

# Debriefing: Culture and Conversation

**Walter Eppich, MD, MEd**

*Center for Education in Medicine*

*Northwestern University Feinberg School of Medicine*

*Assistant Professor of Pediatrics and Medical Education*

*Ann & Robert H. Lurie Children's Hospital of Chicago*

*Chicago/USA*



*Principal Faculty*

*Center for Medical Simulation*

*Boston/USA*



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- No commercial interests

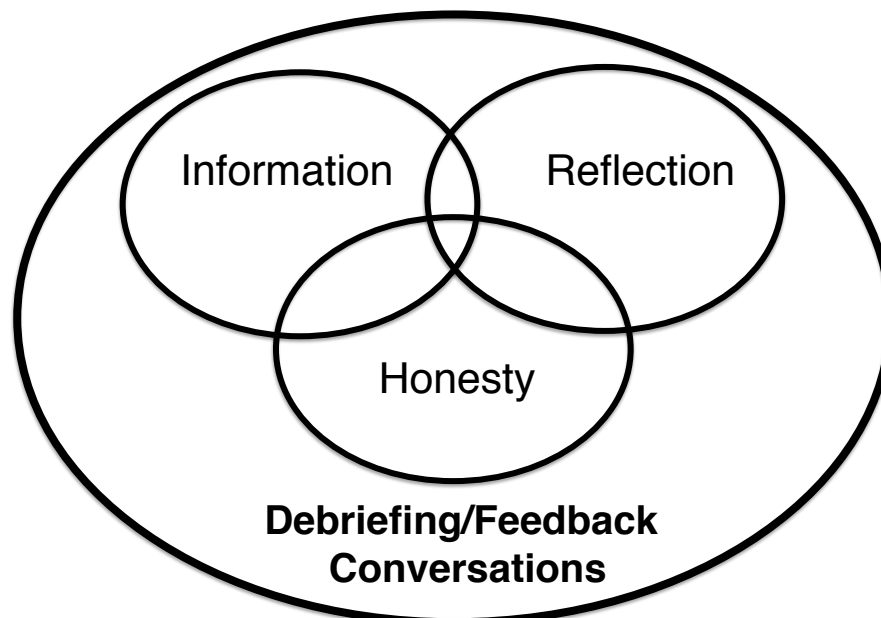
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# Feedback in Clinical Medical Education

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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## 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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## Feedback by simulated patients in undergraduate medical education: a systematic review of the literature

Lonneke Bokken,<sup>1</sup> Tim Linssen,<sup>2</sup> Albert Scherpbier,<sup>3</sup> Cees van der Vleuten<sup>1</sup> & Jan-Joost Rethans<sup>4</sup>

*Medical Education* 2009; 43: 202–210

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

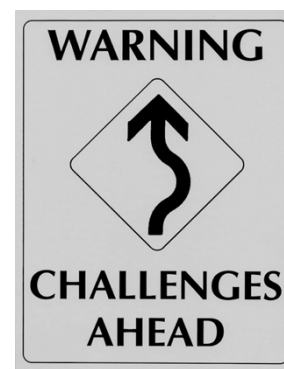
Adam Cheng,<sup>1</sup> Walter Eppich,<sup>2</sup> Vincent Grant,<sup>1</sup> Jonathan Sherbino,<sup>3</sup> Benjamin Zendejas<sup>4</sup> & David A Cook<sup>5</sup>

*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...**

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

***...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,  
Dornan 2012, Delva et al. 2013, Hay et al. 2013,  
Watling et al. 2013a, 2013b

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## **The Feedback Sandwich**

- Usually inauthentic
- Formulaic
- Linguistic ritual

Ten Cate 2012  
Molloy & Boud 2013  
Bearman & Ajjawi 2013

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

Kluger & DeNisi 1996

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### **A case study**

- Setting: emergency department
- 18 year old cyclist hit by car--witnessed loss of consciousness. Brought to hospital by paramedics “alert but out of it”
- (Simulated) patient with possible airway injury
- Discussion ensues about timing of and indication for intubation

## **Learning objectives**

- Perform rapid trauma evaluation and management of the trauma patient
- Demonstrate effective teamwork and communication
- Deal with conflict within the team

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

Christopher Watling,<sup>1</sup> Erik Driessen,<sup>2</sup> Cees P M van der Vleuten<sup>2</sup> & Lorelei Lingard<sup>3</sup>

*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)*

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Watling et al. 2012

### **Beyond individualism: professional culture and its influence on feedback**

Christopher Watling,<sup>1</sup> Erik Driessen,<sup>2</sup> Cees P M van der Vleuten,<sup>2</sup> Meredith Vanstone<sup>3</sup> & Lorelei Lingard<sup>4</sup>

*Medical Education 2013; 47: 585–594*

### **Music lessons: revealing medicine’s learning culture through a comparison with that of music**

Christopher Watling,<sup>1</sup> Erik Driessen,<sup>2</sup> Cees P M van der Vleuten,<sup>2</sup> Meredith Vanstone<sup>3</sup> & Lorelei Lingard<sup>4</sup>

*Medical Education 2013; 47: 842–850*

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## **Medicine**

- Learning by doing
- Competence
- Value teacher clinical skills
- Perceive self-assessment as possible

## **Music**

- Learning by lesson
- Ever better performance
- Value teachers' teaching abilities
- Perceive need for external feedback

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Watling et al. 2013

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

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## **Supportive learning/workplace culture**

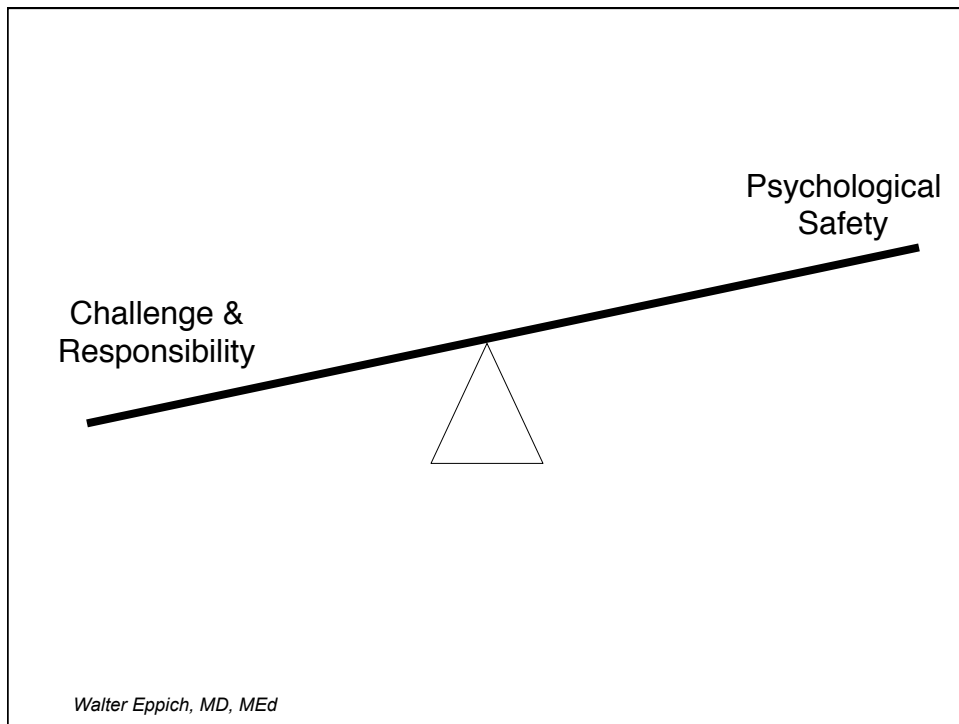
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## **Psychological safety**

- 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



**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.”*

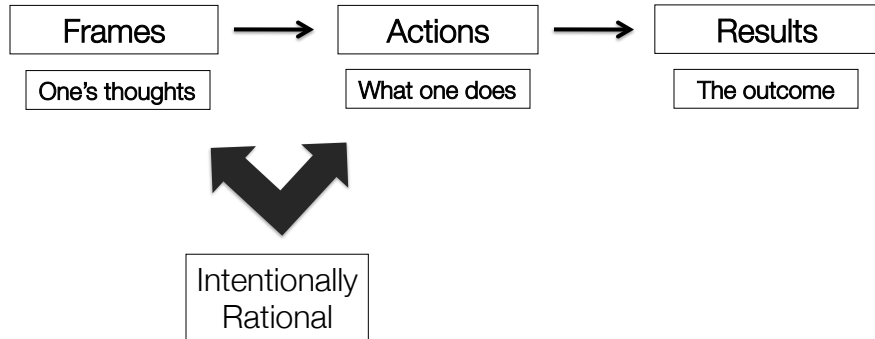
Maya Angelou

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**A key concept**

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## Thoughts and actions are linked



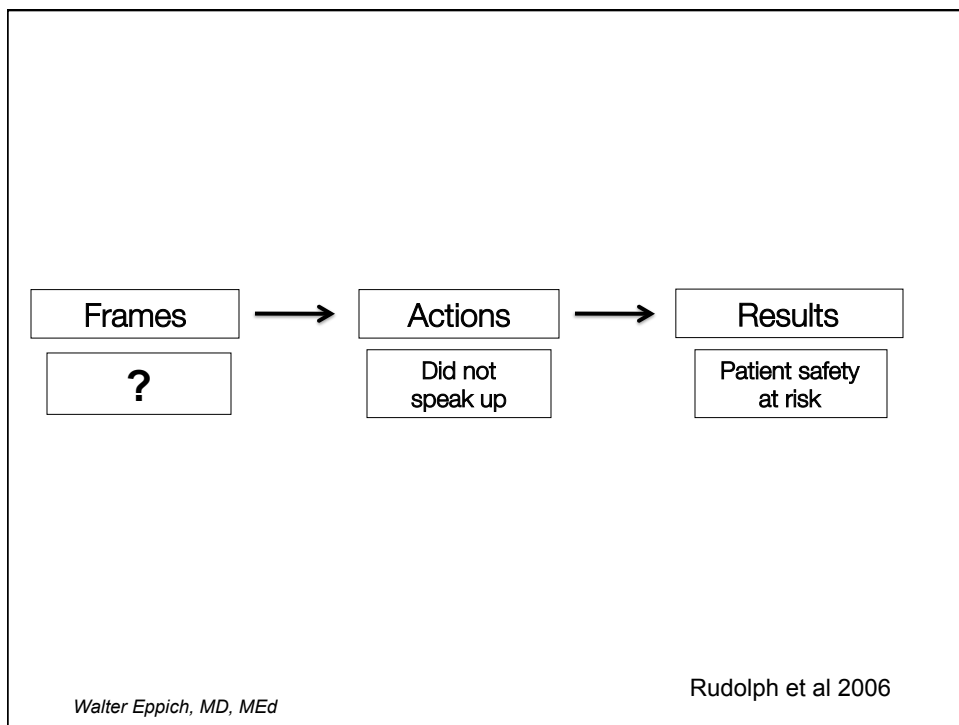
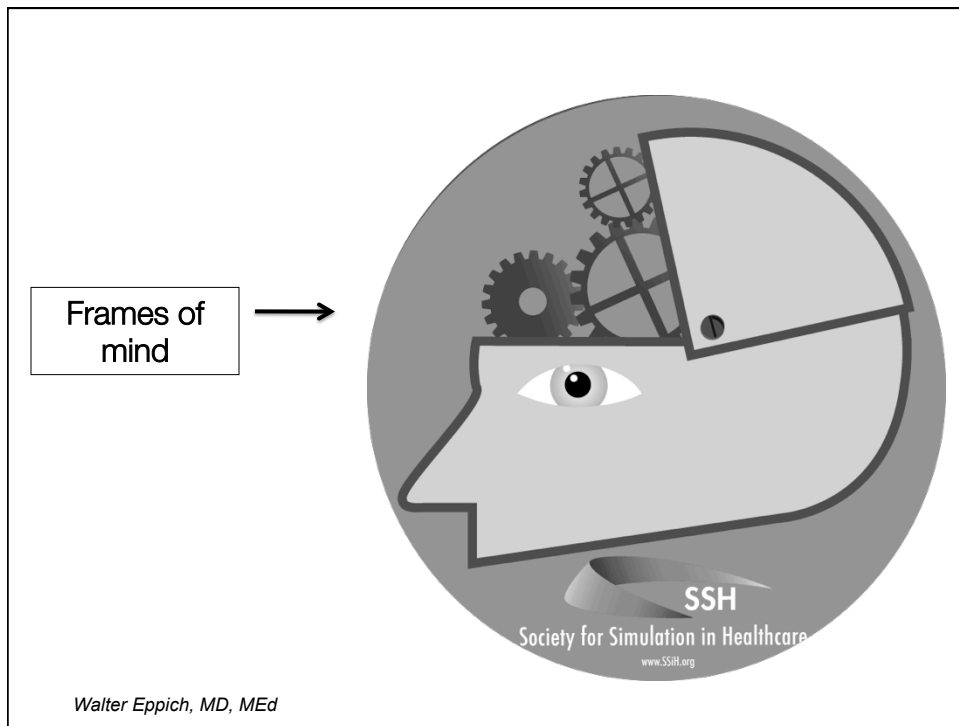
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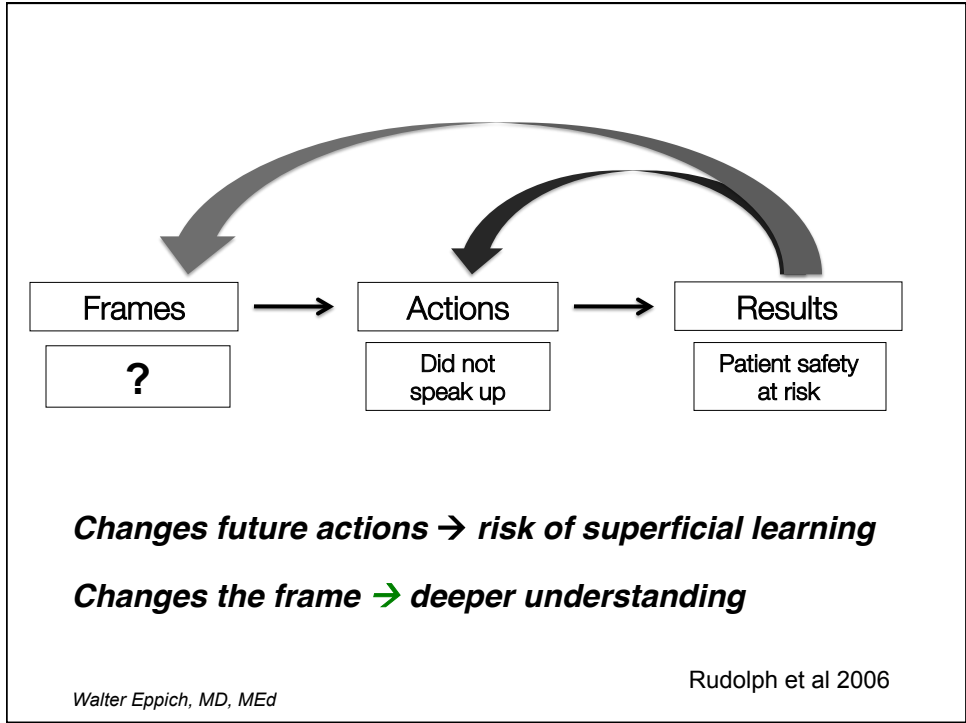
Rudolph et al 2006

**Assuming a positive intent...**

**Giving the benefit of the doubt...**

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**Common pitfalls to being honest yet non-threatening**

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**Being “judgmental” can be harsh and threatening**

**Being “nonjudgmental”: trying to be nice**

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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

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## **Non-judgmental: the problem**

Dirty question

- “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...*

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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*

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## **Non-judgmental: the problem**

“Guess what I’m thinking”

- “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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## **Non-judgmental: the problem**

Hint and hope

- “Speaking up is hard but worth it.”

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## **An alternative stance**

There's No Such Thing as “Nonjudgmental” Debriefing: A Theory and Method for Debriefing with Good Judgment

*Jenny W. Rudolph, PhD, Robert Simon, EdD, Ronald L. Dufresne, MS, and Daniel B. Raemer, PhD*

*Simul Healthcare 2006;1: 49–55.*

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Rudolph et al. 2006

**Being honest yet non-threatening:  
*Speak from the first person perspective  
using “I” Messages***

- “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”...

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**Turning “You” into “I”**

**“You”**

- “You didn’t speak up”
- “You put the patient at risk”

**“I”**

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

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## 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

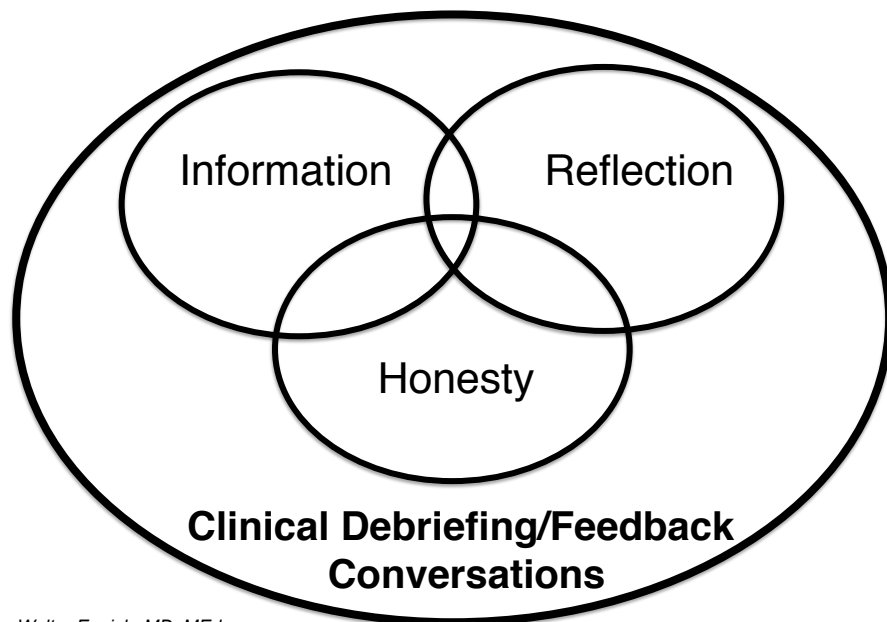
- “I’d like to talk the discussion between you and and the surgery resident about whether or not to intubate the patient before the CT scan.”
- “I heard you say: “I am worried, ***but that’s fine.***”
- “I was wishing you would have been more clear about your concern, especially when there is an airway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

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## Reframe the conversation

- Rather than “teacher to learner”
- Participants are partners in learning; the teacher is also a facilitator
- “Reciprocal illumination” [Roger Kneebone]

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