1 The Art of "De/Pre" Briefing

Joseph P Buhain EdD MBA RRT FAARC NREMTB
Director of Respiratory Therapy
Saint Paul College

2 Simulation- Make every moment count....

3 *HF* MANIKIN-BASED SIMULATION

- Why do we need Simulation?
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    - *Kriz, Simulation and Gaming, 2010 : "...ineffective and even unethical" ... to conduct a simulation without debriefing.*
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    - *Savoldelli, et al, Anesthesiology, 2006: "...exposure to a simulation crisis without debriefing seems to offer little benefit to learners."*
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    - *Heukelom, et al, Simulation in Healthcare, 2010: "Studies have indicated...in the absence of structured feedback, no learning of clinically relevant parameters occurs."*
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    - *(Benner, Sutphen, Leonard, & Day, 2010; Jeffries, 2010; Rothgeb, 2008). Simulation provides a non-threatening life-like environment where students practice psychomotor skills, clinical reasoning, problem solving, and working together as a team. It also helps bridge the gap between the classroom and clinical setting.*

4 TYPES OF SIMULATION

- Task Trainers
- Manikin-based
  - Low fidelity
  - Medium
  - High Fidelity
- Software or Video Based
- Virtual reality
- Standardized patients
  - Student to Student
  -

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8 Clinical Reasoning vs Clinical Decision Making

- Scope of Clinical Reasoning vs Clinical Research

- Concept description and analysis.
- Predominantly based on observation
- Trial and error <u>rather than</u> outcome data

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20 The Nursing Education Simulation Framework

2 • In 2005, Jeffries published "A Framework for Designing, Implementing, and Evaluating Simulations Used as Teaching Strategies in Nursing," which described the major constructs that were proposed to be core to the design, implementation, and evaluation of the evolving methodology of simulation-based education. In 2010, the NLN/Jeffries Simulation Framework (NLN/JSF) project was launched to review the current state of the science in support of the framework.

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- A panel of simulation experts was assembled to review the literature for each of the framework constructs. This report summarizes the findings for the Simulation Design Characteristics construct.
- Within this construct, five key subcomponents are identified: objectives, fidelity, problem solving, student support, and debriefing

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22 Standard VII: Participant Assessment or Evaluation

Criterion 1: Formative Assessment

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- Guideline: Formative feedback provides information for the purpose of improving performance and behaviors associated with the three domains of learning: cognitive (knowledge), affective (attitude), and psychomotor (skills).
  - Guideline Statement: To help participants meet expected outcomes, formative assessment should be consistent, providing constructive feedback, such as coaching, cueing, prompting, or concept mapping.

23 Participant Assessment or Evaluation
Simulation for Nursing Standard VII

- Criterion 2: Summative Evaluation
  - Guideline: Summative evaluation focuses on measurement of outcomes or achievement of objectives.
    - Guideline Statement: Summative evaluation of the participant's performance or competence occurs at the end of a predetermined time period.

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24 Standard VII: Participant Assessment or Evaluation

- Criterion 3: High-Stakes Evaluation

- Creates a safe learning environment
  - Supports active learning
  - Repetitive practice
  - Reflection
  - •

29 **Who should facilitate the debriefing?**
  - Individual directly involved in student learning progress.
  - Individuals who reviewed the video presented in simulation
  - Individual with ability to engage learner and activate interest.
  - Faculty who have a positive attitude with CCI
  - Clinical competency based on the skill design
  - Recognize whether behavior and decisions and clinical outcomes that learners demonstrate are acceptable
  - Outline miss information and poor choices (provide resources)
  - Answer questions about the clinical situations assessment finding outcomes

30 **What is the faculty's role during the debriefing process?**
  - Guide participants to self discovering
  - Acknowledge identified deficiencies
  - Know the objectives and expectations of the participants in the situation
  - Know how to provide constructive feedback
  - Respect others
  - Listen attentively

31 **What is the recommended length of time or framework for debriefing?**
  - Simulations that are brief may only require constructive feedback
    (experience/ reflection/ conceptualization and experimentation   Mayo Clinic debriefing Model)
  - More complex may take longer
    - –
  - The longer time period is required to facilitate deeper thinking and critical reflection. Complex simulation-based experiences that require clinical judgment or reasoning while demonstrating skill competency or are emotionally charged require debriefing sessions of longer duration.
  - •
  - The initial 2003-2006 NLN/Laerdal study
    - 20 minutes scenarios followed by a 20
  - Others recommend
    - 2 to 4 times longer than the scenario

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- Experience
- Reflection
- Conceptualization
- Experimentation

37 **PLUS-DELTA**
- Debriefing method
  - Aviation and task orientation
  - Multi team task skill
  -

    » What went well
    » What would like to change
    » How to change

- Two columns or headings
  - identifying positive actions and decisions in the plus column and
  - things it could be done better or differently

- Plus Delta method is not difficult

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40 **How to I get better at debriefing?**
- Tools to Evaluate Debriefing
  - "Debrief the Debriefer"
- DASH
  - Debriefing assessment for simulation in healthcare
- DES
  - Debriefing experience scale

41 **DASH**
- Debriefing assessment for simulation in healthcare
- Tool
  - Designed to be used by peer-faculty during the briefing
- Seven point effectiveness
  - rating scale
- Six key elements
  1. Establishes an engaging learning environment
  2. Maintains an engaging learning environment
  3. Structures debriefing in an organized way
  4. Provokes engaging discussions

- Interactive and overlaps
- Socratic questioning
  - to reveal student thinking and decision-making
  - focuses on learning to think like a practitioner
  - develop clinical reasoning skills

46 **Advocacy-Inquiry**

- Instructor identifies a component of the simulation to explore further
- The advocacy is framed as an answer
  - assertation or observation
  - coupled with inquiry questions
  - instructors ask
    - more information
    - clarity about what occurred

47 **Guided reflection**

- Realistic event strategy
- Strategically planned
- Unique environment allows
  - freedom to learn by doing
  - in a setting relatively low risk
  - access to coaches who initiates students in the traditions of the calling
  - help them by "the right kind of telling"
    - to see their own behalf and in their own way what they need to see most

48 **Guided Reflection**

- Several questions are developed prior to the experiences
- Thinking is driving the questioning
  - The quality of the question how it is pose will determine the depth and breath of the learners thinking
    - "I noticed you elevated the head of the bed"
    - "Explain the rationale behind your action"
    - "Is there any other action you could've initiate that would also help your patients oxygenation status?"
  - Role modeling
  - Thinking out loud is used

49 **Guided Reflection**

- The first way of knowing
  - empirical
  - aimed at developing theoretical explanations

55 ☐ **Experiencing/Concrete Experience**

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- • Participants fully discuss their feelings and personal reactions to the simulation experience.
- •
- • Participants should believe that their feelings have been recognized and validated.
- •
  - *— How do you think the simulation went?*
  - *— What and how are you feeling after this simulation? (allow role players to go first and then observers)*
  - *— What were your favorite and least favorite aspects of the simulation?*

56 ☐ **Reflecting/Reflective Observation**

- •
- • Participants describe and reflect on the actual events of the simulation.
- •
  - *— What happened?*
  - *— What do you think is going on with this patient?*
  - *— What are the primary concerns in this scenario?*
  - *— What knowledge, skills, and attitudes are needed for this simulation?*
  - *— Did you have sufficient knowledge/skills to manage this situation?*
  - *— How did the group work as a team?*
  - *— What focused assessments were needed and were they completed?*
  - *— What interactions and interventions were done and were they all appropriate?*
  - *— Was SBAR used when communicating with other healthcare professionals? Was different or additional information needed for the healthcare professional?*

57 ☐ **Applying/Active Experimentation**

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- • Participants generalize and transfer information and new understandings to clinical setting. Participants apply to "real life" or clinical practice, including how what was learned can be used to improve safety and care of patients.
- •
  - *— What knowledge, skills, or attitudes displayed in this simulation would be useful for the clinical setting?*
  - *— How could or would you use this in the clinical setting?*
  - *— How will this improve your ability to take*
  - *— care of patients?*

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