The Art of “De/Pre” Briefing

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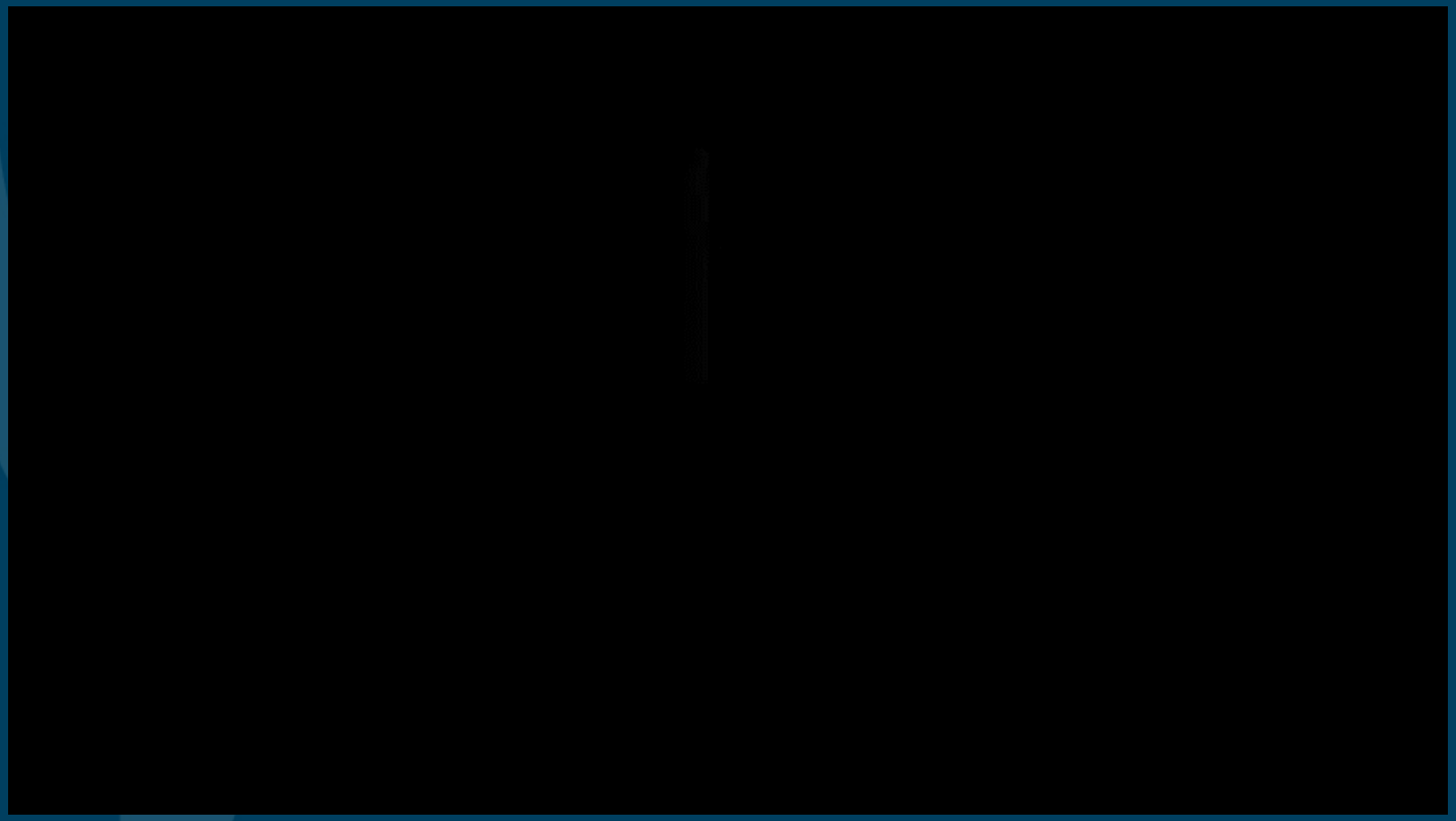
Simulation- Make every moment count….



Time Matters…

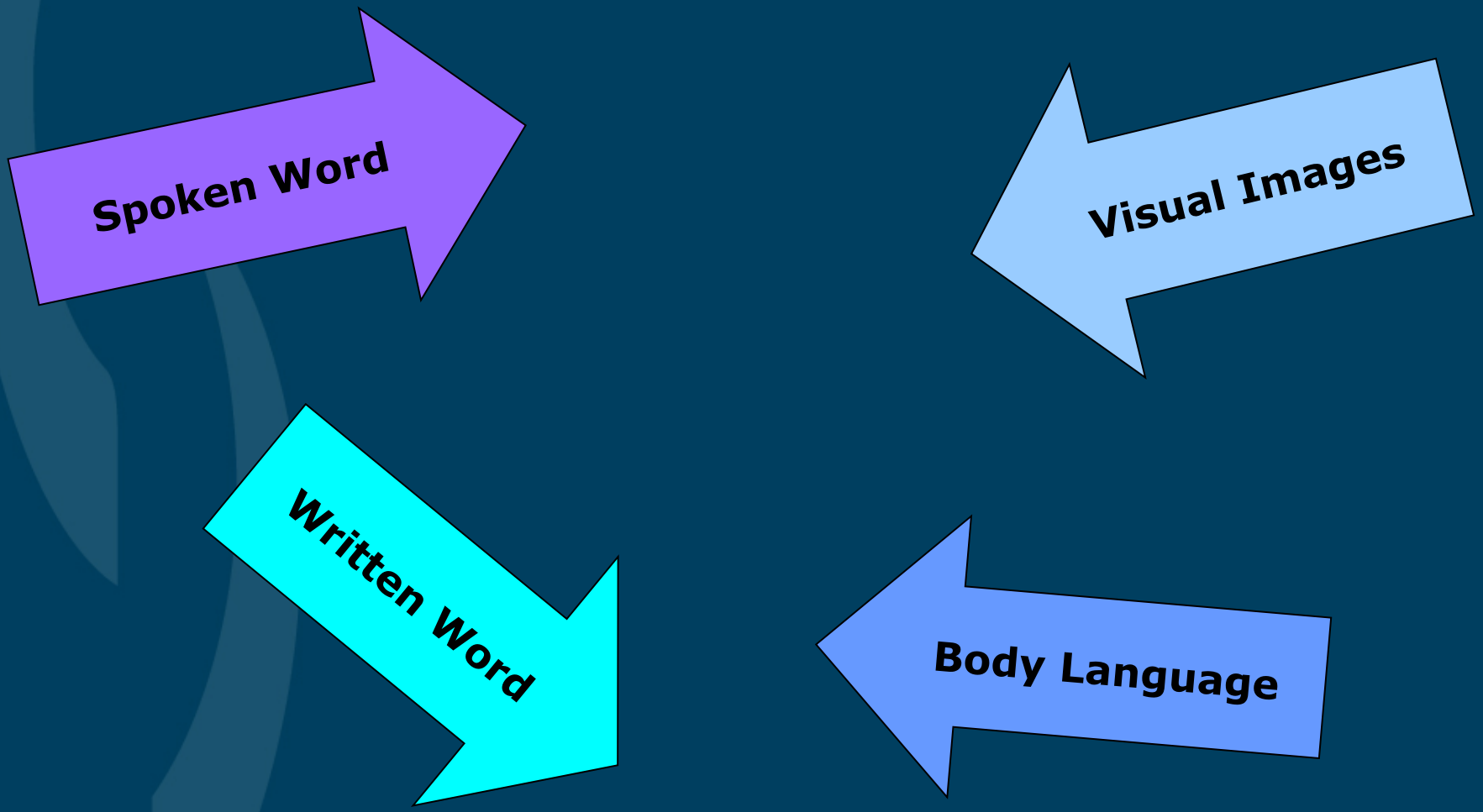
HF MANIKIN-BASED SIMULATION

- Why do we need Simulation?
  - *Kriz, Simulation and Gaming, 2010 : "…ineffective and even unethical" … to conduct a simulation without debriefing.*
  - *Savoldelli, et al, Anesthesiology, 2006: "…exposure to a simulation crisis without debriefing seems to offer little benefit to learners."*
  - *Heukelom, et al, Simulation in Healthcare, 2010: "Studies have indicated…in the absence of structured feedback, no learning of clinically relevant parameters occurs."*
  - *(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.*

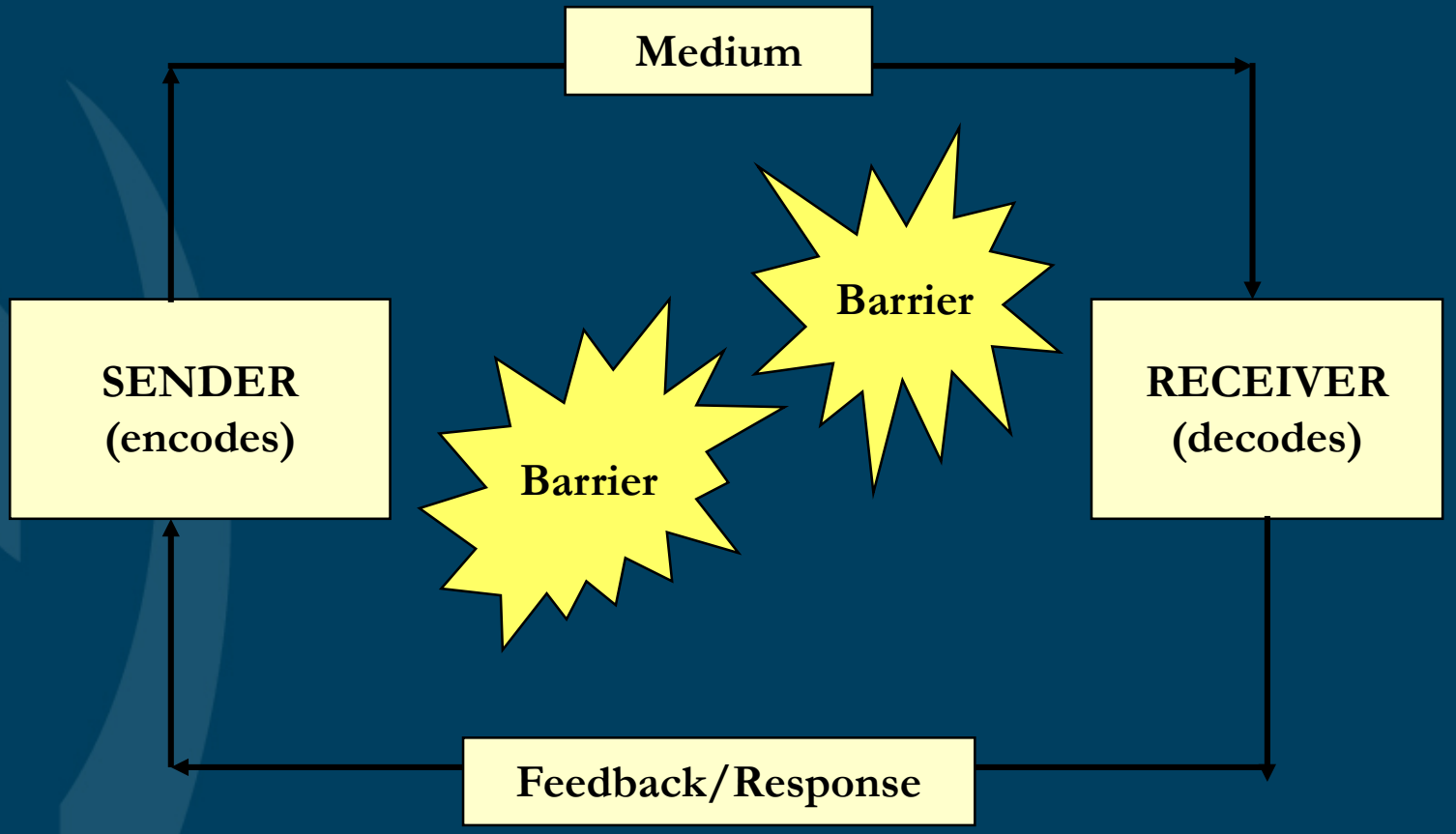
TYPES OF SIMULATION

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

What are the most common ways we communicate?



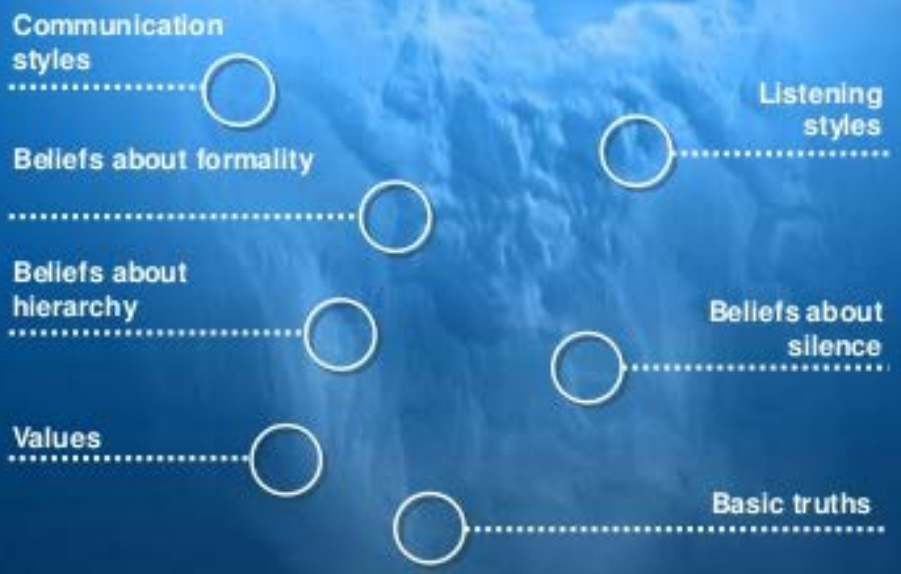
The Communication Process



Thinking about culture …as an Iceberg

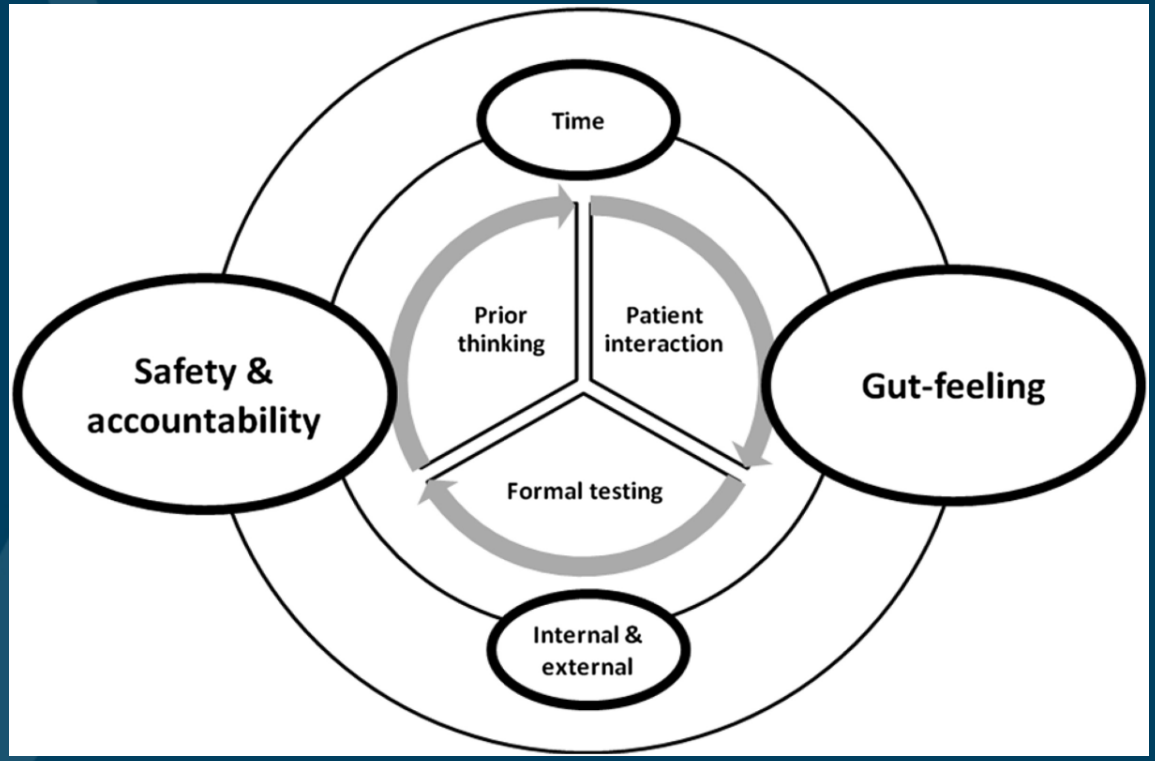
20% Visible

80% Invisible



Clinical Reasoning vs Clinical Decision Making

- Scope of Clinical Reasoning vs Clinical Research



STUDENT CONSENT TO PHOTOGRAPH/VIDEOTAPE/FILM/INTERVIEW AND/OR AUTHORIZATION TO RELEASE

Students Name: X	**Birth Date: N/A** **Student ID Number: N/A**
Person(s) or Class of Persons Authorized to Use/Disclose the Information: **Medical Simulation Lab**	**Person(s) or Class of Persons Authorized to Receive the Information:** **Allied Health Division Instructors and Students**

Student consents to be:

☒ Photographed ☒ Filmed ☒ Videotaped ☐ Interviewed ☐ None of the foregoing

☐ Other: _____

Purpose of Use/Disclosure:

☒ Simulation Training Course

☐ By Saint Paul College Allied Health Class Review

Description of Protected Health Information to be Used or Disclosed:

☐ Limited Student Identifying Information; or ☐ Program and Debriefing	☐ Other:	☐ Not applicable

I relieve and hereby agree to hold Saint Paul College Simulation Lab and the facility free and harmless from any and all liability arising out of the use and/or release of information; interview; photograph/videotape/film; and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and so assume full responsibility for learning purposes

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. I may revoke this authorization at any time in writing, but if I do, any future simulations that may not involve you might impact your subject area grade if your instructor is assigning points. (This only pertains to group videos were you are assigned to a group)
3. I understand that I may see and obtain a copy of the Simulation debriefing described after the Simulation, for a reasonable copy fee, if I ask for it.
4. I can get a copy of this form after I sign it if requested (if you request it)

This authorization will expire on the following: (check and complete only one box)

☐ Date: _____ ☐ Event: _____ ◈ Full 2 year term of Program

3 Phases in Simulation

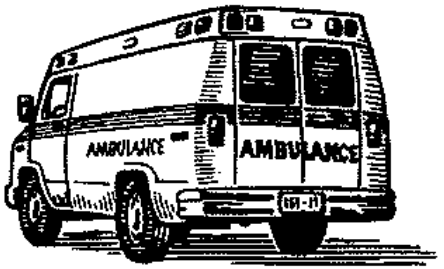
- Pre-briefing
  - Adequate preparation and adequate understanding
  - Orienting participants to the simulation laboratory and manikins
  - Providing ground rules and regulations
  - Maintain psychologically safe & non-competitive environment (Have a Safe Word/ Halt Word) ex Safety x3
  - Discuss with participants the expectation that they will perform at their optimal effort
  - Acknowledge that mistakes can happen
  - Provide background information and rolls for scenario.
  - Providing timeframe for participants to develop a plan (Rule of 8)
    - 2 Long, 2 quick , 2 much ,2 direct = Let the students learn.

- SAFTEY/ SAFTEY/ SAFTEY
- SIMULATION BEGINS
- SIMULATION ENDS
- PHONE CALL

Pre-brief

- ☐ 1. Does the hospital understand the need for both recurring and critical incident debriefs?
- ☐ 2. Is the hospital supportive of debriefs and ensure that they are used as opportunities to learn and grow?
- ☐ 3. Are team leaders and members reminded to be vigilant and attentive of teamwork processes during performance episodes?
- ☐ 4. Are medical team leaders prepared to lead team debriefs?

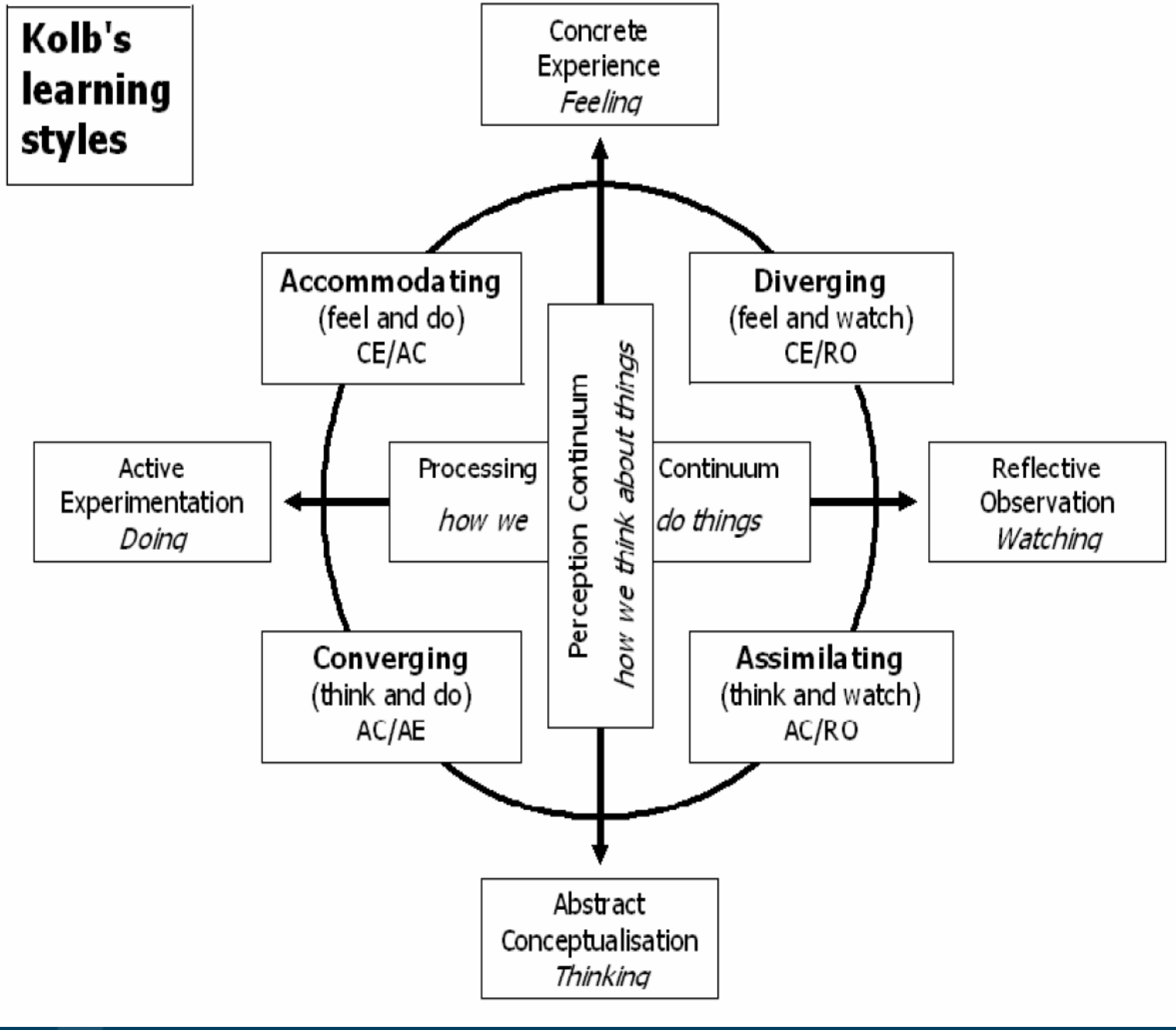
Performance



Debrief

- The Joint Commission Journal on Quality and Patient Safety

Leadership in Simulation


Kolb's learning styles
Concrete Experience
Feeling
Accommodating
(feel and do)
CE/AC
Diverging
(feel and watch)
CE/RO
Active Experimentation
Doing
Processing
how we
Perception Continuum
how we think about things
Continuum
do things
Reflective Observation
Watching
Converging
(think and do)
AC/AE
Assimilating
(think and watch)
AC/RO
Abstract Conceptualisation
Thinking

So lets see if this really works?

Pre-brief

Performance

Debrief

- [ ] 5. Do team members feel comfortable during debriefs?
- [ ] 6. Is the focus concentrated on a few critical performance issues during the debrief?
- [ ] 7. Are the specific teamwork interactions and processes involved in the team's performance described during the debrief?
  - Planning
  - Situation assessment
  - Supporting behavior
  - Communication
  - Leadership / initiative
- [ ] 8. Is feedback supported with objective indicators of performance?
- [ ] 9. Is outcome feedback provided later and less frequently than process feedback?
- [ ] 10. Are both individual and team-oriented feedback provided?
- [ ] 11. Is the delay between task performance and feedback kept to a minimum?
- [ ] 12. Are conclusions and goals set recorded to facilitate feedback during future debriefs?

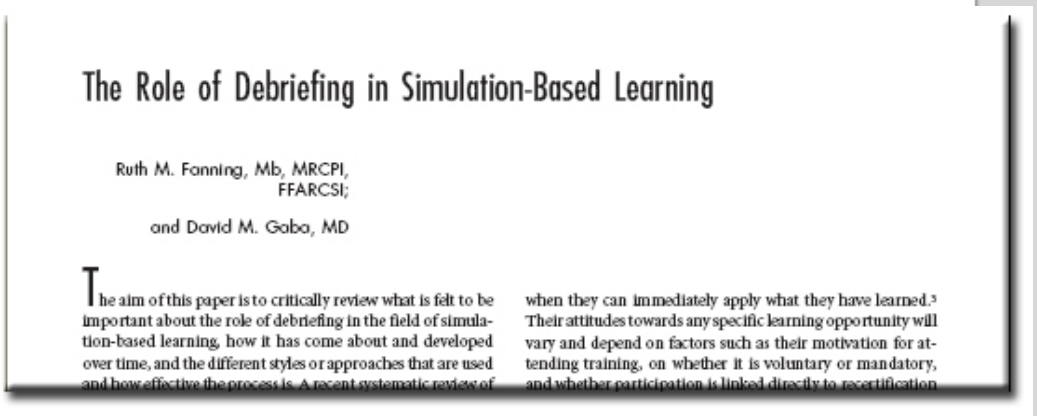
- The Joint Commission Journal on Quality and Patient Safety

Sometimes Specific training is important after a critical incident followed by a debriefing:

The Value of Debriefing

- Debriefing is the most important feature of simulation based education

Thomas Nowicki, MD



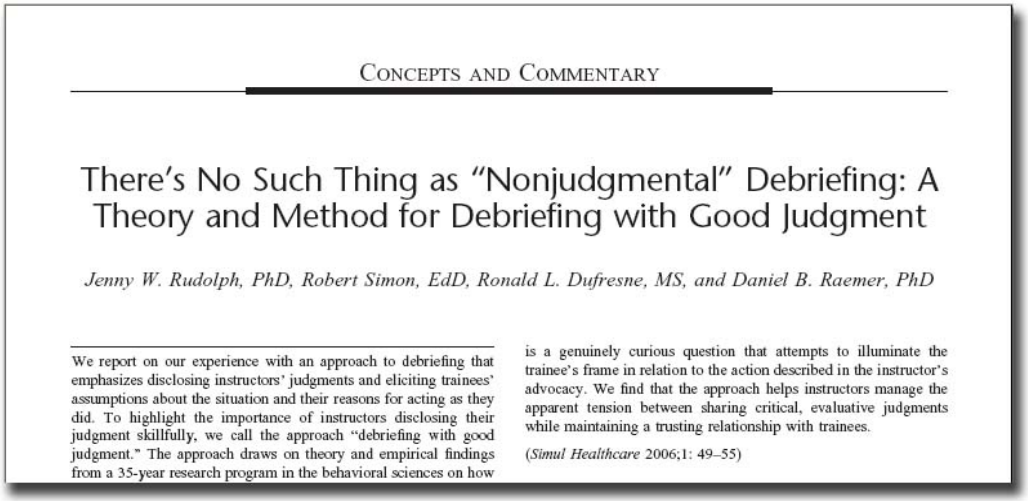
The Role of Debriefing in Simulation-Based Learning

Ruth M. Fanning, Mb, MRCPI, FFARCSI;

and David M. Gaba, MD

The aim of this paper is to critically review what is felt to be important about the role of debriefing in the field of simulation-based learning, how it has come about and developed over time, and the different styles or approaches that are used and how effective the process is. A recent systematic review of

when they can immediately apply what they have learned.[3] Their attitudes towards any specific learning opportunity will vary and depend on factors such as their motivation for attending training, on whether it is voluntary or mandatory, and whether participation is linked directly to recertification



CONCEPTS AND COMMENTARY

There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment

Jenny W. Rudolph, PhD, Robert Simon, EdD, Ronald L. Dufresne, MS, and Daniel B. Raemer, PhD

We report on our experience with an approach to debriefing that emphasizes disclosing instructors' judgments and eliciting trainees' assumptions about the situation and their reasons for acting as they did. To highlight the importance of instructors disclosing their judgment skillfully, we call the approach "debriefing with good judgment." The approach draws on theory and empirical findings from a 35-year research program in the behavioral sciences on how

is a genuinely curious question that attempts to illuminate the trainee's frame in relation to the action described in the instructor's advocacy. We find that the approach helps instructors manage the apparent tension between sharing critical, evaluative judgments while maintaining a trusting relationship with trainees.

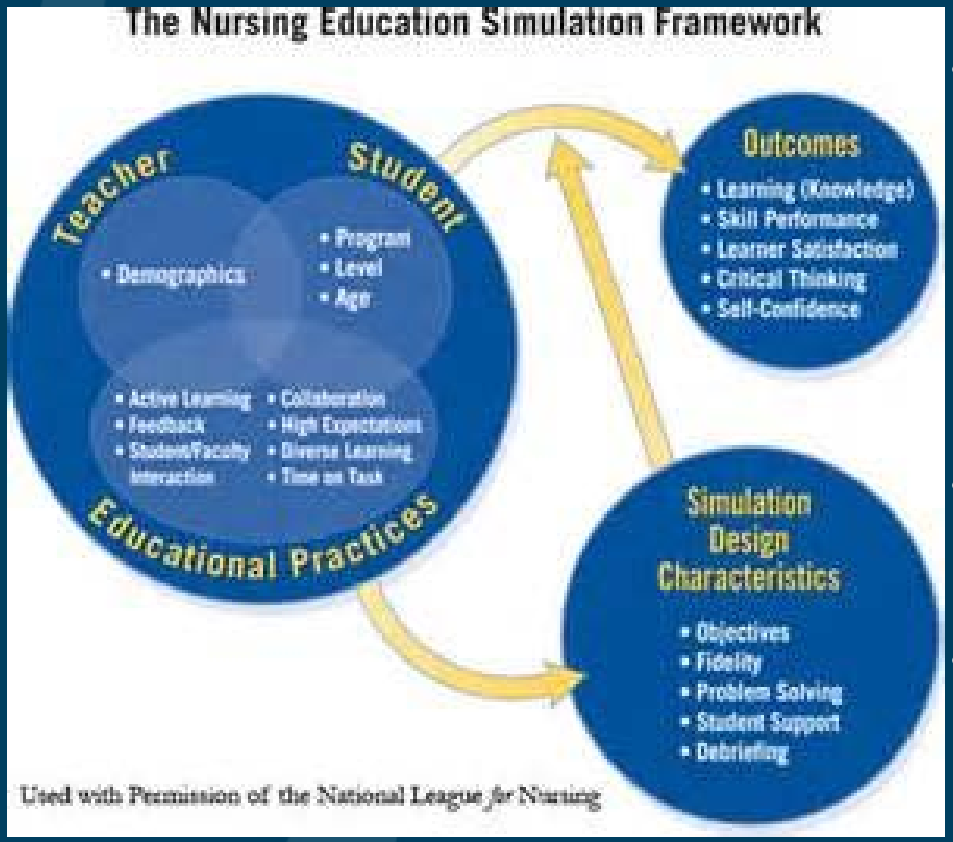
(*Simul Healthcare* 2006;1: 49–55)

General/ Common Best Practices

- Best practices for debriefing
  - Concept description and analysis.
  - Predominantly based on observation
  - Trial and error rather than outcome data

Rall, M., Manser, T., & Howard, S.K. (2000). Key elements of debriefing for simulator training. European Journal of Anaesthesiology, 17(5), 516-517. doi: 10.1046/j.1365-2346.2000.00724-1.x

The Nursing Education Simulation Framework



- 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.
- 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

Jeffries, P. R. (Ed.). (2007). Simulation in nursing education: From conceptualization to evaluation. New York: National League for Nursing.

Jeffries, P. (2010, October). The art of debriefing: How to conduct a guided reflection and its importance. Presentation. Presented at the National League of Nursing Conference, Las Vegas, Nevada

Clinical Simulation in Nursing (2013) 9, e26-e29

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Featured Article

Standards of Best Practice: Simulation Standard VI: The Debriefing Process

Sharon Decker, PhD, RN, ANEF, FAAN[a], Mary Fey, MS, RN[b], Stephanie Sideras, PhD, RN, C.A.P.A.[c], Sandra Caballero, MSN, RN[d], Leland (Rocky) Rockstraw, PhD, RN[e], Teri Boese, MSN, RN[f], Ashley E. Franklin, MSN, RN, CCRN, CNE[g], Donna Gloe, EdD, RN-BC[h], Lori Lioce, DNP, FNP-BC, CHSE, FAANP[i], Carol R. Sando, PhD, RN, CNE[j], Colleen Meakim, MSN, RN[k], Jimmie C. Borum, MSN, RN, CNS[l,*]

[a] *Professor and Director of The F. Marie Hall SimLife Center, Texas Tech University Health Science Center, School of Nursing, Lubbock, TX 79430, USA*

[b] *Assistant Professor, Director, Clinical Simulation Laboratory, University of Maryland School of Nursing, Baltimore, MD 21201, USA*

[c] *Instructor, Oregon Health & Science University School of Nursing Ashland Campus, Ashland, Ore 97520, USA*

Standard VII: Participant Assessment or Evaluation

Criterion 1: Formative Assessment

- 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.

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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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Standard VII: Participant Assessment or Evaluation

Criterion 3: High-Stakes Evaluation

- Guideline: Because familiarity with participants is a significant source of observer bias, the influence of observers' previous knowledge of participants should be avoided whenever possible.
  - Guideline Statement: Evaluation of participants' performance by objective observers or raters increases objectivity and diminishes biased assessment. Moreover, interrater objectivity and reliability are enhanced by the use of standardized checklists that focus on assessment of specific skills.

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Standards of Best Practice: Simulation

Standards

Standards reflect best practices in health care disciplines and health science education.

Standards—Policies that provide the foundation of decisions and actions defined by shared values, beliefs, and principles. INACSL standards for simulation include Rationale, Outcome, Criteria and Guidelines.

Rationale—Justification for the development of a standard.

Outcome—Intended result(s) of adhering to the standard.

Criteria—Factors such as attributes, characteristics, and/or parameters necessary to meet the outcome(s) of the standard.

Guidelines—Procedures or principles that are not mandatory but are used to assist in meeting standards. Guidelines are not necessarily comprehensive; they provide a framework for developing policies and procedures.

Janis Childs, PhD, RN
Teri Boese, MSN, RN
Kim Leighton, PhD, RN, CNE
Jimmie Borum, MSN, RN, CNS

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1.Standards of Best Practice: Simulation
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[a] *Professor and Director of The F. Marie Hall SimLife Center, Texas Tech University Health Science Center, School of*

Characteristics Of Debriefing

- Elements/ Lederman (1992) identified seven common structural elements of the debriefing process: (a) the guide or debriefer; b) the participants; (c) the experience; (d) the impact of the experience; (e) the recollection of it; (f) the mechanisms for the reporting on the experience; and (g) the time to process it.
- Environment
  - Participation is encouraged and best accomplished by all participants sitting eye-level in a circle (Anderson, 2008; Fanning & Gaba, 2007; Ghauri, 2011).
  - pp S26-S29 Clinical Simulation in Nursing Volume 9 Issue 6S
- Time/ framework
  - The length of debriefing should be 20 to 30 minutes and ideally, two to three times the length of the scenario (Anderson, 2008, Arafeh et al., 2010; Ghauri, 2011; Waxman, 2010; Wotton et al., 2010).
- Facilitator – 2 parts
  - The three levels are high facilitation, intermediate facilitation, and low facilitation (Fanning & Gaba, 2007; McDonald et al., 1997).
  - pp S26-S29 Clinical Simulation in Nursing Volume 9 Issue 6S
- Student Role
  - They are expected to discuss, analyze, and summarize the experience to enhance their learning (Fanning & Gaba, 2007; Ghauri, 2011).

Objectives and Outcomes

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Facilitator

Manage the complexity of all aspects of simulation

- Clearly communicates objectives and expected outcomes to participants
- Validate competence on equipment and experince
- Creates a safe learning environment
  - Supports active learning
  - Repetitive practice
  - Reflection

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 simulation
- 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

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

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
  - to allow students time to think deeper and engage in critical reflective analysis

When should debrief occur?

- Directly after simulation or within 30 minutes.
- Do not stay in the clinical simulation environment
- Experience the activity completely in real time without interruptions (avoid calls or pagers)
- Experience the consequences of behavior
  - & decisions by experiencing the patient outcomes

How should audio visual recording be integrated?

- One study showed no significant difference in student learning or satisfaction **with or without** video
- Make sure if used sign a consent
- Learn how to use equipment
  - segments to be shown to stimulate discussion
  - 2 to 4 segment should be shown which can be keyed to briefing points
  - showing both good and bad behaviors

How should audio visual recording be integrated?

- Videos are a great educational learning tool.
- Place emphasis on all clinical perspectives
- Do not state any technical errors.
- Patient education
  - Stimulates lots of good conversation
    - Did you understand why this might be an issue?
    - OK…If you could explain that again, how exactly would you phrase it?
- Introductions/position
  - Especially in beginners

National League for Nursing Simulation Innovation Resource Center (SIRC)

- Beginning/Introduction/Opening
- Middle
- Closing/Summary

(Anderson, 2008)

Mayo Clinic Model for Debriefing

- Experience
- Reflection
- Conceptualization
- Experimentation

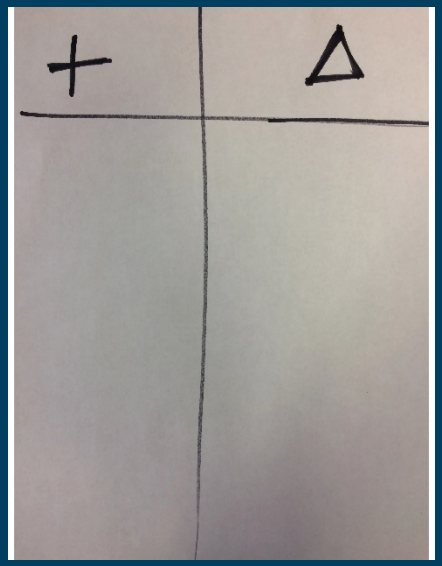
PLUS-DELTA

- 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



(Decker, 2009, Jeffries, 2010)

Table 1

Different Debriefing Models and Identified Phases Found in the Literature

Model or Author	Identified Phases
National League for Nursing Simulation Innovation Resource Center (SIRC) (Anderson, 2008)	Beginning/Introduction/Opening Middle Closing/Summary
Mayo Clinic Model for Debriefing (Mayo Clinic, n.d.)	Experience Reflection Conceptualization Experimentation
Plus-Delta (Decker, 2009, Jeffries, 2010)	What went well What would like to change How to change
Advocacy-Inquiry (Decker, 2009, Jeffries, 2010)	Statement of observation followed by probing question of inquiry/why
Lederman (1992)	Systematic reflection and analysis Intensification and personalization Generalization and application

NLN

Mayo clinic

Plus- Delta

Advocacy- Inquiry

Lederman

GREAT (Owens and Follows, 2006)	Guidelines Recommendations Events Analysis Transfer
Stadsklev (Patranek et al., 1992)	Experience Identify Analyze Generalize
4 E's (Patranek et al., 1992)	Events Emotions Empathy Explanation
Fanning & Gaba (2007)	Description Analogy/analysis Application
3D Model of Debriefing (Zigmont, Kappus, & Sudikoff, 2011)	Defusing Discovering Deepening

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

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
  5. Identifies it and explores performance gaps
  6. Helps simulation prepare participants achieve or sustain good practice

Debriefing experience scale (DES)

- Newer tool
  - For students and participants to evaluate the briefing
- Two concepts are measured
  - The student experience during the briefing
  - The importance of those experiences

Debriefing Experience Scale (DES)

- Likert scale
- 20 items asked into 4 sub categories
  1. Analyzing thoughts and feelings
  2. Learning and making connections
  3. Facilitator skill in conducting to briefing
  4. Appropriate facilitator guidance

- Revisiting the clinical events to understand the participants
  - behavior
  - decision-making
  - the impact on the patient outcomes
  - solidifies learning from the experience

Debriefing for Learning Meaningful

- DLM
- Uses a consistent structure
- Each time students present and reinforce the process of thinking like a practitioner
- Uses a worksheet that provides visual learning opportunities for students
- With written record of the experience DLM

Debriefing for meaningful learning

- The six phases
  - **Engaging**
  - **Exploring**
  - **Explaining**
  - **Elaborating**
  - **Evaluating**
  - **Extending**
- Interactive and overlaps
- Socratic questioning
  - to reveal student thinking and decision-making
  - focuses on learning to think like a practitioner
  - develop clinical reasoning skills

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

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

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

Guided Reflection

- The first way of knowing
  - empirical
  - aimed at developing theoretical explanations
- The second way of knowing
  - aesthetics
  - difference between recognition and perception
- The third way of knowing
  - personal knowledge
  - involves relationships between the patient and the caregiver
- Final way of knowing
  - ethics
  - represents the moral component
- Reflection

Guided Reflection

- Empirical
  - What knowledge informed or might have informed you?
- Aesthetic
  - What particular issue seemed significant?
- Personal
  - What factors influence the way you felt a thought or responded?
- Ethical
  - To what extent did you active for the best and in tune with your values how might you respond more effectively given the situation again?
- Reflection

Debriefing / Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?

2. Describe the objectives you were able to achieve.

3. Which ones were you unable to achieve (if any)?

4. Did you have the knowledge and skills to meet objectives?

5. Were you satisfied with your ability to work through the simulation?

6. To Observer: Could the nurses have handled any aspects of the simulation differently?

7. If you were able to do this again, how could you have handled the situation differently?

8. What did the group do well?

9. What did the team think was the primary nursing diagnosis? Secondary nursing diagnoses?

10. What were the key assessments (pertinent positives/negatives) and interventions?

11. If your patient had pain, what medication would you give? [Discussion @ pain med mgmt.]

12. What did you decide to do after you left the room? Was this the best decision? [Notify for NV compromise, then medicate for pain.]

*** Can the RN cut the cast? Scope of practice issues.

13. How did the student nurses demonstrate patient centered care? Family centered care? Therapeutic communication? Interdisciplinary communication?

13. Identify potential QI (Quality Improvement) activities to do while on the pediatric unit.

14. Is there anything else you would like to discuss?

Table 3 Debriefing Experience Scale Subscales and Items

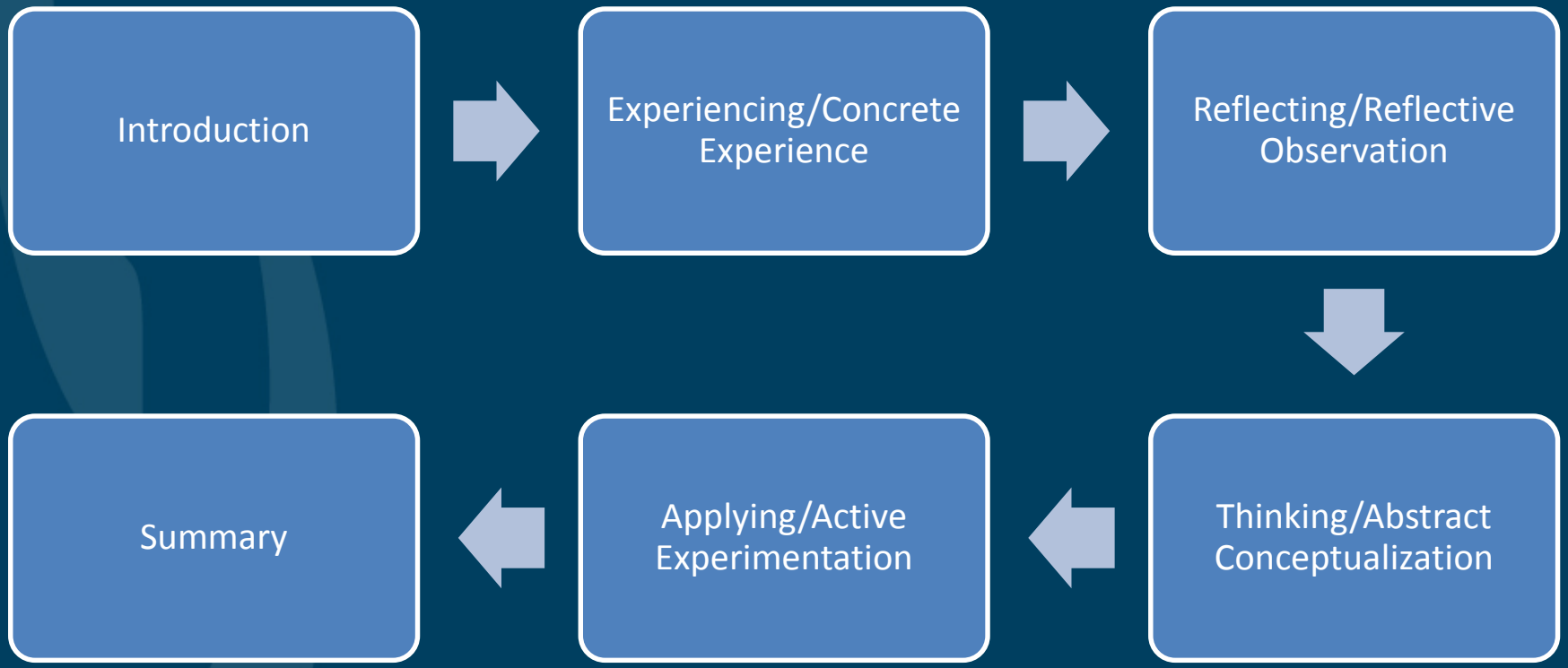
Analyzing thoughts and feelings

1. Debriefing helped me to analyze my thoughts.
2. The facilitator reinforced aspects of the health care team's behavior.
3. The debriefing environment was physically comfortable.
4. Unsettled feelings from the simulation were resolved by debriefing.

Learning and making connections

1. Debriefing helped me to make connections in my learning.
2. Debriefing was helpful in processing the simulation experience.
3. Debriefing provided me with a learning opportunity.
4. Debriefing helped me to find meaning in the simulation.
5. My questions from the simulation were answered by debriefing.
6. I became more aware of myself during the debriefing session.
7. Debriefing helped me to clarify problems.
8. Debriefing helped me to make connections between theory and real-life situations.

Debriefing Model



Debriefing Model

Phase 1

- Thank students for engaging in simulation and debriefing.
- Establish confidentiality.
- Set participant expectations.
- State the roles of the facilitator and students.
- State the process and anticipated length of the debriefing.
- State the purpose of the overall simulation learning experience
- Review learning objectives.
- Summarize the simulated scenario.
- Discuss the rationale for why the debriefing is centered on participant analysis.

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

Experiencing/Concrete Experience

- 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?*

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

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?*

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

Applying/Active Experimentation

- 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?*

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

Thinking/Abstract Conceptualization

- Participants think and analyze the events. They look for patterns or new meanings. Mistakes are part of learning so information and misinformation must be clarified.
  - *What was done well in this scenario- the strengths?*
  - *What should have been done?*
  - *What could have been done better?*
  - *How would you improve upon this?*
  - *What can you tell me about what you were thinking?*
  - *What was the rational for what was done and the interventions performed?*
  - *What would you have done differently?*
  - *Were there any safety issues with the patient or the environment?*
  - *Is there anything else you would like to discuss?*

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

Summary

- Assist the participants in looking at the overall experience. What did you learn from this experience?
- Give a quick summary briefly stating the simulation's purpose and the major issues talked about in the debriefing.
- Link the learning back to simulation and objectives.
- Clarify the take-home message which should include how the participants' learning from the overall simulation experience can improve patient care and safety.
- Thank participants keeping a positive attitude.
- Obtain participant feedback and comprehension about the learning experience through a post-simulation survey, oral feedback, post-test, and/or additional reflective writing.

Anderson, 2008; Brackenreg, 2004; Decker, 2007; Decker, 2009; Fanning & Gaba, 2007; Jeffries, 2007; Kolb, 2005; Mayo Clinic, n. d.)

Simulation Preparation, Tips, and Sample Debriefing Questions

1. **Prepare the Learners for Simulation Training**
    a. Orient to supplies and equipment and manikin's abilities as a simulation tool.
    b. Learners must "get into it" and "think aloud."
    c. Learners can't say they are doing something – they must actually do it.
    d. The instructor sets up the scenario but does not coach, guide, or interrupt.
    e. The instructor determines when the scenario is over. Most scenarios last 2-5 minutes.

2. **Debriefing is NOT feedback from the instructor. Keep the discussion team-centered.**
    a. Self-discovery is the key. Team members do most of the talking to EACH OTHER.
    b. For complex debriefing, help team develop an agenda. What issues will be covered?
    c. Link simulation to real-life practice.
    d. Question: Statement ratio is 3:1. Ask WHAT, HOW, and WHY questions.
    e. Use active listening – this is not and interrogation. Look and sound interested.
    f. Use silence/pauses to encourage participation. Reword the question; do not give the answer.
    g. Debrief constructively – hold your teaching points until team has finished. The debriefer enables the team to figure things out; then enhances understanding of the points they might have missed.
    h. Maintain confidentiality. What happens here STAYS here.
    i. A complex debriefing can last up to 30 minutes. You probably have 5-10 minutes. Choose the most important objectives to discuss. You may not be able to cover everything.

3. **Sample debriefing questions**
    a. Tell me in a few sentences what happened to this baby.
    b. What were your objectives? Which objectives were met? Not met?
    c. What was your thought process when …
    d. What did the group do well? How did (those behaviors) help the team?
    e. Who was the leader? How did you know?
    f. What key behavioral skills did you use? When did you use (a behavioral skill)?
    g. What could have gone better? What would you do differently next time?
    h. How can you help when a team member's performance needs improvement?
    i. What did you do to help the team? How did that help?
    j. What did you learn?
    k. Any additional comments?

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