

Lessons learned from healthcare debriefing applied to conversations in clinical practice

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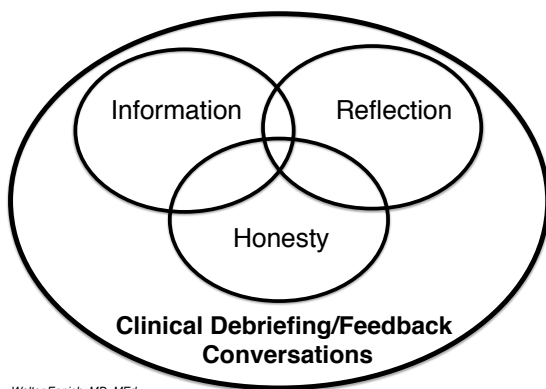


Feedback in Clinical Medical Education

JAMA, Aug 12, 1983—Vol 250, No. 6

Jack Ende, MD

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Roadmap

- Challenges
- Case study
- Credibility
- Culture
- Change
- Conversations

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Debriefing has benefits

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Do Team and Individual Debriefs Enhance Performance? A Meta-Analysis

Scott I. Tannenbaum and Christopher P. Cerasoli, the Group for Organizational Effectiveness, Albany, New York

HUMAN FACTORS
Vol. 55, No. 1, February 2013, pp. 231-245

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Examining Pediatric Resuscitation Education Using Simulation and Scripted Debriefing

A Multicenter Randomized Trial

Adam Cheng, MD; Elizabeth A. Hunt, MD, MPH, PhD; Aaron Donoghue, MD; Kristen Nelson-McMillan, MD; Akira Nishisaki, MD; Judy LeFlore, PhD; Walter Eppich, MD, MEd; Mike Moyer, MS; Marisa Brett-Flegler, MD; Monica Kleinman, MD; JoDee Anderson, MD; Mark Adler, MD; Matthew Braga, MD; Susanne Kost, MD; Glenn Strykowski, MD; Steve Min, MD; John Podraza, MD; Joseph Lopriato, MD, MPH; Melinda Fiedor Hamilton, MD; Kimberly Stone, MD, MS, MA; Jennifer Reid, MD; Jeffrey Hopkins, MSN, RN; Jennifer Manos, RN; Jonathan Duff, MD; Matthew Richard, BS; Vinay M. Nadharni, MD, for the EXPRESS Investigators

JAMA PEDIATR 2013

Debriefing for technology-enhanced simulation: a systematic review and meta-analysis

Adam Cheng,¹ Walter Eppich,² Vincent Grant,¹ Jonathan Sherbino,³ Benjamin Zendejas⁴ & David A Cook⁵

Medical Education 2014; 48: 657-666

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Common Challenges

- “Time”
- “How to be critical while staying positive”
- “Hard to be direct”
- “Don’t want to step on toes”
- “Don’t want to hurt feelings”
- “Defensiveness”
- “Maintaining the relationship”

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Feedback is important...

Ende 1983, Issenberg et al. 2005,
van de Ridder et al. 2008, Cantillon & Sargent 2008,
McGaghie et al. 2010, Archer 2010, Mann et al. 2011,
Sargeant et al. 2010, 2011, 2012, Eva et al. 2012,
Dorman 2012, Delva et al. 2013, Hay et al. 2013,
Watling et al. 2013a, 2013b

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...so is knowing how to give it...

Ende 1983, Issenberg et al. 2005,
van de Ridder et al. 2008, Cantillon & Sargent 2008,
McGaghie et al. 2010, Archer 2010, Mann et al. 2011,
Sargeant et al. 2010, 2011, 2012, Eva et al. 2012,
Dorman 2012, Delva et al. 2013, Hay et al. 2013,
Watling et al. 2013a, 2013b

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***...but perhaps even more so is
the relationship and the culture
in which it is given.***

Ende 1983, Issenberg et al. 2005,
van de Ridder et al. 2008, Cantillon & Sargent 2008,
McGaghie et al. 2010, Archer 2010, Mann et al. 2011,
Sargeant et al. 2010, 2011, 2012, Eva et al. 2012,
Dorman 2012, Delva et al. 2013, Hay et al. 2013,
Watling et al. 2013a, 2013b

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The Feedback Sandwich

- Usually not authentic
- Linguistic ritual
- Formulaic
- Tokenistic

Ten Cate 2012
Molloy & Boud 2013
Bearman & Ajajwi 2013

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Feedback that threatens self-esteem is less effective...and potentially harmful

Kluger & DeNisi 1996

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Learning from clinical work: the roles of learning cues and credibility judgements

Christopher Watling,¹ Erik Driessen,² Cees P M van der Vleuten² & Lorelei Lingard³

Medical Education 2012; **46**: 192–200

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Credibility Judgments

“Learners sort, weigh and assign value to the learning cues presented to them, deciding which information must be integrated into their developing professional identity and which information can be dismissed” (p. 196)

Watling et al. 2012

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It’s not just “giving feedback” ... it’s having a conversation

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What makes the conversation effective?

1. Supportive learning/workplace culture
2. Allows for trainee reactions / emotions
3. Specific, concrete observation
4. Honest but non-threatening approach
5. Trainees shares their perspectives on events
6. Focus on improvement **or** sustaining excellence

Simon et al. 2010, Cantillon & Sargent 2008,
Archer 2010, Mann et al. 2011, Eva et al. 2012,
Erett-Fliegler et al. 2012, Ahmed et al. 2012,
Arora et al 2012, etc.

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Supportive learning/workplace culture

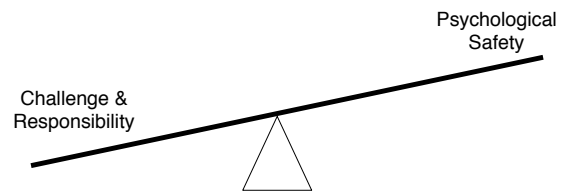
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Psychological safety

- A belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes
- Interpersonal risk-taking is possible

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Edmondson 1999, 2008



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**Safety is not a word;
safety is a *feeling***

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*“I’ve learned that people will forget
what you said, people will forget what
you did, but people will never forget
how you made them feel.”*

Maya Angelou

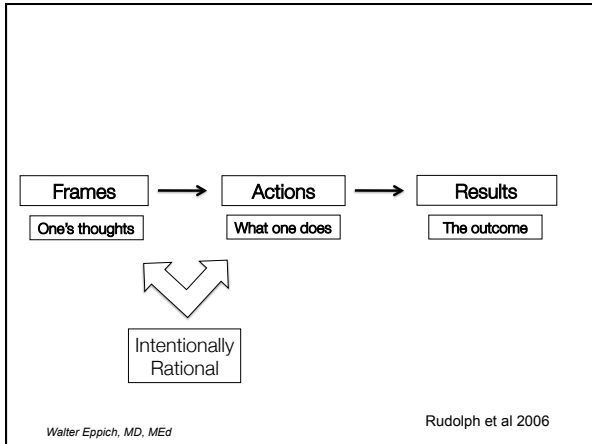
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A key concept

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**Thoughts and actions
are linked**

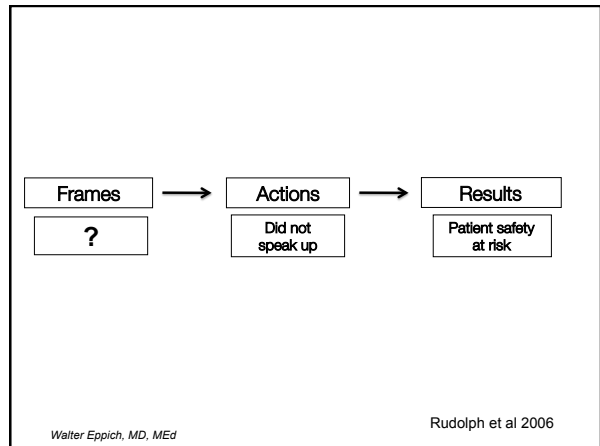
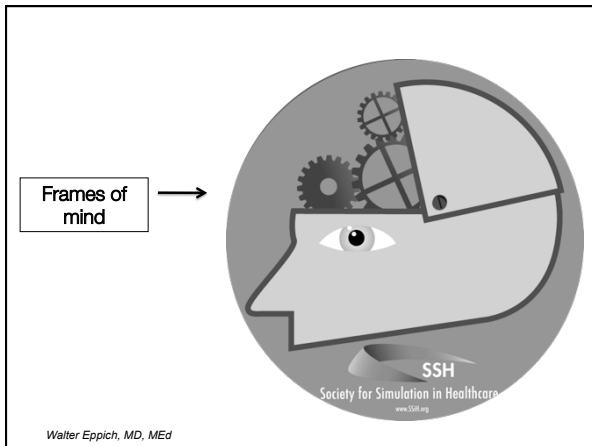
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Assuming a positive intent...

Giving the benefit of the doubt...

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What makes the conversation effective?

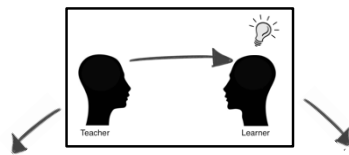
1. Supportive culture/climate
2. Allows for trainee reactions / emotions
3. Specific, concrete observation
4. **Honest but non-threatening approach**
5. Trainees shares their perspectives on events
6. Focus on improvement **or** sustaining excellence

Simon et al. 2010, Cantillon & Sargent 2008,
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Arora et al 2012, etc.

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Common pitfalls

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“Judgmental”
Harsh, threatening

“Non-judgmental”
Trying to be nice
Being neutral

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Modified after Rudolph et al 2006

Non-judgmental: the problem

Examples of less effective patterns

- “Leading the witness” or dirty questions
- “Read my mind” or “guess what I’m thinking”
- Hint and hope

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Non-judgmental: the problem

Dirty question

- Posing a question that suggests an answer
- *“Don’t you think it would have been a good idea to be more assertive about your concern when patient safety was at risk?”*

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Non-judgmental: the problem

“Guess what I’m thinking”

- Asking a question for which you are looking for a specific answer...but you are not clear about it
- *“What’s the best way to get your point across in a critical situation?”*

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Non-judgmental: the problem

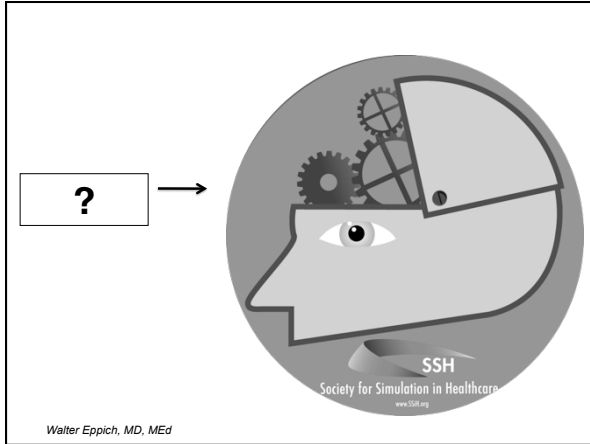
Hint and hope

- Speaking indirectly and hoping they “get it”

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An alternative stance: curiosity

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Being honest yet non-threatening...

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First person perspective

- "I saw / heard...didn't see / hear"
- "My impression is..."
- "My worry is/was..."
- "I am concerned..."
- "In my experience..."
- "It seemed to me..."
- "Usually I do"...

I

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Turning "You" into "I"

<u>"You"</u>	<u>"I"</u>
<ul style="list-style-type: none"> • "You didn't speak up" • "You put the patient at risk" 	<ul style="list-style-type: none"> • "I didn't hear you speak up" • "I think that could have put the patient at risk"

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Turning “You” into “I”

“You”

- “You didn’t speak up”

“I”

- “I didn’t hear you speak up”
- “You put the patient at risk”
- “I think that could have put the patient at risk”

“Final vocabulary”

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Boud and Molloy 2013

The steps

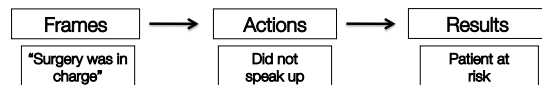
- Tell them what you want to talk about
- Tell them what you saw / heard
- Tell them what you think about the observation
- Ask them what they think

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The steps

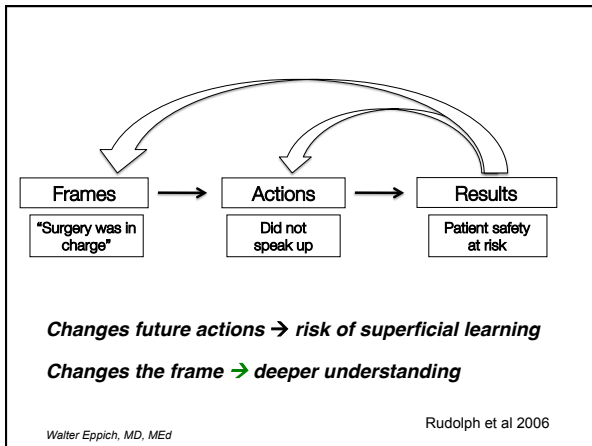
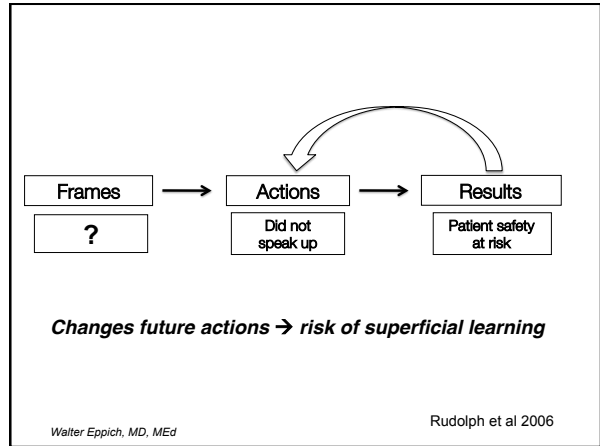
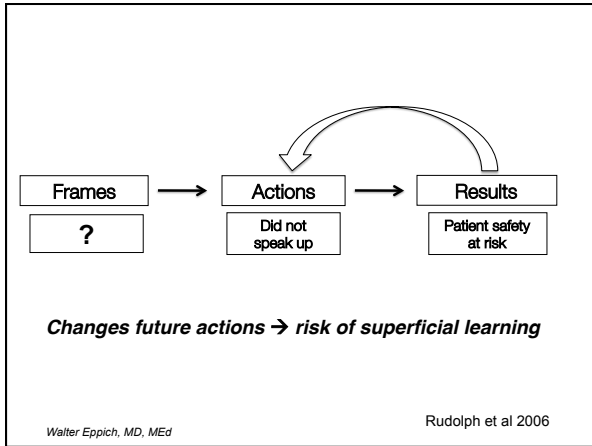
- “I’d like to talk the discussion between you and and the surgery resident about whether or not to intubate the patient before the CT scan.”
- “I heard you say: “I am worried, *but that’s OK.*”
- “I was wishing you would have been more clear about your concern, especially when there is an airway issue.”
- “What was going through your mind at that moment”

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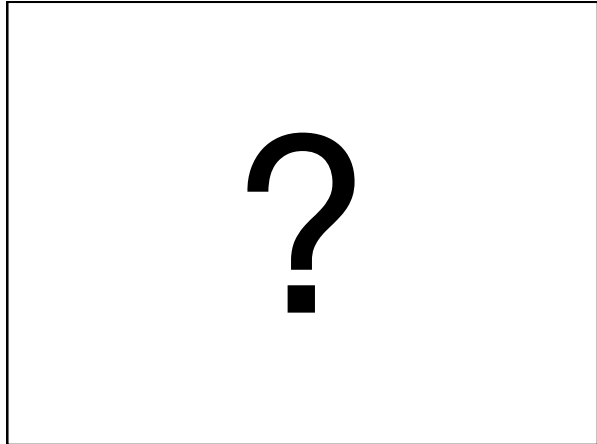
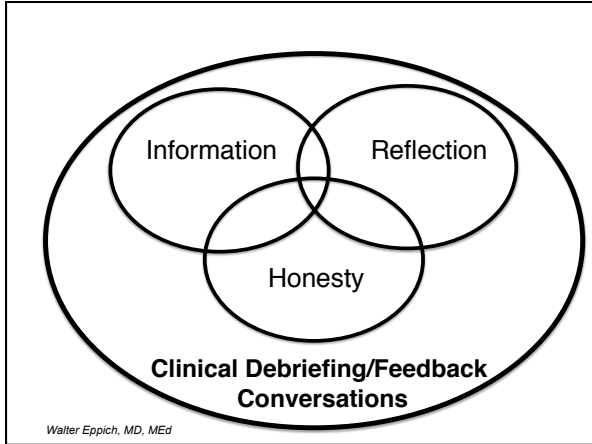
Rudolph et al 2006



**Reframing the conversation:
Reciprocal illumination**

Roger Kneebone

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To die or not to die

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When Things Do Not Go as Expected: Scenario Life Savers

Peter Dieckmann, PhD; Anne Lippert, MD; Ronnie Glavin, MD; Marcus Rall, MD

In this paper we discuss scenario life savers - interventions before and during simulation scenarios that allow to create and use relevant learning opportunities, even if unexpected events happen during the conduction of the scenario. Scenario life savers are needed, when the comprehension or acceptance of the scenario by the participants is at stake, thus compromising learning opportunities. Scenario life savers can principally work by bringing participants back on track of the planned scenario or by adapting the conduction to their actions on the fly. Interventions can be within the logic of the scenario or from the "outside," not being part of the scenario itself. Scenario life savers should be anticipated during the design of scenarios and used carefully during their conduction, aiming to maximize the learning for participants. (*Sim Healthcare* 5:219-225, 2010)

Key Words: Scenario, Simulation, Learning goal, Adaptive training.

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CHEST

Original Research

CRITICAL CARE

The Emotional and Cognitive Impact of Unexpected Simulated Patient Death

A Randomized Controlled Trial

Kristin Fraser, MD; James Huffman, MD; Irene Ma, MD; Matthew Sobczak, BSc; Joanne McLuerick, MD; Bruce Wright, MD; and Kevin McLaughlin, PhD

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Cultural differences

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It Is Time to Consider Cultural Differences in Debriefing

Hyun Soo Chung, MD, PhD;

Peter Dieckmann, PhD;

Saul Barry Issenberg, MD

Summary Statement: Debriefing plays a critical role in facilitated reflection of simulation after the experiential component of simulation-based learning. The concept of framing and reflective learning in a debriefing session has emanated primarily from Western cultures. However, non-Western cultures have significant characteristics that manifest themselves in teaching and learning practices substantially different from Western cultures. We need to consider how to balance standardization in debriefing with a culture-sensitive interpretation of simulation-based learning so that learners receive the maximum benefit from debriefing sessions. Our goal was to raise awareness of cultural differences and stimulate work to make progress in this regard.

(Sim Healthcare 8:166-170, 2013)
Keywords: Culture, Debriefing

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Post-resuscitation debriefing

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Clinical paper

Implementation of an In Situ Qualitative Debriefing Tool for Resuscitations^{a,b}

Paul C. Mullan^{a,*}, Elizabeth Wuestner^b, Tarra D. Kerr^b, Daniel P. Christopher^b, Binita Patel^b

^a Children's National Medical Center, George Washington University School of Medicine and Health Sciences, United States
^b Texas Children's Hospital, Baylor College of Medicine, United States

Interdisciplinary ICU Cardiac Arrest Debriefing Improves Survival Outcomes

Heather Wolfe, MD¹; Carleen Zebuhr, MD²; Alexis A. Topjian, MD, MSCE¹;
Akira Nishisaki, MD, MSCE¹; Dana E. Niles, MS¹; Peter A. Meaney, MD, MPH¹;
Lori Boyle, RN, BSN, CCRN¹; Rita T. Giordano, RRT-NPS¹; Daniela Davis, MD, MSCE¹;
Margaret Priestley, MD¹; Michael Apkon, MD¹; Robert A. Berg, MD¹; Vinay M. Nadkarni, MD, MS¹;
Robert M. Sutton, MD, MSCE¹

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