

## The Article : “Thinking on Your Feet – A Qualitative Study of Debriefing Practice”

[Krogh, K.; Bearman, M.; Nestel, D.](#)

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### Case Author :

- Dr Ben Symon

### Expert Commenter :

- Dr Jane Torrie

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Simulcast Journal Club is a monthly/ series heavily inspired by the [ALiEM MedIC](#) Series.

It aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

### The Case :

Nimali leaned back on the couch and gratefully took the glass of red from her husband’s hand. “Thanks hun” she sighed, “It is definitely Wine O’Clock”.

Joe paused the TV and turned to his wife, “So how was your big course roll out?”.

“You know,” she said, “It went pretty well overall. The feedback sheets were strongly positive, everyone seemed pretty chuffed when they walked out. But I guess it’s my own performance I’m not happy with. I’m such a perfectionist and I just wish I had more experience. I mean, I did that simulation training a few years ago and I’ve gotten a lot of hands on practice, but it’s just me doing it! I don’t have any mentors or feedback on how I’m going, and I just wish I could see how others were doing it.”

“Is this your way of saying we’re going to IMSH next year?” asked Joe.

Nimali frowned. “I’ve already had the leave request denied unfortunately. I’ll have to find some other way of hearing from the experts.”

In the meantime however, there was some camembert and Netflix that needed her full attention.

### Discussion :

A lot of clinical simulation educators work in isolated silos without extensive feedback or growth opportunity. While there is now wide availability of structured courses to provide a baseline level of skill for these educators, it is not unusual to be learning mostly ‘on the job’ through one’s own reflection without a lot of access to experts in the field.

This month’s paper from *Advances in Simulation* provides a structured and thorough review of reflections from a wide variety of simulation experts on their practice, and as such is a great paper to provide a framework to approaching reflection on one’s own professional development. It is also a masterwork of qualitative educational research.

Please enjoy this open access paper, and leave your thoughts below.

To get you started with some questions :

- What reflections has this paper prompted about your own simulation practice?
- What strategies would you suggest for isolated educators to connect to experts in the field and other fellow ‘coal face’ educators?

## Article Summary :

Aiming to explore potential dissonance between theoretical debriefing models and actual clinical practice, 'Thinking on Your Feet' provides an elegant summary of 24 interviews of peer nominated expert debriefers throughout Australia. The authors structure their analysis of those interviews through four primary categories (Values, Artistry, Technique and Development) and submit a "practice development triangle" as a framework for reflection on professional development.

The authors initially describe their motivation for the study, the main thrust being that *"the literature provides extensive and valuable guidance on how to approach debriefing as well as an understanding of the associated role of briefing. What is less well known is how educators debrief in actual teaching environments, with significant and occasional challenges such as limited time, disinterested learners and failing technology."*

Study participants were selected from 66 peer nominated experts with selection criteria focused on multiple nominations, diversity of affiliation, diversity of clinical/educational background and geographic location with an emphasis on country wide representation. This eventually led to 24 experts consenting to participation in the study, with one interviewer conducting 24 phone interviews which were subsequently transcribed and categorised / analysed.

In providing a detailed description of their process of analysis, Krogh et al provide clinical educators with a window into the structure of high quality qualitative research. They describe all 3 researchers independently coding a subset of transcripts and then jointly developing a framework of higher order themes through which all 24 transcripts could be coded by a single researcher. They then considered the higher order themes in more depth by re-analysing 8 interviews through 'a more interpretive lens'. After that they created a summary of each code with descriptive quotes, which were then grouped into four major categories. The authors then performed a critical review of their data against those categories, themes and subthemes in order to ensure their findings were truly representative of their actual data.

The heart of the article then explores the themes identified, such as "blended debriefing", "thinking on your feet", "creating a safe environment". The exploration of those themes is noted for its balance of depth and brevity, and defies further summary here. It is well worth an extended read.

In providing a conclusion, the authors propose a "practice development triangle" that incorporates four components : Techniques, Artistry, Values and Development, proposing that reflection on those 4 components would be of value in faculty and practice development.

## Expert Opinion: Dr Jane Torrie, Director of the Simulation Centre for Patient Safety at the University of Auckland



*Dr Jane Torrie has been Director of the Simulation Centre for Patient Safety (SCPS), University of Auckland, for 10 years and continues to work part time as a specialist anaesthetist at Auckland City Hospital. Assisting faculty develop debriefing skills formally and informally is a key part of her work at SCPS and elsewhere, for example the NZ Simulation Instructor Course delivered regularly in Wellington, and debriefing workshops over some years at SimHealth. She is a former Chair of the New Zealand Association for Simulation in Healthcare. Her interests are human factors science in healthcare, and she is a part of a research team particularly interested in communication within teams.*

### Jane’s response to this month’s article:

My initial reaction on reading this article was feeling reassured, in that what I strive for and teach to others seems so similar to this distillation. I would hope that a lot of us debriefers are like Nimali in *The Case*, looking for reassurance that our practice is both up to date and likely to be effective. Like Nimali, we know that end-of-session participant reactions are almost always positive – after all, they have had some small-group, personal interactions supporting their development. Actual learning with change in behaviour and subsequent improved outcomes are what we aim for but can much less frequently assess.

Furthermore, immersive manikin-based simulation with debriefing is a very resource intensive educational technique – we want our debriefs to be more than ok, we want participants to extract the maximum possible benefit.

The commonalities in approaches reported by Krogh’s expert debriefers may be parallel evolution and/or may reflect the sampling method – nominees were presumably all debriefers already engaged with the simulation community, with a shared “community of practice”. (I would have liked to see “saturation” reported on in a qualitative paper – were new themes and subthemes still appearing in the last interviews, or was saturation reached much earlier?)

As the interviewees represent esteemed practitioners to whose standards we aspire, it is reassuring to see the themes and subthemes align with recent literature on best practice. These guidelines are primarily drawn from general educational literature, as what constitutes effective debriefing remains wide open for research. For example, I looked for any more publications since a 2015 systematic review<sup>1</sup> was published but did not find any more “*empirical studies where some aspect of debriefing after simulation using a high fidelity manikin was varied in a controlled manner and where at least one non-technical performance outcome was reported*”. In the review (which did exclude papers reporting only technical performance outcomes), only 7 papers met analysis criteria and of these just 1 was considered to be of high quality: Cheng’s paper on use of a script vs no script by novice debriefers<sup>2</sup>.

Assuming we are actually esteeming appropriate practice, what’s the best way to develop this? Cheng et al<sup>3</sup> identify this as another important unanswered question. Themes of peer mentoring and continuing transformation in Krogh’s paper and *The Case* particularly resonated with me. I can’t agree more that having another person listen to your debrief and subsequently discuss with you is of great value. For those who struggle to get peer review, routine agreement by participants to e-sharing of simple audio files with other debriefers is a good QI strategy. Whether expert or novice, structured observations using a tool eg OSAD<sup>4</sup>, DASH<sup>5</sup> and then focussed discussion with the debriefer is always illuminating.

Artistry? Yes, it resonates, the fluidity and thinking on your feet is part of the joy after an intensive few years debriefing. What interests me as a practical person is how to support the novice and the numerous occasional debriefers. I get a little anxious that “artistry” might be interpreted as free form, whereas there are signals that more structure is associated with better (participant) performance<sup>2, 6</sup>. Novices often start with “we are just going to have a little chat about the scenario” but after some practice and peer feedback realise debriefs are not an informal chat but rather a special planned conversation with explicit rationale behind the structure and exact wording.

Krogh’s article presents supports a pleasing model for approaches to debriefer development, and I will be sharing it along with the strong recommendation to belong to the sim community: we all need to “get out more” at every opportunity.

1. Debriefing after simulation-based non-technical skill training in healthcare: a systematic review of effective practice. Garden A et al. *Anaesthesia and Intensive Care* 2015; 43 (3), 289-432
2. Examining pediatric resuscitation education using simulation and scripted debriefing: a multicenter randomized trial. Cheng A et al. *JAMA Pediatr* 2013 167 (6) 528
3. Faculty development for simulation programs: five issues for the future of debriefing training. Cheng et al. *Sim Healthcare* 2015 10: 217-222
4. Objective structured assessment of debriefing: bringing science to the art of debriefing in surgery Arora S et al. *Annals of Surgery* 2012:256 (6)
5. Debriefing assessment for simulation in healthcare: development and psychometric properties. Brett-Fleegler, M et al. *Simulation in Healthcare* 2012 7 (5)
6. Do team and individual debriefs enhance performance? a meta-analysis. Tannenbaum S et al. *Human Factors* 2013 55 (1) 231-245

### Blog Contributors :

- Vic Brazil, Ben Symon, Chris Cropsey, Rowan Duys, Ian Summers
- Margaret Bearman

### Summary of this Month's Journal Club Discussion :

There was universal praise for the article this month as both an insightful commentary on the current state of simulation education delivery and discussion. The discussion somewhat mirrored that of the paper with focus around the four key categories of "Values", "Techniques", "Artistry" and "Development".

#### "Values"

Vic Brazil opened the discussion by arguing that the article's most resonant message for her was "that debriefing is about principles and values, not formats.". Ben Symon acknowledged that as a newer educator the paper had stimulated internal reflection regarding his educational philosophies and clinical practice, and a realisation that this was previously an easy blind spot to overlook.

#### "Artistry" and "Techniques"

Multiple responders, particularly Chris Cropsey found the framing of debriefing as 'artistry' rather than a procedural science to be a liberating concept. He argued that in acknowledging the ineffable nature of true artistry he was more able to allow himself the freedom to work more fluidly between debriefing formats and rise above a more conscribed 'recipe' like structure to debriefing.

#### "Development"

Several commenters such as Rowan Duys echoed the experience of 'the isolated educator' described in the case study. He described his experiences setting up a new simulation program in South Africa, and the challenges of faculty development that he has experienced in doing the same. The paper was considered a strong baseline to frame one's own professional development around.

Ian Summers joined the discussion expressing interest in a similar paper looking more specifically challenging interview questions, such as "What are the weird things you do in debriefing" or "Things you do that maybe you shouldn't" as a way of potentially unmasking some self reporting bias. There was also acknowledgement from multiple responders regarding the challenges of critiquing a qualitative paper when coming from a medical background biased towards RCTs.

Finally one of the authors, Margaret Bearman voiced appreciation that blog participants found the article accessible, and ending with more questions : "How do we teach people to recognise and promote values which underpin learning? How do we holistically assess something like artistry?".



## Journal Club Summary November 2016 : “Dancing the Quickstep”

### Acknowledgements :

Simulcast would like to thank the creators of the AliEM MEDiC series for the inspiration for the journal club’s blog format and their ongoing support and contributions to the project.

Thankyou to Dr Jane Torrie for her expert commentary this month.

Thankyou to all commenters this month for sharing your thoughts and allowing us to learn from you.

### References :

1. [Thinking on Your Feet – A Qualitative Study of Debriefing Practice](#)  
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