

Section 5: Training of Debriefers





*Implementing Inter-professional Undergraduate Health Care Education in Qatar
Funded by Qatar Foundation, NPRP # 4-693-3-197*

5.1 Introduction

Welcome to the Debriefers Training Guide!

Thank you for agreeing to participate in our workshop and to be a debriefer. The debriefers have an important role regarding the quality of information shared by participants. The main and most important role of the debriefer is to observe the participants during the scenario, and then, to carry out debriefing sessions after the medical scenarios. The debriefers should try to guide a provocative, stimulating and safe discussion, by asking significant and noteworthy questions in a semi-formal pre-planned sequence that make sense to all after the scenario. They should discuss, in a safe environment, what when well/not well and why. Note that there is a particular way to debrief medical scenarios to be discussed in this training.

Thank you!

For more information please contact _____,





5.2 What? When? Why?

What is the role of a debriefer?

The debriefers have an important role regarding the quality of information shared by participants.

- While creating a safe environment, guide and support the workshop participants toward understanding and achieving the objectives of the workshop.
- After the scenario is finished, guide a provocative, stimulating and safe discussion by asking significant and noteworthy questions in a semi-formal pre-planned sequence that participants understand.

When are Debriefers Needed?

Debriefers will be required to debrief for the following sessions:

- after the medical case scenarios
- during the focus group questions
- at the end of each day for a debrief session

Why debriefing?

What is the purpose of debriefing?

Debriefing is recognized to be valuable in different situations. For examples:

- Savoldelli et al. (2006) believed that participants who have experienced a simulation crisis must have constructive debriefing so that the experience enriches the learning.
- Crookall and Stewart (as cited in Kriz, 2010), considered that it is futile and even unethical to conduct simulations without debriefing. Debriefing is recommended so people can talk about what they have experienced and is regarded as a way to decrease potential psychological harm.
- Furthermore, Dreifuerst stated that “Learning occurs in simulation through contextual task training and repetition, but significant learning occurs when deep insight is made explicit through reflection during debriefing” (2009, p. 109).
- Accordingly to the Simulation Center (2013) from Sidra Medical and Research Center (one of our partners) debriefing:
 - enables learners to reflect on events and explore what happened and why
 - allows time for learners to think critically about what influenced their actions and the behaviors that affected, or can affect performance.
 - allows them the opportunity to relate the experience to ‘real world’ practice

5.3 Debriefing Models

How to debrief?

Note that there is a particular way to debrief medical scenarios. According to Steinwachs (1992) all debriefing sessions should include and move through the following 3 phases:

- Reaction phase (experience and impact)
- Analysis phase (recollection)
- Consolidation phase (integration and closure)

Debriefing Models

There are many debriefing models. Different models may well be used for different circumstances. For example, in our case we needed a model to be used especially for debriefing after our medical scenarios, we needed some debriefing after the guiding questions, and finally, daily debrief at the end of the day to see how things went.

Kriz (2010) proposed a model that is based on the reflection of the participant regarding their experience. Another significant point in that model is regarding the debriefer himself/herself; the debriefer needs to be prepared if we are to have a quality debriefing. See Appendix 5.4: *Six Phases for Quality Debriefing*.

There are other models that could be used as guides. These include:

- the Debriefing Assessment for Simulation in Healthcare (DASH) model (2013) which is commendable for medical simulation and team training scenarios and
- The Observational Structured Assessment of Debriefing tool (2013) for the expert facilitator.

If you would like to know more information about these two models, please see their websites as indicated in the References page.

During our workshops, our debriefers have been trained using the R.U.S.T. model described below.

The R.U.S.T. Model

Because of the considerable amount of different debriefing models, one of our partners in this project, the Simulation Team of Sidra Medical and Research Center in Doha Qatar, has developed a debriefing model termed the **R.U.S.T.** model (**R**eaction – **U**nderstanding – **S**ummarize – **T**ake home message) which has been used during our IPE workshops. The R.U.S.T. model was adapted from the original work of Karlsen, KA (2013) Stable Program from the Center for Medical Simulation (D.R.) in Cambridge, MA.

See the R.U.S.T. the Appendix 5.7 *R.U.S.T. Model*.

5.4 Six Phases for Quality Debriefing

Kriz (2010) proposed a model that is based on the reflection of the participant regarding their experience. Another significant point in that model is regarding the debriefer himself/herself; the debriefer needs to be prepared if we are to have a quality debriefing.

Kriz’s model has 6 phases:

Phase	Reflective Questions for Quality Debriefing
1	<p>“How did you feel?” Participants are invited to describe their emotions after completing the [healthcare case scenario] and to recall and recount their feelings during the [scenario].</p>
2	<p>“What has happened?” In this phase, participants are encouraged to talk about their perceptions, observations, and current thoughts about the activity itself.</p>
3	<p>In what respects are events in the [healthcare case scenario] simulation and reality connected? In this phase, the relationship between experiences and reality are thoroughly examined, to begin a transfer of the experience and knowledge to participant own lives.</p>
4	<p>“What did you learn?” In this phase, participants identify their most important learning and report conclusions they can draw from the experience in regard to personal insights, experiences of group dynamics, and new factual knowledge gained.</p>
5	<p>“What would have happened if ...?” In this phase, participants speculate about hypothetical scenarios.</p>
6	<p>“How do we go on now?” The last phase focuses on the purpose of committing to clear, realistic, and measurable goals for future actions of all involved.</p>

Reference: Kriz (2010) Six Phases for Quality Debriefing; with a slight adaptation of terminology

5.5 Debriefing Guidelines

Debriefing

Debriefing should ideally be happening as soon as possible following the simulation case scenario. It may take place at the site of the simulation or in another room which is private and comfortable where the group can sit, preferably, in a circle with the debriefer is part of that circle.

Accordingly to Kato and Leigh & Spindler (as cited in Kriz 2010), the debriefer “must be present in a very focused and observing manner to be aware of participants’ decision processes and group dynamics. This attentiveness would ensure that the debriefer could make appropriate regulatory interventions, which is described as a form of ‘active inactivity.’ ”

As a final point, it is accepted that a debriefer shall do less talking than the participants. (30:70% rule)

Length of a debrief session

There are a few studies that suggest for how long the debriefing session should last. For example, according to Waxman (as cited in Reed & Corbett 2012), the time taken for “debriefing should be at least twice as long” as the time it took to undertake the scenario (p. 6).

Similarly, (as cited in Reed & Corbett 2012), Decker advised for 20-30 minutes debriefing sessions while Cantrell indicated that 10 minutes timeframe was a sufficient length of time for debriefing (p. 6).

For the purpose of our debriefing sessions in the IPE undergraduate, 15 minutes were found to be sufficient for addressing and extracting relevant information.

Debriefing: Before, During & After

Here are a few tips for your debriefing sessions:

Before Starting

It is well accepted, and advisable to create a safe, trusting and open atmosphere among participants and to explain the voluntary nature of participation – the participants will have already signed the Consent forms the morning of the first day of the workshop.

Before you start to debrief set and address ground rules or ask the group to set their rules and as a debriefer you should ensure that the following are included (Adaptation from Olson, 2013):

- Confidentiality
- Respectful (expect professional courtesy)
- Defuse emotions
- Create a safe and non-threatening environment (which promotes a positive learning environment).
- Remember your position in the group.

During

The debriefer should encourage everyone to contribute but should not allow personal attacks to detail the conversation. A debriefer should talk less than the participants. The debriefer should not speak more than 30 % of the time. Follow some of the *Elements of a good debrief* as well as *Some Advice* below to support constructive debriefs.

Elements of a good debrief (Adaptation from Olson, 2013):

- Identify impact
- Recall what happened
- Clarify facts, ideas, and values
- Make associations to real life
- Identify ‘take-home’/future direction

Some Advice (Adaptation from Olson, 2013):

- Ask open-ended questions
- Share the airtime between participants
- Use inclusive language- which means language that has been carefully constructed in ways that treat all people with respect and impartiality.
- Situational versus Personal.
- Acknowledge emotion; ask them to share their concerns.
- The debriefing session should be non-blame based. Encourage group to support other participants
- Know the experience level of participants, how many will be in your group, learning objectives of the case scenario, debriefing format (R.U.S.T .Model), time available to debrief.
- Ask questions including: How would the situation change if the patient was, for example, diabetic, etc.? What did you need that you didn’t have? What would you have wished for?

At the End

The end of the debriefing session should end on a positive note and the debriefer should thank all the participants for their commitment and contribution.

5.6 Rubric for Observing the Medical Scenarios (need 4 copies)

Mastery Legend

Level 0: None— this level demonstrates **no** mastery of the indicator
Level 1: Beginner — this level demonstrates **emergent** mastery of the indicator
Level 2: Basic — this level demonstrates **partial** mastery of the indicator
Level 3: Intermediate—this level demonstrates **satisfactory** mastery of the indicator
Level 4: Advanced— this level demonstrates **competent** mastery of the indicator
Level 5: Expert— this level demonstrates **higher level** mastery of the indicator

Group Number: _____

Date: _____

Activity Name: _____

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Interprofessional communication									
Utilizes effective communication skills with the patient and their family members ^{1,2,3}									
Ensures that accurate and timely information reaches those who need the information									
Communicates to ensure common understanding of healthcare decisions ⁵									
Demonstrates through application an understanding of the principles of team communication ⁵									
Demonstrates through application an understanding of respect, empathy, and cultural sensitivity, when communicating with the patient and their family members ^{1,4}									
Discloses and effectively communicates ethical issues with the									

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Interprofessional communication									
patient and their family members									
Understands and applies the organizations (health agencies) approved standards of communication, internally and externally.									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Role clarification									
Understands their own role ¹									
Understands scopes of professional practice and understands roles of each member of the healthcare team ¹									
Respects other healthcare roles and responsibilities									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Patient centered care									
Creates and sustains a therapeutic and ethically sound relationship with the patient and their family members ^{1,6}									
Demonstrates caring and respectful behaviors when interacting with the patient and their family members ⁶									
Performs their professional roles and responsibilities in a culturally respectful way ⁶									
Advocates for quality patient care and assist patients in dealing with healthcare system complexities ⁶									
Provides education and support to the patient and their family members in a respectful and understandable manner. ⁶									
Encourages discussion and enables the patient and their family members to make informed choices about their healthcare ¹									
Includes the patient and their family members as part of the healthcare team ^{1,6}									
								Total score	

Competency	Not applicable	No Mastery (0)	Emergent Mastery (1)	Partial Mastery (2)	Satisfactory Mastery (3)	Competent Mastery (4)	Higher Level Mastery (5)	Row Score	Competency Score
Shared decision-making									
Exchanges knowledge/skills with other members of healthcare teams at all times to promote collaborative practice when assessing, developing, and planning during the patient care process. ^{1,6}									
Acknowledges each discipline's perspective during team meetings and/or interprofessional exchanges during the patient care process ^{1,6}									
Involves all members of the team as well as the patient and their family members in the decision-making process related to planning and implementing care ^{1,5,6}									
Seeks to actively create and support a climate of shared decision-making and collaborative practice. ^{1,5,6}									
Facilitates the integration of evidence-based practice into the shared decision-making ⁶									
								Total score	

References:

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- Salas, E., Rosen, M. A., & King, H. (2007). Managing teams managing crises: principles of teamwork to improve patient safety in the Emergency Room and beyond. *Theoretical Issues in Ergonomics Science*, 8(5), 381-394.
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5.7 R.U.S.T. Model

Phase	Description	Examples of opening or lines of questions
R reaction	<p>The debrief should happen as soon as possible after the scenario.</p> <p>Venting for activated learners – acknowledge the emotions, frustrations, sets the scene for the understanding</p>	<p>‘Degrief’-</p> <p>How are you feeling?</p> <p>How was that?</p> <p>That looked like a very busy situation – how are you feeling?</p>
U nderstanding	<p>Ask open ended questions: what, why, how</p> <p>Explore specific observations, learning objectives and introduce concepts</p>	<p>I observed you.... What did you see/think/ experience when you went into the room?</p> <p><i>Recap or clarify to the learners what was wrong with the patient or the event</i></p> <p>What did you think was happening?</p> <p>When you come into the situation, did you have a strategy for prioritizing?</p> <p>What was the handover like? – <i>explore this and include structure of ISBAR</i></p> <p>Did you feel like you had specific roles? - How were the roles decided?</p> <p>What would you do clinically with a patient like this?</p> <p>I noticed you looked like you were leading the situation – can we explore this?</p> <p>Has anyone had this or a similar experience? - How was it managed?</p> <p>- What did you do?</p>
S ummarize	<p>Recap on what the scenario was about and learning objectives covered in the debrief (these may differ from the pre-determined ones)</p>	<p>Assist them in reviewing the events of the scenario, the learning points touched on and tool(s) introduced</p> <p>Any other pressing issues anyone would like to bring up?</p>
T ake home message	<p>One important learning point from each participant – round the room exercise</p>	<p>What are you going to take away from this learning experience?</p>

R.U.S.T. Model V 1.1

Reference: Adapted from the work of Karlsen, KA (2013) Stable Program; Adaptation of the RUS model; Original work from the Center for Medical Simulation (D.R.), Cambridge, MA.

Retrieved from: <http://thesimtech.com/resources/> (under the Debriefing section)

5.8 R.U.S.T. Debriefing Handout Guide (Sidra)

This handout needs to be printed on both sides and folded in 3. The original is on the website.

R.U.S.T.

Reaction:
That looked pretty busy, what was that like for you?
How are you feeling after that?
Tell us what you experienced
Can you describe how your feeling

Understanding: what, how, when - to find out the WHY
Can you tell us what was happening when you went in?
I observed ... what was happening for you at that time?
I noticed...
How were your roles allocated?
What were your priorities?
When you say... what do you mean?
I'm interested in knowing (why)...
Relate discussion to the objectives and real clinical experiences

Summarize:
Review the events and objectives covered in the debrief discussion
Ask if there are any other issues participants have.

Take Home Message:
What is one thing you'll take away from this session?



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Debriefing Guide

Sidra Simulation Services
2013

The debrief enables learners to reflect on events and explore what happened and why.

It allows time for learners to critically think about what influenced their actions and the behaviors which effected or can affect performance.

They should also have an opportunity to relate the experience to 'real world' practice



Setting the Scene


Seating for all including the faculty
Arrange in a circle if possible
If two debriefers, don't sit together
Appropriate location—private and intimate
Ensure privacy if this is part of your debriefing philosophy
Use of AV

- know the system,
- know how to operate it or have assistance
- Know the points or times to show

Ground Rules for Participants – Pre-briefing

FRAMING the debrief experience prior to the event— ideally at the beginning of every session, sets the expectations for the learners.

- Confidentiality
- Discuss the structure to be used in the debrief
- Share the airtime
- Respect others' points of view and personalities
- May not get to cover all you want to discuss because of time constraints
- No use of phones during the debrief



Ground Rules for Faculty during debriefs

- 30/70 rule—speak only 30% of the time
- Ask open ended questions
- Acknowledge issues—realism
- Share the airtime between participants
- Use a debrief model—i.e. RUST, DASH
- Use Video footage wisely
- Address grievous performance issues

Debrief Dilemmas

Aggression	Defensive
Distracted	Despondent
Distressed	Disengaged
Domineering	Self-critical

Strategies:

Acknowledge emotion, ask them to share their concerns
Remind them of the ground rules
Offer support
Encourage group to support the learner
Offer them time out – if they would like to leave or discuss the issue in private with a faculty member – either at the time or after.

Simulation Center. (2013). R.U.S.T. Debriefing Guide (Sidra). Sidra Medical and Research Center. Doha, Qatar