Rudolph, J; Simon, R; Dufresne, R; Raemer, D (2006)  

The Case :  
Nitin closed the door of the debriefing room as his fellow trainees filed out. It had been the third debrief of his Simulation Fellowship and with his consultant Brad’s mentoring he was getting the hang of the basics, but today’s scenario had left him feeling frustrated.  

“I’m annoyed at them.” He said, “They handled that case badly but they kept saying things went well! I don’t understand how they couldn’t see what a disastrous resus that was!”

Brad leaned back in his chair and looked at Nitin thoughtfully, “Who do you think let them off the hook?” he asked.

Nitin paused. “Luke was team leader. He should have had a better handle on things, but he kept defending the rest of them. Luke should know better, he’s got the same experience as me.”

“Who else let them off the hook?” Brad asked again, an enigmatic smile forming on one half of his lips.

Nitin frowned. “Sabrina made several errors but she just blamed the simulation environment.”.

“Nobody else?” Brad asked, and after a minute’s reflection Nitin’s heart sank as comprehension dawned.

“Oh crap.” He said. “It was me. I let them off the hook. They’re my colleagues, I didn’t want them to think I felt ‘above them’. So I didn’t acknowledge what I saw. I was too focused on being nice but in doing so failed to meet their learning objectives”. He sighed. There was still so much to learn.

Brad got up and walked over to the bookshelf in the corner of the room. He pulled out a dusty journal that must have been at least 10 years old. “There’s something you need to read.” he said.

Nitin was surprised by Brad’s expression. was looking at the article like it was an old and dear friend.

Discussion :  
This month we are looking at a seminal article in simulation education and an article that is likely at the top of many reading lists for new simulation educators. First published in 2006 in Simulation in Healthcare’s Spring Issue, Rudolph et al’s article has had a profound effect on simulation education throughout the world. For those of you who’ve never read it before, particularly new Simulation Fellows or Junior Educators, please let us know your thoughts!

For the senior educators in our field, it has been 11 years since this ground breaking article was published. What are your thoughts now on the article itself and where simulation education has evolved from 2006? Is advocacy and inquiry still the primary tool in your debriefing set?
Article Summary:

In “There’s No Such Thing as Nonjudgmental Debriefing: A Theory and Method for Debriefing with Good Judgment”, Jenny Rudolph, Robert Simon, Ronald Dufresne and Daniel Raemer report on their “experience with an approach to debriefing that emphasizes disclosing instructors’ judgments and eliciting trainees’ assumptions about the situation and their reasons for acting as they did.” In doing so, they published a game changing paper that brought the concepts of ‘Advocacy and Inquiry’ and ‘Debriefing with good judgment’ to the world of medical simulation education.

The article begins by arguing that a person’s underlying assumptions and beliefs or ‘frames’ will influence their actions in a crisis, which in turn will lead to finite results. The authors advocate that mistakes are often the result of seemingly rational actions and can be better understood by exploring a candidate’s underlying assumptions around their decision.

The article then highlights two common styles of medical teaching / debriefing, described as:

- **Judgmental Debriefing**: Direct feedback from the instructor about what the candidate’s mistakes were, potentially involving harsh criticism and learner shame but with clarity about the instructor’s concerns and advice.
- **Non Judgmental Debriefing**: Attempting to avoid harsh criticism and preserve learner esteem by employing a ‘compliment – criticism – compliment’ sandwich, or by employing a socratic approach by asking ‘guess what I’m thinking’ questions without acknowledging mistakes, potentially implying that mistakes should not be acknowledged or are shameful.

The article then offers a solution to the failures of the previous two debriefing styles by offering a new approach, ‘debriefing with good judgment’. In essence the approach frees an instructor to express their concerns about learner actions by using an observation with ‘advocacy and inquiry’ in order to:

- Raise their concerns for honest discussion, thus role modelling that it can be socially acceptable to discuss error
- Provide their expert opinion in a clear and unambiguous manner but from a stance of genuine curiosity about the learners mindset and approach to the problem
- Explore the learner’s underlying frames and decision making pathways that lead to the actions and results of the scenario
- Actively problem solve with the group an alternate frames and actions that might lead to improved patient outcomes

The article then concludes with acknowledging two scenarios where ‘debriefing with good judgment’ may be an unsuccessful technique (when working with a trainee who has genuine ill will or malicious intentions, and in some cultures were deference to senior educators makes exposing frames very difficult). They also provide some additional reflections on their experiences when debriefing, including:

- “It is vital that instructors ask questions that, like an anthropologist, help bring to the surface and clarify the invisible sense-making process, the cognitive frames and the emotions that governed the trainee’s actions”
- “Instead of treating their own judgments or concerns as the single ‘truth,” they [instructors] test their views against the trainees’ view of the same issue.”
Expert Opinion: Dr Adam Cheng

Adam Cheng is Director of Research and Development, KidSIM Simulation Program at Alberta Children’s Hospital and Associate Professor, Department of Paediatrics at the University of Calgary in Calgary, Canada. Dr Cheng oversees simulation educator faculty development at the national level for the Royal College of Physicians and Surgeons of Canada. He is chair and co-founder of the INSPIRE network, an international research simulation collaborative with over 120 institutions, focused on improving outcomes of critically ill children. He has served on the Board of Directors of both the Society for Simulation in Healthcare and the International Pediatric Simulation Society. He has provided leadership for various international simulation conferences and delivered lectures and workshops at conferences around the world. Dr Cheng is established researcher with interests in cardiac arrest, cardiopulmonary resuscitation and debriefing, and has conducted numerous multicenter simulation-based research trials. He has edited three textbooks, authored the 2010 Pediatric Advanced Life Support Instructor training manual, and co-authored the Education chapter of the 2015 American Heart Association Cardiopulmonary Resuscitation guidelines.

Adam’s response to this month’s article:
I love the choice of this classic debriefing paper for journal club! This paper has informed the adoption of Debriefing with Good Judgment by an entire generation of simulation educators … and the messages conveyed by Jenny Rudolph and her colleagues in the article still ring true over a decade after publication.

Debriefing with Good Judgment is a very powerful approach to facilitating debriefings, whether after simulation events or clinical events. Rooted in reflective practice, the facilitator aims to understand learner frames, or the underlying rationale behind learner actions, to gain a better understanding of the reasoning driving learner behaviors. Using the advocacy-inquiry (A/I) conversational technique, paired with a stance of genuine curiosity, the facilitator is able to uncover learner frames that can then be addressed to impart learning while maintaining a trusting relationship with learners. Having learned this debriefing approach from Jenny, Robert and Dan, studied the impact of the approach in the context of a research project, and taught it to hundreds of simulation educators, I have come to appreciate a few key things about Debriefing with Good Judgment:

• **Debriefing with Good Judgment is a highly effective approach to debriefing**: I remember watching Jenny conduct a debriefing using Debriefing with Good Judgment for the first time. It was like watching a seasoned conductor – able to make beautiful music by guiding her learners through a conversation where learners were able to openly share their thoughts in a productive, collegial, and respectful environment.

• **Doing it well takes practice**: Like any skill, doing Debriefing with Good Judgment well takes practice (and is ideally coupled with feedback!). Asking questions using the A/I technique may seem unnatural at first. Some learners state it feels like learning a new language; that they become paralyzed for fear of asking the question the “wrong way”. How can we help learners get over this hump?

• **Debriefing scripts can help**: We’ve come to learn that utilizing a debriefing script or tool that provides scripted language for A/I can help with faculty development efforts and also improve the quality of debriefing. Scripts may offer varying different options for asking questions – which help to ensure questions don’t always sound the same. Varying lead-in phrases when using A/I helps to preserve authenticity of speech, which is something that most learners expect of you as an instructor! If you don’t sound like usual yourself when you facilitate a debriefing, how can you expect your learners to feel safe enough to share their true feelings and thoughts?

• **Being genuinely curious matters**: One aspect about being curious is that you are holding your own assumptions loosely. As an instructor you may have a pre-conceived notion of what the learner frame is for a specific observation or behavior. Instructors who are genuinely curious are accepting of the fact that the learner frame may be completely different from their frame.
Uncovering frames is one thing. Identifying, understanding and addressing them is a whole different thing: the A/I technique offered in the paper is incredibly effective at uncovering the learner frame. Often times, the facilitator may choose to ask the inquiry question several different ways, thus allowing frames to be uncovered from multiple different learners. Novice instructors may struggle to identify, understand and address these various frames once they are shared. To assist instructors with this task, we typically teach instructors to: (a) Categorize learner comments into different thematic areas – was the comment about teamwork? Leadership? Situational awareness? Decision making? Medical knowledge?; (b) Seek clarification / confirmation of the frame from learners – “so what I’m hearing is that the medication error was due to two things – lack of a shared mental model and poor communication. Do you agree?”; (c) Work with the learners to address these issues once they have been confirmed (ie. employing a learner-centered strategy to close performance gaps).

Debriefing with Good Judgment takes time. Doing a debriefing properly using the Debriefing with Good Judgment approach typically involves some investment in time. The more observations you wish to explore with A/I, the more time it will take. The more learner frames you wish to uncover, the more time it will take. This may be ok if you have pre-allocated sufficient time for the debriefing. Sometimes debriefing conducted in the clinical or in-situ environments are forced to be very short (eg. 5 minutes) – in these cases, other conversational techniques may be used (eg. directive feedback) to save time, with selective use of A/I when appropriate (ie. to explore an observation where the frame is not obviously evident, and when there was a serious adverse event that negatively impacted the patient).

Debriefing with Good Judgment can change institutional culture. While this paper was written for a healthcare simulation audience, the concepts shared in this paper have the power to change institutional culture in a positive way. Our simulation program has been teaching Debriefing with Good Judgment for over a decade. In that time, we’ve trained over 120 simulation educators from all areas of the hospital. Those educators have taken A/I and used this conversational technique during clinical debriefings, during their day-to-day clinical interactions, during committee meetings, and in board meetings. While initially taught as a means to facilitate simulation debriefings, the ideas and principles shared in this paper have influenced positive cultural change throughout our institution!

I am curious to hear about your experiences with Debriefing with Good Judgment – how has this approach to debriefing impact your simulation program and institution?
Summary of this Month’s Journal Club Discussion:

Blog Contributors:
- Andy Tagg, Adam Cheng, Ben Symon, Rowan Duys, Vic Brazil, Ian Summers
- Jessica Stokes-Parish, Chris Cropsey, Jason Acworth, Jesse Spur

Twitter Comments:
- Center for Medical Simulation via @MedSimulation, David Grant via @davidgrantsim

The article prompted a particularly warm response on both twitter and the blog this month, with a significant increase in twitter comments by new journal club readers and a high volume of comments on the blog itself, perhaps a reflection on the popularity and support for the article in question.

The article was frequently described as a ‘lightbulb moment’ for educators. Many commenters described the article’s concepts as a revelation, recalled the first time they read it and how they found it a liberating moment for themselves as an educator. Vic Brazil described “it can be a revelation as to the possibilities of ‘direct AND nice’ – high expectation and high support”, or as Jenny Rudolph mentioned on twitter “Holding high standards AND high regard for learners underlies debriefing with good judgment.”.

There was extensive discussion regarding individual challenges readers had found when ‘debriefing with good judgment’. Andy Tagg, Rowan Duys and Ben Symon discussed a variety of challenges including:
- Finding it hard to move away from “guess what I’m thinking” questions
- Overcoming internal conflict avoidance when delivering feedback
- Debriefee ‘paralysis’ when trying to construct a perfect A/I question
- Differences in cultural conversational style leading to challenges delivering A/I in a natural phrasing pattern

As a group, commenters including this month’s expert Adam Cheng workshopped solutions to a number of these issues including:
- Practice and familiarity with the technique
- Having a general debriefing structure
- Focusing less on ‘crafting the perfect A/I’ and instead being transparent about the true intent of the question at hand. As Chris Cropsey put it “I think the real power A-I is not the language but rather the curiosity of it. I find that the times when I can genuinely get curious about trainees’ thinking, the words just sort of happen.”
- Judicious use of ‘previewing’ to open group discussion on a particular learning objective without having to craft a question at all

There was a minimum amount of critique regarding the article itself. While there was acknowledgment that the article is a ‘concepts and commentary’ style paper without specific data regarding actual learner outcomes to support it, the experience and expertise of the authors, the group’s anecdotal support of its findings and the seminal nature of the paper appeared to validate the article without challenge. The few critiques of the paper included David Grant’s tweet: “great introduction to concept of curiosity, does not highlight importance of #listeningtounderstand & use of reply to facilitate learning”. Vic Brazil also suggested an improvement if the article was published in 2017 might be video of a debrief involving “all the nuances of tone and facial expression”. Jesse Spur queried whether the paper had been so embraced by simulation culture it had become an expected standard, despite the fact that the original authors have continued to explore other debriefing techniques and strategies to improve learning outcomes.

Many thanks to all blog commenters this month, it was a truly wonderful discussion.
Acknowledgements:

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Thankyou to Dr Adam Cheng for his expert commentary this month.

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

References: