

# The Role of Debriefing

# Objectives

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- Compare the strategies and models of debriefing and guided reflection
- Explore the integration of debriefing and guided reflection during clinical simulation

# Debriefing

- Interactive discussions or conversations after events to explore actions and thought processes, promote reflective learning, and identify strategies to improve future performance

# When?

- Last 5-15 minutes
- Routine
- Many events in clinical simulation are amenable to debriefing, even those with successful or less emotionally charged outcomes
- Debriefing critical incidents, particularly highly stressful and emotional ones is recommended

# By Whom?

- Trainer simulation educator/instructor
- Courses/faculty development on debriefing strategy, how to guide discussion, how to facilitate and coach learners

# Sequence of the learning activity in Clinical Simulation

## BRIEFING

- Information
- Expectation
- Demonstration (on site or pre-recorded)



# SCENARIO

- Complexity
- “Brains trust”
- Outside perspective

- Learning objectives
- Clinical case information
- Scenario participants
- Scenario context (clinical decision making, assessment, emergency response, etc.)
- SP roles and behavior overview (patient case background, narrative, roles)
- Scenario events and expected actions
- Manikin settings (HR, RR, BP, lung and heart sounds, etc.)
- Supplies and equipment needed

# Different types of learning in clinical simulation require different assessment

PERFORMANCE DOMAINS	ASSESSMENT
Cognitive	Knowledge related Clinical decision making
Technical or Psychomotor Skills	Performing procedures Manual maneuvers
Behavioral	Team skills Communication Collaboration
Affective	Attitudes

# Promoting Reflective Thinking

Experience alone does not guarantee learning  
Integration of reflection is needed

*(Boud, Keogh, & Walker, 1985)*

Simulation = Patient Care Experience + Debriefing  
and/or  
Guided Reflection

# DEBRIEF

- Clinical reasoning
- Emotions
- Situational awareness

- Focused and targeted
- Immediate
- Contextual
- Balanced
- Avoids judgmental phrasing/language

# FEEDBACK

- “Brains trust” observations
- Educator final thoughts
- Explanations/Examples

- Were the learning objectives met?
- What went well?
- What didn't go so well?
- How did you feel about the experience?
- What did you learn about yourself?

# REFLECTION

- Critical thinking
- Challenges
- Future situations (action plan)

- The process that allows practitioners to uncover and expose thoughts, feelings and behaviors
- A form of self-assessment/analysis that forces practitioners to face incongruity and uncomfortable facts



Reflection on action  
Reflection in action

# Reflection

## Schön (1987)

Learning promoted through the use of a “reflective practicum” in realistic learning environment / faculty acting as coach

## Reflection-on-action

- After the event
- Think back – gain understanding

## Reflection-in-action

- During
- Prompted by unexpected event

## Knowing-in-action (Thoughtful Thinking)

- Unconscious, initiative knowing

# Reflective Thinking

- Enhances learning from experience
- Helps expand clinical knowledge
- Promotes reflective practice
- Improves clinical judgment

*Glaze, J. E. (2001)*

*Paget, T. (2001)*

*Murphy, J. I. (2004)*

# Barriers & Outcomes of Reflective Thinking

## Barriers

- Previous learning
- Fixations
- Socialization
- Organizational culture



## Outcomes

- Heightened self-confidence
- Understanding
- Better patient care
- Improved clinical reasoning



# Environment

- Safe – non-threatening, trustful
- Confidential
- Time equal to or longer than the scenario



# Setting the Ground Rules

- Confidential  
(what happens in simulation, stays in simulation)
- Review objectives and expectations
- Professional courtesy
  - No interruptions
  - Respect
- Supportive and not judgmental
  - Don't talk about anyone not present
  - Positive before negative
- Active listening

# Audio-Visual Integration



# Audio-Visual Integration



# Audio-Visual Integration

- Be proficient with the equipment
- Do not show a segment unless it is to be discussed
- Show only 3 to 4 critical segments
- Index critical segments
  - Introduce each segment (“This segment occurred ... discuss what you were thinking as you...”)
  - Show the segment
  - Pause – all the learner to self-critique

# Discussion

- Do you include audio-visual segment during each simulation?
- When would they be appropriate?
- Things to think about:
  - Confidentiality forms
  - Archiving of materials

