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Journal Club Summary September 2018 : "Explicit Thoughts"

Expert Opinion: Dr Gabriel Reedy

"Complex and difficult situations like simulation debriefing, and indeed like patient care, benefit tremendously from an open and explicit approach to communicating"

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The Open Access Article :

"Co-Debriefing for Simulation Based Education"

Cheng, A., Palaganas, J., Eppich, W., Rudolph, J., Robinson, T. and Grant, V. (2015)
Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare, 10(2), pp.69-75.

Case & Summary Author :

- Dr Ben Symon

Expert Commenter :

- Dr Gabe Reedy

Editors :

- Dr Victoria Brazil
- Jesse Spurr

First Published :

Simulcast Journal Club is a monthly/ series that 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 had sat herself opposite Catherine in the debrief circle, ostensibly to maintain good eye contact with the whole group but secretly she was quite relieved that Catherine was lead debriefer. Deciding how to tell her husband that she'd kissed a co-worker and then… 'debriefed with very bad judgment' was weighing on her mind much more than the current group's middling performance in a withdrawal of care scenario.

Catherine looked over and raised a mischievous eyebrow, Nimali gave an amiable eye roll in return. Telling Joe would be hard, but he'd have to have known it'd been coming for a while. At the same time her and Nitin hadn't defined their relationship either. Nitin was in full puppy dog mode which was gratifying after being married for so long, but sometimes it seemed like he was more in love with an idealised version of her as an educator than her actual self. At the moment it seemed they'd decided to leave the implicit confusion about their explicit behaviours unacknowledged. She suspected Nitin was scared behind his relentless smiles.

She glanced up at Catherine and sighed, Catherine gave her a knowing grin. Thank goodness for trusted friends who could read each other like a book. She just could not care less about this debrief right now and Catherine knew it. She took a sip on her coffee mug and started to think back guiltily to the night of the work party. It had been such a passionate kiss, and Nitin had looked surprisingly good with his shirt off.

"Nimali!" said Catherine, "You look like you've got some strong thoughts about Henrietta's question?"

Nimali choked on her coffee. So much for reading each other like a book.

Discussion :

Co-debriefing can be challenging for a lot of reasons, and in this paper by Cheng et al, the authors outline a number of potential approaches regarding how to debrief more effectively with a colleague. Behind that though, is also the theme of 'above the table of negotiation', the idea that we can debate the flow of the debrief with our colleagues in front of our learners without significant detriment.

For our journal club bloggers this month, what challenges do you experience debriefing? How have you overcome them? Does this paper help?

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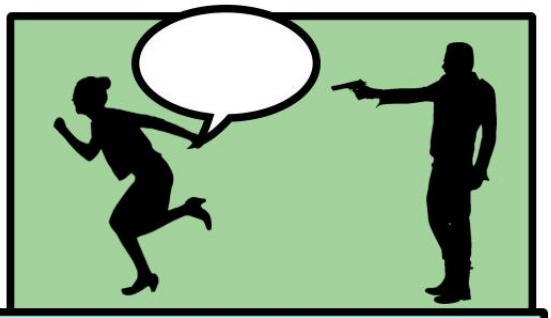
Journal Club Infographic Septembert 2018 "Co-debriefing for Simulation-based Education"

Cheng, A., Palaganas, J., Eppich, W., Rudolph, J., Robinson, T. and Grant, V. (2015).
Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare, 10(2), pp.69-75.

Cheng et al identify a number of reasons that codebriefing doesn't always go perfectly :

Mismatched Agendas

Not using expertise optimally



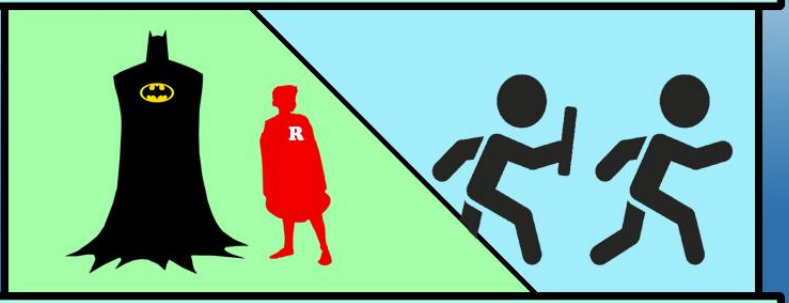
Conversational hijacking

Open disagreement between debriefers

Debriefers talking to a single professional group

A Debriefer Dominating the Coversation

They outline 2 strategies for co-debriefing :



1. Follow the leader : Lead Debriefer & Wingman
2. Divide & Conquer : Each debriefer leads certain topics.

Pre-established agreement on LO's and assigning roles can prevent confusion.

They also describe 'above the table' negotiation, essentially encouraging debriefers to feel free to communicate transparently with their co-debriefer in front of their learners. Useful in debriefing, and in life!

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Infographic by @symon_ben , utilising CC0 pics from pixabay.com

Expert Opinion: Dr Gabriel Reedy (@gabereedy)

Dr Gabriel Reedy is a Reader in Clinical Education at King's College London, where he is programme director for the Masters in Clinical Education and senior faculty in the Simulation and Interactive Learning (SaIL) Centre of Guy's and St. Thomas' NHS Foundation Trust in Central London. He is a Chartered Psychologist and Associate Fellow of the British Psychological Society, as well as a Fellow and Chair of the Education Committee of the Academy of Medical Educators. He is a member of the Research Committee of the Society for Simulation in Healthcare. His research focuses on how interprofessional clinical teams work—and learn—to safely and effectively care for patients.

Most of my colleagues at the start of their debriefing careers imagine that co-debriefing is so much easier than solo debriefing. Like Nimali, they imagine that the support a co-debriefer provides can take the pressure off: they're not solely responsible for creating and maintaining a safe and beneficial learning environment in the debrief.

The truth, of course, is much more complex. And that truth is made clear to them when they have one of the experiences that colleagues talked about in the comments thread: when they misread a non-verbal cue; when their co-debriefer starts to dominate the discussion with their passion for the topic or with greater subject matter expertise; when the two of them start going different directions with their questions and learners get confused and disorientated; or when they or their co-debriefer feel "missed" by each other and leave the debriefing feeling as if they missed out on the opportunity to connect emotionally and intellectually.

Conversely, I have both seen and participated in many co-debriefings where I feel like my own experience and learning—and participants' experience and learning—was immeasurably richer for having been co-debriefed. It's this positive potential of co-debriefing that calls us to consciously and thoughtfully consider how to continue to refine the practice. It's in that spirit that I've used this article as the basis for faculty development in debriefing on a few occasions. I think it's very helpful in that regard.

I think Table 1 is helpful not as an exhaustive list of things that can go wrong in co-debriefing, but only an indicative one – and that its value is in reminding us of breadth of ways in which problems can arise. Like we saw in the comments section, it also encourages people to share their own experiences of troublesome co-debriefing moments. Of course, drawing on our own experiences can make for some powerful and meaningful learning! I also remind people in our faculty development sessions that sharing and listing these moments primarily gives us something to work with, and to develop strategies that keep our co-debriefing positive and beneficial for each other and our learners.

In my simulation centre, we train debriefers to work together with a structured pattern slightly different to the ones outlined in the article. In the modified three-phase debriefing model we use in the centre (Jaye et al., 2014), co-debriefers each take the lead for a different phase, while remaining actively engaged and ready to contribute in other phases should the need arise. This helps limit the potential for confusion, and lets each debriefer feel confident about when and how their expertise can contribute. In our approach, one debriefer opens with the descriptive phase, first by recounting the scenario then by delving into depth on questions about the technical or clinical aspects that the scenario evokes. They then hand it over to their co-debriefer, who takes the lead on the analysis and application phases. We also find that this can help to pre-empt the potential issue of clinical and technical issues (and those who might have quite a lot of clinical subject matter expertise) dominating the debriefing, at the expense of the deeper emotional and human factors issues that we aim to talk about in the analysis phase.

In my own experience, I cannot highlight enough the importance of co-debriefers coming together in advance to confer, discuss, strategise, and agree on their approach and a plan. Even when I'm debriefing with colleagues whom I know well and have worked with extensively, it's when we skip this step that things can go wrong. To this end, the checklists in Table 2 are extraordinarily helpful in guiding that conversation. I also feel strongly about the importance of coming together to debrief after the event, and I push myself to be honest and critically reflective about my own performance. I also strive to remain curious about the experience and perceptions of my co-debriefer around the interaction and the environment we created. In guiding these conversations, I find tools like the DASH (Brett-Fleegler et al., 2012) and OSAD (Arora et al., 2012) to be particularly helpful and developmental. The strategies listed in Table 2 for debriefing each other after the event are equally helpful.

Of the many suggestions for successful co-debriefing discussed in the article, however, I think the one that is the most valuable for me is what the authors refer to as "open negotiation." In my centre, we sometimes use the phrase "over the table" to talk about this process, situating it against the "under the table" conversation that can consist of confusing and complex non-verbal signals. Open negotiation reduces the potential for misunderstanding and confusion between co-debriefers, as the authors explain. But to me, it does something so much more: it models for our learners a way of interacting that we want them to adopt with colleagues, patients, and carers. Open negotiation models that we treat our co-debriefer as a colleague and an equal, and that the work of facilitating the debriefing together is important enough to take seriously and discuss explicitly. It models that it is appropriate and valuable to be explicit about our intentions, to professionally and courteously challenge each other, to admit when we get confused or lose situational awareness, to ask for help, and to ask if our colleagues need help. It models that complex and difficult situations—like simulation debriefing, and indeed like patient care—benefit tremendously from an open and explicit approach to communicating. And that by working together effectively, we can create a rich and valuable learning experience.

Jaye, P, Thomas, L & Reedy, G (2015). ''The Diamond': a structure for simulation debrief' The clinical teacher, vol. 12, no. 3, pp. 171-175. https://doi.org/10.1111/tct.12300

Brett-Fleegler M, Rudolph J, Eppich W, Monuteaux, M., Fleegler, E., Cheng, A., Simon, R. (2012). Debriefing Assessment for Simulation in Healthcare: Development and Psychometric Properties. Simul Healthc. 2012 Oct; 7 (5): 288-94. https://doi.org/10.1097/SIH.0b013e3182620228

Arora S, Ahmed M, Paige J, Nestel D, Runnacles J, Hull L, Darzi A, Sevdalis N. (2012). Objective Structured Assessment of Debriefing (OSAD): Bringing science to the art of debriefing in surgery. Annals of Surgery 2012 Dec;256(6):982-8. https://doi.org/10.1097/SLA.0b013e3182610c91

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Summary of this Month's Journal Club Discussion :

Blog Contributors :

- Christina Choung, Ben Symon, Derek Louey, Ann Mullen, Susan Eller, Nemat Alsaba, Janine Kane
- Komal Bajaj, Vic Brazil, Daniel Lugassy and the NYSIM team journal club group

Comments this month were engaging and it was exciting to have comments from the NYSIM Journal Club group, who have 'read along' with us this month! Overall the article is well regarded, considered foundational by many educators, and is widely shared, with many stating it has helped them in the past.

Themes of the discussion this month were quite diverse, but prominent themes included :

1. Co-Debriefing can be hard
2. Interprofessional and expertise heirarchies appear to be frequent challenges
3. There is tension between consistency of debriefing styles and maintaining one's individual authenticity

Co-Debriefing can be hard.

Multiple journal clubbers noted the complexities of co-debriefing. Nemat Alsaba argued "*Co-debriefing is harder and more complex than solo debriefing. It requires being extremely good at reading facial expressions and body language of your co-debriefer and to know when to pick up the baton and when to hand it back again without disrupting the flow of the session.*". The NYSIM group identified some specific challenges they have experienced in the past, including mismatched agendass, content experts who "*went down a rabbit hole*", or when a co-debriefer is clearly making learners uncomfortable. Despite this though, many participants identified the positive aspects of co-debriefing as well. Komal Bajaj argued that co-debriefing is a separate and specific skill that needs to be taught.

Interprofessional and expertise hierarchies appear to be frequent challenges

While Susan Eller described a particularly confronting debrief where her colleague separated participants by profession, she was not the only one who reported challenges with hierarchical imbalance in debriefing. Vic Brazil described issues coming up *"when content experts participate as debriefers without training in group or debriefing process, and yet assume/claim a superior place as a result of content expertise."*. It was acknowledged however that the benefits from accessing expert knowledge likely outweighed the challenges in co-ordinating the conversation. A number of strategies were identified from the paper as being useful for this as well, particularly 'open negotiation', 'pre-briefing', and 'post debrief huddles'. Christina Choung described frequently using this article in advance of a debrief to orientate new debriefers to their local practice.

There is tension between consistency of debriefing styles and maintaining one's individual authenticity

An interesting issue came up when Derek Louey and Ann Mullen described the challenges that come up with trying to find consistency in debriefing practice without losing one's natural conversational tone in the process. Derek asked specifically *"Is it a problem that facilitators/debriefers have different 'styles'? Or should we have a consistent and unified approach to the way we run simulation? Is transfer of knowledge invariably worsened when styles or messages diverge?"*. Ann Mullen answered with her perspective : *"As long as you are using sound practices, i think not. On the contrary, it is important that we bring our authentic voice to a debriefing".*

Article Critique

A consistent critique of the paper was that people wanted more examples of phrases and techniques that can be used to negotiate the debrief as it happens.

Acknowledgements :

Thank you to Dr Gabe Reedy for his expert commentary this month.
Thank you to all commenters this month for sharing your thoughts and allowing us to learn from you.
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.

References :

1. Cheng, A., Palaganas, J., Eppich, W., Rudolph, J., Robinson, T. and Grant, V. (2015). Co-debriefing for Simulation-based Education. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 10(2), pp.69-75.