

The Art & Science of Debriefing in Healthcare Learning

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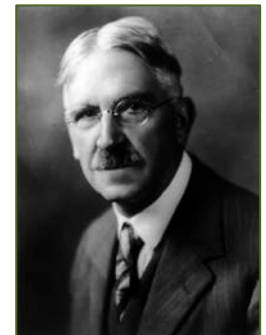
Volume of Practice (VOP)

The VOP is the **minimum** that a trainee must do in order to achieve **competence**.

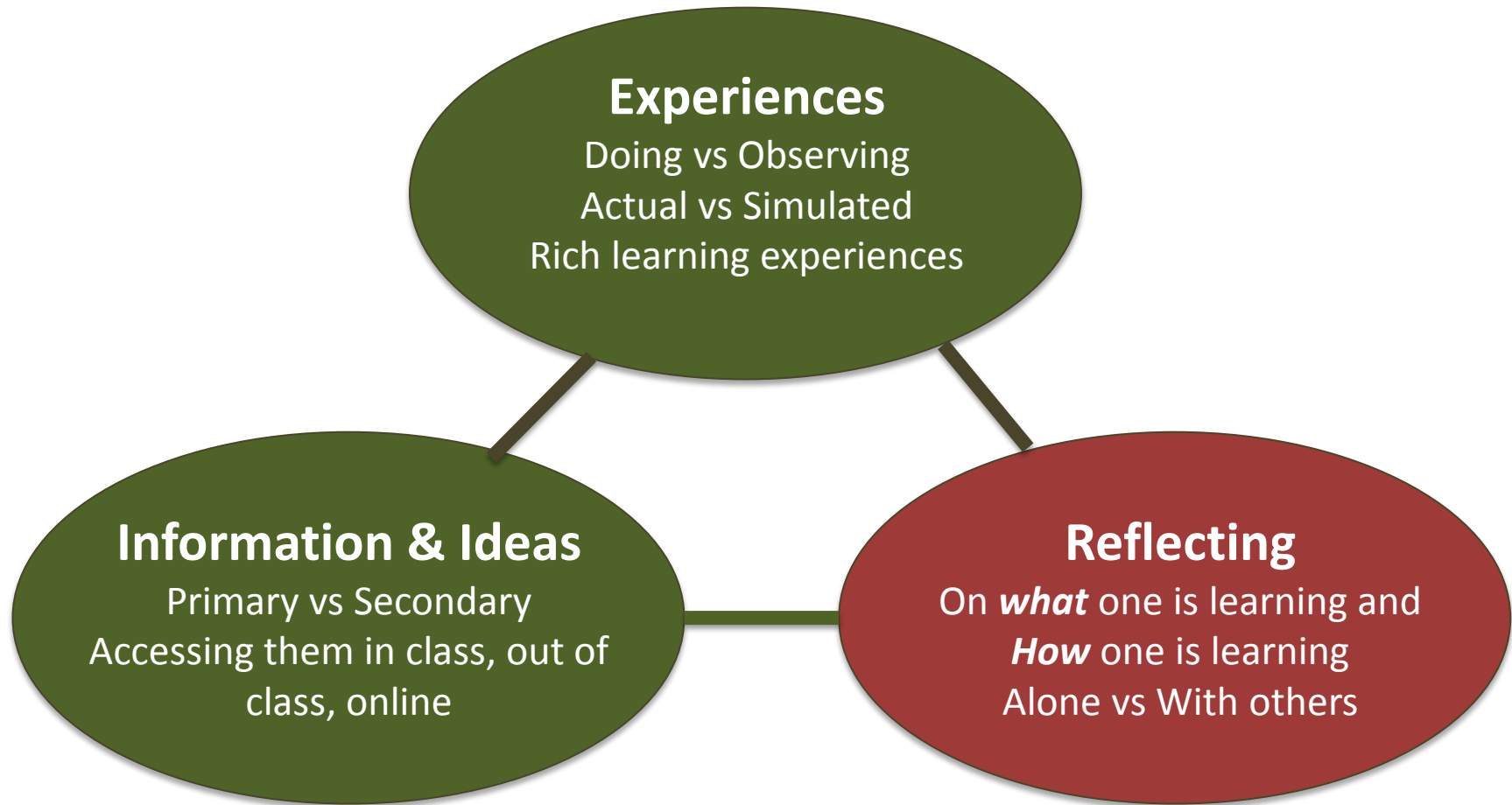
Practice Makes Perfect

Theory of Experiential Learning

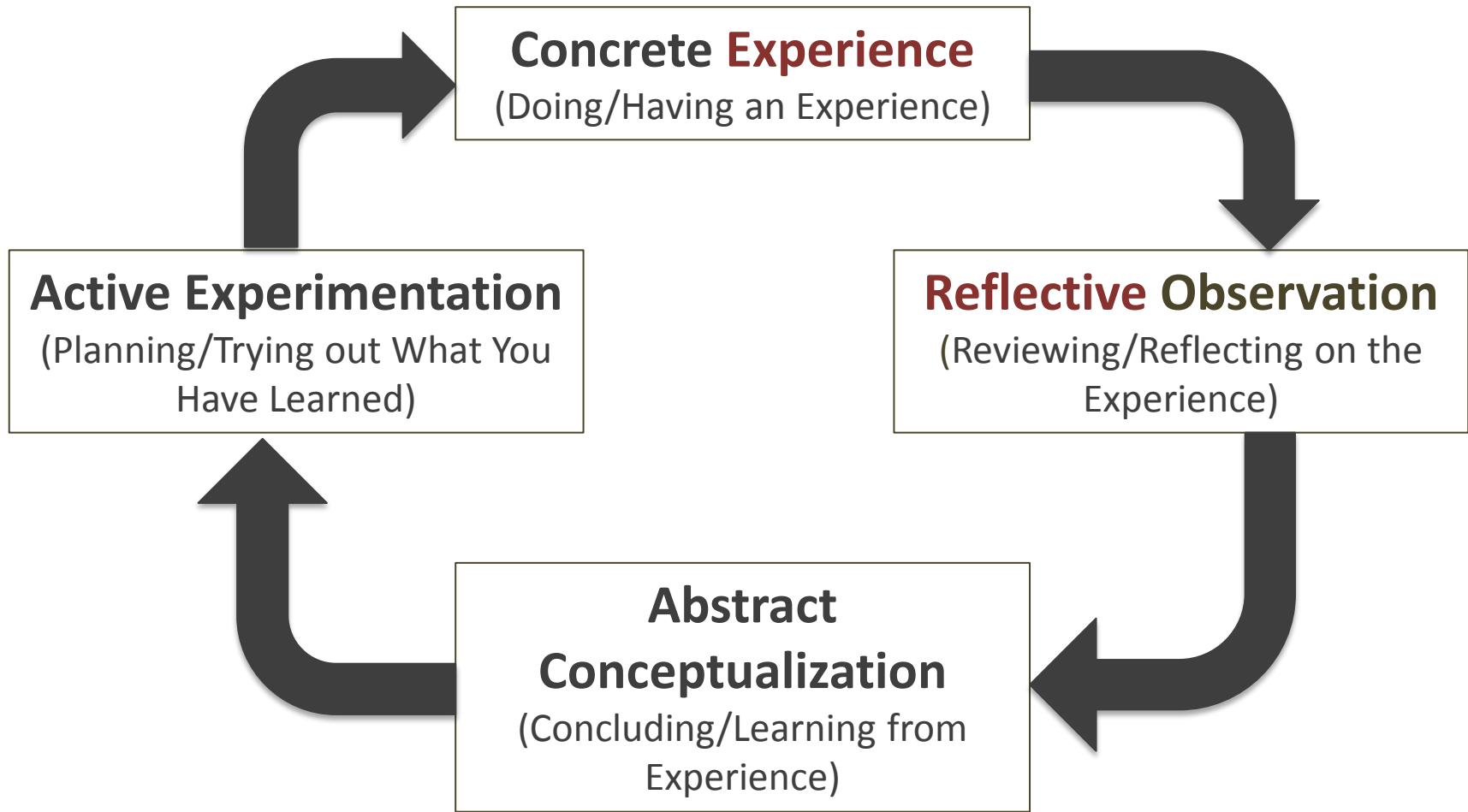
- *Not every experience results in education or learning*
- Learner must
 - Interact with environment
 - **Make meaning of the experience** from past, present or future



Holistic View of Active Learning



Kolb's Learning Cycle



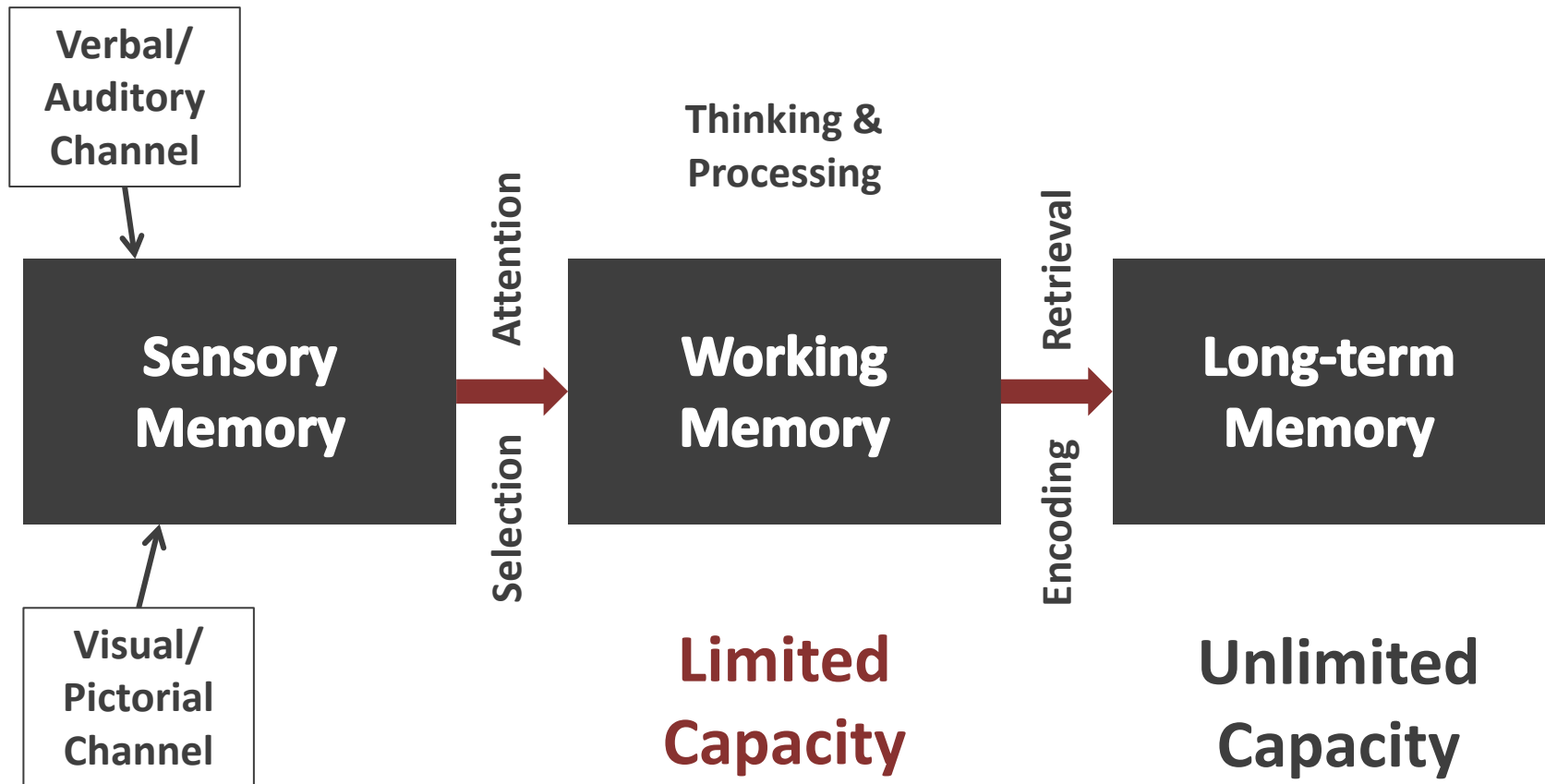
Debriefing

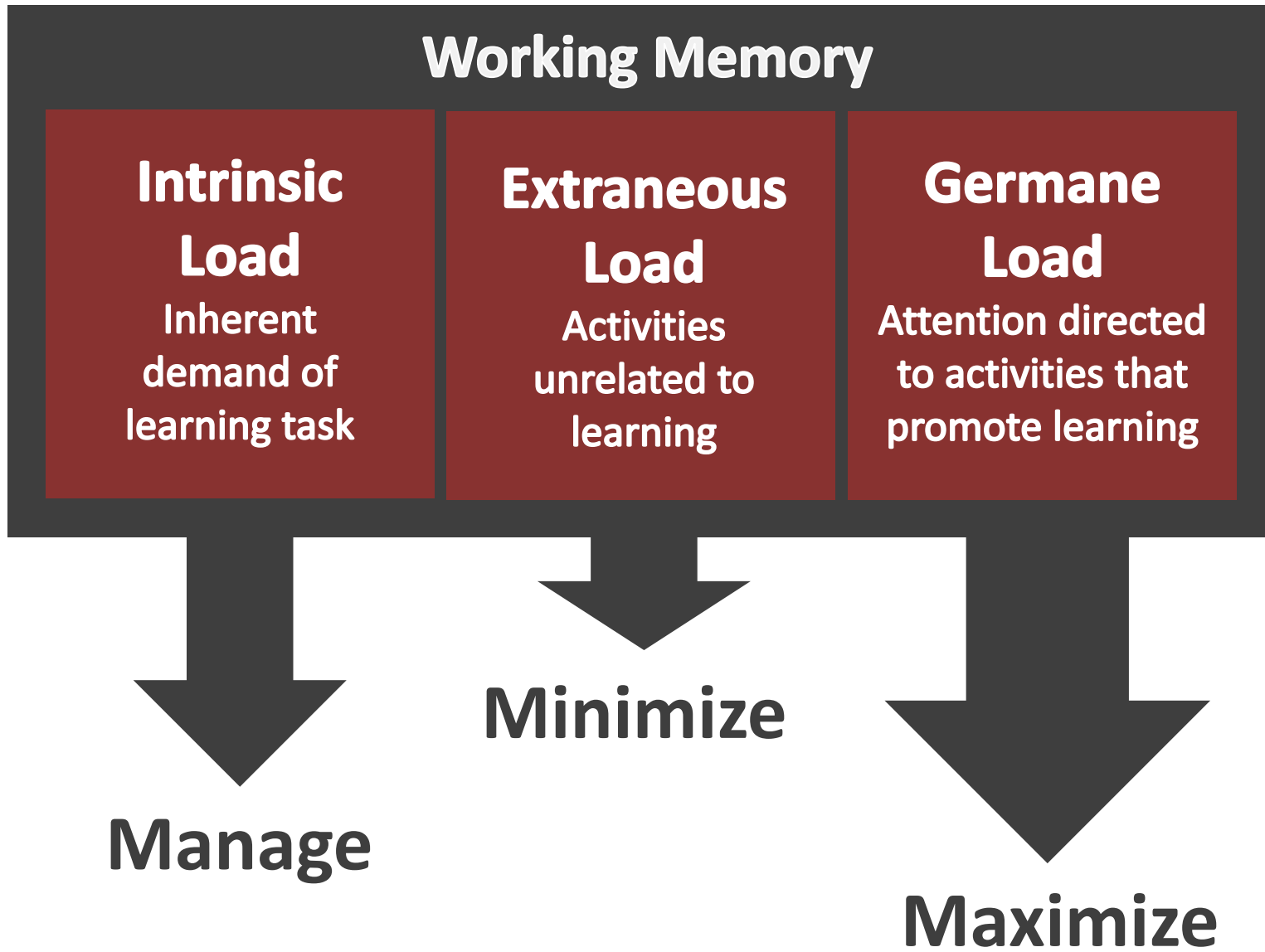
The process in which the simulation experiences are **examined, discussed and turned into learning.**

Simulation: Advantages

- Deliberate practice with **feedback**
- Exposure to **uncommon** events
- **Reproducibility**
- The **absence of risks to patients**
- Opportunity for **assessment** of learners
- Ability to **range the difficulty levels**

Cognition Load Theory

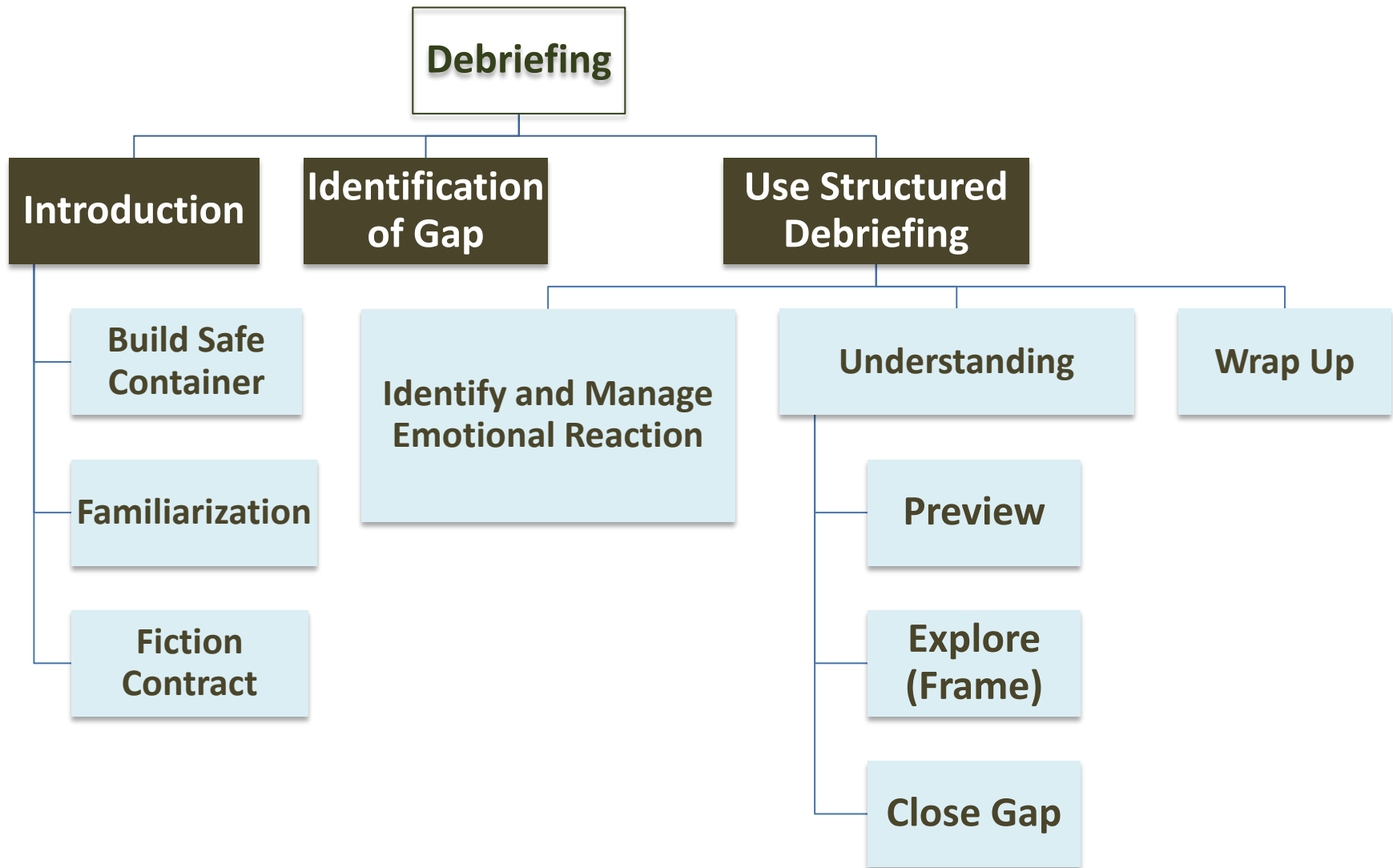




Realism

An exciting simulation that captures the imagination, triggering physiological responses and the execution of ingrained clinical algorithms, is a **social and psychologic** endeavor.

- **The principles of debriefing in simulation**
- Broadening the scope of debriefing



Debriefing Assessment for Simulation in Healthcare

- 1. Establishes an engaging learning environment**
2. Maintains an engaging learning environment
3. Structures the debriefing in an organized way
4. Provokes engaging discussion
5. Identifies and explores performance gaps
6. Helps trainees achieve or sustain good future performance

Learning can be impeded...

Learners do not “buy in” to the simulation endeavour

They find the **fidelity** of the simulation **problematic**

They feel exposed by the simulation and debriefing in a way that **threatens their professional identity**

They feel **defensive** discussing performance that falls short of a standard

Fidelity and Realism

Psychological Safety

Kurt Lewin Model of Change

- **Unfreeze**
- **Change**
- **Refreeze**

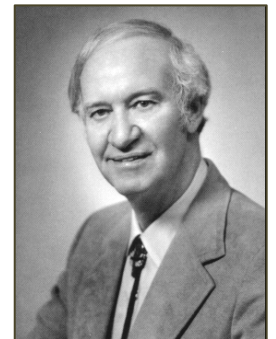


Kurt Lewin Model of Change

- **Surprise (disconfirmation)**
 - Confused, uncoordinated, ineffective
- **Feeling bad**
 - Anxiety, frustration, guilt
 - Upsets the status quo
- **Psychological safety**

Adult Learning Theories

- Independent and self-directed
- Full of experiences
 - Draw upon their own foundation of experience for learning
- Value relevant learning
- Prefer problem-centered approaches
- Are motivated internally
- **Need to be shown respect**



Establishes an Engaging Learning Environment

1. Clarifies course objectives, environment, roles and expectations
2. Establishes a “fiction contract” with participants
3. Attends to logistic details
4. Conveys a commitment to respecting learners and understanding their perspectives (build a safe container)

Formative vs Summative

- Setting the stage: objective and role clarification
- Workplace Based Assessment
- **Separating feedback from grading**

Basic Assumption

THE BASIC ASSUMPTION:
We believe that everyone
participating in activities at CMS
is intelligent, capable,
cares about doing their best,
and wants to improve.

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Confidentiality

Maximizing transparency about what and with whom information about simulation performance will or will not be shared builds trust.

Not that confidentiality alone is the only way to build trust.

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Fidelity and Realism

Psychological Safety

3 Modes of Realism/Fidelity

Uwe Lacken (2003)	Dieckmann P, et.al. (2007)	Van Merriënboer (2013)	Degree to which simulated task environment
Physical Mode	Physical Fidelity	Physical Fidelity	Looks, sounds, feels, or even smells like the real task environment
Semantical Mode	Conceptual Fidelity	Functional Fidelity	Behaves in a way similar to real task environment in reaction to the task executed by the learner
Phenomenal Mode	Emotional/ Experiential Fidelity	Psychological Fidelity	Replicates psychological factor (stress, fear, boredom...) experienced in the real task environment

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Establishes an Engaging Learning Environment

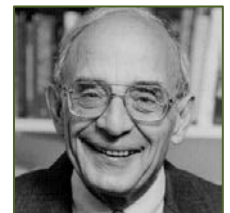
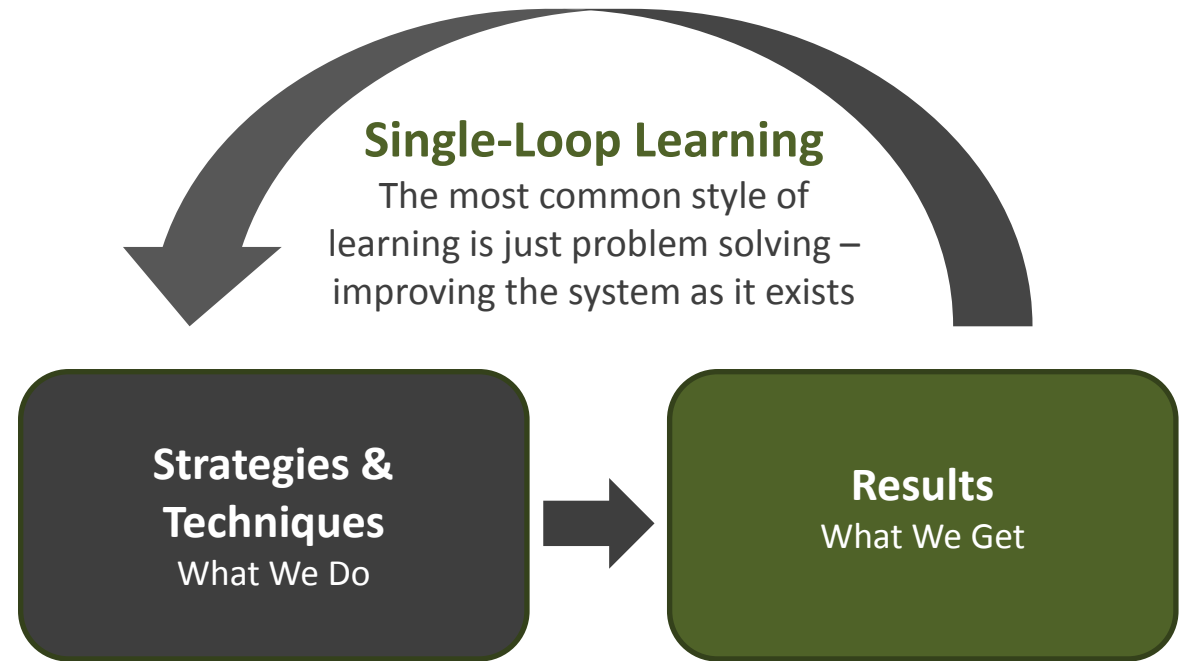
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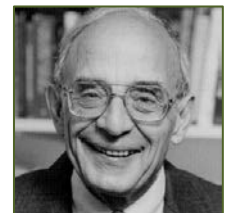
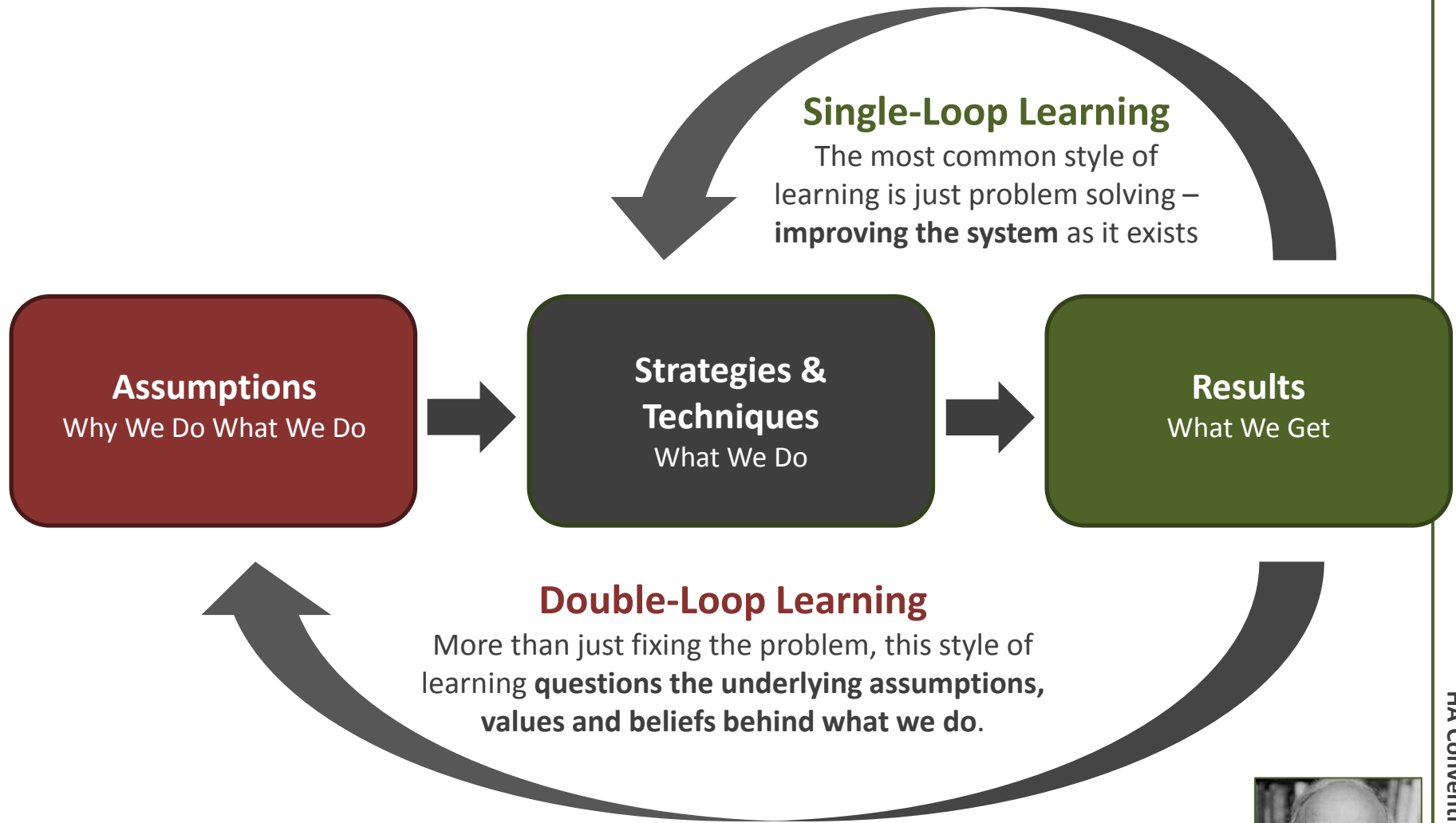
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4 Stages of Debriefing

- **Introduction**
- **Reaction** (psychological component)
- **Discussion** of events (what happened?)
- **Summary** (synthesis of knowledge, meaning making)





- The principles of debriefing in simulation
- **Broadening the scope of debriefing**

Debriefing Clinical Events

Organizations can improve individual and team performance by approximately 20% to 25% by using properly conducted debriefs.

Broadening the Scope

- **What**
 - Cardiac arrests, patient death in ED, major events (rare)
 - Successful/less emotionally charged outcomes
- **Who**
 - Simulation “instructors”/”educators”
 - Self-/Peer-lead debriefing
- **How**
 - Different schools
 - Blended approach
- **When**
 - After simulation event
 - Microdebriefing during action or pauses in action

Within-Event Microdebriefing	Post-Event Debriefing
Interruption in action (“pause and discuss”)	After action
Concurrent, Future-oriented > past-oriented	Terminal, Past-oriented=future oriented
Optimize immediate future performance	Focus on delivered care to optimize future patient care
Brief, focused facilitation Focused directive feedback	Structure 3-stage discussion
Coach>>facilitator	Facilitator>>coach
Individual=teams	Teams>>individual
Enhance deliberate practice>>reflective practice	Promote reflective learning
One or few targets of performance	Multiple aspects of performance
E.g. Effective BLS, ACLS, coordinating team to put back board under patient while minimizing interruptions to chest compression	E.g. Systematic trauma team assessment and management of a patient in hypovolemic shock
Improved taskwork or teamwork in very targeted areas related to case objectives and in response to demonstrated performance	Improved global performance and reflective learning about taskwork and teamwork related to case learning objectives and emergent issues

Setting the Stage

“Let’s spend [X] minutes debriefing.
Our goal is to improve how we work together and care for our patients.”



Reactions

“Any initial reactions.”



Description

“Lets summarize what happened to make sure everyone is on the same page.”



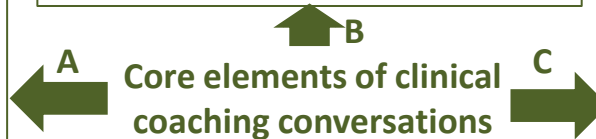
Analysis

“Lets talk about our work as a team and how we cared for the patient.”

2. If time allows
“Can we spend a few minutes talking about...?”
Decision making
Behavioural skills
Critical events

1. If time limited focus on
“What worked well and **why**?
What needs to change and **why**?”

3. As needed,
Provide **directive feedback**- use performance data as available, clarify medical knowledge related issues, identify strategies for future performance improvement



Summary & Follow-up

“What are some take-aways from this discussion for our clinical practice?
Do any issues require follow-up or later discussion?”

Summary

- Debriefing = facilitated reflection
- How we debrief in simulation
 - Setting the stage
 - Structured debriefing
 - Exploration of frame
- Broadening the scope
 - What
 - Who
 - How
 - When

COMPREHENSIVE SIMULATION EDUCATOR COURSE

CSEC – Learner-orientated, helps participants:

- Understand the principles and methods of Simulation Education
- Acquire scenario design and debriefing skill
- Integrate individual experience with simulation & education enhancement

**17-18 & 24-25 JUNE 2017
(4-DAY COURSE)**

Tuition Fee: HKD 20,000



Registration:

Please complete the registration form (downloadable from our website) and submit on or before 18 May 2017 (Thursday)

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Hong Kong Academy of Medicine

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Thank you!