Debriefing After Medical Simulation Training

DISCLOSURE

- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

- I have no relevant financial relationships with the manufacturers(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

OBJECTIVES

- Define debriefing in medical simulation
- Explore the Army’s AAR format and how it can be used in medical simulation
- Discuss and practice the ‘advocacy and inquiry’ model
- Understand tips to effective debriefing
**TYPES OF SIMULATION**

- Task trainers
- Manikin-based
- Virtual reality
- Standardized patients

**MANIKIN-BASED SIMULATION**

- man·i·kin, man·ni·kin, or man·ne‘quin
  - from Dutch manneken, diminutive man/dwarf
  - 'A model of the human body, as used for teaching purposes in art, anatomy, etc.'
MANIKIN-BASED SIMULATION

Feedback vs. Debriefing:
Feedback = “provision of information”
Debriefing = “facilitated discussion of a prior event”
- Lou Halamek, MD

DEBRIEFING DEFINED

“The act of reviewing a real or simulated event in which participants explain, analyze and synthesize information and emotional states to improve performance in similar situations”
- Center for Medical Simulation
"EFFECTIVE" DEBRIEFING

- ‘One in which the learning objectives are achieved in a constructive and concise manner’

Louis Halamek, M.D.

LEARNING OBJECTIVES

- Identify what the key teaching points are that you need to get across
- Learning goals drive scenario creation and evaluation tool development
- Learning goals can divide into
  - Critical tasks
  - Important tasks
- These are things to emphasize in the debriefing

“If you don’t know where you’re going, you might not get there?”
Yogi Berra

DEBRIEFING MODELS

- 3-Phase Models
- MSAAR
3-PHASE MODELS

Feeling Reactions → Reactions 'Defusing'

Understanding 'Discover' → Explore what happened & why

Review Take away points → Summary 'Deepen'

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AFTER ACTION REVIEW (AAR)

TC 25.20

Training Circular 25.20

A LEADER'S GUIDE TO AFTER-ACTION REVIEWS

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MEDICAL SIMULATION AAR

<table>
<thead>
<tr>
<th>AAR Steps</th>
<th>Questions Answered</th>
<th>Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define rules</td>
<td>How are we going to do this debriefing?</td>
<td>25%</td>
</tr>
<tr>
<td>Explain learning objectives</td>
<td>What was this simulation designed to teach?</td>
<td></td>
</tr>
<tr>
<td>Benchmarks for performance</td>
<td>What performance standards were evaluated?</td>
<td></td>
</tr>
<tr>
<td>Review what was supposed to happen</td>
<td>What did the facilitator intend to happen?</td>
<td></td>
</tr>
<tr>
<td>Identify what happened</td>
<td>What actually happened?</td>
<td>50%</td>
</tr>
<tr>
<td>Examine events and safety issues</td>
<td>Why did it happen?</td>
<td></td>
</tr>
<tr>
<td>Formalize learning points</td>
<td>What is the learner going to do differently next time?</td>
<td>25%</td>
</tr>
</tbody>
</table>

*The acronym ‘DEBRIEF’ can be used to remember the steps of the AAR for medical simulation.
MSAAR

- Define rules
  - Set the stage: open discussion, not a critique
  - Learning opportunity
- Explain learning objectives
  - What is the point
  - Why is this important
- Benchmarks for performance
  - Share evaluation sheets
  - Evaluation criteria
    - Based on standards

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MSAAR

- Review what was supposed to happen
  - Reveal the intent and expected actions
    (simulator & learner)
- Identify what happened
  - Chronologic review of events
  - Use video if dispute of facts
- Examine events and safety issues
  - Determine ‘frames’ use Advocacy/Inquiry
- Formalize learning points
  - ‘What went well, what can be improved, and want will you do differently next time?’

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EXAMINING EVENTS

- Facilitate, Don’t Dominate
- Before making a question, think about asking a question instead
  - Be curious not accusative
  - Questions: Statements= 3:1
- Trainee: Instructor speaking= 3:1
  - Don’t be afraid of silence!
- Pair advocacy and inquiry
  - State observation, or concern
  - Ask questions to find learners ‘frame’
FINDING FRAMES

ADVOCACY + INQUIRY

A: “I was concerned to find out her K+ was so high.”

I: “Could you walk me through what was on your mind when you got that result?”

ADVOCACY + INQUIRY

A: “I noticed some confusion about who was in charge.”

I: “Joe, did you know who was running the code?”
AVOID “DIRTY” QUESTIONS

- “Don’t you know to scrub first?”
- “Did it occur to you to call for help?”
- “Why didn’t you double check?”

DEBRIEFING TIPS

- Build trust
  - Psychological Safety
- Use tape judiciously
  - Make a point, short segments
- Consider Associate debriefer
  - Adds another perspective/expertise
- Keep it real
  - Complaints are common- always agree

EVALUATION

- Evaluation stems from learning objectives
  - Measure what you want your students to learn
- Types of evaluation tools:
  - Checklist
    - Dichotomous (yes, no)
    - Trichotomous
      - 1. done correctly, 2. done incorrectly, 3. not done)
    - Weighted vs. non-weighted
  - Likert-type scale
  - Behaviorally anchored rating scale (BARS)
Questions?

Medical Simulation After-Action Review Debriefing Video
Debriefing After Medical Simulation Training Bibliography


