Get Your Head Around De-Briefing

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Aims of this Session

- What is Debriefing?
- How is it organised in Practices?
- What skills do you need?
- What are the benefits of debriefing?
- Provide further information
Discussion

What are your aims and objectives in debriefing a trainee?
Definition

Debriefing is defined as a dialogue between two or more people; its goals are to discuss the actions and thought processes involved in a particular patient care situation, encourage reflection on those actions and thought processes, and incorporate improvement into future performance.
Brookfields Principles of Adult Learning

1. Participation is voluntary
2. Mutual respect between teachers & learners
3. Collaboration is important (learners & teachers)
4. Action & reflection should be a continuous process
5. Critical reflection invokes further exploration
6. Nurturing of self-directed adults is important.
Where in Johari?

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<th>Jo-Hari Window – a reminder</th>
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<td>Things others know about me</td>
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<td>Things others don’t know about me</td>
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What is debriefing?

- Core Activity of GP specialty training
- Learner reflects on experience of consulting
- Opportunity to discuss urgent matters
- Debriefing – not necessarily straight after surgery
- Can be Individual or Group
A form of PBL

“uses problems or cases to identify learning issues.”
Discussion – in groups

- How do you organise debriefing within the Practice?
Trainee Feedback

- Having a named supervisor, identified on clinical system is important
- Appointments blocked off for Supervising GP
- Can be difficult to leave on time at end of day
- Value both individual and group debrief
- Find process supportive and formative
- Variation in how Debrief occurs between and within Practices
The process

Cases / problems

Individual discussion  Group discussion

Learning/signposting

Reflection

Identify ongoing learning needs
The Right Place?
Protected Time?

DO NOT DISTURB
Order of cases

- Discuss in order of being seen?
- Offer to let trainee put forward first case for discussion – any burning issues?
Don’t be a...
When you could be a...
Group De-Brief

- Trainees prefer group debrief and like learning from each other
- Can feel less threatening than 1 to 1 (trainer is outnumbered?)
- Builds their confidence in teaching skills
Contractual Aspects

- Appropriate debriefing time with the supervising GP
- Debriefs are part of the working day - service time NOT educational time
- There must be a recognition that the amount of debrief time will often be dependent on the trainee and their supervisor - this will need to be negotiated locally but under the understanding that it will take place within the session time.
Recommendations

HEEoE website
- 30 minutes debrief and 1 hour admin time per 2.5 hour Surgery

RCGP website
- When Trainees choose case for CBD, they can’t include cases that have already been used as a debrief.
Recommendations

Other areas (Reading VTS)

- ST1/2 Debriefs should occur after every patient initially, then slots held for supervising doctors at regular intervals throughout each session to enable trainees to ask ‘on the spot’ advice, every session should be followed by a 30 min debrief to work through all of the patients seen.
ST3 - Initially this should be 10 minutes of trainer time for each registrar patient. This can quickly be reduced to every 2 or 3 patients and finally half an hour at the end of surgery. After a couple of months you may no longer plan a specific debrief time for each surgery but there should still be a nominated GP supervising the registrar for each surgery who they can go to for help and advice.
Discussion – in groups

- What skills and techniques do you use when debriefing a Trainee?
Listen and respond

Like a Consultation:

Active listening, clarification, picking up cues, eliciting ideas, negotiating future action etc.
Identify Learning needs

- Identify themes – can be from any part of GP curriculum:
  - Some aspects can be dealt with at the time
  - Others can be noted for future teaching sessions or other activities
  - Negotiate a plan to address needs
Give Feedback

i.e. **Information** about performance or behaviour that leads to action to **affirm or develop** that performance or behaviour.
Also….

- encourage reflective practice and lifelong learning, including use of evidence
- assess learning needs (knowledge, skills, and attitudes)
- identify learning opportunities
- help TRAINEE to increase self-knowledge of their own strengths, weaknesses, and attitudes
Tools

- SHARP
- OSAD
- Debrief Diamond
Recording

- What is recorded?
- Who is responsible for this?
- Use of computer templates
Discussion – in groups

- What has worked well when you have debrief Trainees?
Tips on Debriefing

- Listen and Reflect
- Ask about urgent concerns/problems first
- Move away from being the ‘Expert’...
- Get them to problem-solve for themselves
- Promote ‘Looking for info when you don’t know it’ rather than ‘giving answers.’
- If a group, open out issues to the others
- Some questions may still need a direct answer.
The Talkative Trainee

- Over-contributing trainee can limit the contribution of others. Try:
  - Thanks for that XXX, what do others think?
  - YYY, what’s your view on this?
  - Sorry to cut things short, but to fit in other people’s issues we need to move on, is that OK?
Experience and Reflection are important, but they may not be enough on their own to *drive* learning.

To *engage* requires: challenge, some sort of emotion, external stimulus (e.g. from patient, colleague, educator)

(See Kolb and Schon)
Ideas....

- Trainee - Straightforward cases – or a bit tricky?
- Trainer – Challenge rather than chat – (e.g ‘what if?’ questions)
- Offer to start with trainee-selected case if urgent ‘need-to-know’.
Outcomes - hopefully

- Trainees learn the basics of good safe patient management
- Learning/teaching factual knowledge, AND:
  - Using their colleagues when unsure what to do.
- Develop self-confidence – more skills than they think
- Respect other people’s opinions
- Learn to cope with uncertainty
- Sometimes there are just no answers!