



Evolution of the supervision of students in clinical training, towards digital debriefing



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Disclosure

Conflict of Interest

- ✓ Jean-Christophe Servotte reports no conflict of interest
- ✓ Paul Mullan reports no conflict of interest
- ✓ Bram Welch-Horan reports no conflict of interest
- ✓ Demian Szyld reports no conflict of interest
- ✓ Corinne Bay reports no conflict of interest
- ✓ Jacinthe Dancot reports no conflict of interest
- ✓ Sophie Baijot reports no conflict of interest

Learning outcomes

Upon completion of this educational activity, participants will be able to:

- Explain the methodology for implementing students clinical debriefing in their own clinical contexts
- Explain the clinical debriefing methodology of DISCERN-STUDENT

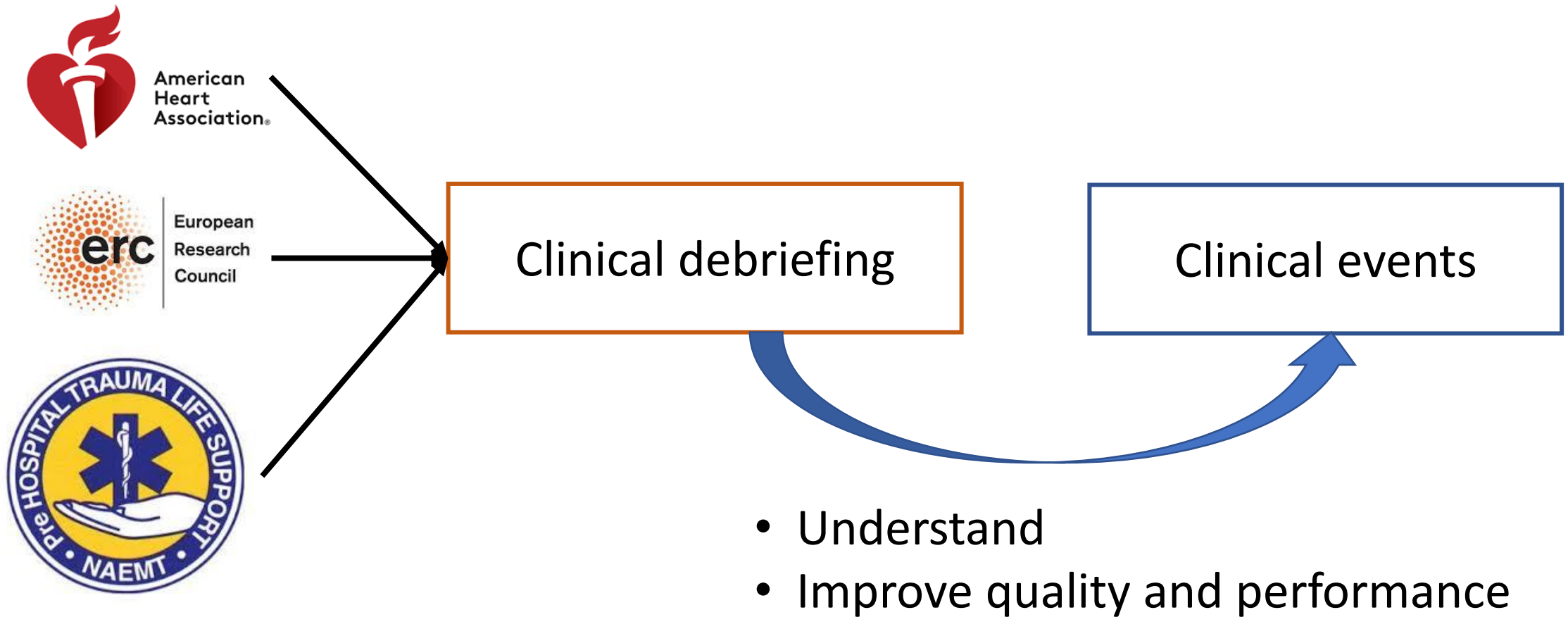
Context

- Traditional clinical apprenticeship model:
 - ✓ See one, do one, teach one (Leighton et al., 2021)
 - ✓ Engagement in patient care : 44% (Polifroni et al., 1995; Norman et al., 2005)
 - ✓ Supervision : 25% of this time (Harder, 2015; Polifroni et al., 1995)
- Clinical outcomes:
 - ✓ Lack of evidence (Leighton et al., 2021)
 - ✓ Nursing students and new nurses: more errors (Blignaut et al., 2017; Simonsen et al., 2014)
 - ✓ Support and/or feedback: improvement (Pastré et al., 2006; Van Pee, 2010)

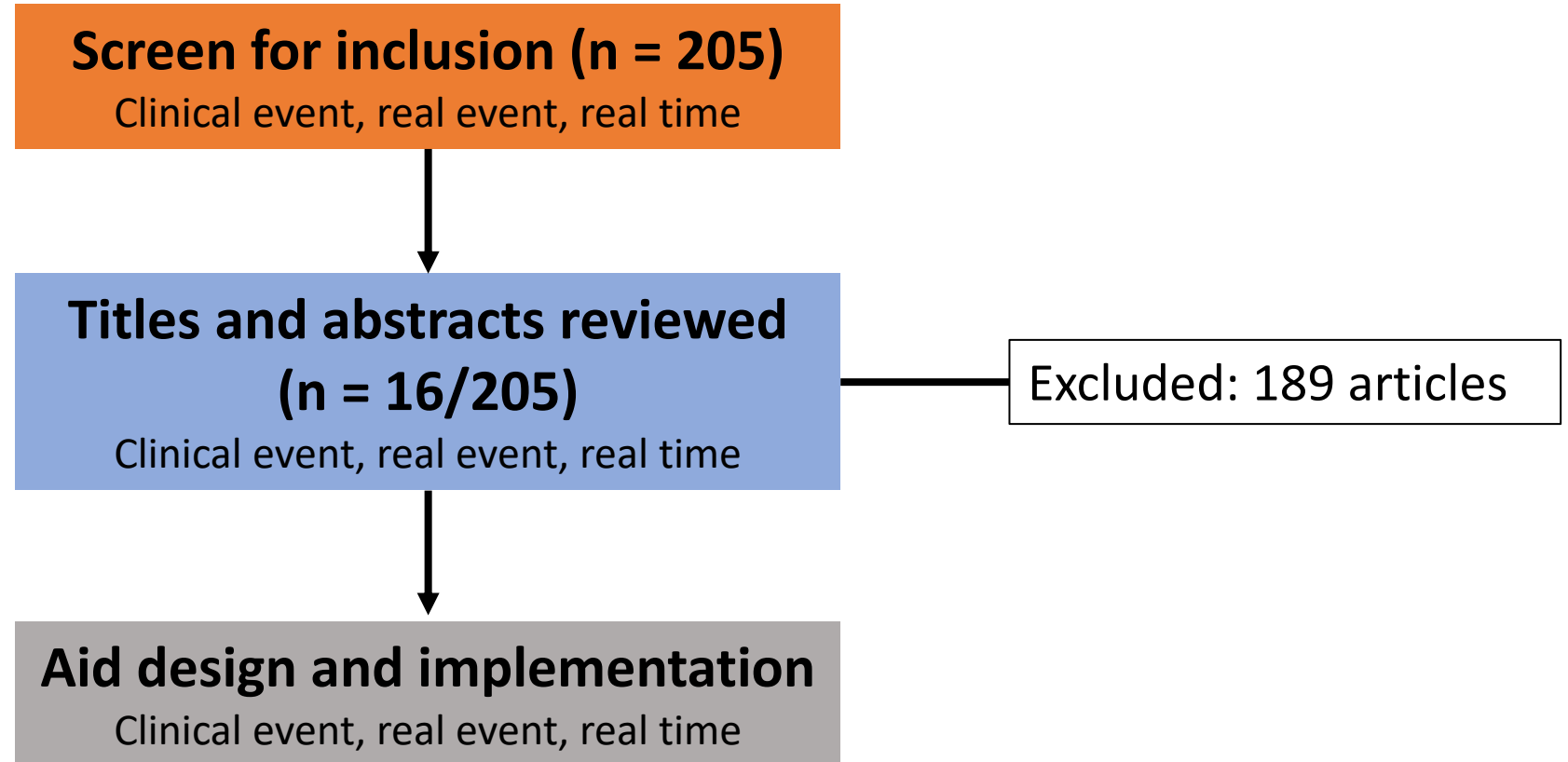
Context

- February-May 2020: first wave of COVID-19
- Clinical settings:
 - ✓ Management of COVID-19 patients: new paradigm
 - ✓ Internship sites closed or redirected
 - ✓ Students: stop internship or no supervision
- October 2021: second wave → remote clinical debriefing program

What is clinical debriefing ?



Literature review



Clinical debriefing guide (Kessler et al., 2015) : **Debriefing In Situ Clinical End-of-shift Reflection Now for Student Thinking, Understanding, and Discourse to Extend New Thinking© (DISCERN-STUDENT)**

Clinical debriefing guide (Kessler et al., 2015)

What?

Where?

When?

Who?

Why?

How?

What ?

- A **method** to facilitate discussion of **actions, guide reflection** and **transfer learning behaviors** into clinical practice (Servotte et al., 2020)

Clinical debriefing guide (Kessler et al., 2015)

What?

- Facilitate discussion of actions, guide reflection & transfer learning behaviors

Where?

When?

Who?

Why?

How?

When?



+

- Availability
- Minimizing recall bias
- Urgent issues

-

- Time
- Space
- Emotional issues

Immediately after → Hot

When?



Immediately after → Hot

Minutes/hours after → Warm

+

- Availability
- Minimizing recall bias
- Urgent issues
- **Programmed**

-

- Time
- Space
- Emotional issues
- **Absence / rejection**

When?



Days after → Cold

+

- More data
- Non participant

-

- Availability
- Recall bias
- Discussion with a larger group

Clinical debriefing guide (Kessler et al., 2015)

What?

- Facilitate discussion of actions, guide reflection & transfer learning behaviors

Where?

When?

- After shift ends

Who?

Why?

How?



What can we debrief ?



Clinical debriefing guide (Kessler et al., 2015)

What?

- Facilitate discussion of actions, guide reflection & transfer learning behaviors

Where?

When?

- After shift ends

Who?

Why?

- Latent safety threats
- Improvement opportunities
- Self-assessment & reflection

How?

Where?

- Video-conference
- On site

Clinical debriefing guide (Kessler et al., 2015)

What?

- Facilitate discussion of actions, guide reflection & transfer learning behaviors

When?

- After shift ends

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Clinical debriefing guide (Kessler et al., 2015)

What?

- Facilitate discussion of actions, guide reflection & transfer learning behaviors

When?

- After shift ends

Why?

- Latent safety threats
- Improvement opportunities
- Self-assessment & reflection

Where?

- On site
- Video-conference

Who?

- Nursing students, debriefer and team members

How?

How ?

- Psychological safety :
 - ✓ Co-creation
 - ✓ Confidentiality
 - ✓ Not an assessment
- Plus/Delta analysis

How ?

- First debriefings: very long (> 1h)
- Students prepare debriefing with a preconversation sheet

How ? Preconversation

Pre-conversation	Debriefing key elements
<p>Before the debriefing, we ask you to answer the following questions and to use this worksheet individually to:</p> <ol style="list-style-type: none"> 1. What is the first emotion that comes about your clinical shift experience? 2. In a few brief sentences, describe the educational activities that were undertaken during your clinical shift <ol style="list-style-type: none"> a. What went well and why? b. What could be done more effectively in the future and why? c. What would you like to discuss about your experience with learning in a COVID-19 environment (eg. exposure, patients' care, etc.)? 	<p>In this section, you are invited writing key learning elements discovered during the debriefing:</p> <ol style="list-style-type: none"> 1. Elements/events could have been better (add potential solutions): 2. Key Lessons: 3. Action Items: 4. Other information:

How ?

Adaptation:

- ✓ DISCERN tool (Mullan et al., 2013)
- ✓ DISCOVER-PHASE (Servotte et al., 2020)

3 sections

5 stages

Debriefing report

Debriefing structure	Debriefing report
<p>1. INTRODUCTION:</p> <ul style="list-style-type: none">○ Thank you for joining this debriefing. This will take about 5-10 minutes. The goal of this debriefing is to reflect together on the educational experience you have had on today's shift. This conversation will be confidential, any shared information will not become a part of your graded evaluation, and any recommendations for improving the educational experience will not be identifiable to you unless you specifically request it. I'll be around after if anyone want to talk further.○ We would now like to turn to everyone to discuss their reflection on this shift, what they thought went well, and what they thought we could do differently in the future. <p>2. REACTIONS</p> <ul style="list-style-type: none">○ Before we reflect on the education value of today's shift and review what we thought went well and what we thought we could do differently in the future, how (are you / is everyone) feeling about how the shift went?○ Invite sharing of emotions or initial reactions○ Listen, mirror, validate. <u>Don't</u> probe deeply <p>3. DESCRIPTION</p> <ul style="list-style-type: none">○ Invite each student to describe the educational activities, in a few brief sentences, that were undertaken during their shift. <p>4. CONVERSATION</p> <ul style="list-style-type: none">○ PLUS: Invite reflection and sharing of successes from the prior shift. "What went well during the shift?" (Document to the right under #3)○ DELTA: Invite reflection and sharing around areas that could be done differently/more effectively in the future. "Let's talk about the difficult things that are happening" (Document to the right under #4)○ Ask more in-depth questions related to COVID-19 patient care, <u>evaluations</u> or treatments.○ ACTION: What are the key learning elements? What topics should we communicate to educational or hospital leadership? (Document to the right under #5) <p>4. CLOSING</p> <ul style="list-style-type: none">○ Begin to close the session by signaling that you are ending the session, thank everyone for their participation○ Invite "take-aways" or closing statements form team○ Summarize key Action Items and Lessons Learned	<p>1. Time debriefing started:</p> <p>2. Description of main activities (brief)</p> <p>3. PLUS comments (what went well):</p> <p>4. DELTA comments (what could have <u>be</u> improved in the future):</p> <p>5. Action Items, Key Lessons, Other information</p> <p>6. Time debriefing <u>ended</u> :</p>

Does it work ?

- 100 debriefings / 110 opportunities (90,1%)
- Request: facilitator (82%), students (13%) or team members (5%)
- Duration: 12 minutes (9-16)
- ICU (62%) and emergency (26%)
- WhatsApp (54%), Teams (32%) or phone (14%)

Does it work ?

- Satisfaction:
 - ✓ Overall: 4,7/5
 - ✓ System: 4,8/5
 - ✓ Duration: 4,3/5
- Sense of respect
- Listening and confidentiality

Does it work ?

- Findings:
 - ✓ Technical skills (25%)
 - ✓ Non-technical skills (80%)
 - ✓ Other issues (8%): ethical, anxiety, burnout, etc.

Conclusion

- Best practices - feasible
- Different support – psychological safety
- Research needed

Thank you ...

