

Welcome!

Welcome to our Simulation Newsletter!

We are going to start this year by going through the steps of a simulation, as we have in previous years. Each month will be one of the steps.

We've discussed the preparation work and we've run the simulation. This month, we'll talk about the debriefing, possibly the most important part of the simulation.

The debriefing is where the participants can discuss

what they did, what went well, and what they would like to do differently next time.

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

Inside this issue:

<i>Welcome!</i>	1
<i>Debriefing</i>	1
<i>Not Debriefing</i>	1
<i>Debriefing Styles</i>	2
<i>Gentleness</i>	2
<i>Journal Article</i>	2
<i>Editorial</i>	2
<i>Pictures!</i>	2

Debriefing

Discussing what debriefing is could be an entire course of its own, so we'll only touch the surface here.

Debriefing is a guided discussion about the simulation the participants just completed. Our simulations are mostly for health care providers, not students, so the participants drive the topic choice. However, the simulationist can also bring up topics, as their view of the simulation run was different than that of the participants and so may have seen something the participants didn't. This

is a fine line to walk for the simulationist. They are a guide, not a teacher.

Running a debriefing well is its own skill set. The simulationist will have several thought processes running at the same time:

- What am I saying now
- What do I want to say next
- Why do I want to say that next
- Is there something the participants did not see that I did see
- What would be most

profitable for the participants to discuss in our remaining time

-How are the participants responding to the discussion

For the participants, this is also a thoughtful time for them, as they consider what went well or could be done differently, discuss those points with the other participants and the simulationist, and perhaps find out that other people have different views.

Steps of a Simulation:

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

Not Debriefing

It's really easy to slide from debriefing into giving feedback or teaching. The debrief is designed to be led by the participants. If the simulationist steps in too much, it becomes a class, not a debriefing.

We try to remove the

"Sage on the Stage" power imbalance. We do simulations in areas where we have never worked. As a result, we need to listen to the participants as they know more than we do. It's a conversation amongst equals more than a classroom experience.

While the participants may directly ask for feedback ("What did you see?") and we can answer that because we had a different view of the simulation, we do want to keep it a discussion as much as possible.

**UVAHealth
Life Support Learning Center**

1222 Jefferson Park Ave
Fifth Floor, Room 5603
Box 800309
Charlottesville, VA 22903

Phone: (434) 924-1765
Email: jph5z@uvahealth.org

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

Follow us on:

Facebook:

<https://www.facebook.com/UVALSLC>

Instagram:

@uva_slc

YouTube:

<https://www.youtube.com/channel/UCx-KtMNJMIYLdWKEoOjrVvA>

Our newsletter repository:

<https://www.medicalcenter.virginia.edu/medsa/simulation-newsletters>

Pictures!



STICU nurses resuscitate their patient. Notice the ventricular fibrillation on the monitor on the right.

No second picture this month — we have failed in our photographic duty!

The answer to last month's question of "See how many patients you can find!" is four. There were more in the actual simulation.

Debriefing Styles

There are lots of different styles of debriefing. Plus-Delta, Debriefing with Good Judgment, PEARLS, The Debriefing Diamond, Gather-Analyze-Summarize, Rapid Cycle Deliberate Practice, and TeamGAINS are some of the options (list is from the Duff article below). Due to space constraints, we'll let you look them up if you're interested. Most are some version of "Describe what you did" and then "Analyze what you did."

We use Plus-Delta with Extensions, which is our own version of Plus-Delta. We focus on two questions: "What went well?" (the Plus) and "What would you like to do differently?" (the Delta). The simulationist can ask for clarifications and details. If the participants say, "We communicated well," the simulationist can ask, "How so? Could you give an example?"

We also ask about slight modifications to the scenario. What if the patient was slightly worse (or slightly better)? Would you do anything differently? These are our Extensions. Essentially, we get several simulations from having run one.

Gentleness

Participants are at risk in simulations. They may discover they don't know as much as they thought they did and that is revealed in front of other people during the simulation run, but it can also appear in the debriefing. (See our April issue for a discussion of this in the Briefing step.)

To counterbalance this, we try to be as gentle as possible while still making sure we discuss the things we need to discuss. For instance, if no one cleared the patient before defibrillating them, we can focus the discussion around "What might make this safer for everyone?" as opposed to asking one person, "Why did you nearly shock your coworker?" The gentle question invites a thought process that ends in them recognizing the problem, which is more effective than being called out in front of others.

Journal Article

Our article this month is from Duff, JP, et al. (2024). Debriefing Methods for Simulation in Healthcare. *Simulation in Healthcare*, 19(1—IMSH Research Summit Supplement); p S112-S121, February 2024. This article discusses the types of debriefings and how little research has been done on comparing the methods. There is a wonderful discussion about debriefing at the end of the article.

We have a link for this that should work from any UVa computer: https://journals.lww.com/simulationinhealthcare/fulltext/2024/01001/debriefing_methods_for_simulation_in_healthcare_a.12.aspx

Editorial

Debriefing in simulations has a secondary gain: It helps people know how to debrief after a real-life event. You've seen how important debriefing is for simulations. It's even more important after real-life situations. It allows teams to think back about what they just did and how they can do better next time. There is a significant body of research supporting this.

In our opinion, we should debrief after major real-life events. Simulation helps prepare people for that.