Getting the Most Out of Simulation: Debriefing with Good Judgment

Grand Rounds
September 21, 2011
Our Learning Objectives

• Explain the role of the Debrief when using simulation as a teaching strategy.
• Differentiate among 3 debriefing styles
• Debrief using the Advocacy/Inquiry technique
• Demonstrate the use of Debriefing with Good Judgment to stimulate self-reflection and enhance learning
Debrief: A Conversation after Simulation

<table>
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<th>Simulation</th>
<th>Debrief</th>
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<tr>
<td>• Technical Skills</td>
<td>➔➔➔ Immediate feedback/coaching</td>
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<td>• Emergency Drills</td>
<td>➔➔➔ Checklist, apply protocols</td>
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<td>• Role Playing Interviews</td>
<td>➔➔➔ Self-Assessment, comment</td>
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<td>• Team-based scenarios</td>
<td>➔➔➔ Interactive group discussion, teaching riffs and take-home messages</td>
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Debrief: Aims

- Stimulate self-reflection
- Share ideas, raise awareness of alternative approaches
- Teach specific skills: procedural, cognitive, communication, collaboration
- Behaviour change
Debriefing Begins with the “Pre-Brief”

- Welcome learners
- Introductions, clarification of roles
- State the “Basic Assumption”
- Orientation to the simulator, acknowledge the “fiction contract”
- Orientation to the simulation session/ clarify learning objectives and expectations
- Set the scene: who, what, where, when, why?
Debrief: Basic Structure

• **Phase One**: Reaction
  – Get initial reactions

• **Phase Two**: Understanding/Reflection
  – Stimulate reflection on behaviour/performance
    • What was working and what did not?

• **Phase Three**: Summary
  – Do a “Teaching Riff”
  – Review take-home message
  – Give an “Education Prescription”
Debrief: Styles

- Judgmental
- Non-Judgmental
- Debriefing with Good Judgment
Debriefing Styles:
1. The Judgmental Debrief

- Debriefer/teacher is the authority
- Positive and negative feedback is given to the participant

**Pros:**
- Directed, efficient, transparent

**Cons:**
- May be threatening, little opportunity for self-assessment
Debriefing Styles:
2. The Non-Judgmental Debrief

- Open-ended questions by facilitator
- Attempt to “draw out” information by the Socratic Method
- Pros:
  - explores participant reactions and facilitates self-reflection
- Cons:
  - “Dirty Questions” in which the facilitator knows the answer but makes the participant “Guess what I’m thinking”.
Debriefing Styles:
3. Debriefing with Good Judgment

- **Advocacy**: Facilitator identifies a specific behaviour or event and makes an objective statement about

- **Inquiry**: Facilitator then poses a brief question to the participant in the spirit of genuine curiosity (Inquiry)

- Follow-up inquiry or teaching riff

- Facilitates learner self-assessment without playing “Guess what I’m thinking?”
Debriefing Styles:
Debriefing with Good Judgment

• Pros
  – Strengthens our ability understand where the learner is coming from
  – Creative way of encouraging reflection and self-assessment

• Cons
  – Cannot be used when discipline is needed
  – Not appropriate when you cannot hold the basic assumption
Debriefing with Good Judgment

• *Does* allow you to share observations, opinions, judgments

• *Does not* assume that the leader has a monopoly on knowledge and good ideas
How to Debrief with Good Judgment: Advocacy and Inquiry (AI)

• Advocacy: Statement
  – Make notes while observing simulation session
  – Be prepared to state your perspective clearly
  – Link debrief to simulation by referring to specific events that occurred (usually 2 or 3)
  – Use “First Person” sentences
    “I observed ....”
    “I am concerned/pleased because...”
Debriefing with Good Judgment: Advocacy and Inquiry

• Inquiry: Pose a Question
  – Be genuinely curious
  – Aim to discover the learner’s perspective
  – Use short, open-ended questions
    “I am curious how you see it?”
    “What was happening at that point?”
    “How did you experience that?”
    “I wonder why.”
Example of Debrief: Peri-Mortem Cesarean Section Scenario

• Scenario: There is a witnessed maternal cardiac arrest in the ER. Obstetrical residents must perform an emergency cesarean section during the resuscitation in order to save mother and baby. (The ER physician, ER nurse and medical student were collaborators in the scenario).
Learning Objectives:

1. Resuscitate the pregnant patient in accordance with the latest American Heart Association guidelines.
2. Perform a timely cesarean section with equipment available in the ER
• Cardiac arrest in a pregnant patient, obstetrical residents called STAT to the ER
• CPR is performed in the ER under the direction of the ER physician
• Residents trouble-shoot as initial resuscitation not successful
• Residents perform a cesarean section during CPR with limited equipment
• Successful resuscitation after baby delivered
• Happy outcome for mother and baby
Example of AI Debrief

• *Reaction phase*: how are you feeling right now?

• *Understanding phase*: what they need to learn
  
  – CPR is difficult in a pregnant woman because of the compression of the IVC by the pregnant uterus.
  
  – CS needs to be started at the 4 minute point after the arrest if initial CPR is not successful
Example of AI Debrief

• **Advocacy Statement**
  – It looked like some of you were attempting to get the patient into a left lateral tilt during CPR.

• **Inquiry**
  – What was your thought process at that point in time?
Example of AI Debrief

• **Reflection**
  – The residents discuss the problem of IVC compression by the gravid uterus and its potential compromise of CPR.
  – Relief of IVC compression may require evacuation of the uterus on an urgent basis
Example of AI Debrief

• **Summary phase**
  – “Teaching Riff” on strategies that may address IVC compression problem
  – Take home messages
  – Education prescription
American Heart Association Guidelines 2010 for Resuscitation of Pregnant Women

- Perform BCLS and ACL according to standard protocols
- Cardiovert if indicated but remove scalp clip first
- Manual left lateral displacement of uterus
- Obstetrical and Neonatal teams prepare for emergency cesarean delivery within 5 min of arrest
- Continue CPR during and after cesarean delivery

J Obstet Gynaecol Can 2011;33(8):858–863
Conclusion

• Simulation can be used to build clinical skills in multiple domains (technical, cognitive, communication, collaboration)
• Debriefing enhances learning opportunities and stimulates self-reflection
• Debrief in three phases: decompression, feedback and summary
• Debriefing with good judgment is performed using advocacy statements paired with inquiry
References


• Harden, R., & Crosby, J. (2000). The good teacher is more than a lecture - the twelve roles of the teacher. Medical Teacher, 22(4), 334-347.


References