

How to use this module



Module progresses from foundational concepts to advanced practice. Self direct how deep you want to go!

Exercises are designed to work on your own or to discuss with a friend over coffee.





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Debriefing with PEARLS

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Overview:

Debriefing is a structured and reflective stage in the simulation learning process. It is the process whereby educators and learners re-examine their shared experience and foster the development of clinical judgement and critical thinking skills.

Debriefing that leads to individual and team reflection is critical if learners are to advance their practice. Although this reflection may take place within the debrief, effective debriefing can ensure reflection continues after the session. When appropriately applied to clinical practice an educationally productive debriefing following medical simulation can improve patient safety¹.

As described by Rudolph et al², the goals of debriefing are to allow participants to explain, analyse, and synthesise information and emotional states to improve performance in similar situations in the future. There are many different theories, techniques and styles to help us to achieve this. While many novice debriefers focus on what sort of question to ask, it is equally important to step further back and consider how we structure the flow of the conversation at large. In many ways a debrief is like a good piece of music: having a strong foundational structure through a good set of 'chords' can create a sense of rhythm and purpose in your learning conversation, while still allowing much room for individual variation.

There are many ways to structure a debrief and most people will find their own style over time. Within this model we will focus primarily on the PEARLS framework as an introduction to debriefing, while another module "More than one way to debrief" highlights alternative frameworks.

Debriefing can be both rewarding and frustrating and we learn from every session. One of the best ways to improve debriefs is to receive feedback from a colleague or peer who can observe you. Under additional resources you will find links to the DASH and OSAD frameworks, which can be useful tools to allow you to further reflect and deepen your practice.

Exercise 1 : Debriefing phases

Structured debriefing has been shown to improve learning outcomes³. It guides the flow of conversation and often leads to a more productive exploration of key themes and topics.

When starting out, the number of debriefing models out there can feel overwhelming but most of them have a lot in common. It's a useful starting point to consider the common components:

Watch this video:

"What is debriefing?"

Describe to a friend or write down:

- Why do we have structures? What is their purpose/value?
- What are the three common phases described in this video?
- What are the goals of each phase?

Exercise 2: Intro to PEARLS

One widely used debriefing model is the PEARLS framework. PEARLS has a concise structure that is easy to grasp when discovering debriefing while having enough flexibility to meet the adaptive expertise of debriefing masters.

Read the following article:

• <u>Promoting Excellence and Reflective Learning in Simulation (PEARLS): development and rationale for a blended approach to health care simulation debriefing⁴</u>

Print and read:

PEARLS debriefing tool⁶

Watch the following video:

PEARLS debriefing overview⁷

Reflective Questions:

- What are the goals of each of the 5 phases in PEARLS?
- How do the 5 phases in PEARLS match or contrast with the original framework we learned: "Gather, Analyze, Summarize".

Mental Rehearsal:

- Watch the following video of a trauma team resuscitating a patient:
 - Simulation Trauma Reception⁸
 - Imagine you are about to debrief the trauma team from this simulation.
 - Referring to the PEARLS debriefing tool write an introductory sentence or phrase you might use during each of the 5 PEARLS phases.
- What challenges came up for you when mentally rehearsing this debrief?
- Was the PEARLS framework useful for you to structure your thoughts?

Exercise 3: Setting an agenda

Debriefing often benefits from a clear conversational agenda, often set after the 'reactions/descriptions' phase.

How do you choose what to talk about? This is a very common dilemma particularly among novice debriefers. Typically 2-3 topics is a good number.

The topics you discuss might be related to:

- Knowledge
- Execution
- Communication
- Emotion

Prioritising what to discuss can be hard! Especially when the learners may have different priorities to you.

Finding a balance between what you want to talk about and what participants want to talk about is important. There is tension between respecting learner priorities and avoiding the safety risk of leaving facilitator identified performance gaps unacknowledged.

Watch the following scenario: CRMx | The Crisis Scenario - A Simulation⁹

- List as many topics as you can think of to cover in the debrief
- Pick 3 from that list why have you chosen these?
- Ask a colleague to do the same and compare the topics that you both chose. Talk about your rationale.
 Often there are no right and wrong answers what ideas shaped both your choices?

Exercise 4: PEARLS Analysis phase

The 'meat' of the debrief is often within the analysis phase where the bulk of discussion occurs.

One of the strengths of the PEARLS model is that it empowers facilitators to be flexible and adapt the structure of the analysis phase according to the learning goals, type of participants and time available of the session.

Watch the following video to dive deeper into the analysis phase:

Focus on Analysis¹⁰

Ask yourself:

- There's an interesting terminology difference between the video and the official PEARLS debriefing tool.
 - Why do you think the video labels the approaches as 'Plus Delta', 'Directive Feedback' and 'Advocacy & Inquiry' but the PEARLS tool names 'Learner Self-Assessment', 'Provide Information' and 'Focused Facilitation'?
- How are these terms related? Do they mean the same thing or is there a subtle difference?

Think back to the extubation scenario you watched:

- Which analysis approach would you prefer to use for that scenario?
- What factors would prompt you to choose 'Learner Self-Assessment', 'Provide Information' or 'Focused Facilitation'?
- How could you combine approaches within the same analysis phase?
 - i.e How could you use BOTH 'learner self assessment 'AND 'provide information' within the same debrief?
 - o How would you transition between these strategies?

Exercise 5: Staying flexible

There may be times when you feel that your learners do not want to talk about your carefully selected topics and seem to have their own "agenda". It can be easy to feel frustrated that the debrief is not following the flow or the structure that you intended, or that the topics that you selected are not being addressed, particularly if there were points of clinical practice that need addressed.

This is where we must practice the art of flexibility. Although we may select topics that seem pertinent to us, if the learners are "stuck" on a particular point there is usually a good reason for this. Try to explore what this is. It may be due to a previous experience in their clinical practice or an interpersonal dynamic in the simulation that you were unaware of. This may involve using some conversational techniques like advocacy/enquiry questions and maintaining a genuine curiosity to understand their frames and their experience of the sim. By exploring this rather than moving on to your own points you may uncover key learning moments for the whole group.

With practice, it is possible to maintain the structure of the conversation whilst being flexible enough to incorporate the agendas of the group.

Listen to the following podcast:

- Eppich Debriefing¹¹
- Within the podcast Dr Eppich and Dr Brazil offer some pearls of wisdom on how to navigate debriefing structure and flexibility as a novice debriefer.

Incorporate into your practice:

- Choose 2 of your favourite techniques or phrases that Dr Eppich describes.
- Make an effort to incorporate these into your next debrief and chat to a colleague about how this went.

Exercise 6: Share your learning with the debriefing community

When we are developing a new skill, most of us can recall a time that a handy tip from a colleague or peer gave us a nudge in the right direction, a new phrase to adopt, or a tried and tested way *not* to do things!

Interestingly these tips often come from those practicing at or near our level, rather than someone that we might class as an "expert in the field". Peer education is recognised as a valuable methodology for engaging learners and transferring skills¹⁴. You don't need to be an expert to give great advice! Our simulcast community has learners from all stages of their education journey, providing us with a unique and exciting opportunity to share our tips and experiences for the evolution of our international peers.

We invite you to share something that you think might help another debriefer. This could be something extremely simple, or something that you found practice-changing. It could be a phrase you like to use, a debriefing topic or tool you rely on when things get overwhelming, something that was passed on to you that you remember finding useful – the door is wide open! We would love to hear your thoughts and experiences so we can share and learn together.

Don't get disheartened if someone's pearl of wisdom doesn't resonate with you - we acknowledge that debriefing comes in many forms and styles, and what suits one facilitator may not flow well for another. Sometimes trying something outside of our comfort zone can further develop our practice, and sometimes it shows us that a certain approach just doesn't work for us, and that's ok too.

Click on the link and share a debriefing tip with the Simulcast community!

Additional Resources

Feedback on debriefing:

- Debriefing Assessment for Simulation in Healthcare
- Observational Structured Assessment of Debriefing Tool

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Oonagh is an Advanced trainee in Emergency Medicine and has just completed her special skills term in simulation/education. She is passionate about using simulation as both a teaching and a team-building tool in ED. She hopes to develop and maybe even combine her interests in education, critical care and prehospital medicine in the future.



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Ben is a Paediatric Emergency Physician and Simulationist with a passion for translating clinical and educational research to front line health care workers. He is co-producer of the podcast 'Simulcast' and faculty for the Debriefing Academy and the Bond Translational Simulation Collaborative. His original degree in Animation has proved surprisingly useful in his career in medical education.

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