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Smart Games for Smarter Learning Debriefing Guide Supplement

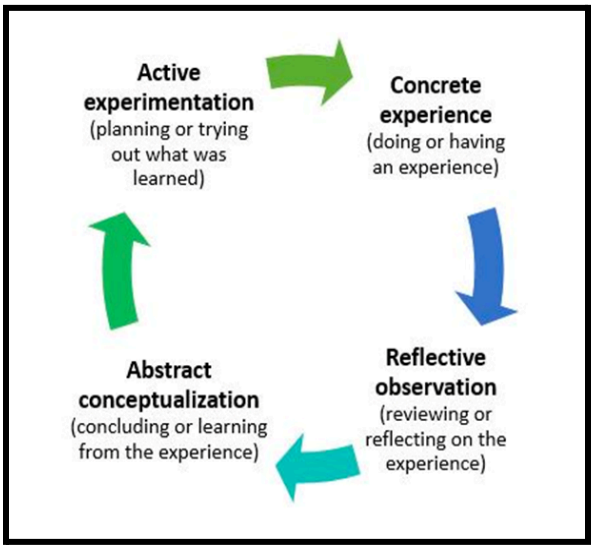
Overall Steps Toward Good Debriefing	
Preparation	**Debrief**
- **Train** the debriefers - **Pre-brief** Learners so expectations are clear - Ensure that debriefers **observe** the simulation event (or have knowledge of topic and expectations) - Select the most **appropriate time** for the debriefing (immediately after, after student self-reviews, both, etc.) - Conduct the debriefing in a **safe** environment	- **Set the stage** for learners at the start of the debriefing - Ensure there is a **shared understanding** of events between the learner and debriefer - Structure the debriefing using a **framework** of model - Ask **open-ended questions** - Allow **learners** to drive the discussion - Recognize the importance of **non-verbal communication** - Use the **silence**

Feedback vs. Debriefing	
Feedback	**Debriefing**
Information provided that is used for the basis for improvement around a learner task. In simulation we often view this as a short discussion with the standardized patient or parishioner around the encounter immediately after the event	The art of gaining new knowledge, skills or attitudes through the strategic review of past events. In simulation we often view this as a longer discussion with faculty aimed at helping the learner deeply reflect on performance with the intent to improve performance in similar situations

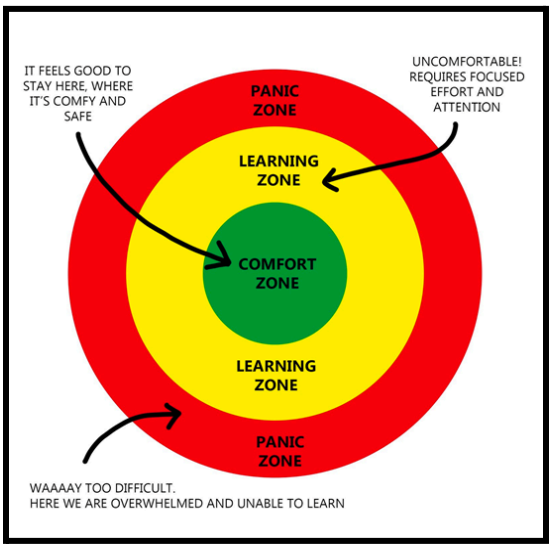
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Educational Theory - What makes simulation effective?



Kolb's Learning Cycle



DEBRIEFING USING THE GAS METHOD

GAS (Gather, Analyze, Summarize)

- Gather (listen)
- Analyze (guide reflection and analysis)
- Summarize (Help learners find conclusions and take home message)

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DEBRIEFING USING THE ADVOCACY-INQUIRY METHOD

Phase	***Purpose***	***Process***	***Example Script***
Prebrief	• Prepare students for simulation • Set the tone	• Provide info on format • Provide observation guide • Review preceptor report	• "Today, you will be treating a patient in the CCU. You will have 20 minutes to complete..."
Debrief: React	• Encourage participation/build rapport • Allow learners to clear the air and save face	• Use Delta-Plus process with 2 questions to examine what worked and areas for improvement	• "What went well?" • "What would you do differently?"
Debrief: Understand	• Uncover the ideas, thought processes and other factors that lead to a behaviour (student 'frames'*) • Help the learner find ways to improve performance	**Advocacy-Inquiry** 1. Observe an event or result 2. Comment on the Observation Advocate for your position 3. Explore the Drivers behind students' thinking (their 'frames'*) and actions that they think lead to the observed event or result 4. Discover, with the students ways to attend to issues that arose and ways to replicate positive results	1. You notice that the patient seemed to disengage when the team started listing their recommendations 2. "I noticed that Mr. Moorhouse crossed his arms and didn't respond to a lot of the recommendations you suggested. To me, he seemed disengaged" 3. "What do you think was happening for him?" "Do you think he disengaged?" "What was happening that contributed to this result?" 4. "I agree that it's important to be clear about what the team recommends. I wonder how your team could approach recommendations to engage Mr. Moorhouse and to ensure clarity?"
Wrap-Up	• Invite reflection on the experiences as a whole - solidify learning	• Inquire about how students feel about the simulation as a whole and **what learning they will take away**	• "How are you feeling about the scenario now?" • "What's the biggest thing that you'll take away from the simulation?"

End each debrief with each student offering a take away - what did they learn

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Debrief SAMPLE question prompts

COMMUNICATION:

How team members divide necessary tasks is important, but equally so is how the team responds when an error occurs. Due to the somewhat fragile nature of tasks in this exercise, where each team member is dependent on others, those reactions to failure can become amplified.

1. What went well?
2. How did your team divide up the tasks required to complete this challenge? What was your briefing like, if you held one?
3. The possibility of mistakes elevates the need for more frequent check-ins across the team. How often did your team hold huddles?

MUTUAL SUPPORT:

We often simply start tasks assuming everyone knows their proper role and their responsibilities. Sometimes that is defined by provider license, but skills/responsibilities may overlap, clouding the expectations of each and all members. Teams must utilize effective communication and support strategies to forestall misunderstanding and team regression.

1. Reflect as a team on both failures and near misses. How did you develop a strategy for avoiding failure?
2. Identify your immediate reaction when a failure or near miss occurred. If you could have said anything you wished with impunity, what might that have been?
3. If you were the cause of a failure or near miss, how did you feel about your performance, your membership on the team, and your perception of what team members thought of you?

Your patient has a complex medical history, and unknown to you has a number of allergies. In the course of treatment, they become anaphylactic. Team members must now deal with a new/additional crisis with little information.

1. How can team members optimize their own and others' behaviors?
2. At what point should team members consider a debrief of what happened?
3. How can team members be supportive of one another in this situation?

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SITUATION MONITORING:

Teams are expected to operate as a unit, not a group of individuals. Being a team member means watching for opportunities to fill in any "gaps" in team performance for the sake of a positive outcome. Sometimes this may be considered as "having someone else's back."

1. What specifically did you notice about how your team aligned itself to bring individuals to function together?
2. Where in these activities did you either share or receive information that benefitted the progress toward the desired outcome?

LEADERSHIP:

When things go awry, people often look to others to interpret the issue or suggest a solution. Identified leaders often are called upon either by the team or an authority to explain what happened and to lay out a plan moving forward.

Some mistakes happen for totally innocent reasons, exacerbated by stress or pressure. An elbow brushes against something, for example, and unbeknownst to the person, a chain reaction begins.

1. How should leaders deal with mistakes made by team members? What if the same mistake happens more than once?
2. What should leaders be communicating to team members when an error occurs?
3. What responsibility does the leader hold for mistakes?

Leaders direct the execution of a plan. In healthcare, however, where we utilize a model of situational leadership, being able to execute the plan may be more than one individual can do.

1. What is the role of consultation on healthcare teams?
2. What is the role of delegation on healthcare teams?
3. What advice would you give to a healthcare team leader about team members making mistakes?

APPLICATION CLINICAL LEADERSHIP

In healthcare, if an error occurs, it is not possible to simply stop and start the task over again.

1. How do you think that reality affects providers, given that the consequences could be serious for the patient?
2. What communication strategies are needed when teams discover medical errors made by their own team members?

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