

“Mistakes are puzzles to be solved, not crimes to be punished”<sup>i</sup>

## Debriefing Structure

Debriefing with good judgment – Basic assumption is that everyone attending:

- is an intelligent, well trained clinician
- cares about doing their best
- wants to improve<sup>ii</sup>

### Beginning – Emotional reactions

#### Questions:

1. How do you feel now (or during experience)?
2. What happened? (Initially, what went wrong often the focus, encourage discussion of what went well. Review videotape segments if recorded)<sup>iii</sup>

### Middle – Analysis, understanding, generalization to practice

#### Questions:

1. What objectives were you able to achieve? Did not achieve?
2. Did you have the knowledge and skills to meet the objectives?
3. What would you do differently next time?
4. What did you learn new from the case?

*Use observed behaviors and their outcomes to start discussion. Allow students to express their thinking that culminated in a particular course of action. Debriefers provides feedback on how the student’s performance fell short of the expected performance (skills, knowledge, attitudes, standards of care). To change behavior, students need to understand techniques to improve future performance.<sup>iv</sup>*

#### **Debriefing with “Advocacy-Inquiry” technique for posing a question to encourage reflection:**

1. Advocacy – Statement that includes an objective observation of a behavior and a subjective judgment of the student’s actions
2. Inquiry – genuine question to elicit students’ thought process [see questions above].



## End (summarize what was learned and translate into principles to improve practice)

*Statements/observations (debriefers summarizes or encourages students to provide answers):*

1. These are the things you told me you need to work on \_\_\_\_\_
2. The take home points include (change in practice) \_\_\_\_\_

*Developed by Sharon J. Wilson RN, MSN, FNP, March 2012, University of Washington School of Nursing. This project is supported in part by funds from the Health Resources and Services Administration (HRSA)’s Faculty Development: Integrated Technology into Nursing Education & Practice Initiative. Grant number U1KHP09543*

<sup>i</sup> Rudolf JW, Simon, R, Dufresne RL, Raemer DB. There’s no such thing as “nonjudgmental” debriefing: A theory and method for debriefing with good judgment. *Simulations in Healthcare* 2006 Spring; 1(1):49-55.

<sup>ii</sup> Rudolf JW, Simon, R, Dufresne RL, Raemer DB. There’s no such thing as “nonjudgmental” debriefing: A theory and method for debriefing with good judgment. *Simulations in Healthcare* 2006 Spring; 1(1):49-55.

<sup>iii</sup> Sivasailam Thiagarajan podcast: <http://www.teachmeteamwork.com/teachmeteamwork/2010/02/6-step-debriefing-process-from-thiagi.html> Accessed 03/19/2012.

<sup>iv</sup> Debriefing Assessment For Simulation in Healthcare (DASH)©: Rater’s Handbook. Center for Medical Simulation, Cambridge, MA 02139, [www.harvardmedsim.org](http://www.harvardmedsim.org), downloaded 4/18/2010.

<sup>v</sup> Rudolf JW, Simon, R, Dufresne RL, Raemer DB. There’s no such thing as “nonjudgmental” debriefing: A theory and method for debriefing with good judgment. *Simulations in Healthcare* 2006 Spring; 1(1):49-55.

## Clinical Simulation Debriefing Tool

Observer notes during simulation. May include critical incident checklist items.

Events &/or Observations During Simulation	Outcome / Reaction / Action

### Learning Objectives: