Running for the Roses with Simulation

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Learning objectives

• At the end of this sessions, participants will be able to:
  – Discuss a working definition of debriefing
  – Discuss the underpinning framework for a model of debriefing
  – Discuss tools for generating a learning conversation during debriefing
Agenda

• Working definition of debriefing
• Why use debriefing
• A theoretical framework for debriefing
• Debriefing tool: a framework to incorporate feedback, coaching, and inquiry in debriefing
• Q & A
Poll

How many years have you been using debriefing as a teaching tool?

• Have not used debriefing before
• Less than a year
• 1-5 years
• 6-10 years
• 11-15 years
• More than 16 years
What is debriefing?
Working definition of debriefing

A learning conversation to review an event in which participants analyze their actions and reflect on the role of thought processes, psychomotor skills, and emotional states to improve or sustain performance in the future.

Adapted from The Center for Medical Simulation
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Why is debriefing important?

In the healthcare simulation literature:

• Although reflection after a learning experience may occur naturally, it is likely to be unsystematic, or may not occur at all. (Fanning & Gaba, 2007)
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In the healthcare simulation literature:

• Although reflection after a learning experience may occur naturally, it is likely to be unsystematic, or may not occur at all. (Fanning & Gaba, 2007)

• If debriefing didn’t occur, or if debriefing was conducted poorly, it’s a missed learning opportunity, and participants may leave the course feeling frustrated. (Issenberg et al., 2005)
Relationship between debriefing and learning

• Role of reflection in learning (Dewey, 1933; Schön, 1983; Kolb, 1984)
  – Reflection-on-action
    • Debriefing as guided reflection
Poll

In your mind, of the following choices, what is the most important element in a debriefing?

• Reinforcing positive behaviors
• Reviewing the video playback of the role play exercise or simulation session
• Identifying what went well, and what should be done differently
• Provide the learners with feedback on their performance
Frames-Actions-Results

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Actions-Results

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Frames as invisible drivers

Frames
- Goals
- Assumptions
- Feelings
- Knowledge Base
- Social Norms
- Situation Awareness
- Influence of Context

Actions

Results

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Coaching on action

Frames
- Goals
- Assumptions
- Feelings
- Knowledge Base
- Social Norms
- Situation Awareness
- Influence of Context

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Teaching to frames

Frames
- Goals
- Assumptions
- Feelings
- Knowledge Base
- Social Norms
- Situation Awareness
- Influence of Context

Actions

Results

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Example: Wrong side surgery

**Action**

Did not do a “time-out” to verify correct site

**Result**

Incorrect knee operated on

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
What’s the matter with these people!!!
Example: coach on action?

**Action**
Did not do a “time-out” to verify correct site

**Result**
Incorrect knee operated on

Argyris & Schon, 1974, Adapted from The Center for Medical Simulation
Make sure you do the time out. It’s really important. Go review the procedure.

Oh okay.
I saw, I think, I wonder: A tool to approach the learning conversation

- I saw.... (state observation)
- I think... (state concern and impact)
- I wonder... (seeking to understand where the learners are coming from)
Everyone, let’s talk about time-out’s during surgery. I saw that you didn’t do the time-out before the incision was made,
• **I think** not doing the time-out led to the wrong knee being operated on. The right thing to do was to announce it’s time for the time-out, stop and confirm the correct site before the incision. If you had done the time out, I think you would have caught the error then. I know we covered this before in detail, but still this wasn’t done today. I want to help you avoid this situation in the future, so,
I’m wondering what was going through your minds at the time.
Everyone, let’s talk about time-out’s during surgery.

I saw that you didn’t do the time-out before the incision was made,

I think not doing the time-out led to the wrong knee being operated on. The right thing to do was to announce it’s time for the time-out, stop and confirm the correct site before the incision. If you had done the time out, I think you would have caught the error then. I know we covered this before in detail, but still this wasn’t done today. I want to help you avoid this situation in the future, so

I’m wondering if you can share what was going through your minds at the time.
Nurse: Well, I thought of doing it, I had the forms and protocol in front of me, but I hesitated....
Nurse: Well, I thought of...

**Surgical tech:** yes I thought of it too, I was going to ask you but then you didn’t say anything.
Surgeon: I know we have to do it, but does it really, it takes up too much time. but this kind of thing had never happened.

Surgical tech: yes I thought of it too, I was going to ask you but then you didn’t say anything.

Ok. Halley, you said you hesitated. Tell me more, what do you think it’s going on there?
Wrong side surgery: Frames-Actions-Results

Nurse’s Frames
- Nurses in this hospital don’t usually speak up when the surgeons don’t follow protocol
- The last few times this nurse spoke up about having to do a time-out, she was ridiculed
- Scared of senior surgeon
- Want to appear confident
- Want to be well-liked, a team-player
- Hoped someone else would take the lead

Actions
- Did not do a “time-out” to verify correct site

Results
- Incorrect knee operated on
- Not well liked after being part of a serious error
- Feel even less confident
- Still scared of surgeon
Wrong side surgery: Examples of teaching to frames

• Provide and explain tools for speaking up
  – Mini demonstration on how to speak up
  – Engage the nurse in a mini-role play to practice speaking up
  – Ask the entire team to practice a mini do-over
  – Ask them to describe how they will apply this in future similar situations.
Summary

• Working definition of debriefing
• Why use debriefing
• Frames-Action-Result framework
• Debriefing tool: *I saw, I think, I wonder* as a framework for incorporating feedback, coaching, and inquiry in debriefing
Applying theory to your practice

• How will you apply this in your practice as an educator?
Questions?
Thank you!

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References


