Debriefing Simulation Experiences

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Introduction

- Background
  - Medical anthropology, educational theory

- Expertise and interests
  - Social science research
  - MCH/ID/emergency preparedness
  - Interprofessional education (EHPIC trainer)

- Dr. Miller has no financial disclosures or interests relevant to this presentation.
Goals & Objectives

By the end of the workshop, participants will be able to:

- Identify the characteristics of good debriefing practices
- Understand the elements of advocacy-inquiry methodology
- Understand how advocacy-inquiry can be used in multiple settings
What is debriefing?

- Phrampus: “A learner-centric process designed to standardize the instructor/student debriefing interaction to assist learners in thinking about what they did, how they did it, and how they can improve.”
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- Phrampus: “A learner-centric process designed to standardize the instructor/student debriefing interaction to assist learners in thinking about what they did, how they did it, and how they can improve.”

- Miller: “…so they can continue to reflect on their clinical experiences.”
Selecting the right methods

Consider:
- Goals
- Learners
- Time available
- Content of simulation
- Outcomes of the simulation
- Your teaching style
AHC Sim Center Mission

To provide exemplary simulation development, programming, and research in order to build bridges between disciplines and transform health sciences education and practice.
AHC usage statistics: 2010-11

- 283 simulation programs each year (half-day to multi-week simulation experiences for teaching, assessment, or licensure)
- 173 unique educational projects
- 1,299 hours of programming/11,941 learners
- Used year-round – average of 1.09 simulation projects per day
- Learners include: pre-health science undergrads, professional degree students (e.g. BSN, MSN, DPN, MD, DDS, DVM), practicing professionals, first responders, other professions (e.g. law), human factors research
Clients and Target Learners

- The schools/colleges of the Academic Health Center
  - Medical School, School of Nursing, College of Pharmacy, School of Dentistry, School of Public Health, College of Veterinary Medicine

- The professional schools & programs of the University of Minnesota
  - School of Social Work, Audiology, Genetic Counseling, Law School
Clients and Target Learners

- Health science researchers
  - Medical equipment manufacturers/human factors researchers

- Continuing education and the broader health care community
  - Continuing education for licensure, rural/underserved area care providers and systems, metropolitan clinics and hospital systems
  - Faculty and preceptors
Learning from experience

“In each instance, the practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique….He does not separate thinking from doing… because his experimenting is a kind of action, implementation is built into inquiry.” (Schon)
How do we learn? (Kolb)

1. Concrete experience
2. Observation and reflection
3. Forming abstract concepts
4. Testing in new situations
Kolb revisited (Jarvis)
Emotion and learning

- Emotional state while learning influences retention and activation
  - Inert vs. activated knowledge
- Learning in more highly activated states
  - Is recalled when similar states are invoked
  - Positive emotion and mastery under stress can be “anchored”
  - Emotional learning tends to be indelible
Emotion and simulation

- **Disconfirmation (assumptions challenged)**
  - e.g. not knowing how to respond to a neurological crisis

- **Negative judgment (feeling bad)**
  - Understanding of limitations is essential
  - Shame prohibits learning
Emotion and simulation

- Seeking psychological safety (excuses, extenuating circumstances)
  - Necessary to provide security
  - Risk of failure is necessary for learning new skills
Good debriefing practices

- Create a safety net
  - Demystify the process (state goals, avoid manipulation)
  - Foster collegiality ("apprenticeship")
  - View errors as puzzles, not crimes ("threat" vs. "challenge" – Blaskovich, Tamaka)
  - Assume best of intentions and competence
The benefits of establishing safety

- The authority of shared agreements is high
- Shared agreement allows trainer to identify and correct negative behaviors as they occur (e.g. rudeness, complaints about fidelity of the simulation)
Debriefing questions

- Clarifying
  - Trainer gives/asks for information (e.g. the essential elements of a mental status exam)
  - Focus on facts, principles
  - Trainer is the expert
  - Best for understanding phase

Question: How do you do a mental status exam?
Debriefing questions

- Leading
  - Trainer leads learner down a reasoning path (e.g. role clarity)
  - Focus on clinical reasoning, applying CRM, uncertainty, opinion
  - Trainer is the expert
  - Best for understanding and summary phases

Question: It looked a little confusing in there. Was it? Did you know who was in charge?
Debriefing questions

- **Exploring**
  - Trainer and learner collaborate in structuring information; open, reflective, emotive questions
  - Focus on subjective experience
  - Learner is the expert on themselves
  - Best for understanding, summary, and reaction

*Question:* When do you tend to call for help?
## Plus/Delta Debriefing

<table>
<thead>
<tr>
<th>+ What worked well?</th>
<th>∆ What would you change?</th>
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</thead>
</table>

- Easy to use
- Non-threatening, particularly with resistant participants
- Useful for focusing on specific behaviors
- Superficial – not a substitute for more reflective debriefing
# Modified Plus/Delta (Miller)

<table>
<thead>
<tr>
<th>Adjectives</th>
<th>+</th>
<th>∆</th>
<th>Take Aways</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your experience?</td>
<td>What worked well? What would you do again?</td>
<td>What would you do differently?</td>
<td>How would you summarize your experience? What did you learn?</td>
</tr>
<tr>
<td>Examples:</td>
<td>Examples:</td>
<td>Examples:</td>
<td>Examples:</td>
</tr>
<tr>
<td>● Scary</td>
<td>● Rapport with the patient</td>
<td>● Take longer to get history from patient</td>
<td>● Review my course content</td>
</tr>
<tr>
<td>● Fun</td>
<td>● Knew more than I thought I did</td>
<td>● Review patient information more carefully before going in the room</td>
<td>● Think differently about what “leadership” means</td>
</tr>
<tr>
<td>● Challenging</td>
<td></td>
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<tr>
<td>● Frustrating</td>
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Debriefing simulations

Advocacy
- “I observed…”
- “I noticed…”
- “I was troubled by…”
- “I was upset by…”
- “It seemed to me…”

Inquiry
- “What were you thinking when you…?”
- “What other kinds of choices could you have made?”
Debriefing simulations

“The consequential vice”

- “What would be the patient outcomes if this happened in a real clinical environment?”
- “What would be the consequences (e.g. psychological, legal, professional) for the practitioner?”
Summary and wrap up

- Simulation works by activating many different parts of the brain simultaneously
- Good debriefing needs to be goal-driven and responsive to the learners
- Debriefing helps learners make meaning of simulated clinical experiences
- Establishing safety in the debriefing environment benefits learners in multiple ways
Summary and wrap up

- Using questioning strategies (clarifying, leading and exploring) fosters critical thinking
- Debriefing can be an effective tool for curriculum development as well as student learning
For more information

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