



Essentials of Debriefing and Feedback

4

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Introduction

Facilitating a debrief is one of the most difficult skills to acquire in simulation. It is the phase that occurs after a simulation when the facilitators and learners come together to discuss and reflect upon the simulation experience. We often say that this is where the magic of learning happens. Educational theory supports the fact that when learners are guided through reflection, their experience will be transformed into new knowledge ready for application in the next experience. In this chapter we will review learning theory and a learner-centered approach that is crucial to debriefing. There are many methods for facilitating a debrief and limited evidence-based research that would favor one method over another, and therefore several debriefing methodologies will be highlighted and key themes presented. The debriefing methods are driven by the objectives, the type of simulation experience, the level of the learner, the environment, equipment, and the experience of the facilitator. The skilled facilitator uses the debrief to help learners reflect on their actions, identify gaps in knowledge and skills, reframe their decision-making, and improve teamwork. When planning a simulation

curriculum, the debriefing phase should allow for extra time, and a practical rule to follow is at least twice the time as the actual simulation. A practical, structured guide to debriefing will be described. Several tools for debriefing and evaluating the facilitator will be highlighted.

Key Learning Points

- Debriefing occurs after the simulation exercise and takes at least twice as long.
- The premise of debriefing is experiential learning theory and reflective practice.
- Simulation learning is solidified through reflection on action during the debrief.
- Objectives must be clearly stated or visually presented.
- There are many methodologies for simulation debriefing including advocacy-inquiry, plus-delta, rapid cycle deliberate practice, etc., but all involve structured feedback.
- Psychological safety is essential for learning in a simulation debrief.
- Diffusion of emotions is critical to allow for participants to partake in meaningful engagement in a debrief.
- Checklists or protocols are useful tools to clinical debriefing.

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- Feedback to learners needs to be specific and depersonalized.
- Teamwork debriefing is aided by TeamSTEPPS® concepts and tools.
- Challenges to facilitating a debrief may be addressed by multiple strategies such as “parking lot issues” and co-debriefing.
- Facilitating a debrief requires skill and practice.

Description/Background

Debriefing originates from the military and is used after a mission to collect, process, and disseminate information as well as to determine if members are ready to return to duty. Medical debriefing is commonly used after a major event such as a code, trauma, or patient death. The purpose is to review what went well and identify areas for improvement. It also provides healthcare workers an opportunity to talk about their emotions. Medical simulation is based on experiential learning theory, and the debriefing phase is where significant learning occurs through a process of guided reflection.

Experiential learning theory developed by Kolb states that “knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience.” He designed a four-stage learning cycle including “Do, Observe, Think, Plan” which highlights reflection and analysis [1]. Schön’s work on professional practice described two important concepts: “reflection in action” during an event and “reflection on action” after an event [2]. These educational theories lay the groundwork for adult learning through reflection during a simulation debrief.

Ericsson’s work on deliberate practice provides the basis for providing learners with multiple opportunities to refine skills. The key is that timely and specific feedback is provided between repetitions so that the learner may develop skills [3]. This concept is most applicable to learners

developing new skills or moving from novice to expert level of skills.

Simulation debriefing of medical teams involves reflecting on teamwork and communication. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) is an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among healthcare professionals [4]. It was developed by the Department of Defense and the Agency for Healthcare Research and Quality to integrate teamwork into practice. The tools and strategies as well as the entire curriculum are publically available and have been implemented widely through federal agencies and healthcare and academic institutions. The simulation debrief may be enhanced by reviewing examples of and opportunities for incorporating TeamSTEPPS® tools and strategies into clinical practice.

Evolving Evidence: Debriefing Methodologies

A significant work over two decades in the field of simulation debriefing has been done by Rudolf et al. [5] The focus of their work is on reflective practice and using good judgment when exercising a debrief. Rudolf’s debriefing model involves three phases: determining the conceptual framework of the learner, providing respectful performance evaluation, and using advocacy and inquiry to help the learner improve. These methods help promote the psychological safety that is necessary for healthcare workers to participate in a simulation exercise. By using the advocacy and inquiry method, the skilled simulation debriefer identifies actions that are questionable, helps the learner find cognitive frames or beliefs that caused the actions, and illuminates unintended consequences of these actions.

Others have provided us with a blended approach to debriefing by promoting excellence and reflective learning in simulation (PEARLS) [6]. Facilitators are often hesitant to provide critical feedback because of perceived negative effects on the learner. Eppich and Cheng devised

a scripted approach to debriefing divided into four phases: reactions, description, analysis, and summary phases [6]. The reactions phase allows for emotional decompression of all learners. The description phase is a brief summary of the events and key issues for objectives of the debrief so that everyone is on the same page. The analysis phase can be done through learner self-assessment of what went well and what did not (plus-delta method), directive feedback on specific behaviors, or focused facilitation using the advocacy-inquiry method. The summary phase reviews the objectives and summarizes key learning points. The PEARLS framework and debriefing script allow for a standardized structure for facilitators at varying levels of expertise.

The American Heart Association (AHA) and the Winter Institute for Simulation Education and Research (WISER) collaborated to develop the structured and supported debriefing that is a learner-centered process for debriefing in three phases: gather, analyze, and summarize (GAS) [7]. This method is commonly used by the AHA for advanced cardiac and pediatric advanced cardiac life support program debriefing. It involves active listening to participants as they narrate their perspective of the simulation. This is followed by facilitated reflection with the aid of the recording of events and reporting observations. A summary phase reviews lessons learned.

Debriefing for Meaningful Learning (DML) by Dreifuerst uses the Socratic method of questioning to uncover the thought process related to action. Probing the assumptions, rationale, and consequences helps learners to reflect in, on, and beyond the simulation [8].

Another structured debriefing hybrid tool called TeamGAINS was developed by Kolbe et al. [9] It integrates three approaches: guided team self-correction, advocacy-inquiry, and systemic-constructivist techniques. The latter involves circular questions and a view from outside by a “reflecting team” at the interactions of participants. This is useful when larger groups are involved in simulation events and some are able to observe and provide their input. The steps in TeamGAINS involve a reactions phase, clarifying clinical issues, transfer from simulation to reality,

reintroducing the expert model, and summarizing the learning experience. The authors were able to demonstrate improved psychological safety and inclusiveness using these methods.

The anesthetists nontechnical skills (ANTS) is a framework of four key skills categories: situation awareness, decision-making, task management, and teamwork/leadership [10]. It uses a four-point behavior rating scale for each category of the framework. The ANTS tool is used in simulation debriefing and in the workplace for providing constructive feedback. This tool has been disseminated worldwide for anesthetists.

“Rapid Cycle Deliberate Practice” is a debriefing and feedback methodology coined by Hunt et al. based on Ericsson’s work on deliberate practice [11]. Facilitators rapidly cycle between deliberate practice and directed feedback until skill mastery is achieved. It was developed for resident learning and applies the coaching principles of directed feedback followed by repetitive practice in order to maximize muscle memory learning in a short period of time. Simulations are interrupted for deviations from the gold standard then repeated until done correctly. Psychological safety and expert coaching were essential. These techniques resulted in improved mastery of procedural and teamwork skills for novice learners.

In summary, the main themes for debriefing a simulation include ensuring psychological safety, allowing for emotional decompression so that learning can occur, providing opportunities for all learners to participate, using methodology of reflective practice, promoting clinical expertise through practice, and optimizing teamwork and communication.

How to Implement: A Practical Guide to Debriefing in Simulation

Incorporating the extensive work of others, a practical guide to simulation debriefing in a systematic manner is presented here. In obstetrics and gynecology simulation programs, specific skill expertise and teamwork and communication are essential components of learning. The nature of our specialty is one of the high emotions as

well as rapid, coordinated team actions during emergencies. Therefore this practical guide addresses several key components of the obstetrics and gynecology simulation debrief. Table 4.1 summarizes the structure, and Table 4.2 lists best practices.

Address Learning Climate

Plan the location for the simulation debrief. Moving the group to another location may be beneficial when a simulation exercise involved significant action and emotion. This helps learners to decompress as they transition to a new environment. Address the learning climate by making sure that learners are all seated around a table or in a circle and at the same physical level. Limit distractions by silencing pagers and cell phones. The use of video debrief works well in this setting where everyone is able to view the simulation video.

If debriefing in the simulation room, have the learners move into a circle seated or standing so that everyone is on an equal physical level. The advantages of debriefing in the simulation room are that specific tasks may be demonstrated or repeated where the equipment is readily at hand. Co-debriefing works best if the facilitators are on opposite sides, so they can maintain eye contact and be part of the group.

It is very useful to have a board, tripod, or paper on a clipboard marked as “Parking Lot Issues.” Prepare the group to write down concerns that are brought up during the debrief that have to do with systems or operations that cannot be adequately addressed during the debrief and need further attention from other leaders. The facilitator may defer issues that distract from the team debrief and return with recommendations from leadership at a later time.

Diffuse Emotions

As soon as possible, diffuse the emotions. Experiential learning involves an emotional response to the actions, and learners coming out

of a simulation exercise often experience a range of emotions. In order for them to enter the reflective phase of debriefing, the emotions need to be settled down. One way to do this is to ask everyone how they are feeling. Some learners will immediately speak, and others may remain quiet. Each participant should be encouraged to contribute. It is important to validate feelings and provide reassurance that in simulation we expect mistakes to happen. Reinforce psychological safety and “Vegas rules.” These are the rules of engaging in simulation and are usually discussed at the pre-brief. Participants are informed that the mistakes that inevitably happen in simulation exercises are not to be recorded or discussed outside of the simulation program. Set the agenda for the debrief by focusing on the objectives of the simulation.

Discuss Objectives of Debrief

Providing an outline and objectives of the debrief is important for learner participation and setting expectations. State that time will be allotted to reviewing any clinical issues followed by the majority of the debrief being spent reflecting on teamwork and discovering gaps in knowledge, skills, or attitudes. Engage learners by having them contribute to and agree upon the objectives of the debrief.

Clinical Debrief

Learners will often want to discuss clinical issues, and it is a good idea to address these early in the debrief. Using a clinical checklist helps to focus this part of the discussion. During the simulation, the facilitator may use the checklist or assign an observer to mark expected tasks based on standards of care. Clinical checklists and validated performance assessment tools are readily available through national organizations such as the American College of Obstetricians and Gynecologists patient safety checklists [12], patient safety bundles [13], and MedEdPortal [14]. The facilitator should also document spe-

Table 4.1 Structured debriefing guide for obstetrics and gynecology simulation faculty

Component	Description	Sample statements	Suggested time
Learning climate	<p>Move to a debriefing area that is conducive to group discussion</p> <p>Bring checklists and/or video review</p> <p>Set up “parking lot issues” chart</p>	<p>Let’s gather around this area and talk about the simulation; please silence your phones and pagers.</p> <p>If we come across issues that need to be taken to leadership or operations, then we will write them down here</p>	1–2 minutes
Diffuse emotions	<p>Allow everyone to express their emotions about the simulation exercise, validate emotions, and reinforce psychological safety and “Vegas rules”</p>	<p>Simulation often invokes a variety of emotions, how are you feeling at this time? Everyone is well trained and trying to do their best for their patient. It is common to feel emotion after an event such as this. Remember that simulation is a safe environment where we come together to learn as a group. What happened here in simulation stays here. We destroy any videos that were recorded unless you give us permission to keep them</p>	3–5 minutes
Objectives	<p>Provide an agenda for the debrief</p> <p>Review the objectives of the simulation that were stated in the brief</p> <p>Ask participants if there are any other objectives they would like to address</p>	<p>For the next 20–30 minutes, we are going to review our simulation exercise and everyone will be asked to provide their input. We will spend the first few minutes going over any clinical issues or skills and then spend the rest of our time reflecting on our teamwork and communication during this event. Let’s review the objectives for the simulation...is there anything else anyone would like to add?</p>	3–5 minutes
Clinical debrief	<p>Use a validated checklist or protocol, and have the group review the steps to discover gaps in knowledge or skills</p> <p>Provide expert feedback with deliberate practice as needed for specific clinical tasks</p> <p>Review use and availability of medical equipment</p>	<p>Let’s look at our checklist/protocol...was there anything we missed? What could have helped us remember?</p> <p>Does anyone want to review or practice a skill? (Or let’s take a moment to review this skill...)</p> <p>Was there any equipment that was not available?</p>	10–15 minutes
Teamwork debrief	<p>Use open-ended questions to initiate reflection and dialogue on teamwork</p> <p>Request each member to reflect and communicate about their perspective of the scenario</p> <p>Use advocacy-inquiry to discover opportunities for improvement by reframing</p> <p>Use video debrief, facilitator notes, or a teamwork performance assessment</p>	<p>How was our teamwork and communication?</p> <p>What is your perception of the events in this simulation?</p> <p>Were you missing any information? What information would you have preferred to receive?</p> <p>When you did...I noticed...I’m curious ...what were you thinking about at that time?</p> <p>Let’s provide examples of TeamSTEPPS® concepts and tools that were used today and see if there were any opportunities...</p>	15–20 minutes
Summary and closure	<p>Review objectives and key learning points</p> <p>Have each participant state one take-away lesson learned</p> <p>Repeat simulation if time permitting</p> <p>Document “parking lot issues,” and assure follow-up</p> <p>Thank everyone for participating, and invite them to future simulations</p>	<p>Let’s go back to our objectives, and see if we covered all of them...</p> <p>Please state one take-home point from today’s simulation</p> <p>Let’s use the lessons learned and repeat the simulation.</p> <p>Are there any other issues you would like us to address with leadership?</p> <p>Thanks for playing, hope to see you next time</p>	5–10 minutes

Table 4.2 Simulation debriefing best practices

Always do a debrief after a simulation, and try to do it as soon as possible
Plan the debrief to be two to three times the amount of time as the actual simulation
Address the learning environment both physically and emotionally
State or display the ground rules of simulation during the debrief; basic assumptions that everyone is well-trained and wants to do their best for patient care, psychological safety, and “Vegas rules”
Use a structured format for debriefing
Provide objectives stated in the simulation brief
Make sure to diffuse emotions prior to debriefing to move participants into learning mode
Make sure each participant has a chance to reflect and talk
Let participants do most of the talking, and avoid giving a lecture
Address any clinical skills or protocol checklist items early in debrief
Use a checklist or protocol for performance assessment
Focus most of debrief on teamwork and communication because this is where most patient safety events occur
Use expertise to provide specific feedback and not just “good job everyone”
Participants must be encouraged to reflect during the debrief for learning to occur
The use of video is powerful but must ensure psychological safety (video will be destroyed, etc.)
Focus on 5–8 objectives in the debrief; not everything can be debriefed
“Parking lot issues” on a clipboard or tripod help to defer issues that cannot be resolved in the debrief but will be addressed and followed up at a later time
Relate events in the simulation to real life at every opportunity
Encourage learners not to leave a simulation having incomplete knowledge or skills; repeat, do rapid cycle deliberate practice, or set up a time for repeated simulation
If time permits, let the participants repeat the simulation, so they leave with doing it “the right way”
Always thank learners for participating and welcome them back to simulations in the future
Provide value to time spent in simulation by following up with articles, checklists, or protocols provided to learners based on identified performance gaps
Facilitators must acquire and practice skills in debriefing

cific clinical issues on paper or tag video during the simulation and refer to these. Review any issues related to medical equipment use or availability. Ask the learners if they have any clinical questions, and address them at this time. This is also a good opportunity for coaching through rapid cycle deliberate practice for clinical skills and coordinated teamwork required during emergency events.

Teamwork Debrief

Facilitators will debrief with the method that they are most comfortable. Advocacy-inquiry, plus-delta, and facilitated reflection are a few examples described earlier in this chapter. An important aspect of the team debrief is to use the term “we” such as “how well did we work as a team?” This reinforces team actions and communication. When addressing specific teamwork skills, it is

helpful to focus on TeamSTEPPS® concepts. Posters or cards describing the acronyms and concepts of TeamSTEPPS® such as in Table 4.3 are useful visual aids during this phase of the debrief. Allow each person to speak about how they felt in their role during the simulation and if there was any information that they were missing or needed clarified. Suggest or have team members suggest TeamSTEPPS® concepts or tools that would have made the teamwork and communication more effective.

Summary and Closure

As the time approaches for the conclusion of the debrief, summarize concepts that were learned. This is a good time to review the objectives of the simulation and how they were met. The facilitator may want to list the key principles learned during the debrief or have each participant state

Table 4.3 TeamSTEPPS® concept card (Agency for Healthcare Research and Quality (AHRQ) <http://teamstepps.ahrq.gov/>)

Concept	Definition
SBAR	Situation, Background, Assessment, Recommendation
Call-Out	Communicate critical information
Check-back	Closed-loop communication between sender and receiver
IPASS	Introduction, Patient, Assessment, Situation, Safety Concerns
Brief	Short planning session prior to start
Huddle	Team regroup to establish awareness and plan
Debrief	Informal meeting to review team performance
Two-challenge rule	Assertively voicing a concern at least two times to ensure it has been heard
CUS	I'm Concerned; I'm Uncomfortable; This is a Safety Issue!

their take-home points. Ensure that any “parking lot issues” are documented, and provide the group with assurance that items will be provided to the appropriate leaders as well as a follow-up communication. At the closure of the debrief, it is always a nice gesture to thank everyone for their participation and invite them to return for future simulation programs. If time permits, many facilitators prefer to repeat the simulation in order for learning concepts to be reinforced and for participants to leave the simulation feeling they performed “the ideal way.”

Examples of Debriefing Assessment Tools

There are a number of debriefing tools and checklists available to facilitators. Several are highlighted here. These include performance assessments of debriefing by raters and students and self-evaluation.

The Debriefing Assessment for Simulation in Healthcare (DASH©) tools were designed by the Center for Medical Simulation [15]. It is a six-element behaviorally anchored rating scale that provides feedback on evidence-based debriefing

behaviors of the simulation facilitator. There are three versions of the tools: rater, instructor, and student (Figs. 4.1, 4.2, and 4.3). The DASH© tools are useful for faculty development in the skills of debriefing which take years of practice to become competent.

Six Elements of the Debriefing Assessment

- Element 1 – Establishes an engaging learning environment
- Element 2 – Maintains an engaging learning environment
- Element 3 – Structures the debriefing in an organized way
- Element 4 – Provokes an engaging discussion
- Element 5 – Identifies and explores performance gaps
- Element 6 – Helps a trainee achieve/sustain good future performance

Special Circumstances

There are several special circumstances that should be addressed in debriefing. Facilitators often become passionate about a particular topic and can hijack the debrief, which rapidly becomes a lecture. Facilitators must be cognizant of this pitfall and avoid it by using a structured format for the debrief.

When a facilitator notices a critical error that would impact patient safety, it is important to make this known during the debrief and immediately remediate. The ultimate goal of simulation is to improve patient safety, and despite the need for psychological safety, learners need to be corrected if there are performance gaps that may lead to patient harm. The facilitator may wish to spare the learner embarrassment in front of others by remediating in private; however it is more likely that other participants would benefit from the correction. Focusing specifically on the task and not the individual is a good way to address a critical error during a group debrief.

Occasionally there are difficult participants such as those who hijack the conversation, blame

a



Debriefing Assessment for Simulation in Healthcare (DASH)[®] Score Sheet

Directions: Rate the quality of the debriefing using the following effectiveness scale on six Elements. Element 1 allows you to rate the introduction to the simulation course and will not be rated if you do not observe the introduction. The Elements encompass Dimensions and Behaviors pertinent to the debriefing as defined in the DASH Rater’s Handbook. Within each Element, the debriefing may range from outstanding to detrimental. Please note that the overall Element score is *not* derived by averaging scores for individual Dimensions or Behaviors. Think holistically and not arithmetically as you consider the cumulative impact of the Dimensions, which may not bear equal weight. You, the rater, weight dimensions as you see fit based on **your holistic view of the Element**. If a Dimension is impossible to assess (e.g., how well an upset participant is handled during a debriefing if no one got upset), skip it and don’t let that influence your evaluation.

Rating Scale

Rating	1	2	3	4	5	6	7
Descriptor	Extremely Ineffective / Detrimental	Consistently Ineffective / Very Poor	Mostly Ineffective / Poor	Somewhat Effective / Average	Mostly Effective / Good	Consistently Effective / Very Good	Extremely Effective / Outstanding

Element 1 assesses the introduction at the beginning of a simulation-based exercise.

(This element should be skipped if the rater did not observe the introduction to the course.)

Element 1 Establishes an engaging learning environment.	Element 1 Rating:
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- Clarifies course objectives, environment, confidentiality, roles, and expectations.
- Establishes a “fiction contract” with participants.
- Attends to logistical details.
- Conveys a commitment to respecting learners and understanding their perspective.

Elements 2 through 6 assess a debriefing.

Element 2 Maintains an engaging learning environment.	Element 2 Rating:
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- Clarifies debriefing objectives, roles, and expectations.
- Helps participants engage in a limited-realism context.
- Conveys respect for learners and concern for their psychological safety.

Fig. 4.1 (a, b) DASH[®] tool for rater [16]. (Copyright 2018 Center for Medical Simulation, Inc., Boston, MA, USA, <https://harvardmedsim.org/>. All rights Reserved, used with permission)

b



Element 3 Structures the debriefing in an organized way.	Element 3 Rating:
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- Encourages trainees to express their reactions and, if needed, orients them to what happened in the simulation, near the beginning.
- Guides analysis of the trainees' performance during the middle of the session.
- Collaborates with participants to summarize learning from the session near the end.

Element 4 Provokes engaging discussion.	Element 4 Rating:
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- Uses concrete examples and outcomes as the basis for inquiry and discussion.
- Reveals own reasoning and judgments.
- Facilitates discussion through verbal and non-verbal techniques.
- Uses video, replay, and review devices (if available).
- Recognizes and manages the upset participant.

Element 5 Identifies and explores performance gaps.	Element 5 Rating:
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- Provides feedback on performance.
- Explores the source of the performance gap.

Element 6 Helps trainees achieve or sustain good future performance.	Element 6 Rating:
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- Helps close the performance gap through discussion and teaching.
- Demonstrates firm grasp of the subject.
- Meets the important objectives of the session.

Fig. 4.1 (continued)

a



Debriefing Assessment for Simulation in Healthcare (DASH) Instructor Version[®]

Directions: Please provide a self-assessment of your performance for the introduction and debriefing in this simulation-based exercise. Use the following rating scale to give a score to each of the six "Elements." For each Element, component Behaviors are given that would indicate positive performance in that Element. Do your best to rate your *overall effectiveness for the whole Element* guided by the Behaviors that define it. If a listed Behavior is not applicable (e.g. how you handled upset people if no one got upset), just ignore it and don't let that influence your evaluation. You may have done some things well and some things not so well within each Element. The Element rating is your *overall* impression of how well you executed that particular Element.

Element 1 assesses the introduction at the beginning of the simulation-based exercise. Elements 2 through 6 assess the debriefing.

Rating Scale

Rating	1	2	3	4	5	6	7
Descriptor	Extremely Ineffective / Detrimental	Consistently Ineffective / Very Poor	Mostly Ineffective / Poor	Somewhat Effective / Average	Mostly Effective / Good	Consistently Effective / Very Good	Extremely Effective / Outstanding

Skip this element if you did not conduct an introduction.

Element 1

Rating Element 1

I set the stage for an engaging learning experience

- I introduced myself, described the simulation environment, what would be expected during the activity, and introduced the learning objectives, and clarified issues of confidentiality
- I explained the strengths and weaknesses of the simulation and what the participants could do to get the most out of simulated clinical experiences
- I attended to logistical details as necessary such as toilet location, food availability and schedule
- I stimulated the participants to share their thoughts and questions about the upcoming simulation and debriefing and reassured them that they wouldn't be shamed or humiliated in the process

Element 2

Rating Element 2

I maintained an engaging context for learning

- I clarified the purpose of the debriefing, what was expected of the participants, and my role (as the instructor) in the debriefing
- I acknowledged concerns about realism and helped the participants learn even though the case(s) were simulated
- I showed respect towards the participants
- I ensured the focus was on learning and not on making people feel bad about making mistakes
- I empowered participants to share thoughts and emotions without fear of being shamed or humiliated

Fig. 4.2 (a, b) DASH[®] tool for instructor [17]. (Copyright 2018 Center for Medical Simulation, Inc., Boston, MA, USA, <https://harvardmedsim.org/>. All rights Reserved, used with permission)

b**Element 3****Rating Element 3****I structured the debriefing in an organized way**

- I guided the conversation such that it progressed logically rather than jumping around from point to point
- Near the beginning of the debriefing, I encouraged participants to share their genuine reactions to the case(s) and I took their remarks seriously
- In the middle, I helped the participants analyze actions and thought processes as we reviewed the case(s)
- At the end of the debriefing, there was a summary phase where I helped tie observations together and relate the case(s) to ways the participants could improve their future clinical practice

Element 4**Rating Element 4****I provoked in-depth discussions that led them to reflect on their performance**

- I used concrete examples—not just abstract or generalized comments—to get participants to think about their performance
- My point of view was clear; I didn't force participants to guess what I was thinking
- I listened and made people feel heard by trying to include everyone, paraphrasing, and using non-verbal actions like eye contact and nodding etc
- I used video or recorded data to support analysis and learning
- If someone got upset during the debriefing, I was respectful and constructive in trying to help them deal with it

Element 5**Rating Element 5****I identified what they did well or poorly – and why**

- I provided concrete feedback to participants on their performance or that of the team based on accurate statements of fact and my honest point of view
- I helped explore what participants were thinking or trying to accomplish at key moments

Element 6**Rating Element 6****I helped them see how to improve or how to sustain good performance**

- I helped participants learn how to improve weak areas or how to repeat good performance
- I was knowledgeable and used that knowledge to help participants see how to perform well in the future
- I made sure we covered the most important topics

Copyright, Center for Medical Simulation, www.harvardmedsim.org, 2011**Fig. 4.2** (continued)

a



Debriefing Assessment for Simulation in Healthcare (DASH) Student Version®

Directions: Please summarize your impression of the introduction and debriefing in this simulation-based exercise. Use the following scale to rate each of six "Elements." Each Element comprises specific instructor behaviors, described below. If a listed behavior is impossible to assess (e.g., how the instructor(s) handled upset people if no one got upset), don't let that influence your evaluation. The instructor(s) may do some things well and some things not so well within each Element. Do your best to rate the **overall effectiveness for the whole Element** guided by your observation of the individual behaviors that define it.

Rating Scale

Rating	1	2	3	4	5	6	7
Descriptor	Extremely Ineffective / Detrimental	Consistently Ineffective / Very Poor	Mostly Ineffective / Poor	Somewhat Effective / Average	Mostly Effective / Good	Consistently Effective / Very Good	Extremely Effective / Outstanding

Element 1 assesses the introduction at the beginning of a simulation-based exercise.

Skip this element if you did not participate in the introduction.

If there was no introduction and you felt one was needed to orient you, your rating should reflect this.

Element 1 The instructor set the stage for an engaging learning experience.	Overall Rating Element 1 _____
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- The instructor introduced him/herself, described the simulation environment, what would be expected during the activity, and introduced the learning objectives.
- The instructor explained the strengths and weaknesses of the simulation and what I could do to get the most out of simulated clinical experiences.
- The instructor attended to logistical details as necessary such as toilet location, food availability, schedule.
- The instructor made me feel stimulated to share my thoughts and questions about the upcoming simulation and debriefing and reassured me that I wouldn't be shamed or humiliated in the process.

Elements 2 through 6 assess a debriefing.

Element 2 The instructor maintained an engaging context for learning.	Overall Rating Element 2 _____
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- The instructor clarified the purpose of the debriefing, what was expected of me, and the instructor's role in the debriefing.
- The instructor acknowledged concerns about realism and helped me learn even though the case(s) were simulated.
- I felt that the instructor respected participants.
- The focus was on learning and not on making people feel bad about making mistakes.
- Participants could share thoughts and emotions without fear of being shamed or humiliated.

Fig. 4.3 (a, b) DASH© tool for student [18]. (Copyright 2018 Center for Medical Simulation, Inc., Boston, MA, USA, <https://harvardmedsim.org/>. All rights Reserved, used with permission)

b

Element 3 The instructor structured the debriefing in an organized way.	Overall Rating Element 3 _____
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- The conversation progressed logically rather than jumping around from point to point.
- Near the beginning of the debriefing, I was encouraged to share my genuine reactions to the case(s) and the instructor seemed to take my remarks seriously.
- In the middle, the instructor helped me analyze actions and thought processes as we reviewed the case(s).
- At the end of the debriefing, there was a summary phase where the instructor helped tie observations together and relate the case(s) to ways I can improve my future clinical practice.

Element 4 The instructor provoked in-depth discussions that led me to reflect on my performance.	Overall Rating Element 4 _____
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- The instructor used concrete examples—not just abstract or generalized comments—to get me to think about my performance.
- The instructor's point of view was clear; I didn't have to guess what the instructor was thinking.
- The instructor listened and made people feel heard by trying to include everyone, paraphrasing, and using non verbal actions like eye contact and nodding, etc.
- The instructor used video or recorded data to support analysis and learning.
- If someone got upset during the debriefing, the instructor was respectful and constructive in trying to help them deal with it.

Element 5 The instructor identified what I did well or poorly – and why.	Overall Rating Element 5 _____
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- I received concrete feedback on my performance or that of my team based on the instructor's honest and accurate view.
- The instructor helped explore what I was thinking or trying to accomplish at key moments.

Element 6 The instructor helped me see how to improve or how to sustain good performance	Overall Rating Element 6 _____
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- The instructor helped me learn how to improve weak areas or how to repeat good performance.
- The instructor was knowledgeable and used that knowledge to help me see how to perform well in the future.
- The instructor made sure we covered important topics.

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Fig. 4.3 (continued)

others, or refuse to participate. The skilled facilitator learns to read these signs and adjust the debrief accordingly. Steering the conversation away from hijackers, using “parking lot issues” boards, asking each participant to speak, and depersonalizing the discussion points are strategies that facilitators often use to help diffuse difficult situations.

Co-debriefing has its benefits and challenges. For interprofessional educational programs it is beneficial to have co-debriefers that can provide expertise to the learner groups. For example, physicians and nurses may be able to provide tips in practical skills and model professionalism in team behavior while co-debriefing. Best practices in co-debriefing include planning ahead, clarifying roles and methodology, common objectives, comparing notes on simulation observation, maintaining eye contact and strategic positioning during the debrief, asking questions through open negotiation, and conducting a co-facilitator debrief.

Summary

Debriefing in healthcare simulation is essential to learning but one of the most difficult components of a simulation. Learning achieved through simulation has improved retention due to the debriefing. Becoming a skilled facilitator takes significant expertise, patience, and practice. Debriefing is well grounded in educational theory including experiential learning and reflective practice. Active listening and a structured approach are best practices in debriefing. Though methodologies in debriefing may vary, the common themes include psychological safety of the learners, diffusion of emotion, standards of expertise, reflection and reframing, repeated practice, and optimizing teamwork dynamics. The purpose of simulation in healthcare is the guiding principle of improved patient safety. Debriefing solidifies this concept by identifying the gaps, finding the causes, and improving the healthcare team’s knowledge, skills, and attitudes.

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