



Welcome!

Welcome to our Simulation Newsletter!

This is the last issue of our flagship year. We hope this newsletter has been useful for you!

Our theme for the month is the Debriefing portion of Running the Simulation. Debriefing is a huge topic,

as it's the most important part of the simulation. In some ways, we run the simulation just so we have something to talk about in the Debriefing.

There are multiple different ways to have a debriefing. What should we do during the debriefing to

help our participants get as much as possible from the simulation experience?

Please send us your feedback! *Our contact information is in the top left corner of the second page.*

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Debriefing Overview

A debriefing is a discussion about the simulation just after the simulation ends. Most times, it is an open session with the participants doing most of the critiquing (both positive and negative) and the facilitator simply facilitating.

Debriefing can be difficult to do well. Running a debriefing is different than running a class or holding a

Q&A session. The debriefer is there to facilitate the discussion, not to be the sage who knows all. Ideally, the facilitator will only ask guiding questions, helping to structure how the team discusses the simulation. The participants will discuss the actions they performed and their thought processes, and then discuss if those were optimal.

Sometimes the "answers" that come from debriefing might be vague. However, the participants have a chance to think deeply about the situation they found themselves in, and as a result they have a better understanding of what they should do in a similar situation in the future and why. This is what makes the simulation a success.

Debriefing Methods

There are many different ways to debrief and each has its advantages. Plus/Delta is likely the simplest version. "Plus" stands for "What went well?", and "Delta" stands for "What would you like to do differently next time?" (the change or delta desired). It is easy to use, but risks not diving deeply enough into the actions during the simulation to be useful.

Other debriefing methods include Debriefing with

Good Judgment, PEARLS (Promoting Excellence and Reflected Learning in Simulation), GAS (used by the AHA), and DASH (from Harvard). They have different levels of facilitator directedness and scripting.

At the Life Support Learning Center, we call our version Plus/Delta with Extensions. We start with Plus/Delta, but we will also ask extension (or "what if") questions: What would you do if the patient were a

little different? What would you do if your initial intervention didn't work? We use the extensions to be able to discuss multiple different, related situations from only one simulation. In addition, the extensions tend to walk towards the grey lines of the real world: what would you do if the patient is between alert and altered, between sick and not-sick, or between stable and not-stable? This flexibility is our reason for choosing it.

Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
 - Briefing
 - Run
 - Debriefing
- Reset
- Assessment

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We create simulation-based experiences for current staff and students to maintain and improve their clinical judgment and teamwork skills during medical emergencies.

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<https://www.medicalcenter.virginia.edu/medical-emergency-simulation-area/simulation-newsletters>

Goals of Debriefing

There are several different goals for debriefing. The most straightforward one is for the participants to improve their clinical performance, such as discussing how to use ACLS algorithms. This can also include skills such as team dynamics, which certainly affect patient outcomes.

Debriefings can also involve system improvements, even in simulations designed for clinical improvements. Issues with equipment failures and with team responses to codes, have appeared in LSLC's debriefings.

Participating in debriefings also allows participants to gain the skills needed to self-debrief after an event with an actual patient. The debriefing process is useful not just in simulation, but in the real world as well.

Additionally, the debriefing can be used as a reinforcement of participant emotional and cognitive safety. In simulations where the patient dies, LSLC facilitators will start the debriefing by stating the patient was programmed to die and that no action by any participant caused the patient to die. We will often see a visible relaxation in the participants when they hear that. The simulations exist for the participants to see and learn from critical situations, but without adversely affecting the participants themselves.

Pitfalls of Debriefing

Here are some potential pitfalls of debriefing:

The facilitator shouldn't be the sage who knows all.

The facilitator shouldn't take critiques of the simulation personally.

The debriefing is not about the facilitator. In one of the best debriefings the LSLC has ever had, the facilitator said two sentences during the 20 minutes of discussion.

Journal Article Spotlight

This month's journal article is Rudolph, J.W., et al. (2007). Debriefing with Good Judgment: Combining Rigorous Feedback with Genuine Inquiry. *Anesthesiology Clinics*, 25(2), 361-376. This link should allow you to download the article from a UVa computer:

<https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1932227507000237?returnurl=null&referrer=null>

This is an older article than we usually choose, but is the original article describing a debriefing method other than the Plus/Delta variant that we in the LSLC use.

Separately, an overview of debriefing methods is here:

<http://re5qy4sb7x.search.serialssolutions.com/?sid=Entrez:PubMed&id=pmid:27254527> and choose Get Article.

Meet Our Staff!

Meet John Hurt, one of our simulationists!

His primary role in the Life Support Learning Center is as an ACLS and PALS instructor, though he teaches many other courses as well.

In addition to teaching, he is a simulationist instructor with the LSLC Prehospital program. Also, he has been

an EMT of various levels for 24 years in a variety of organizations, and currently volunteers as a paramedic with the Western Albemarle Rescue Squad.

He likes using his real-world experience to create simulations. His favorite simulation that he's worked on is "all of them".

In addition to helping others learn from experiences similar to what he's had, he also learns from the perspectives other providers bring to the simulations.

We hope you'll have a chance to work with John in a simulation soon!

