

Debriefing

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Agenda:

- The goal of debriefing
- The three phases
- Non-Technical skills
- Yet another tool: advocacy with inquiry

The goal of debriefing

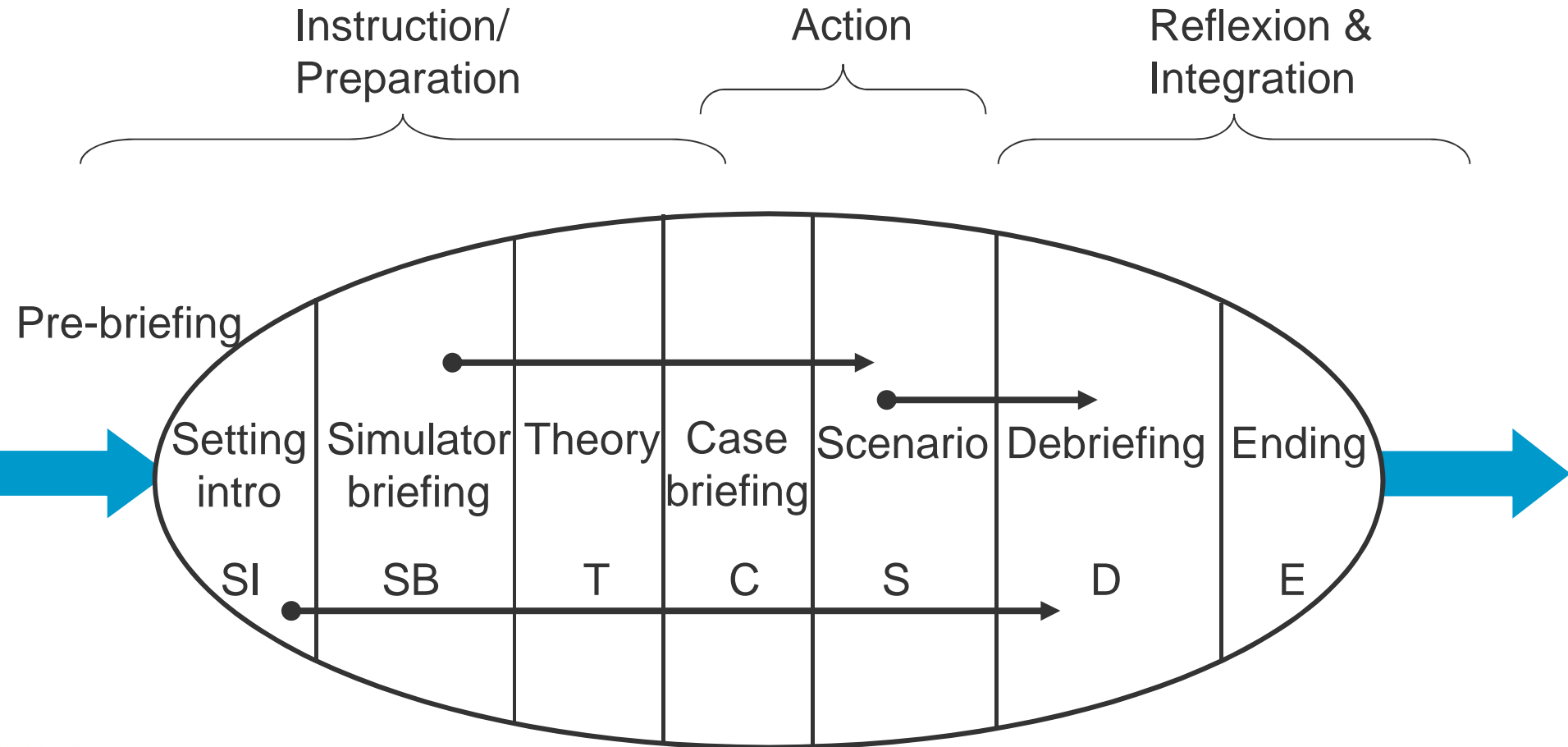
- Reflection upon practice
- Strengthen good practice
- Highlighting the learning goals
- Identify gaps and peaks
- Create a team spirit
- Let the group members support each other
- Create individual (or team-) learning goals

Your task as a facilitator/instructor

- To facilitate a learning process
- To help the participants understanding and performing according to the learning goals



Simulator setting



Prepare

Make a plan

- observed behaviour
- learning goals

Use all resources (helper-operator-co-facilitator)

Choose video clips if possible

We use a structured approach

Three phases

- Description
- Analysis
- Application

How to begin

Set the scene

- Create a nice atmosphere (remember confidentiality)
- Explain the goal of debriefing – reflection and learning, not assessment/evaluation (utvärdering)
- State the time frame and rules (you lead the debriefing, everyone will be heard, talk nice, keep the ball on your own half)

Description phase

Participants describe the scenario

- The facts
- Chronological
- Neutral

A common picture and understanding of the case and events will emerge

- Ask open questions:

What was the scene like, when you came in?

What happened then?

Description phase

- Listen for 'Pearls'/Ballonger (learning opportunities)



Analysis phase

Let the participants reflect on their own handling of the situation and behaviour

- Remember: main learning goals
- Use open questions
- Use non-judgmental language
- Base feedback on the participants own reflections – listen carefully - and on your observations (not your deductions /conclusions)
- Draw parallels to clinical practice
- Allow silence – leads to reflection

Reflection – why?

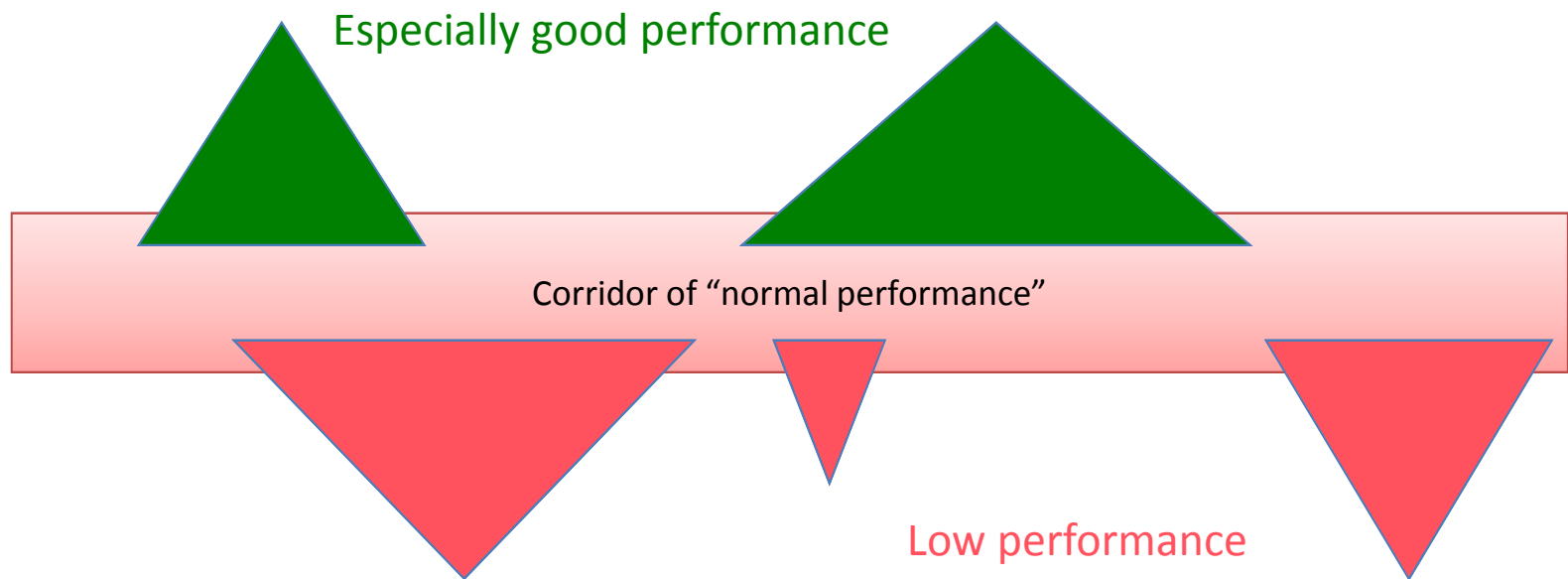
- The participants can identify and build on their previous knowledge
- The participants can identify any gaps in their knowledge
- The participants can generalise from a concrete experience and make use of their new knowledge
- The participants will get a deeper ownership of this new knowledge

Analysis phase

Remember the observers

- Give them a specific task to observe before the scenario
- Let the participants speak first on a subject
- In the analysis phase ask observers about their observations – not evaluations
- Include them in discussions, where "outside" observations can be of value

Gaps and peaks



What do you see here?

$$22 \times 8 = 176$$

$$945 - 200 = 745$$

$$144 : 12 = 12$$

$$458 + 262 = 723$$

Adapted from Weidenmann (2006)

Avoid relentless optimism

**I can think
of loads of
good things**

... occurs because of the belief that a critique must
be positive

**No, no, the
positives,
give me the
positives**

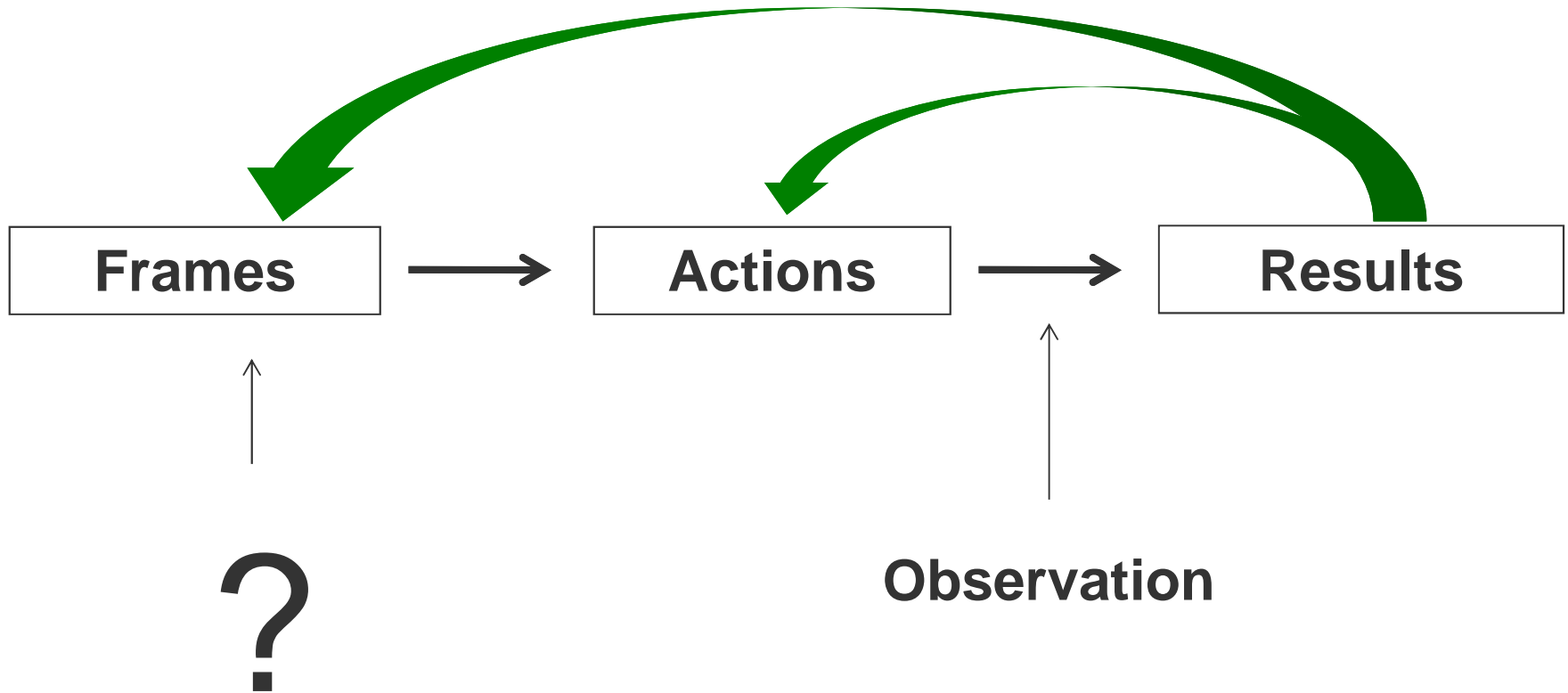
... has the

ing ins

**Tell me the
good things**

- ... often leads to an increasingly devalued candidate thus having the opposite effect to that intended

Analysis, digging deeper





Action 'A' was not performed

Why?

Lack of knowledge
or skills

Individual reading,
training...

☛ "I thought someone else ..."

☛ "I did not know where..."

☛ "My focus was somewhere else..."

Non-technical skills

Team training

Action 'A' was not performed

Why???

Lack of knowledge
or skills

Individual reading,
training...

- ☛ “jeg troede en anden gjorde...”
- ☛ “jeg vidste ikke hvor...”
- ☛ “jeg var fokuseret på noget andet...”

70%

Non-technical skills

Non-technical skills – what is that?

- The glue that makes medical knowledge and skills stick together
- Everything but medical skills and technology
- What we do all the time, but pay little attention to

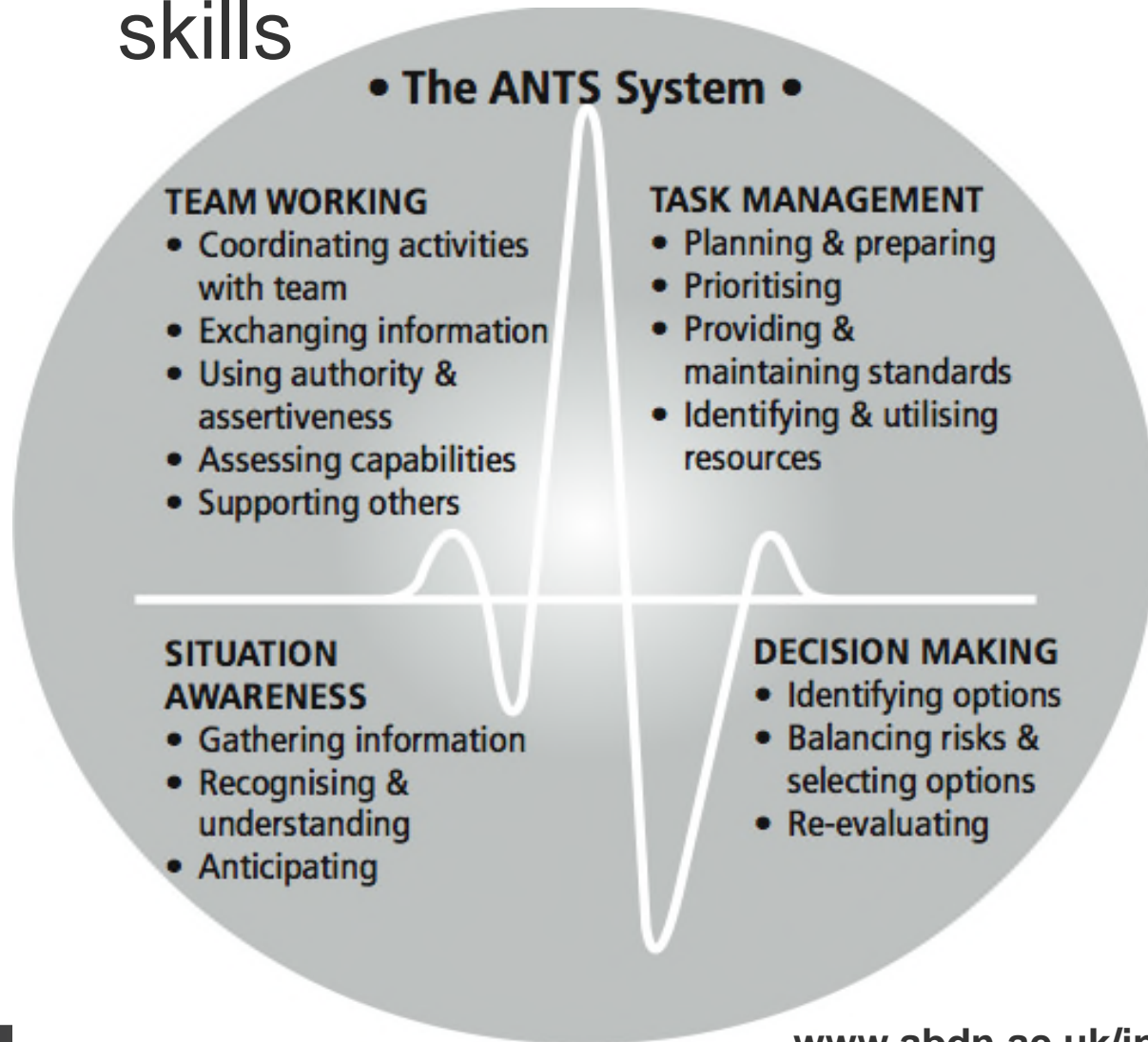
- Situation Awareness
- Leadership
- Team performance
- Task management
- Decision making

Non-technical skills in the Danish context:

- Lene Spanager, PH.D thesis: NOTTS (surgeons)
- Rikke Malene Jepsen, Ph.d thesis: DK Anesthetists' non-technical skills
- Helle Teglgaard Lyk-Jensen: Anesthesia nurses (N-ANTS)
- Anna Sofie Mundt: Scrub-nurses (SPLINTS-DK)

www.regionh.dk/CAMES/Forskning/Forskningsprojekter/Sider/default.asp

Anesthetists' Non-technical skills



Team assessment for resuscitation courses: The Team Emergency Assessment Measure, TEAM



LEADERSHIP		Not seen (√)	Observed (√)
1	The team leader let the team know what was expected of them through direction and command. Examples: Uses members names, allocates tasks, makes clear decisions		
2	The team leader maintained a global perspective. Examples: Monitors clinical procedures, checks safety, plans ahead, remains 'hands off'		
TEAMWORK			
3	The team communicated effectively, using both verbal and non-verbal communication. Examples: relay findings, raise concerns, use names, appropriate body language		
4	The team worked together to complete tasks in a timely manner. Examples: coordination of defibrillation, maintain chest compressions, assist each other		
5	The team acted with composure and control. Examples: performed allocated roles, accept criticism		
6	The team adapted to changing situations. Examples: Adapt to rhythm changes, patient deterioration, change of roles		
7	The team monitored and reassessed the situation Examples: rhythm changes, ROSC, when to terminate resuscitation		
8	The team anticipated potential actions. Examples: defibrillation, airway management, drug delivery		
TASK MANAGEMENT			
9	The team prioritised tasks. Examples: continuous chest compressions, defibrillation, airway management, drug delivery		
10	The team followed approved standards/guidelines.		
COMMENTS			
Examples: What area was good? What area needs improvement?			

Following CASTeach 5 NTS should become part of every feedback for the rest of day 2.

Ref: Cooper et al. Resuscitation.
2010;81:446-452

Human Factors in the Healthcare Setting

A pocket guide for clinical instructors, 2013

Peter-Marc Fortune, Mike Davis, Jacky Hanson and Barbara Philips



Advocacy and Inquiry- another tool in the box

- Can be used to start talking about a "difficult" subject
- Can be used to talk about very good behaviour
- MUST not always be used
- Requires rehearsing

Advocacy with Inquiry



Advocacy



1.description
of observation

2. own assessment

Inquiry



3. questions: exploring frames!

Advocacy and inquiry

- I saw
- I thought
- I wonder

Advocacy with inquiry

“So, Thomas, I noticed that you stepped away from the patient to find an Ambu-bag as the vital signs were deteriorating. I was thinking there were possibly alternative means to oxygenate the patient (advocacy).”

Advocacy and inquiry

“So, Thomas, I noticed that you stepped away from the patient to find an Ambu-bag as the vital signs were deteriorating. I was thinking there were possibly alternative means to oxygenate the patient (advocacy).

I’m curious: how did you see the situation at that time? (inquiry)”

Advocacy with inquiry

I (saw/heard/recognized...) that you (did/said/showed...).

I was (concerned/delighted/unclear...), because of (action/result).

I am curious/ tell me: what went through your mind at that time?

Advocacy with inquiry

- Honest
- Straight forward
- No „fishing trip“ or „easing in“

Include whole group

- “Let’s check with the rest of the group how they reacted to you saying that.”
- “What did you [members of the group] want from [the leader] at that point?”
- “What ideas or suggestions has anyone else got for how to deal with that?”

Application phase

- Ask what each participant has learned / will work on
- Make each one formulate individual learning goals and describe **how they plan to work with them in clinical practice**

GOAL SETTING

S

SPECIFIC

M

MEASURABLE

A

ATTAINABLE

R

RELEVANT

T

TIME-BOUND

Facilitator's responsibility

- Ask the right questions – be curious
- Listen carefully to the participants
- Support each learner in reaching their goals
- Talk only 25% of the time
- Plan enough time for the debriefing – and for each phase



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