**Simulated Learning Environments**

**DEBRIEFING GUIDE**

Research shows that if emotion is attached to a learning event it is more likely to be remembered or retained. This is highly relevant to learning that involves the use of simulated learning environments. No specific model or method of debriefing has been identified as the most effective or appropriate. However, all debriefs require a skilled facilitator and must be planned.

*Which model for debriefing should I use?* There is a range to pick and choose from:

* Plus / Delta ( + / ∆ )
* Pendleton’s model
* Mitchell’s model (CISD – used in crisis management)
* Novella’s Three Stage model
* CMS Harvard method – Rudolph’s Good Judgement Model
* Rudolph’s ACE (Advocacy / Concern / Enquiry) model
* Wiser GAS (Gather / Assess / Summarise)

Debriefing aims to create dialogue about the following elements for any scenario:

1. **Facts**
   1. What technical events happened in the scenario?
   2. What was the observed performance?
   3. What was the outcome of the patient?
2. **Reactions**
   1. How did that feel?
   2. Ask questions that enquire as to what thoughts and feelings were going on at particular (key) moments during the scenario.
3. **Future Practice**
   1. What could be done differently next time?
   2. What will you take away from this experience?
   3. How will this affect your clinical practice from now on?

Typical Structure of Questions to facilitate a Debrief:

1. Primary debriefer

**“How did that feel?”**

Ask this question of each participant that was involved in the scenario. This will guide you on what issues may need to be covered further in the debrief period. Listen carefully, but do not make too many comments at this stage.

Now invite the co-debriefer to cover the technical or procedural aspects of the scenario.

1. Co-debriefer

**“Let’s look at the technical aspects of the scenario”.**

Talk over the facts, what the scenario was, what the expectations were (e.g. preparing the environment, systematic approach to stabilisation of trauma patient, management of a difficult airway).

Use ACE (advocacy, concern, enquiry) line of questioning if genuinely concerned about a clinical aspect. Otherwise, this section can be used to clarify key teaching points.

Now, hand back to the primary debriefer to cover non-technical and team issues.

1. Primary debriefer

Aim to talk over non-technical aspects here using the principles of crisis resource management. This is an opportunity to use Pendleton’s feedback model or an ACE line of questioning, depending on what the facilitator feels comfortable with.

**“What went well?”** Invite observers to contribute, if appropriate. This is an opportunity to show 1 or 2 examples from the recorded scenario. Before viewing a clip state specifically what examples you are showing.

**“What could have been done differently?”** Or **“What would you do differently next time?”**

Use language that you are comfortable with. If you are genuinely concerned about a teamwork or crisis resource management issue arose, use ACE line of questioning to gain participant insight into their performance. Please do NOT use examples in recording to illustrate problems or “blame and shame’.

**“Is there anything else you** (the participants) **would like to talk about?”**

1. **Conclude** the debrief by **summarising the learning outcomes**.

**Invite each participant to share their take-home message** from experiencing this scenario.