

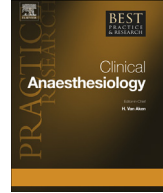


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Contents lists available at ScienceDirect

Best Practice & Research Clinical Anaesthesiology

journal homepage: www.elsevier.com/locate/bean



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Briefing and debriefing during simulation-based training and beyond: Content, structure, attitude and setting



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Keywords:

communication
debriefing
learning
patient simulation
safety

In this article, we review the debriefing literature and point to the dilemma that although debriefings especially intend to enhance team (rather than individual) learning, it is particularly this team setting that poses risks for debriefing effectiveness (e.g., preference-consistent information sharing, lack of psychological safety inhibiting structured information sharing, ineffective debriefing models). These risks can be managed with a mindful approach with respect to content (e.g., specific learning objectives), structure (e.g., reactions phase, analysis phase, summary phase), attitude (e.g., honesty, curiosity, holding the trainee in positive regard) and setting (e.g., briefings to provide orientation and establish psychological safety). We point to the potential of integrating systemic methods such as circular questions into debriefings, discuss the empirical evidence for debriefing effectiveness and highlight the importance of faculty development.

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Debriefing is a core element of team learning and simulation-based training [1–5]. It is an instructor-guided conversation among trainees that aims to explore and understand the relationships among events, actions, thought and feeling processes, as well as performance outcomes of the simulation [1,3,6,7]. Those of us who have debriefed a team or have been debriefed after a simulation or an event have most likely gotten a feel for how challenging this conversation can be.

If a debriefing is such a challenging conversation, why could we as instructors not simply give feedback to the learners and hope they perform better next time? The answer is manifold: unidirectional feedback does neither help understanding the learners' point of view, nor identifying the actual performance gap nor exploring the meaning of patterns among team members. Behaviour change is more likely to occur sustainably via double-loop (i.e., correcting errors by altering the underlying values and then the actions) than single-loop learning (i.e., correcting errors without changing underlying values) [1,8,9]. Adult learners benefit from experiential learning in which concrete experiences (e.g., participating in a simulated case) are the basis for observations and reflections that are consolidated into abstract concepts (e.g., during debriefings) that can be actively tested in a subsequent experience (e.g., participating in another simulated case) [10]. Ideally, debriefings allow for developing strategies that can be applied in future performance episodes [2,11–13]. This makes them a core element of team learning and simulation-based training.

In this article, we review the debriefing literature and describe debriefing pitfalls as well as ingredients for debriefing success with respect to content, structure, attitude and setting. These pitfalls and success criteria are not limited to the context of simulation-based training but can be applied to clinical debriefing contexts as well. In both contexts, debriefings are particularly used to facilitate team rather than individual learning [14,15]. Though essential, it is particularly this team-setting that poses risks for debriefing effectiveness [16]. We therefore start by highlighting this debriefing dilemma of having to reflect on teamwork (e.g., updating team mental models in a dynamic situation) within the team setting while dealing with common team phenomena (e.g., preference for talking about task work rather than teamwork).

Talking about teamwork

Why teams need to reflect on teamwork

The empirical evidence demonstrating that poor teamwork represents one of the major factors contributing to medical error and can result in the loss of life has been growing [17,18]. Still, medical and nursing schools do not yet sufficiently teach teamwork skills, resulting in clinicians' underestimation of the contribution of teamwork to high-quality patient care [17]. The importance of good teamwork and the unawareness of this importance are all the more reason to help health care teams embrace teamwork and learn how to improve it.

Why teams need debriefings to reflect on teamwork

High team performance requires regular reflections on teamwork; teams that reflect outperform teams that do not reflect [19,20]. Unfortunately, teamwork is not yet a given, regular subject in clinical education. Students do not sufficiently learn how to work in inter-professional teams, let alone how to reflect on it. In addition, teams are generally reluctant to systematically talk about teamwork [21], explaining why discussions about teamwork rarely just happen [16,22–24]. Without debriefings that are explicitly initiated, embedded in simulation-based training or even in the clinical context, well-structured and supported by leadership, learning to improve teamwork will remain sparse.

Why debriefings need debriefing expertise

The limited use of debriefings in clinical practice may also be due to barriers that make team debriefing a daunting task (Table 1). As Eddy and colleagues put it, 'if left on their own, teams often fail to debrief, and, even if they do, their natural information processing tendencies can inhibit the quality of the debrief' (p. 4) [16]. Ill-structured debriefings risk failure due to individual and social phenomena

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