• Homework: 1 aspect of today relating to debriefing
  – Describe it
  – Analyse it
  – Application
Keeping in touch

- **SaIL @ St Thomas House**
  - 1st Floor St Thomas House, St Thomas’ Hospital, Westminster Bridge Road, London SE1 7EH
- Phone: 020 7188 4802
- Email: simulation@gstt.nhs.uk
- Website: [http://guysandstthomaseducation.com/project/simulation/](http://guysandstthomaseducation.com/project/simulation/)
Further reading

Human Factors in the Healthcare Setting
A Pocket Guide for Clinical Instructors
Advanced Life Support Group

SAFETY AT THE SHARP END
A Guide to Non-Technical Skills
Rhona Flin
Paul O’Connor
Margaret Crichton

Defining Excellence in Simulation Programs
Janice C. Palomares
Alli C. MacInerney-Chad
Chad A. Saps
Mary E. Mandell
References

