



### Welcome!

Welcome to our Simulation Newsletter!

We're going to discuss gentleness in debriefing. There's lots of ways to debrief: Plus/Delta (we use a variant of this), Debriefing with Good Judgment, 3D model, GAS (yes, that's its

name), PEARL, Team-GAINS, and one based on the US Army's After-Action Review process, among others.

However, we should also consider the attitude that the debriefer takes to the debriefing. We strongly

lean towards gentleness, as simulation is not easy.

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

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### Risks for Participants

We're going to discuss what might be the biggest risk for participants, which we also discussed back in May 2022 as part of the Briefing: the risk of not performing up to their own or what they perceive to be other's standards.

As much as we try to minimize it, being in a simulation means being on a stage with others watching what you

are doing. That means other may see you do something wrong or that you think is wrong. Even though it's a simulation, there is then a risk that people will take that judgment back to the real world.

In the debriefing, that risk continues. Now, in addition to doing something wrong, there is a risk you'll

also be called out for it in front of everyone else in the debriefing.

Again, this is something we try to minimize — but the risk is real. How can we minimize it even more in the debriefing?

### Debriefing as Part of Goals

Every simulation revolves around the simulation's goals. Setting goals is the first step of simulation. The debriefing is part of fulfilling the educational goals.

We use the debriefing to help the participants decide what went well and what they may want to do differently next time. For us, this is truly a discussion, not a lecture or a presentation. We want a back-and-forth discussion between all the

participants in the simulation, including the simulationists.

We don't use the debriefing to judge or grade the participants. The simulationists are not the Sage on the Stage. As soon as we put on a white lab coat and start declaring the truth, we stop having a debriefing and start having a lecture.

As a result, we need the participants to buy into the debriefing process. We

need them to understand that the discussion of what could be done differently next time is part of the simulation process to help them do better with real patients.

If we handle the debriefing well, we will help them lead themselves to what went well and what they should do in the real world with a similar patient.

### Steps of a Simulation:

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

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**Our newsletter repository:**

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

## Pictures!



3West staff participate in a First Five Minutes code simulation. We are very glad to be working with Acute Medicine staff!



4West and other 4th floor nurses participate in mock codes. Everyone's first code should be on a plastic patient!

## Gentleness in Debriefing

We are strong proponents of gentleness in our debriefings. As we discussed on the first page, we know there is a psychological risk to participating in a simulation. We know that people don't like being called out in front of others. However, we also know that there are things that need to be brought up in a debriefing, and some of those are because a participant chose a non-optimal course of action.

If we go into the debriefing hard, the participants will close up. At best, they may decide, "I'll never do that again!", but it's because someone scared them. That's not particularly useful.

Instead, we go into the debriefing gently, using the following techniques:

-We will ask questions more than make statements.

-We will ask the group rather than individual participants.

-We will ask about the condition of the patient, leading the participants to an understanding of how sick the patient was.

-We can ask them to give ideas for interventions, and then ask questions about each, helping them bring to play their prior knowledge of how those interventions work.

Once we've done the background work, we can ask them which course of action they may choose in the future — allowing them to look forward rather than back. Again, we will bring up the things we need to bring up, but in a way that allows the participants to discover it themselves instead of the simulationists telling them what to do.

If we, as facilitators not teachers, help participants explore what happened, with an open and curious mindset, they will understand the reasons why This Thing is better to do than That Thing. Being gentle in debriefings allows the participants the psychological safety to look at an action, understand why it wasn't a good decision to make, understand why a different course of action would do, and see why that different action would be better.

## Journal Article

This month, our article is a discussion of the debriefing process as seen by the International Nursing Association of Clinical Simulation and Learning (INACSL). The article is: INACSL Standards Committee et al. (2021). Healthcare Simulation Standards of Best Practice™ The Debriefing Process. *Clinical Simulation in Nursing*, 58, 27-32.

We have a link for this that should work on any UVa computer:

<https://www.sciencedirect-com.proxy1.library.virginia.edu/science/article/pii/S1876139921000980?via%3Dihub>

## New/Returning Simulationist!

We have a new simulationist coming to be part of our team! Actually, she's returning after several years away.

Amy Turner has been a nurse for a long time, with a cardiovascular ICU background but now also a considerable simulation skill set, having been a simulationist with us here in the LSLC as well as in another hospital and a community college.

We are ecstatic that she is back with us! Look for her soon as a simulation near you! And since she is coming, we can schedule more simulations — what would you like to do with simulation in your area?