

Briefing and debriefing for clinical education

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Why change?

- There's more to learn than ever before
- Trainee work hour restrictions & productivity-driven preceptors mean less time to teach.
- The old model of teaching by unstructured osmosis is a luxury we can no longer afford.
- We must teach deliberately.

Students

- Learn better if they are focused.
- Learn better if they care.
- Learn better if they receive feedback.
- Feedback should be
 - Immediate
 - Specific
 - Constructive

Briefing Designates a learning objective

- What do you want to learn here, today, now, in this encounter, in this clinic, in this procedure?
- Does not rule out other teaching/learning but focuses on at least one objective.
- "If you learn one thing each day, you'll have learned 365 things at the end of the year."

Learning objectives

- Specific and mutually comprehensible
- Reasonable for learner level
- Achievable within the experience
- Faculty may need to guide the learner

Aids to briefing

- Have you done this before? What went well or poorly? What did you think you could improve on? What did you have trouble with?
- Have you read about this before? What interests you? What questions did you have?
- What do you know or not know about this?
- What feedback have you gotten previously?
- What other ways could one do this?
- Can you be more specific?
- If you have nothing to learn, would you like someone else to participate in this instead?

Debriefing Provides feedback and direction

- How do you think you did? Did you learn what you wanted to? How did it go otherwise?
- Here's how I think you did.
- Here's one more thing that I want you to remember for next time or that I want you to work on.

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How do you think you did?

- Self-reflection reinforces learning
- Self-reflection is itself worth teaching because it's how we all learn now that nobody is teaching us
- Also important before feedback to get their perspective so you start from the same place
- Clarify if the learning has gone astray
- Reassure unduly negative learners
- Gently offer constructive criticism to unduly positive learners

Here's how I think you did

- Immediate feedback is better because it reinforces the learning.
- Constructive feedback is better than vague evaluation (Brace the needle against the skin with your other hand vs. You pushed too far)
- Specific feedback is better than generalities (Let patients talk for at least 1 minute before interrupting vs. You have to listen better)

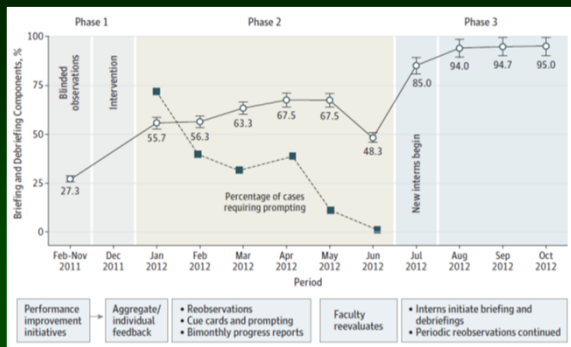
One more thing...

- Homework assignment
- Reinforce other teaching or provide guidance as to how to improve further

Educational Briefings and Debriefings

- Modeled on patient safety briefings
- Allow / force the learner to identify objectives
- Remind the teacher what to teach
- Engage both learner and teacher
- Can be initiated by either
- Short, simple, easy
- Change the quality of teaching interactions

Program-wide implementation



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Residents perceived improved teaching (after phase 2)

- ↑ Faculty descriptions of how to do cases
- ↑ Verbal feedback during the case
- ↑ Nonverbal feedback the case
- ↑ Confirmation that procedure was understood
- ↑ Asking resident to self-evaluate
- ↑ Post-procedure feedback
- ↑ Helpfulness of feedback received

Observers perceived improved teaching (during phase 2)

	%		
	Phase 1: Preintervention (n = 124)	Phase 2: Postintervention (n = 95)	P Value for Yates-Corrected χ^2
General communication style			
Converses with resident	90.3	71.6	<.001
Answers questions	71.0	90.5	<.001
Stacks questions	4.0	29.5	<.001
Jokes with resident	36.3	52.6	.02
Closed-ended questions	59.7	49.5	.17
Open-ended questions	40.3	50.5	.17
Procedural teaching style			
Demonstrates technique	45.2	88.4	<.001
Encourages	48.4	76.8	<.001
Uses nonverbals	3.2	23.2	<.001
Gives warnings	24.2	75.8	<.001
Offers constructive feedback	33.9	63.2	<.001
Uses profanity	2.4	11.6	.01
Talks through steps	89.5	95.8	.07
Offers destructive feedback/rebukes	0.0	4.2	.07