Simulation Debriefing Template

The purpose of this template is to provide an overview of debriefing, what it is and what it isn't, and provide guiding questions to use during debriefing. At a minimum, each of these should be addressed to adhere to the Healthcare Simulation Standards of Best Practice™: The Debriefing Process.

1. Welcome & Purpose of Debriefing

"Welcome to the debriefing session. The purpose of this conversation is to provide a safe and structured environment for reflection, discussion, and growth. Today is about learning, not about judgment. We are committed to ensuring this is a safe environment for you to learn and we are committed to discussing any mistakes here as puzzles to be solved, not crimes to be punished."

Follow the DOE concept. In addition to the mnemonic, the term is derived from a deer (doe) fleeing to the perception of safety from stimuli. Though psychological safety must be upheld within simulation, we can have comfort, and we can have growth, not both. The goal is that you ask questions in a way that holds learners to high expectations but also keep in mind that you agreed on The Basic Assumption® during prebrief that they are intelligent, capable, desire to do their best, and want to improve. This provides a safe container that results in some discomfort but encourages learners to take risks in their discussion based on their thinking.

- <u>D</u>ebriefing is where much of the learning happens.
- <u>O</u>ur focus is on understanding what happened, why it happened, and how we can improve future practice.
- <u>E</u>veryone's perspective is valued and contributes to meaningful learning.

When the event was teaching/learning:

- The goal is exploration and reflection. We learn by identifying strengths and areas for growth.

When the event was an assessment (mock OSCE/summative OSCE/high stakes):

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- Feedback is framed to promote learning, while also maintaining assessment integrity. This should occur after **all** learners have completed the assessment and after all evaluators have met and reviewed any grading discrepancies.
- Debriefing is not typically used at the end of a summative/high-stakes assessment.

2. Confidentiality
- Debriefing conversations are confidential.
- Respect for peers is expected; do not share performance details outside this group.

3. Psychological Safety in Debriefing
We operate under the Basic Assumption:
"We believe that everyone participating in activities at the TTUHSC Simulation Program is intelligent, capable, cares about doing their best, and wants to improve."

- Faculty facilitating this debriefing have had formal training in debriefing methods to ensure consistency, fairness, and support. If you have not, we would love to provide you with the resources you need to become more knowledgeable in debriefing.
- Debriefing is not covering content or discussing what went well and what didn't go well — it is a guided reflection designed to promote meaningful learning and teaching learners how to think.

4. Structure of the Debriefing Session
- Regardless of the framework selected, the debrief will generally follow this flow:
    - Reactions/Defusing – Allow learners to share immediate feelings.
        - The purpose here is to engage learners by asking them to release initial emotions. Additionally, asking the learners to describe the patient's story/history.
    - Analysis/Discussion – Explore critical events, decisions, and teamwork.
        - Refer to your learner objectives and focus on 2-3 actions that occurred in the simulation that sparked your curiosity as to why the learner(s) did (or did not) do something. These

can be positive areas of performance and/or areas of needed improvement.
- Debrief what happened—not what you 'hoped' would happen.
- Use Socratic Questioning to uncover learner's thinking behind actions.
- Use the PAAIL acronym to uncover thinking and provide your judgment.
  - Preview ("I'd like to talk about . . .")
    - Be specific to a moment in the simulation.
  - Advocacy 1: (I noticed/heard/saw. . .)
    - State exactly what you noticed/heard/saw. Do not elaborate on what your thought was.
  - Advocacy 2: (I think/thought/was concerned/was impressed. . .)
    - Tell the learner your thought/frame about the action. Be kind but tell them what you actually thought about it.
  - Inquiry: ("I wonder . . .")
    - Leave the question open-ended. "I wonder if you could tell me what you were thinking when that happened?" Or, "I wonder if you could tell me more about that."
  - Listen
    - As you listen, invite others to provide input on what their thoughts were.
- Summary/Takeaways – Consolidate learning and identify strategies for future practice.
  - In the last 5-10 minutes, review the critical decision-making points. Consider asking "What-if" questions and ask how learners would apply the learning from today's scenario to a different contextual situation.

5. Debriefing Frameworks & Models Used: If you have never been trained in a debriefing method, please reach out to the TTUHSC Simulation Program to inquire. Our team members can provide training in the following methods.

- Debriefing with Good Judgment (discipline neutral, commonly used in medicine, nursing, health professions)
- Debriefing for Meaningful Learning (commonly used in nursing programs)
- PEARLS Framework (discipline neutral)

6. Evaluation of Debriefing

To ensure quality and consistency, the debriefing process itself may be evaluated by a member of the TTUHSC Simulation Program or simulationist trained in debriefing pedagogy:

- DASH (Debriefing Assessment for Simulation in Healthcare): Evaluates structure, engagement, and facilitator effectiveness.
- FACE (Feedback Assessment for Clinical Education): Collects learner feedback to improve facilitator performance.
- Debriefing for Meaningful Learning Evaluation Scale: specific to Debriefing for Meaningful Learning structure.
- This ensures facilitators continue to grow, just as learners do.

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