

# Why Do We Simulate?... To Get to Debriefing!

Virginia League for Nursing  
2017 Annual Meeting & Conference  
April 29, 2017

# Holly Pugh, BSN MSHA CHSE

Dean, Clinical Simulation & Learning Center

Bon Secours Memorial College of Nursing

# Course Objectives

The student will demonstrate the ability to:

- Identify the purpose of debriefing
- Describe the best uses for different debriefing methods
- Lead simulation debriefing utilizing evidence based methodology
- Report greater confidence with simulation debriefing ability

# A Brief History of Simulation

Jousting

Mid 1700's Midwife to King Louis XV invented a life size OB Mannequin to simulate live births

War games

Flight simulators

Space Travel

Rescusi Annie 1960

Anesthesia 1985

# Why Simulate?

- Knowledge, Skills, Attitude
  - Critical Thinking
  - Reflection on Learning
  - Transfer to Practice
- 
- NSBN Study – research showing validity of simulation. Caveat of this study was the facilitators should be trained and skilled on facilitation and debriefing of a simulation.

# What is Simulation?

- Technique or device (not a technology)
- Replaces actual experiences
- Creates a safe environment to teach, learn, practice skills & clinical decision making
- Practice exercise for common & rare
- Trial run for new procedures, processes and products
- Tool to measure performance/competency
- Interactive learning
- Experiential learning

# Simulation Methodology

## *Fidelity*

- Degree to which simulation approaches reality
- Low
- High

## *Participants*

- Individual
- Crew (single discipline)
- Team (multiple disciplines)
- Work Unit (team+ administration)
- Organization (multiple work units + higher Adm structures)

## *Purpose*

- Education- knowledge
- Training-task/skill/procedures/behavior
- Testing/Assessment- formative, summative, high-stakes, recurrent, i.e. re-credentialing, competency performance evaluation
- Patient Care- protocol design, equipment procurement & management, product usability/testing, procedure testing
- Research- Human Factors, pharmacology
- Teamwork/Systems Integration - re-enactment, emergency drill
- Risk Reduction-eligibility requirements for OB malpractice coverage, malpractice insurance incentives, shifts learning curve out of the clinical setting

# Teaching Simulation

- The instructor is the focus and the mannequin or task trainer is a prop for instruction





# Evaluation Simulation

- Also known as high stakes testing
- The focus of this type of simulation is to assess performance or competency

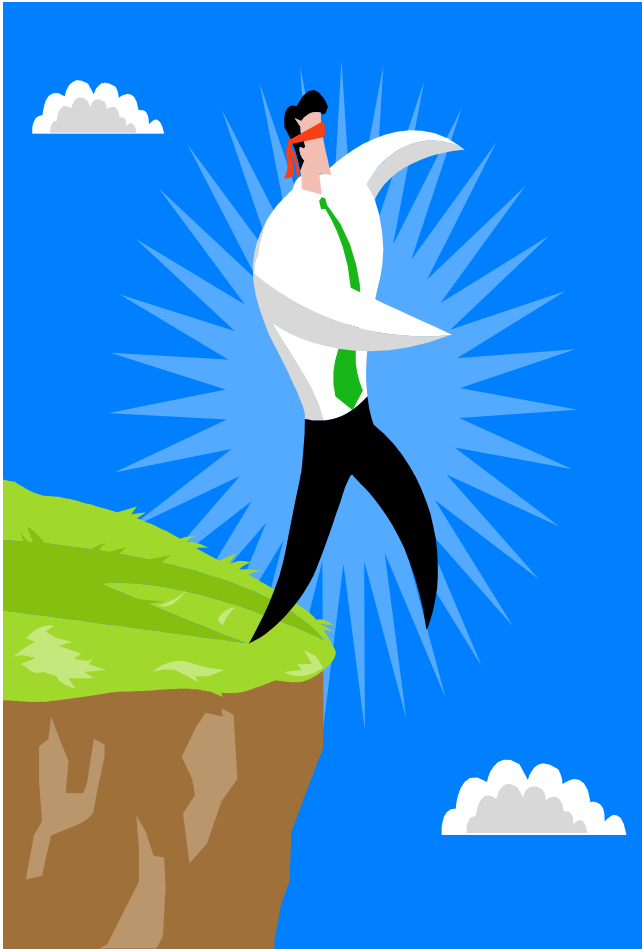


# Learning Simulation

- The Student is the focus and is utilizing the mannequin or task trainer to gain knowledge, skills, or attitude



# Learner Prep



- Don't let them go in blind!
- Explain Simulation process
- Explain Expectations

# Facilitating the Scenario

- Learner Centric
- Facilitator is silent
- Remove yourself from the scenario as much as possible



# Moving to Debriefing

- Separate area
- Round or oval table
- Secure and safe
- Allow discussion



# Why Debrief?

- The Heart and Soul of Simulation (Fanning and Gaba, 2007)
- The most important component of simulation
- Reinforces the positive aspects of the experience
- Encourages reflective thinking
- Links theory to practice and research
- Fosters critical thinking

# Theory Base for Debriefing

- Constructivist Theory of Learning:
- Simulation—Learners' previously constructed knowledge is tested
- Debriefing—Reconstruct anything that might not have been correct



# Debriefing: When?

The most effective debriefing sessions begin immediately following simulation to:

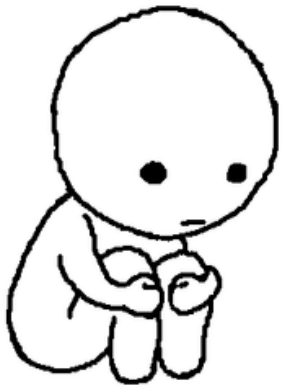
- enhance learning.
- help students decompress.
- help students integrate experience into their knowledge base.
- provide opportunity for self-reflection (students and faculty).
- bridge theory-knowledge-skill gap.



# EMOTIONAL LEARNING

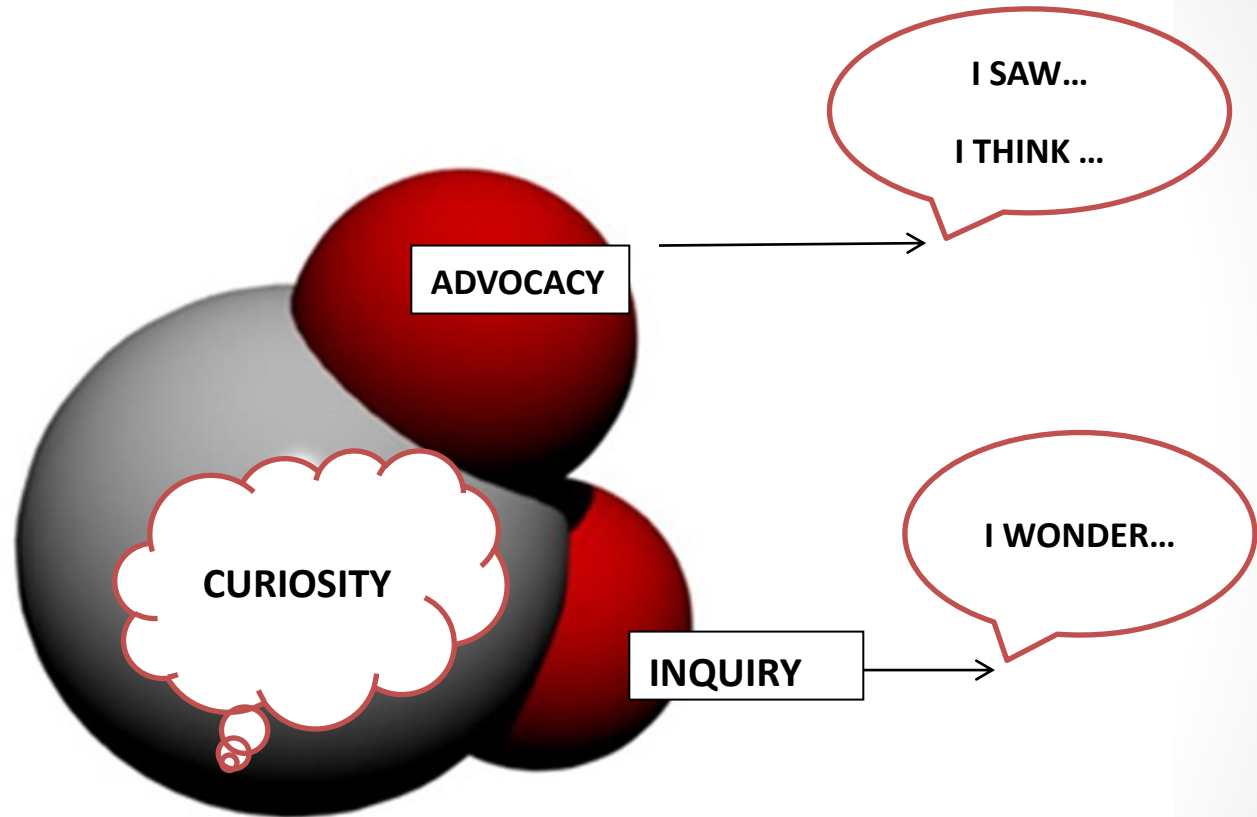
- ONE'S EMOTIONAL STATE DURING THE LEARNING EXPERIENCE INFLUENCES RETENTION AND ACTIVATION OF KNOWLEDGE
- HIGHLY ACTIVATED STATES TEND TO MAKE LEARNING MORE INDELIBLE
- PERFORMANCE IS ENHANCED WHEN THE LEARNING AND CLINICAL EMOTIONAL STATES ARE SIMILAR

# Emotional Release first!



- Start with “how did it go” or how did you feel?”
- Wait. . .be comfortable with silence.
- Do NOT go around the circle!

# DEBRIEFING MOLECULE



# Debriefing Methods

- Plus-Delta
- GAS
- “Good Judgment”
- REFLECTS



# Plus-Delta

- Description:
- A student-centric debriefing technique using a 2 X 2 matrix
- Designed to rapidly gain participant feedback on both instructor and participant performance

	PLUS	DELTA $\Delta$
Course/Instructor level	Student identifies what the course/instructor is doing to support learning	Student identifies changes needed in the course/instructor approach to enhance learning
Student level	Student identifies what they are doing to help learning in the course	Student identifies what they need to change to enhance learning

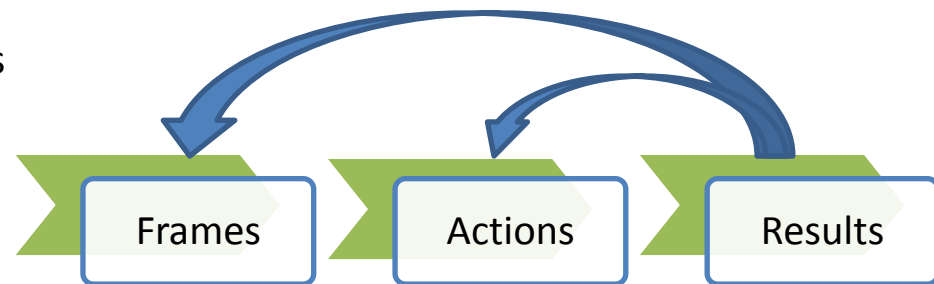
# GAS Technique

Phase	Goal	Actions	Time
<b>Gather</b>	Actively listen to participants to understand their perspectives on their behaviors	Request narrative from team leader Request clarifying or supplemental information from team	X minutes
<b>Analyze</b>	Facilitate student reflection and analysis of their actions	Review accurate record of events Report observations (correct and incorrect steps) Ask probing question—illumination—shed light on the thinking process Stimulate reflection and provide redirection	X minutes
<b>Summarize</b>	Facilitate identification and review of lessons learned	Verify coverage of all essential teaching/debriefing points Summary/wrap up comments	X minutes

# “Good Judgment”

## Student “Frames” Approach

- A “Frame” is the internal student environment
- Perceptions, knowledge, assumptions, feelings, training, etc.
- Instructor role—cognitive detective
- Attempts to understand student frames through using a “stance of curiosity”
- Genuinely curious inquiry



Debriefing leads  
to new frames

Frames are invisible, but inferable; they are  
In the mind of students and instructors.

Actions

(including speech) are observable. Most results  
(e.g., vital signs, order/chaos) are observable

# Debriefing for Meaningful Learning-- REFLECTS

- R—Review objectives
- E—Establish conducive environment
- F—Follow a format
- L—Listen don't lecture
- E—Emphasize the positive
- C—Correction of any unsafe behavior
- T—Transfer to practice
- S—Summarize





# THREE PHASES OF DEBRIEFING

## REACTIONS

CLEAR THE AIR AND SET THE STAGE FOR  
DISCUSSION

\*FEELINGS  
\*FACTS



## UNDERSTANDING

ANALYZE AND APPLY

\*EXPLORING  
\*DISCUSSION AND TEACHING  
\*GENERALIZE AND APPLY



## SUMMARY

DISTILL LESSONS LEARNED FOR FUTURE USE

\*WHAT WORKED WELL  
\*WHAT SHOULD BE CHANGED NEXT TIME  
\*MAJOR "TAKE-AWAYS"

# EXAMPLE INQUIRY QUESTIONS

- 'SUP?
- HOW WAS IT FOR YOU?
- TELL ME HOW YOU SEE IT.
- I'M CURIOUS HOW YOU SEE IT.
- WHAT'S YOUR TAKE ON THAT?
- WHAT ARE YOUR THOUGHTS?  
(ON THAT?)
- WHAT WAS GOING ON FOR YOU  
THEN?
- CAN YOU TALK ABOUT THAT?
- YOUR THOUGHTS?
- CAN YOU EXPLAIN THAT MORE?
- WHAT WERE YOU TRYING TO  
ACCOMPLISH?
- WHAT WERE YOU THINKING?
- COMMENTS
- TELL ME MORE ABOUT THAT



# More Sample Questions

- How do you feel about the experience?
- Can you tell us more?
- What were the outcomes?
- What were you thinking about when you . . . ?
- What will you do next time?
- How would you do it next time?
- Was this effective?
- What will you take away from this experience?



# Open Communication

- Practice empathy—put yourself in the students' shoes.
- Create a blame-free environment.
- Assure student participants of confidentiality.
- Collaborate on strategies for improvement.
- Never use “why?” questions—creates defensiveness and blocks communication
- Ask questions using “what,” “how,” and “could”

# DASH Method of Evaluation

- Establishes an engaging learning environment
- Maintains an engaging learning environment
- Structures the debriefing in an organized way
- Provokes engaging discussions
- Identifies and explores performance gaps
- Helps trainees achieve or sustain good future performance

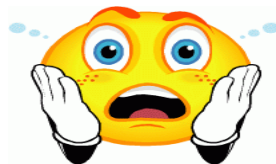
# INTERVENTION FOR INTERNAL UPSET REACTION

## OPTION 1 – DIRECT ENGAGEMENT

- NORMALIZE
- EXPRESS EMPATHY
- ALLOW PARTICIPANTS TO HELP ONE ANOTHER
- USE THE UPSET PARTICIPANT ALGORITHM:
  - ACKNOWLEDGE FEELINGS AND REACTIONS
  - GIVE LEARNER CHOICES – TALK? MOVE ON? TAKE A BREAK?
  - IF TALK → INVITE THEIR PERSPECTIVE AND BUILD ON IT

## OPTION 2 – INDIRECT ENGAGEMENT

- CHANGE THE FOCUS
  - DISTRIBUTE CONVERSATION TO OTHER LEARNERS
  - ALLOW PARTICIPANT SOME TIME TO REGAIN COMPOSURE
  - SLOW OR SPEED UP ADDRESSING CURRENT OBJECTIVE
- WHEN IT LOOKS SERIOUS
  - HAVE A PRIVATE CONVERSATION
  - CALL PEOPLE AFTER THE CLASS
  - ENGAGE AN ON-CALL SPECIALIST



# Discussion

## Type of Learner

- Senior students working with a seasoned simulation faculty
- Brand new nursing student who is doing simulation for the first time with a seasoned simulation faculty
- Student in 2<sup>nd</sup> clinical class with a new faculty member

## Best Debriefing Style

- Debriefing for meaningful learning
- Good Judgment frames
- Plus/Delta or
- GAS
  
- GAS

# Scenarios



# Share Experiences

# Summary

Safe

Curious

Learner centric

Follows a consistent method

