Facilitation and Debriefing in Simulation Education

Sarah N. Bowe, MD[a,*], Kaalan Johnson, MD[b], Liana Puscas, MD, MHS, MA[c]

KEYWORDS

• Otolaryngology • Simulation • Education • Facilitation • Feedback • Debriefing

KEY POINTS

- Facilitation requires enumeration of educational goals, a realistically designed and executed scenario, and clear articulation of the ground rules of the scenario.
- Structured debriefing is essential to accomplish the educational goals of the simulation.
- Debriefing focused on specific thought processes and actions helps participants to identify knowledge and communication gaps and analyze the outcome of those thoughts and actions.
- The general structure of most debriefing sessions focuses on participant reactions, followed by analysis, and ending with a discussion of lessons learned.
- The 2 leading debriefing models include the Structured and Supported Debriefing Model and the Debriefing with Good Judgment Model.

The goal of this article was to equip those interested in simulation with 2 essential tools for success: facilitation of and debriefing after a simulated scenario. As simulation is still an emerging area in otolaryngology education, many faculty and residents may not be familiar with the technical aspects of facilitating simulation and leading a good debriefing session. In this article, we explain the theoretic foundations of facilitation and debriefing, enumerate key principles of facilitation and debriefing, and describe 2 different, common approaches to debriefing. After reading this article, one should be able to recall the basic principles of facilitating a simulated scenario and debriefing session and use these techniques to develop a scenario and provide feedback after a simulation experience.

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[a] Department of Otolaryngology–Head and Neck Surgery, Massachusetts Eye and Ear, 243 Charles Street, Boston, MA 02114, USA; [b] Division of Otolaryngology, Head and Neck Surgery, Seattle Children's Hospital, 4800 Sand Point Way Northeast, Seattle, WA 98105, USA; [c] Division of Head and Neck Surgery and Communication Sciences, Duke University Medical Center Box 3805, Durham, NC 27710, USA

* Corresponding author.

E-mail address: Sarah_Bowe@meei.harvard.edu

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Facilitation

Successful simulation begins with appropriate facilitation. By definition, a simulated experience is an engineered situation. The flow of the scenario and the degree to which the objectives of the simulation are achieved are in large measure the result of the skill of the facilitator(s). There are several fundamental principles and techniques that underlie effective facilitation, and these have been simplified for the purposes of this discussion.[1,2]

Facilitation encompasses 3 aspects, which may be categorized along a chronologic spectrum: prescenario, intrascenario, and postscenario.

1. Prescenario:
   a. Enumerate the educational objectives. The facilitator(s) must know the primary and secondary goals of the scenario. The decision to share the objectives with the participants will be up to the choice of the instructor. Objectives, however, do not need to be shared with the participants (eg, the goal of an airway scenario might be to perform a cricothyrotomy), as part of the educational process can be allowing the learners to come to that conclusion themselves.
   b. Create as realistic a simulation as possible, which helps participants to immerse themselves in the situation.
   c. Clearly articulate the ground rules of the scenario. Explain the setting, the roles of the individual participants, and the need for them to suspend reality to achieve the goals of this artificial construct.
2. Intrascenario:
   a. Allow the scenario to progress without interruption. Even though the settings on the mannequin or scenario details may be manipulated to drive the participants toward the educational goals, one should not interfere with the decisions of the participants.
   b. Use confederates to help accomplish educational goals. Fellow facilitators who remain in character play key roles in the progression of the scenario and are valuable sources of observation and feedback.
   c. Adjust the "signal-to-noise ratio" to fit the training level of the participants. How much distraction (noise), if any, is incorporated into the scenario and how many additional cues (signal) are needed, if any, to bring the participants through the educational objectives?
3. Postscenario. The postscenario aspect of debriefing is discussed in further detail throughout the remainder of the article.

Debriefing

Debriefing is related to the adult learning principle of experiential learning as described by Malcolm Knowles. Adults often learn best by undergoing new experiences and augmenting learning acquired from prior ones. Case studies, role-playing, simulation, and reflection on decisions and outcomes provide the framework of learning through experience.[3] This last aspect of consideration of decisions and actions is the focus of debriefing. Most otolaryngologists have engaged in this activity without having given it a formal name: discussing a bad outcome or a near miss in Morbidity and Mortality Conference, critiquing a resident's operative or clinic performance, performing a root cause analysis, and so forth. In these situations, questions such as "What was the thought process behind that decision?" or "What could you/I have done differently?" are asked, and participants learn from this process.

Formal debriefing is an intentional discussion that helps "participants of simulation gain a clear understanding of their performance during the session."[4] However, the