

Editorial

Theories and Styles of Debriefing: the Good Judgment Method as a Tool for Formative Assessment in Healthcare

Teorías y estilos de *debriefing*: el método *con buen juicio* como herramienta de evaluación formativa en saludJosé M. Maestre^{a,*} and Jenny W. Rudolph^b^a Hospital Virtual Valdecilla; Servicio Anestesiología y Reanimación, Hospital Universitario Marqués de Valdecilla, Santander, Cantabria, Spain^b Center for Medical Simulation, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Boston, Massachusetts, United States

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INTRODUCTION

Over the last decade, there has been an exponential increase in the use of clinical simulation as a training tool for health professionals. This increase is due to simulation being more effective in learning to make clinical decisions, acquiring technical skills, and working in teams than traditional teaching methods.^{1,2} In addition, the acquired skills are transferred to the work environment, which translates into improved clinical outcomes without compromising patients and health professionals.³

A key element of this learning method is debriefing, which has been defined as a conversation between several people to review a real or simulated event, in which the participants analyze their actions and reflect on the role of thought processes, psychomotor skills, and emotional states to improve or maintain future performance. Although experience is the basis for adult learning, Kolb's learning theory suggests that this learning process cannot take place without rigorous reflection on the part of learners such that they are enabled to examine the values, assumptions, and knowledge bases that guide the actions of health professionals. That is, gaining experience is not equivalent to becoming an expert.⁴

Despite its importance, debriefing is a dilemma for many instructors because they often cannot find ways to openly express their critical judgments about observed clinical performance without hurting their colleagues' feelings or making them defensive. As a result, instructors often fail to verbalize their thoughts and feelings to avoid confronting, challenging, or provoking negative emotions in their colleagues with the aim of maintaining a good working relationship with them.⁵ This feedback dilemma is resolved by helping the professional to elicit the highest standards of performance from the trainees while holding them in the highest personal regard.⁶

This article reviews the principles of conducting effective debriefing and describes different debriefing styles and the "debriefing with good judgment" approach, which represents an attempt to solve this dilemma.

DEBRIEFING STYLES

Health professionals do not passively perceive an objective reality, but integrate all the data pertinent to a given clinical case. Their active thought process allows them to filter, create and apply meaning to their lived experiences. Thus, a clinical outcome is a consequence of the actions taken which, in turn, are the result of the thought processes used by health professionals to interpret the situation (their frames).

It could be ineffective to analyze clinical outcomes solely on the basis of actions taken, because this approach would fail to identify the reasons for acting in a particular way. However, future performance can be improved by revealing the frames that explain the actions taken. Just as a diagnosis must be established before treating a disease, the reason for taking a clinical action must also be determined (ie, the underlying frames) in order to teach and discuss how it can be improved or maintained in the future.

Although it may seem obvious that debriefing could be improved by revealing the trainee's frames, the importance of identifying and revealing the instructor's frames is less obvious. For debriefing to be efficient and nonthreatening, instructors must be able to reveal and examine their own frames that they use to interpret the observed clinical situation. Without this ability, it is very difficult for instructors to understand the trainees' frames. There are two reasons for this: firstly, instructors should use their own clinical experience to explain the frames and actions they would have respectively used and taken in a similar simulation. They should also be able to share this valuable information with trainees. Secondly, they must be willing to discuss with the trainees the validity of their own frames for interpreting clinical performance.⁷ We describe this process by analyzing and comparing the frames used by instructors when they use different approaches to debriefing: judgmental, nonjudgmental, and with good judgment (Table 1).

Characteristics of a Judgmental Approach to Debriefing

Imagine an instructor disdainfully asking a group of trainees "Can anyone tell me what went wrong?". The judgmental approach, whether gently applied or mixed with harsh criticism,

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Table 1
Comparison of Judgmental, Nonjudgmental, and Good Judgment Approaches to Debriefing

	Judgmental	Nonjudgmental	With Good Judgment
The effective instructor	Helps the trainees to change; tells the trainees what they did wrong	Helps the trainees by asking questions that help them see what they did wrong	Creates a context for learning and change
Main focus of debriefing	External: the actions/inactions of the trainee	External: the actions/inactions of the trainee	Internal: the meanings and assumptions of both the instructor and trainee
How do you see the trainee?	A person who takes actions and makes mistakes	A person who takes actions and makes mistakes	A person whose actions are the result of assumptions, knowledge, and specific attitudes
Who knows the truth about the situation?	The instructor	The instructor	Both the instructor and trainee have their perspective
Who does not understand?	The participant	The participant	The instructor
Attitude toward self and the trainee	"I, the instructor, I will set you straight" "I'm right," or "You're wrong"	"I, the instructor, will find the friendliest way to tell how to do it well" "I'm right" or "You're wrong," but "I don't want you to get defensive, so how do I get tell you the bad news and get you to change in a friendly way?"	"I see what you are or are not doing and, given my perspective, I don't understand" Genuine confusion and inquiry in order to understand the meaning of the trainee's actions Respect for self ("I have an opinion of what happened that makes me think that there were some problems...") Respect for the trainee ("You are also capable, are trying to do your best, and have your own view of what happened...") "I'll deal with this as a genuine problem to solve and will inquire how to fix it" (we both can learn something that makes us change)
The focus of the instructor's words	"I'm teaching you" "I'm going to tell you how it's done"	"I'm teaching you" "I'm going to tell you how it's done"	"Help me understand why you..."

Adapted from Rudolph et al⁵ with permission.

puts truth in the possession of the instructor alone, error in the hands of the trainee, and assumes that there is an essential flaw in the trainee's thinking or actions. This style can have significant costs: humiliation, reduced motivation, or reluctance to raise issues related to other areas. However, the shame-and-blame approach has one advantage: the trainee is rarely left in doubt about the instructor's standpoint regarding the main issues.

Characteristics of a Nonjudgmental Approach to Debriefing

The main dilemma facing instructors who want to move on from the judgmental approach is how to deliver a critical message, avoid negative emotions and defensiveness, and preserve professional identity. The dilemma is often solved by the use of protective social strategies, such as sugar-coating errors, sandwiching criticism between two compliments, skirting around charged issues, or completely avoiding the subject. Many instructors, including ourselves, have used the Socratic approach in which leading questions are asked using a friendly tone of voice to lead the trainee to the critical insight held by the instructor but who is reluctant to explicitly communicate (facilitation).

Although the nonjudgmental approach has the advantage of avoiding direct blaming and the hurt and humiliation of the judgmental style, it has a serious weakness. Contrary to expectations, when the instructors do not give their opinions and use open questions or the Socratic method to camouflage their judgments, the trainee often feels confused about the nature of the question or suspicious of the instructor's unclear motives ("What have I done that the instructor isn't telling me about?"). Despite the desire to appear nonjudgmental, the implicit opinion of the instructor often appears through subtle cues, such as facial expression, tone

and cadence of voice, or body language. Thus, it is clear that this approach is not really nonjudgmental. Although the tone of the debriefing may seem softer, the underlying frame of the instructor is the same as before: "I'm right, I have the full picture, and my job is to hand over the correct knowledge and behavior to you, the trainee." Although the judgmental approach often directly humiliates the trainee, the nonjudgmental approach may also have the same effect and even have other negative effects. The trainee may be left thinking that the mistake is so serious that the instructor is avoiding talking about it. Even worse, this style can discourage discussing mistakes, which is exactly the opposite of the aim of simulation and debriefing. What has to be developed is a climate in which mistakes are riddles or puzzles to solve in groups rather than errors to be covered up.⁸

Characteristics of Debriefing With a Good Judgment Approach

This approach is based on the open sharing of opinions or personal points of view and assumes that the trainees are doing their best. It demands the highest standards from the trainees (or colleagues) and assumes that their responses deserve great respect. For example, if the simulation center's mission is to transform mistakes into sources of learning to improve patient safety, it is inappropriate for instructors to cover them up and to shy away from discussing them, and to avoid expressing their own opinion or to ask open or leading questions in the hope that the trainees can reach the conclusions that instructors are reluctant to express. If mistakes cannot be analyzed and discussed in a simulation center, how can other people be expected to discuss them in the clinical setting? To promote patient safety, a way is needed to openly discuss mistakes. Thus, the debriefing approach

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