My Personal Diary of Debriefing Experiences

4

Abstract

This chapter has intentionally been included in this pocket book with blank pages for you to record key personal learning events as a debriefer, whether they are linked to model or exemplary debriefings in which you or your co-debriefer amazingly disentangled interesting learning gaps, closed a performance gap, or allowed for a difficult situation to develop through minimalistic environment orientation, misleading scenario briefing, or inadequate management of the learners' input in the debriefing. These are learning experiences that you may eventually forget over time and are really worth writing down, so you may remind yourself in the future and share these valuable experiences with others you may eventually mentor to become the next generation of debriefers. We advise you not to write any names or clear identifiers in this diary as the learning diary should be more about the actual events rather than the individuals involved. The first section of this chapter is for this pocket book's owner to describe who they are as a professional and as a debriefer, hence providing a context for their debriefing practice and maybe identify gaps. The second and third sections are the platform for a personal reflective plus/delta analysis of their debriefing practice encompassing all key phases for which they need to develop mastery to become a proficient and effective debriefer. In the fourth section, the book's owner is encouraged to seek and document feedback from peer debriefers, mentors, and learners and reflect upon that valuable information to refine their debriefing practice, while Sect. 4.5 is the place to describe and reflect on key debriefer learning episodes. Finally the last two sections are, respectively, to write down newly identified and valuable debriefing references and resources but also provide cognitive aids that can help guide the briefing and debriefing phases of a simulation session.

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4.1 About This Diary's Author

Owner of this book: _____

Briefly summarise how do you perceive yourself as a debriefing facilitator and how do you think other people may perceive you. Describe the general settings in which you have opportunities to facilitate debriefings and for what types of learners. You could also discuss your character traits, your professional background, what debriefing training you may have already undertaken, and your favoured approach to closing learners' performance gaps.

4.2 Strengths as a Debriefer

Write down your perceived strengths as a debriefer in the various contexts in which you have opportunities to facilitate debriefings with groups of learners. This includes within your main organisation and, externally, with the different learner groups you generally interact with. Consider this section as the "plus" part of a plus/delta reflection of your own practice as a debriefer. Remember to consider all aspects of preparing for a debriefing starting with the study of the scenario-intended learning objectives and the simulation session briefing with the learners through to concluding a scenario debriefing and a simulation session (see Figs. 1.1 and 3.1).

4.3 Concerns and Weaknesses as a Debriefer

Complementing Sect. 4.2 which concentrated on the positive points of the plus/delta reflection of your own practice as a debriefer, you are now invited to write down your main concerns and perceived weaknesses as a debriefer in the various contexts in which you get to facilitate debriefings with groups of learners. This includes within your main organisation and, externally, with the different learner groups you generally interact with. Remember to consider all aspects of preparing for a debriefing starting with studying the scenario-intended learning objectives and conducting the simulation session briefing with the learners through to concluding a scenario debriefing and a simulation session (see Figs. 1.1 and 3.1).

In particular if you use videotaped debriefing, it might be of importance for you to record the date, the circumstances, the scenario, and what were the weaknesses you identified on the video when you replayed it. Thus, you will be able to monitor your progress over time.

4.4 Appraisal from Other Debriefers

To become a well-rounded debriefer, you are encouraged to seek feedback from your colleagues, preferably with more debriefing experience than you, as well as from your learners. Whether it is part of a formal peer appraisal process or you asking colleagues to objectively provide you a feedback regarding your debriefing practice, it is a valuable exercise to deepen your understanding of your debriefing and its impact on learners. Obtaining feedback from the learners can also provide valuable insight about how you are perceived and whether or not you make them feel at ease. The input from learners may not be very insightful regarding the educational effectiveness of your debriefing approach as their primary concern may differ from theirs. They often mainly feel the need to know how you think they performed as opposed to wanting to know exactly why they performed the way they did by engaging in a reflective process to explore what underpinned their performance.

As suggested in Sect. 3.3, recording a debriefing session (with consent from all participants) in order to review your performance as a debriefer(s) can be a very valuable exercise. After having watched the video on your own to enable you to reflect on your performance, the next step could be to review it with a more experienced debriefer who can also provide additional feedback and maybe some suggestions as to how it could have been better managed or managed differently. Remember that there is no single best way of doing it and that eventually "all roads lead to Rome", so do not be disheartened by all critical comments.

The following pages can be used to write down common remarks or feedback you receive from peer debriefers or learners regarding your own debriefing practice.

4.5 Personal Learning Points

Every scenario or simulation episode debriefing differs and teaches us something that we have either managed well or makes us realise we missed something at some stage during the overall simulation session that would have made a difference to the debriefing session. This section is meant to be used as your personal diary as a debriefer. You are strongly encouraged to write down all key learning episodes in your role as a debriefer. Reflect on what happened, why it happened, and how it could have been prevented. Is it something new to you, or did you actually infringe on one of the simulation design or debriefing facilitation rules? If the latter, were you aware, and what pushed you to deviate from accepted recommendations or make a wrong assumption?

4.6 Important Debriefing References

In parallel to the strengths of your debriefing practice and concerns you have identified earlier, you are encouraged to further consider the information provided in this book as well as search the literature to identify how the potential issues you have raised can be addressed. You can write down newly identified or useful references on the blank pages of this section. It may include recently published journal articles, other books, as well as websites and other online resources you find over time as you refine your debriefing practice.

4.7 Briefing and Debriefing Cognitive Aids

Over the next few pages are some detachable tools to guide debriefers in the key phases of a simulation-based training session. The following pages contain cognitive aids that can be photocopied (for personal use) or detached from this book to help facilitate, respectively, the briefing and debriefing processes of a simulation session until the steps become second nature to the facilitator. Please note that all the elements and examples cited need to be modified to reflect your actual environment and how medical devices may have been adapted for simulation usage versus those that may be identical to what your learners are familiar with in terms of functionality.

4.7.1 Simulation Session Briefing Card

(Extracted from Oriot D, Alinier G, 2017. Pocket book for simulation debriefing in healthcare. Springer. ISBN 978-3-319-59881-9)

4.7.1.1 Prerequisites

1. **Sim team:** Complete and choice of the debriefer and co-debriefer made
2. **Mannequin/model/standardised or simulated patient and equipment:** Ready to be used
3. **Audio-visual system:** Ready for recording and live streaming to observation area

4.7.1.2 Introduction

1. **Welcome:** "Welcome to the simulation session and thank you all for your participation. Have you ever taken part in a simulation session before? How did you feel about it?"
2. **Broad learning objective:** "So today the aim of the simulation session is to…".

4.7.1.3 Pre-briefing: Simulation

1. **Learning experience:** "Simulation is an experiential learning approach besides observation and abstraction, and which requires your physical engagement in the scenario with thinking aloud. It is an interesting learning experience".
2. **Place of errors:** "In simulation the place of error is important, as we only learn from our errors, and everybody does errors—I do errors like everybody else. If there is a place to do errors, it is here during this simulation session!"
3. **Safety:** "This experience will be safe for you as there will be no offense, no criticisms, and that everything will be kept confidential. So, don't be afraid as you can make errors and release your anxiety about it during the debriefing phase that will follow each scenario".
4. **Rules:** "I will ask you to follow the rules of mutual respect, confidentiality, and trustfulness, and to display an appropriate behaviour, especially during the debriefing phases. Please do not communicate with one another at the end of a scenario until we are all ready for the debriefing".
5. **Structure of the session:** "After this general introduction and orientation, the simulation session will be divided in 3 parts: briefing, scenario, and then debriefing".

4.7.1.4 Orientatiom: Simulator and Its Environment

1. **Location:** "You are here in a [simulated trauma resuscitation room/consultation area/ICU, etc.]".
2. **Description of the simulator/model/standardised or simulated patient:** "Here is the simulator/model/standardised or simulated patient… with its features, its realism, and its limitations".

- What is possible: "It does … and …. It is possible to assess… and to perform…". "You can touch and test the simulator (Listen to auscultation sounds, feel pulses…)".
- What is not possible: "But this simulator/model has some limitations: it does not have… and …. It is not possible to assess … and … on the mannequin and you may have to request … (capillary refill, skin appearance, etc.). There are things you will only pretend to do like … (e.g. drawing blood, sending blood samples for culture, etc.)".
- Adapt this section accordingly to your local context if you are using a standardised or simulated patient.

3. **Technical environment:** "You will have this technical environment for managing the patient. Are you familiar with this equipment?" "Please take note that such equipment works differently from what you could expect. (e.g. oxygen supply, vacuum, etc.) but that other pieces of equipment are fully functional (e.g. bed, defibrillator, etc)". "You can explore the environment and check medical equipment, contents of the crash cart and other items available…".

   - What can be accessed: "If you need … and … you can access this equipment here in this room (cupboards). If not here, just ask for it on the phone".
   - What cannot be accessed: "If you need for example a chest X-ray you will have to pretend to request it".

4. **Potential support:** "If you need a phone to call… here is the number to dial. You can also call for a rescue team".
5. **Fictional contract:** "I am expecting from you to perform on this mannequin/standardised or simulated patient in this environment as if it was a real patient (fictional contract), but notice that thoughts have to be verbalized. We will let you know when the scenario is finished by a specific sign or verbal command".

4.7.1.5 Scenario: Briefing of the Scenario

1. **Setting:** "You are working in such clinical scene at present. The time of the day is…".
2. **Patient history** (if it is to be obtained as one of the learning objectives): "This patient named… has … and …".
3. **Constitution of the team and facilitator(s):** "I want you to assume a role as part of the team talking this scenario". "In this scenario you will have … as a facilitator playing such role in the simulation".
4. **Instructions**:

   - To the participants: "For the scenario your goal is to manage … and … in this patient". "If you need help, please use … and …." (specify how the scenario is usually ending and if the simulated patient can die).

- To the observers: “I want you to attentively follow the scenario”. (If plus/delta form is used: “During the scenario, please write down what you think are appropriate actions on the left side of the sheet, and what you think can be improved on the right hand side”). “When the scenario is finished, you will be given opportunities to contribute to the debriefing by asking questions”.

5. **End of the scenario:** “I will make a specific sign at the end of the scenario”. “At that time, I will ask you to stop and to remain silent until the debriefing starts”.

4.7.2 Debriefing Card

(Extracted from Oriot D, Alinier G, 2017. Pocket book for simulation debriefing in healthcare. Springer. ISBN 978-3-319-59881-9)

4.7.2.1 Prerequisites

1. **Actors of debriefing:** Participants, observers, confederates, actors, standardised or simulated patient, debriefer, and co-debriefer
2. **Timing:** Immediately after the simulation scenario
3. **Specific place:** Participants seating in a comfortable learning environment, away from the "patient", and having derolled from the scenario
4. **Choice of the debriefing objectives:** Related to scenario learning objectives and to observed performance gaps during the scenario or the debriefing or in relation to uncovered discrepancies of situational awareness or diagnosis between team members

4.7.2.2 Introduction

1. **Thanking:** "Thank you all for your active engagement in the scenario".
2. **Aim of debriefing**: "We are going to facilitate the debriefing of this scenario to understand what happened. The aim of the debriefing is the improvement of performance".
3. **Safety and confidentiality:** "We need everyone to remain respectful and professionally engaged. Please remember that we do not want any offensive or accusative comments, humiliation, criticisms, or blame. Nothing discussed here should come out of this room".
4. **Structure of debriefing:** "There will be 3 phases in the debriefing: in the 1st one we will talk about feelings and initial impressions, during the 2nd one, we will analyse what happened from different perspectives through questioning, then we will summarise and conclude. It should not last more than about 30 minutes" (or about twice the duration of the scenario).

4.7.2.3 Reactions: Emotions

1. **Asking for feelings:** "How did you feel?" "How was it?" "How do you feel about this scenario?" (preferably to the most junior and less experienced participant first)

4.7.2.4 Analysis

1. **Description:** "What was this scenario about?" or "What happened to this patient?" (to the leader)
2. **Successes:** "What was successful?"
3. **Difficulties:** "What difficulties were you facing?"

4. **Choice of the appropriate technique:** Directive feedback (knowledge issue), plus/delta, after action review, or advocacy-inquiry (two to four gaps in performance); if the latter:
   a. "I observed…".
   b. "I am concerned…".
   c. "I just want to know why it happened this way" or "I wonder what was in your mind at that time?"
5. **Closure of performance gaps:**
   a. Reformulation and repackaging: "What you are saying is that…".
   b. Generalising: "Has everyone ever experienced such a situation where… such and such…?"
   c. Asking for solutions: "Does anyone have a solution to overcome this difficulty?"
6. **Verification feedback:** "If you had to do it again, what would you do differently?"

4.7.2.5 Summary

1. **Summary of the learning points:** "What did you learn today?"
2. **Asking for questions:** "Do you have any questions?"
3. **Providing a "toolbox":** Didactic handouts, references, and offer to come back to the centre for simulation of a specific procedure on a task trainer

4.7.2.6 Closing Words

1. **Thanking:** "Thank you again for your participation in the scenario and your engagement in the debriefing".
2. **Reminding confidentiality:** "Everything that was discussed during this debriefing will remain confidential and nothing will come out of this room. Please remember to keep the scenarios and the debriefing points confidential" so your peers can equally benefit from this learning experience without knowing exactly what scenarios they will face.
3. **Hope for benefit:** "I hope that this simulation experience will be beneficial to your clinical practice".