Faculty Debrief Training

There are an increasing number of texts surrounding simulation and indeed the process of debriefing afterwards. Many of you may have undertaken courses such as ALS or ATLS, which utilise a form of debriefing following each scenario. To dispel a myth this is not the only type of structured approach to feedback that can be used and by utilising a variety of methods the individual and those involved in the session are able to learn from the experience.

This booklet is designed to give you the basics, in order to develop skills which can be used in a variety of settings and which may find useful.

What is Simulation?

Clinical simulation is an approach used to recreate certain aspects of clinical practice, allowing people to learn in a safe environment away from patients. The remit of clinical simulation is vast. It encompasses everything from using an orange to practise intramuscular injections, to history-taking from standardised patients and on to high fidelity simulators that represent patients in a range of clinical settings.

In the 19th Century an English academic called John Ruskin said that "education does not mean teaching people to know what they do not know. It means teaching them to behave as they do not behave". Clinical simulation can deliver on Ruskin's vision when it is used to focus on team-working, crisis resource management and human-factors training in addition to the mastery of technical tasks.

What is Simulation at QuEST

The QuEST service is a medium/high fidelity clinical simulation service which uses technology-enhanced learning wherever and whenever needed to develop clinical teams within our Trust.

Key in this are two teams: technical faculty and clinical specialist faculty. Technical faculty have been trained to operate the medium – high fidelity equipment necessary to run a simulation session. They ensure that the manikin responds appropriately to the clinical interventions as directed by the clinical experts with whom they are working.

Clinical specialist faculty take the principles of technology-enhanced learning and apply them to their specific departmental/speciality training requirements. They guide the facilitator in changing manikin physiology, interact with the embedded staff members who act as "plants" within the scenario and oversee the debriefing of the session. In doing this, they apply all the general principles of adult learning along with specifics that relate more specifically to simulation practice.

Thoughts about adult learning

Some Things We Know For Sure About Adult Learning

Although this resource is dated, it still contains many valuable tips about adult learning.

Motivation to Learn

1.   Adults seek out learning experiences in order to cope with specific life changing events--e.g., marriage, divorce, a new job, a promotion.

2.   The more life events an adult encounters, the more likely he or she is to seek out learning opportunities. Just as stress increases as life events accumulate, the motivation to cope with change increases.

3.   The learning experiences adults seek out on their own are directly related to the life events that triggered the seeking behaviour.

4.   Once convinced that the change is certain to happen, adults will engage in any learning that promises to help them cope with that change.

5.   Adults who are motivated to seek out a learning experience do so primarily because they have a use for the knowledge or skill being sought. Learning is a means to an end, not an end in itself.

6.   Increasing or maintaining one's sense of self-esteem and pleasure are strong secondary motivators for engaging in learning experiences.

Curriculum Design

7.   Adult learners tend to prefer single concept courses that focus heavily on the application of the concept to relevant problems. This tendency increases with age.

8.   Adults need to be able to integrate new ideas with what they already know if they are going to keep and use the new information.

9.   Information that conflicts sharply with what is already held to be true is integrated more slowly as it forces a re-evaluation of the old as well as learning of the new material.

10.   Information that has little "conceptual overlap" with what is already known is acquired slowly.

11.   Fast-paced, complex or unusual learning tasks interfere with the learning of the concepts they are intended to teach or illustrate.

12.   Adults tend to compensate for being slower in some psychomotor learning tasks by being more accurate and making fewer trial-and-error ventures.

13.   Adults tend to take errors personally and are more likely to let them effect self-esteem, therefore, they tend to apply tried-and-tested solutions and take few risks.

14.   The curriculum designer must know whether the concepts will be in concert or in conflict with the learner. There must be some challenge or conflict in order to bring about a change in belief and value systems.

15.   Programmes need to be designed to accept viewpoints from people in different life stages and with different values.

16.   A concept needs to be explained from more than one value set and appeal to more than one developmental life stage.

17.   Adults prefer self-directed and self-designed learning projects over group-learning experiences led by a professional; they select more than one medium for learning; they desire to control pace and start/stop time.

18.   Nonhuman media such as books, programmed instruction and television have become popular with adults in recent years.

19.   Regardless of media, straightforward "how-to" is the preferred content orientation. Adults cite a need for application and "how-to" information as the primary motivation for beginning a learning project.

20.   Self-direction does not mean isolation. Studies of self-directed learning indicate that self-directed projects involve an average of 10 other people as resources, guides, encouragers and the like. Even for the self-professed self-directed learner, lectures and short seminars get positive ratings, especially when these events give the learner face-to-face, one-to-one access to an expert.

In the Classroom

21.   The learning environment must be physically and psychologically comfortable.   Long lectures, periods of interminable sitting and the absence of practice opportunities rate high on the irritation scale.

22.   Adults have something real to lose in a classroom situation. Self-esteem and ego are on the line when they are asked to risk trying a new behaviour in front of peers. Bad experiences in traditional education, feelings about authority and the preoccupation with events outside the classroom affect in-class experience.
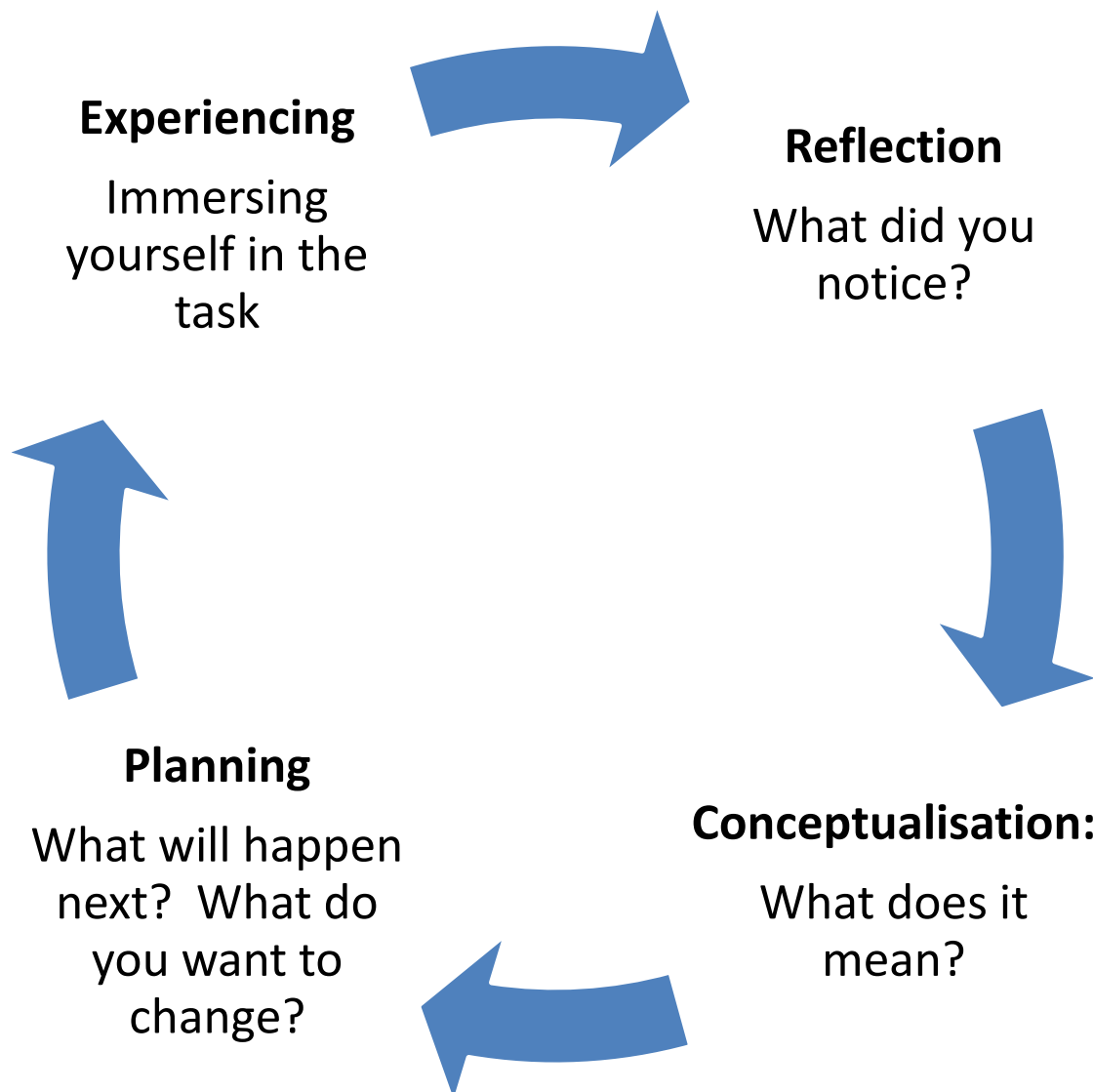
23.   Adults have expectations about the learning event. It is critical to take time early on to clarify and articulate all expectations before getting into content. The instructor can assume responsibility only for his or her own expectations, not for those of students.

24.   Adults bring a great deal of life experience into the classroom, an invaluable asset to be acknowledged, tapped and used. Adults can learn much from dialogue with respected peers.

25.   Instructors who have a tendency to hold court rather than facilitate can hold that tendency in check by concentrating on the use of open-ended questions to draw out relevant student knowledge and experience.

26.   New knowledge has to be integrated with previous knowledge; students must actively participate in the learning experience. The learner is dependent on the instructor for confirming feedback on skill practice; the instructor is dependent on the learner for feedback about curriculum and in-class performance.

27.   The key to the instructor role is control. The instructor must balance the presentation of new material, debate and discussion, sharing of relevant student experiences and the clock. Ironically, it seems that instructors are best able to establish control when they risk giving it up. When they shelve egos and stifle the tendency to be threatened by challenge to plans and methods, they gain the kind of facilitative control needed to effect adult learning.

28.   The instructor has to protect minority opinion, keep disagreements civil and unheated, make connections between various opinions and ideas, and keep reminding the group of the variety of potential solutions to the problem. The instructor is less of an advocate than an orchestrator.

29.   Integration of new knowledge and skill requires transition time and focused effort on application.

30.   Learning and teaching theories function better as resources than as a Rosetta stone. An eclectic rather than a single theory-based approach to developing strategies and procedures is recommended for matching instruction to learning tasks.

The Learning Cycle

Kolb's Learning Cycle

David Kolb's model of the learning cycle refers to the process by which individuals, teams and organisations understand their experiences and modify their behaviours. The learning cycle is based on the idea that the more often we reflect on a task, the more often we have the opportunity to modify and refine our efforts. The learning cycle contains four stages:

The Learning Cycle

Experiencing

Immersing yourself in the task

Reflection

What did you notice?

Conceptualisation:

What does it mean?

Planning

What will happen next? What do you want to change?

1. **Experiencing** or immersing oneself in the 'doing' of a task. The individual (or team or organisation) simply carries out the task assigned. The person is usually not reflecting on the task at this time, but carrying it out with intention.

2.   **Reflection.** This involves stepping back from the task and reviewing what has been done and experienced. The skill of reflection helps identify subtle events and communicate them clearly to others. A person's paradigm (values, attitudes, beliefs) influences whether they can differentiate certain events and reflect on the components. Their vocabulary is also influential, since without words it is difficult to verbalise and discuss their perceptions.

3.   **Conceptualisation:** This involves interpreting the events that have been noticed and understanding the relationships between them. It is at this stage that theory may be particularly helpful as a template for framing and explaining events. The participant's paradigm again influences the interpretive range they are willing to entertain.

4.   **Planning** involves taking the new understanding and translating it into predictions about what is likely to happen next, or what actions should be taken to refine the way the task is handled.

The timing of the learning cycle is particularly important. If someone waits until after a task is completed, there is no opportunity to refine it until a similar task arises. However, continual reflection leaves the person spending more time on thinking than getting the task done, so these must be balanced. In general, the learning cycle should be used during the initial framing of a problem to see whether past experience may offer an appropriate approach; during natural breaks in undertaking tasks such as at the end of meetings or workdays; when progress is noticeably going well or poorly; or when a crisis occurs that disrupts the process.

This approach can be used to good effect in simulation feedback. Immediately after the scenario has concluded there is a natural break in proceedings while people move to the debrief area. Participants start to think about their performances and will benefit from guidance to engage in a learning cycle. A useful alternative nomenclature for steps 2-4 is:

1.   **What happened** – reflect on actual tasks performed, skills drills, hard facts.

2.   **So what** - what does it mean, does it highlight a further learning need.

3.   **Now what** – how will the new insights influence future practice.

Giving & Receiving Feedback

Feedback is information that you give to other people to tell them how you think and feel about their behaviour or actions.

Feedback can be seen as either positive or negative. An alternative view is to simply consider whether or not the feedback is constructive (ie facilitates learning). If feedback is going to focus mainly on aspects of the session that did not go well, try and give some (genuine) positive feedback too – it makes the negative easier to bear. Feedback is most useful within a culture of learning and development rather than within a punitive culture, so recognise what they have done and use it as a platform on which to build a better performance for next time.

Giving Feedback

1.   **Be Specific & Clear**: "I think that the draft you've given me needs more thorough editing here and here", rather than "your writing is really shoddy."

2.   **Own the Statement**. Use 'I' statements rather than 'you' statements, e.g. "I'm finding you evasive" rather than "you're being evasive"

3.   **Be Realistic**. It isn't helpful to tell someone about something they can't change. If you want someone to adapt or change their behaviour, only give feedback on something that it is possible to change.

4.   **Consider the Timing**. Immediate (or almost immediate) feedback is often the most valuable.

5.   **Ensure Accuracy**. Telling someone "I really liked how you handled X" does not help if they actually handled Y. Make notes as you go along to ensure your accuracy.

6.   **Be Descriptive, Not Interpretive**. "I notice that you're not in the office much at the moment" rather than "you are obviously not interested because you are not here much".

Receiving Feedback

People sometimes don't "hear" feedback, whether it's negative or positive. There are several ways in which people prevent themselves from taking it in. Recognise that your participants may respond in any of these ways at different times.

JUSTIFYING	"Well, you'd have done the same thing in that situation".
EXPLAINING	"Well you don't really know the situation, what happened was…"
DENIAL	"No, no, it wasn't that at all"
SELF-DEPRECATION	"It's nice of you to say that but anyone would have done the same".
EMBARASSMENT	often in response to positive feedback.
ANGER/HURT	often in response to negative feedback.

When receiving feedback it is often a good idea to simply say "thank you" at the end and then give yourself time to think about what you have been told.

What's Different about Simulation & Simulation Debriefing?

Simulation Faculty Skills

Although all the general points about adult learning and feedback are relevant to the simulation environment, there are a number of additional measures that are needed if a good clinical teacher is going to become a good simulation facilitator. Here's a suggested list of the competencies which faculty should possess in order to run a successful programme. Some of the competencies are not relevant to every faculty member eg some will never be involved in scenario development, but they still need to be aware of the processes.

1.   Clinical knowledge of the topics in question.

2.   Development of scenarios.

3.   Psychology of training.

4.   Communication and team interaction.

5.   Crisis resource management.

6.   Debriefing.

7.   Human Factors.

Debriefing is considered the heart and soul of simulator training. All the other areas listed above feed into the ability to conduct a successful debriefing session.

Clinical Simulation Scenarios

Before debriefing can start, faculty must gain buy-in from the candidates as to the subject matter to be debriefed. It is very important to ensure that you share the same debriefing agenda as your candidates. For example – you had planned to run through a tension pneumothorax scenario, but the clinical signs were not easy to detect and the candidate treated the patient for something else. You have prepared to debrief a session on tension pneumothorax, so you may try to run that debrief anyway, but will this allow the group to reflect on what they have actually done? If instead, you decide to debrief on whatever they did do, consider if you are adequately prepared and if it meets the aims of the session. This is a real risk with clinical simulation and the role of clinical specialist faculty is to keep a scenario on-track so that the specific learning outcomes can be met.

How can this be done? All clinical simulation scenarios start with a basic script. The simpler the script the easier it is to stay on track; the more complex the script the more chance for participants to go off track.

What happens if the candidates come up with something that wasn't scripted? It is a real risk and faculty have to be prepared to adjust the flow of the scenario to take account of the new situation. The faculty member(s) react to whatever the candidates do and guide the facilitator in changing the manikin's physiology accordingly. In communications scenarios, the role-playing faculty have to be particularly skilled in making sure things stay on track. If the candidates are not progressing down the desired paths, faculty can give prompts to a "plant" placed within the team who wears an earpiece and make sure that the scenario gets back on track.

Clinical Simulation Debriefing

George Miller pulled all the dimensions of clinical training together into "Miller's Triangle". The most basic level of learning is the acquisition of core knowledge, then progressing to knowing how that knowledge should be applied in a clinical situation, on to showing repeatedly how it is applied and finally moving to independent practice in just doing it. The strength of clinical simulation sessions does not lie in testing basic knowledge, but in showing how basic knowledge can be applied to clinical settings. If the "instructor" is not in the scenario with the candidates, the scenario moves one step closer to having them demonstrate the top level of performance ie doing things as they would in the real world.

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DOES

SHOWS HOW

KNOWS HOW

KNOWS

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During the scenario, the clinical faculty member needs to make notes to guide their debriefing session. The purpose of this debriefing is not to focus on what the candidates know or to correct basic errors in theory, but to promote reflection on the learning experience that has just taken place. The time given to reflect on an intense learning experience is what sets medium-high fidelity clinical simulation aside from other clinical teaching endeavours.

Most simulation centres have a separate debriefing area in which group debriefings are conducted, an area from which the rest of the group who were not directly involved will have had an opportunity to observe the progress of the scenario. The debriefing session can then involve everyone who is present and not just the person who had a lead role in the clinical scenario. Through this inclusive approach which makes everyone reflect, the clinical faculty can embed learning experiences in everyone who has come to the session.
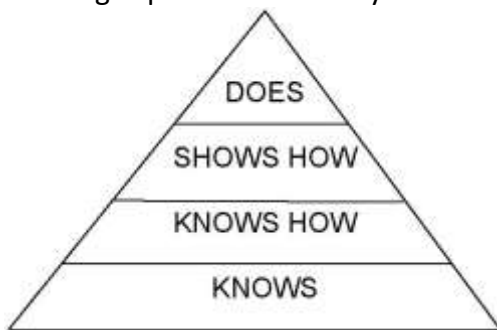
This reflection can be overseen in two quite different ways:

1. **The Instructor:** Takes control of the situation, provides the structure for the debriefing session and controls the content, describes what was done and allows small elements of candidate interaction.

2. **The facilitator:** Defines the overall structure in which debrief will take place and suggests some broad headings under which debrief can be managed. They allow the candidates to fill the structure with the contents that are relevant to their learning. This role is generally preferred for simulation debriefing, however, be aware that sometimes candidates can omit learning points that the facilitator feels are essential, so there may be a need to switch to an instructor role part way through the debrief.

Using the "what / so what / now what" approach can help to focus the facilitator's mind as well as those of the candidates.

What About Video?

Video debriefing is popular but not essential, particularly for in-situ simulation programmes when the scenario is not run in a sim-suite with dedicated video facilities.
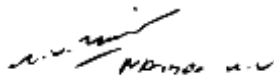
Video clips should be selected to highlight new areas relevant to the learning and feedback objectives. They should not be used to simply replay the entire scenario, or to prove an instructor right or a candidate wrong. Clinical topics can be covered easily by discussion alone, so keep video debrief for crisis resource management and team-working topics.

Final Thoughts About Debriefing

1.   There is only one reality – that of the candidate.

2.   Ask about what happened and why before you make any judgements.

3.   Let participants talk – your role is generally that of a facilitator.

4.   Ask open questions and have patience!

5.   Recognise you might be wrong sometimes.

6.   Let experts in the room talk when they know more than you do.

7.   You can only lead them to learning opportunities, not force them to use them.

8.   Simulation is about learning for improvement, so don't focus formally on candidate performance.

9.   Sometimes the most powerful learning is in stress management or team factors.

10.   You might never find out what they learn, so don't expect to.

11.   Years of clinical or teaching experience are not necessary to be a good simulation facilitator – it is about facilitation of learning, not instructing per say.

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