

### The Article :

#### "Coaching the Debriefing : Peer Coaching to Improve Debriefing Quality in Simulation Programs"

Cheng, Adam MD, FRCPC, FAAP; Grant, Vincent MD, FRCPC; Huffman, James MD, FRCPC; Burgess, Gavin MD, FRCPC; Szyld, Demian MD; Robinson, Traci RN; Eppich, Walter MD, Med

[Simulation in Healthcare : The Journal of the Society for Simulation in Healthcare. Publish Ahead of Print, POST AUTHOR CORRECTIONS, 20 May 2017 , DOI: 10.1097/SIH.0000000000000232](#)

#### Case Author :

- Dr Ben Symon

#### Expert Commenter :

- Dr Walter Eppich

#### Editors :

- Dr Victoria Brazil
- Jesse Spur

#### First Published :

- Date

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 :

Nitin squeezed into the booth next to Brad and the rest of the crew then raised his beer in a friendly salute. It was great to have the whole faculty out for a drink for once.

"Cheers to a course well run." smiled Brad, and they both quenched the thirst of a long day's debriefing.

"Thanks Sensei." Grinned Nitin, "I really enjoyed today. I think I'm getting the hang of this."

Brad nodded earnestly. "The student has become the master, I reckon. I was really having trouble in that second debrief, after Alex mismanaged that sepsis case so badly, I was worried we wouldn't be able to address all the issues that came up. I hope she wasn't too upset, I really felt she needed to know about her inotrope mixup and the whole albumin thing."

Nitin paused. He was concerned about that debrief too, and Brad had been so concerned about Alex's performance he'd completely forgotten the nurses present in the scenario. If truth were told, he tended to pay less attention to the nurses when he was debriefing, maybe because it was harder to relate to their concerns? But Brad had taught him so much in the last few months. It seemed arrogant and disrespectful to start doling out advice this early in his career.

Brad leaned back and sipped. "It's hard to get honest feedback sometimes.". He looked at Nitin perceptively, perhaps having registered his mentee's hesitance. Brad had flaws but a lack of emotional intelligence was not one of them.

Nitin punched him gently on the shoulder. "You did great Mr Miyagi. Next round's on me."

#### Discussion :

While we may espouse the importance of a healthcare workplace free of intimidating power differentials and flourishing with open highways of transparent communication, the realities of achieving that lofty goal can perhaps be recognised by reflecting on the simple challenge of giving peer to peer feedback between simulation educators.

This month's article is a call to arms from a group of simulation gurus regarding the power of peer coaching, and provides strategies to overcome the complex social pitfalls involved in providing honest feedback to your colleagues and friends.

What's your experience been with peer feedback in your simulation program? What are your reflections after reading this article? Has it changed your approach?

### Article Summary :

In "Coaching the Debriefing : Peer Coaching to Improve Debriefing Quality in Simulation Programs" Cheng et al provide *"a practical guide for the who, what, when, where, why, and how of peer coaching for debriefing in simulation-based education."*

After first acknowledging the importance of ongoing faculty development for sim educators and the financial expense of formal training programs, the authors propose a pragmatic coal face alternative : *"peer coaching integrated into the flow of teaching that offers opportunities for educators to maintain and expand their skills with minimal impact on existing work commitments."*

The article emphasises the power of structurally integrating peer feedback into sim based education delivery, discussing how it can assist in founding a culture of transparency, accountability and patient safety that mirrors the journey we hope our learners take on their way to improving health care delivery.

The meat of the article, however, involves extensive detail and problem solving regarding challenges to peer coaching effectively. Identified barriers include :

- Unacknowledged power and experience differentials between senior and junior educators
- Fear of retribution from junior coaches who have valid feedback for their seniors
- A lack of standardised feedback tool to provide validity for feedback
- A lack of standardised feedback structure
- A lack of commonality of debriefing experience and educational philosophy
- Time constraints leading to inadequate allocation for feedback periods

The authors propose a number of options to address these barriers, including :

- A structured 'prebrief' at the start of an education day to establish goals, agree upon ground rules and establish a second 'safe container' for educators to provide and receive peer feedback
- Utilising a debriefing feedback tool such as the supplied 'Debriefing Feedback Form', or the 'DASH' or 'OSAD' to structure and validate feedback
- Establishing collaborative 'learning partnerships' with colleagues
- Utilising 'targeted peer coaching' for rapid, on the spot observations and feedback
- Utilising 'debriefing the debriefer' for more extended learning conversations and reflections at the end of the day

The article concludes with a step-wise model for implementing a peer coaching process within your workspace.

### Expert Opinion: Dr Walter Eppich



*Walter Eppich, MD, MEd is a pediatric emergency medicine physician at the Ann & Robert H. Lurie Children's Hospital of Chicago and the Northwestern University Feinberg School of Medicine, where he is faculty development lead for the Department of Medical Education. Nationally and internationally, he has taught extensively on basic and advanced simulation educator courses and serves as principal faculty at the Center for Medical Simulation in Boston/USA. He is an author of this month's paper, and a multitude of pivotal educational papers, including "Structuring feedback and debriefing to achieve mastery learning goals", "Learner-centered debriefing for health care simulation education: Lessons for faculty development", and "Promoting excellence and reflective learning in simulation (PEARLS): Development and rationale for a blended*

*approach to health care simulation debriefing".*

### Walter's response to this month's blog:

Thank you again for the opportunity to comment on this month's journal article. I very much enjoyed reading everyone's postings – lots of points I find quite helpful to my own thinking. I would like to amplify certain points and to provide some additional thoughts.

### AMPLIFICATION

#### 1) Workplace learning

Our main aim with the paper was to highlight how faculty development could be embedded within normal workplace practices, which stands in contrast to distinct faculty development events such as courses or workshops. Workplace learning refers to the learning that happens while being engaged in authentic work activities. For educational settings, this means encounters with actual learners on courses or simulations. This notion of workplace learning resonated with many of you since learning from patient care during clinical practice represents the ultimate workplace learning in healthcare. As Adam has pointed out, lots of parallels exist between our paper and coaching in clinical environments. For those that are interested in clinical coaching, two additional resources:

**Coaching in emergency medicine:** <https://www.ncbi.nlm.nih.gov/pubmed/21073779>

This paper builds on our work by Rudolph and others to structure clinical coaching conversations

**"Let's Talk About It": Translating lessons from healthcare simulation applied to clinical event debriefings and coaching conversations**

[https://www.researchgate.net/publication/305628527\\_Let%27s\\_talk\\_about\\_it\\_translating\\_lessons\\_from\\_healthcare\\_simulation\\_to\\_clinical\\_event\\_debriefings\\_and\\_clinical\\_coaching\\_conversations](https://www.researchgate.net/publication/305628527_Let%27s_talk_about_it_translating_lessons_from_healthcare_simulation_to_clinical_event_debriefings_and_clinical_coaching_conversations)

Our paper contextualizes the PEARLS framework for clinical debriefings and coaching. There is much overlap to peer coaching.

#### 2) Demonstrating vulnerability...but also fallibility

Adam aptly raises the notion of demonstrating vulnerability. Let's define the term.

**Vulnerability:** "the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally."

Adam notes: "I've found that showing vulnerability can sometimes be an effective strategy to overcome these challenges. To show vulnerability, I will offer up myself to be the first recipient of feedback .... and share my own

personal goal(s) for improvement on that day, while ensuring it is something they feel comfortable providing feedback about..... while this may not always work, it does often open the door for more effective feedback conversations down the line when the roles are reversed.”

I could not agree more.

So how might this look in practice?

I might ask *“Do you have any feedback for me?” “Anything you think I should have done differently?”*

This is an important first step—I agree with Adam. You could also be more specific about the feedback request. And as has been pointed out a number of times, sharing goals BEFOREHAND makes the conversation AFTERWARDS much easier. One thing to keep in mind: when I am having a peer coaching conversation with someone, I try my best to keep the discussion balanced—even if brief. This means including things to continue doing **and** things to change for next time. I don’t think anyone likes hearing **only** aspects that need improvement. The key here is to be **genuine** about things that the person should keep doing or things you liked. This is one of the problems with the SH\*T sandwich; the desire to blunt the criticism leads to sugarcoating the critique with at times ingenuous praise. Most people see through this.

However, I would like to add another notion to the discussion, which is fallibility.

*Fallibility*: “the tendency to make mistakes or be wrong”.

We all take our turn at making mistakes and being wrong! Local experts and well-known experts alike, including Adam Cheng, Jenny Rudolph, Vic Brazil, me. EVERYONE. Demonstrating fallibility means being able to share your mistakes and shortcomings. I feel so strongly about this point, that I provide a disclaimer in EVERY debriefing or feedback workshop I do: *“I am not here because I am perfect at debriefing or giving feedback—I have good and bad days like everyone else. At times things come out of my mouth that make me think: why did you say that??? What allows me to stand here is that I spend a lot more time thinking about feedback and debriefing than most of you.”*

For those who are interested, Amy Edmondson writes about how effective leaders demonstrate fallibility in her book:

“Teaming”. <http://eu.wiley.com/WileyCDA/WileyTitle/productCd-078797093X.html>

This is an **excellent** read—much of Amy’s primary research originates in healthcare settings.

In my view, not only is ‘making yourself vulnerable’ important, but also being open about things you genuinely wish you had done differently in the debrief, i.e. being fallible.

How might this look in practice?

I might ask my co-debriefer: *“I don’t feel like that went as well as it could have. I tried so hard to engage the nurses in the discussion, although they seemed to be holding back. How did you experience that? Any suggestions?”*

Of course, a more ‘junior’ co-debriefer might seek to reassure rather than critique, which may require some persistence. *“I really want your honest perspective”*. We are often our own harshest critics and often their reassurance is warranted; but colleagues usually share valuable insights that help you take your debriefing to the next level.

In sum, vulnerability is one element; fallibility is the other.

## **ADDITIONAL THOUGHTS**

What often gets in the way of sharing your point of view is that we conceive it as “criticizing” or “passing judgment” on someone’s performance. What a paradox since “debriefing with good judgment” is supposed to be the way to go!

It can still be hard to share that you think someone did not do something well in the debrief—even for me and other ‘expert’ faculty, no doubt.

One notion that helps me very much is ***not focusing on someone else’s performance [i.e. what they did or did not do] as much as the impact of their performance on me or on learners [what it meant to me or to learners].***

How might this look in practice during peer coaching?

Rather than saying to my co-debriefer: *“I felt you were dominating the discussion and did not let me speak”,* I might say: *“I had some points I really wanted to make. I wished you had paused to ask if I had anything to add.”*

Rather than saying: *“Some of your questions were confusing”* or *“Your question about XXX was confusing”,* I might say: *“My sense was that the learners were struggling with some questions. For example, there was a question about XX—I myself was not sure where you were going with that. What were you going for?”*

Rather than saying: *“In my mind you glossed over the reactions phase and did not explore some key initial comments”,* I might say: *“I got the sense that some participants did not get their initial reactions on the table, which I think got in the way of their analysis of the case from a cognitive perspective. How did you experience that?”*

One other strategy that helps me very much is ***simply to ask my peer: “Is there anything you would like feedback on?” so I can let them guide our discussion.***

Another is ***to ask: “I had some thoughts about your debriefing; Is this a good time for you?”***

Since the literature tells us that feedback receptivity is really important, I try to gauge the person’s interest and ask permission before launching into what you have to say, even if it relates to a peer coaching or feedback conversation that **MUST** happen since the issue is that important.

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

**Blog Contributors :**

- Ben Symon, Rowan Duys, Bishan Rajapaske, Adam Cheng, Tanya Bohlmann, Vic Brazil
- Louise Dodson, Suneth Jayasekara

The article this month provoked uniformly positive responses. Blog comments were primarily focused on sharing experiences within local workplaces and trouble shooting specific challenges with peer coaching implementation.

Consistent overall themes included :

- **Acknowledgement that peer feedback is challenging and rife with social complexity**
  - As Tanya Bohlmann put it, *“I think mastering the skill of giving difficult or unwelcome feedback is something that will remain elusive without considerable (deliberate) practice and role-modelling but it’s good to know that most people still struggle or feel uncomfortable in this domain, and that there are numerous resources out there to help us continue to navigate this tricky territory.”*
  - Bishan expressed interest in extrapolating the principles from this article to clinical coaching.
- **There was a sense that the challenges raised in the paper were easily relatable, and that the paper unpacks and categorises the underlying issues well**
  - For example, Rowan Duys stated *“It is very helpful when someone else takes your lived experience, unpacks it, and describes it within a framework that is easy to understand and relates to the existing literature on the subject”*.
- **The group attempted to problem solve many of their shared barriers to peer coaching :**
  - Multiple posters reflected upon close allegiances with another “Sim Buddy” which allowed ongoing, specific growth together in the spirit of shared reflectiveness and learning.
  - Ben pitched that pre-identifying learning goals at the start of the day provides permission for specific and focused feedback in that area.
  - Author Adam Cheng suggested that senior educators can soften the power differentials in peer coaching by role modelling vulnerability and by asking for specific feedback that the junior educator would have expertise in.
  - Louise Dodson and Vic Brazil voiced that the OSAD and DASH tend to lack some detail on the grey areas that make a debrief successful, which Adam countered with a [debriefing checklist](#).



## Journal Club Summary June 2017 : "Beer Pressure"

### 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 Walter Eppich for his expert commentary this month.

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

### References and further reading :

1. Simulation in Healthcare : The Journal of the Society for Simulation in Healthcare.  
Publish Ahead of Print, POST AUTHOR CORRECTIONS, 20 May 2017  
["Coaching the Debriefers: Peer Coaching to Improve Debriefing Quality in Simulation Programs"](#)  
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2. [Lecture slides on peer coaching from debrief2learn](#)
3. [Debriefing checklist for PEARLS as discussed by Adam](#)
4. [Coaching in emergency medicine](#)
5. ["Let's Talk About It": Translating lessons from healthcare simulation applied to clinical event debriefings and coaching conversations](#)
6. [Teaming](#)