

# THE BUBBLE DEBRIEF

## Bubble Briefs

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Here's A Novel Idea: Would Participants in Simulation Engage and Learn More If They Could Debrief Themselves? Here's A Tool That May Help

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Multiple tools for  
faculty development,  
but not much for  
candidate  
development



# Aims

- Theory behind our Bubble Briefs (10 mins)
  - Interactive!
- Workshop time (15 mins)
- Look at our Bubble Briefs (5 mins)
- How we use them/some results from a questionnaire
- Potential Impact
-

- Why the need for a debrief tool/course?

# The Debrief

- Fanning and Gaba (2007) highlight that a systematic review of high fidelity simulation literature identifies feedback as the most important part of simulation based clinical education
- Effective debriefing after simulation allows the 'deepest potential for learning' (Palaganas et al)
- Whilst the same author states debriefing significantly enhances the learning experience...yet is one of the most complex skills



# Sim can be difficult!

- Candidates

- Faculty



# Candidates

- High pressure/responsibility
- Performing in front of peers
- Compulsory sessions & compulsory topics
- Each candidate has different agendas





# Faculty

- Hierarchy of debriefers
- Experience of debriefers
- Differing background/specialties of faculty
- Time pressure to reduce feedback: “more sim scenarios please”



# Use of the debrief

- Used as an emotional unpacking of the previous scenario
- Conveying the learning objectives of the scenario
- Chance for candidates to justify practice
- Chance for faculty to highlight dangerous practice



# Conflict!



# Conflict in debrief

- Not wanting to **criticise** their colleagues/friends
- Ordinarily it is the faculty who lead the debrief, despite it being **the participants' agenda** that needs to be addressed.
- Multiple adult learning models demonstrate learners will gain more from a scenario if they are **actively engaged** in it, whilst it has also been shown anaesthetic trainees improved their non-technical skills **by self-debriefing** (Knowles).



# Cue some adult learning theory...

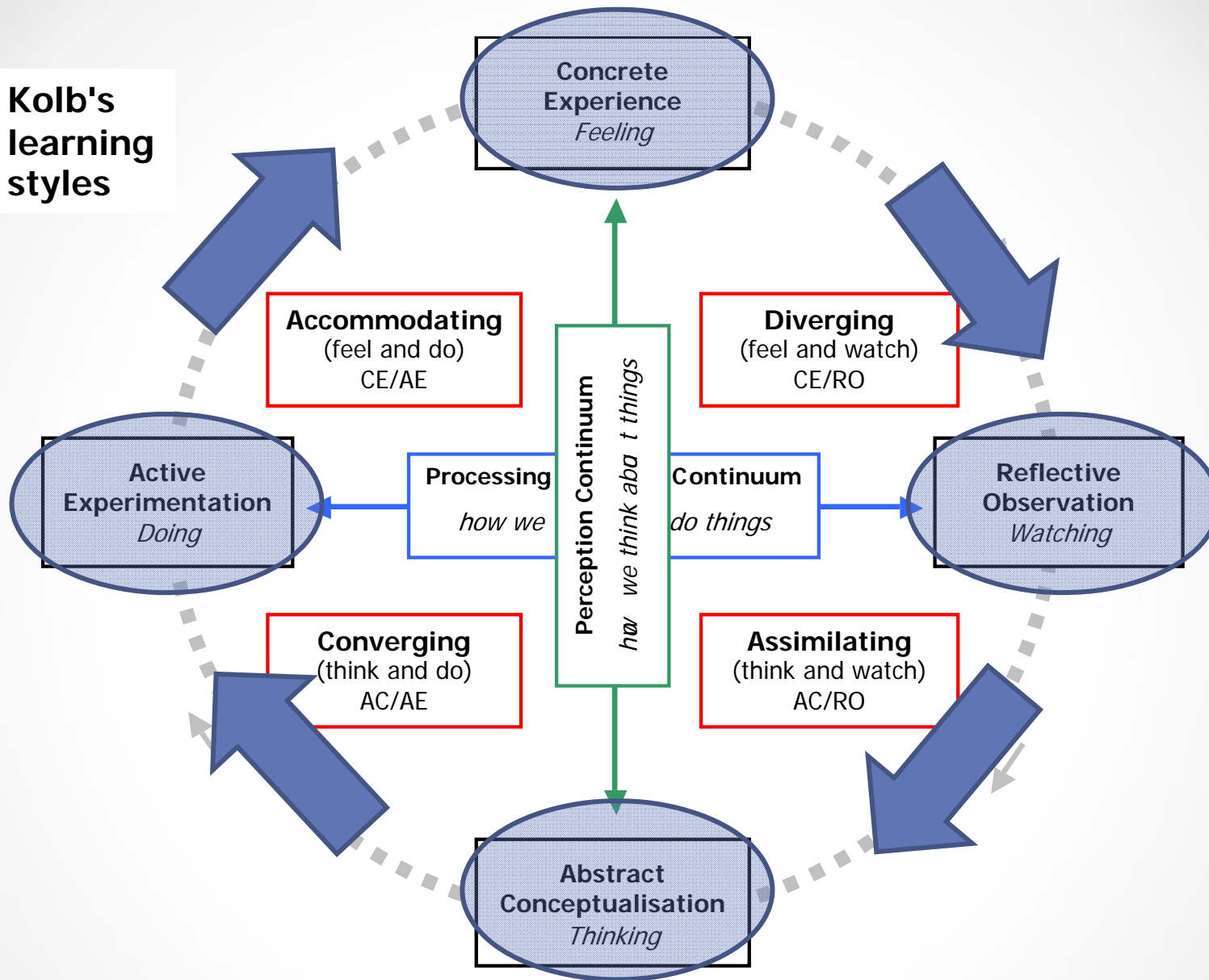
- But adults learn best by:
  - being engaged in their learning
  - know why the topic is useful
  - some emotional/stress aspect

- Kolb's learning model

- Johari Window

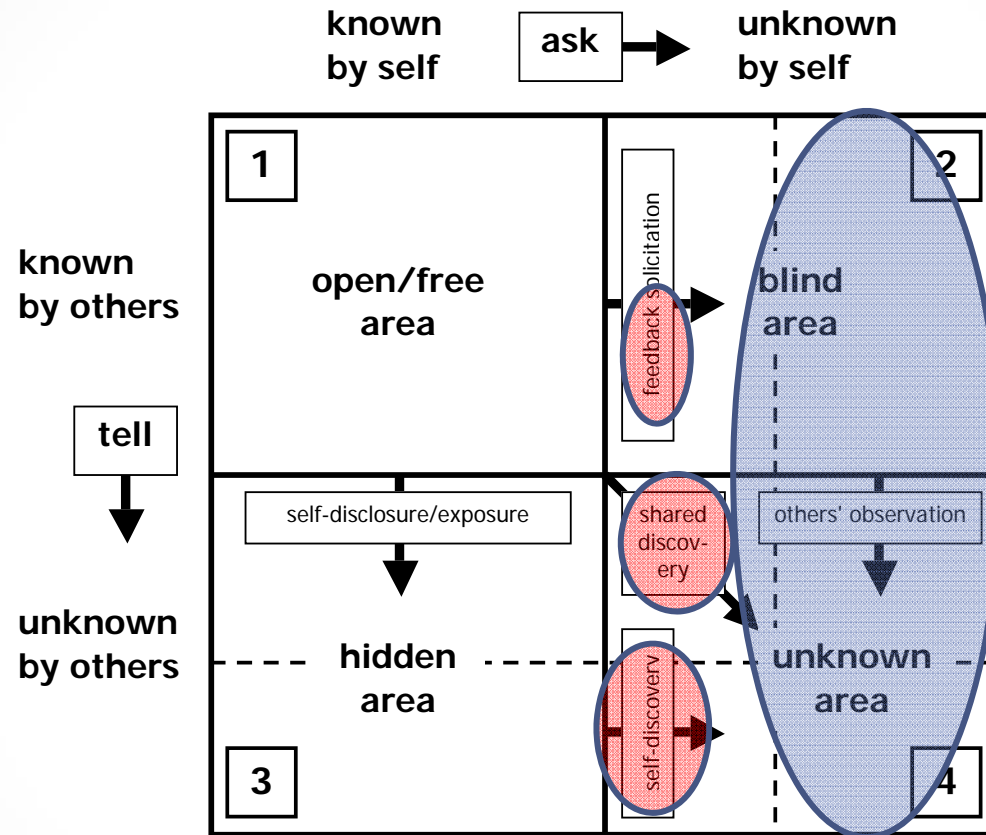


**Kolb's learning styles**



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# Johari Window model



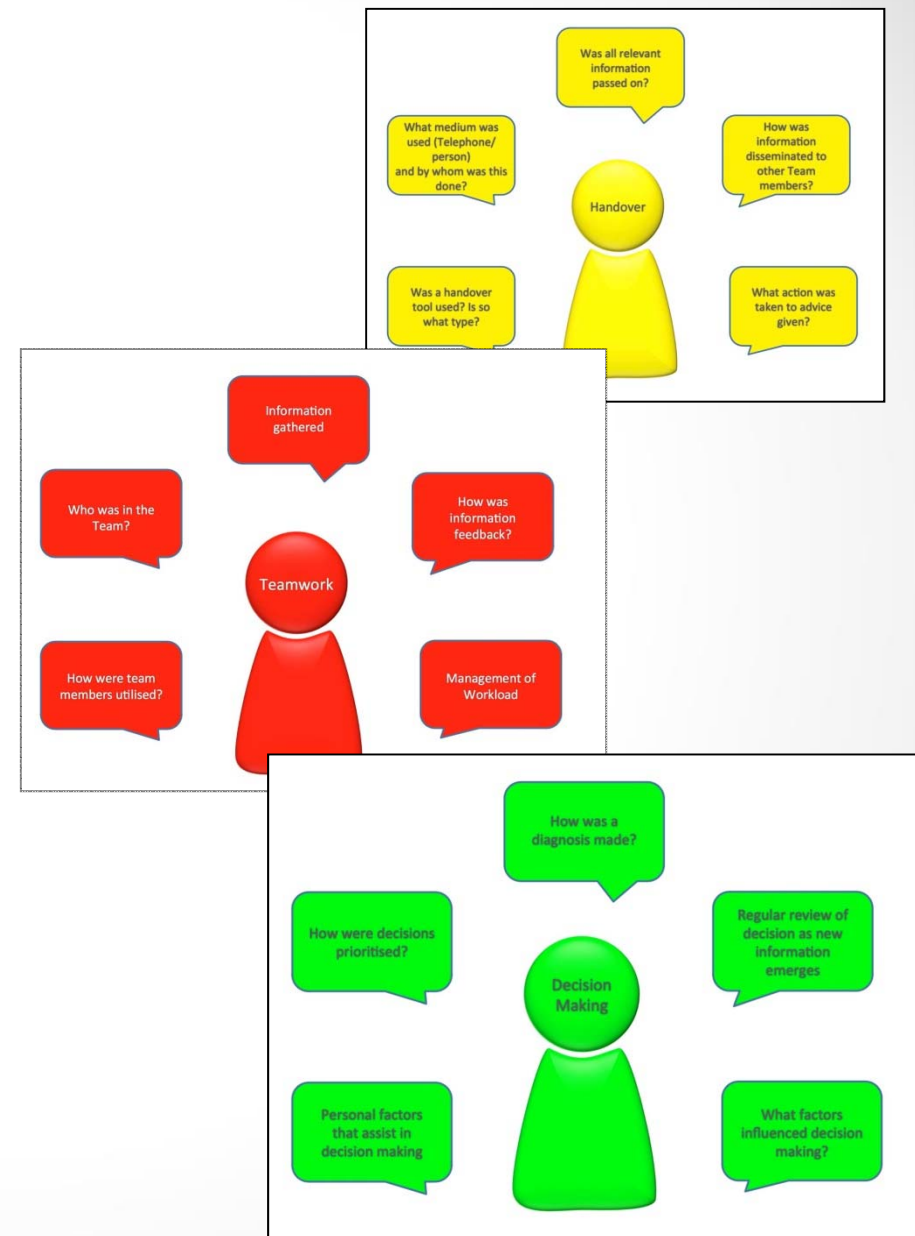
© design alan chapman 2001-4 based on [Ingham and Luft's Johari Window concept](#)

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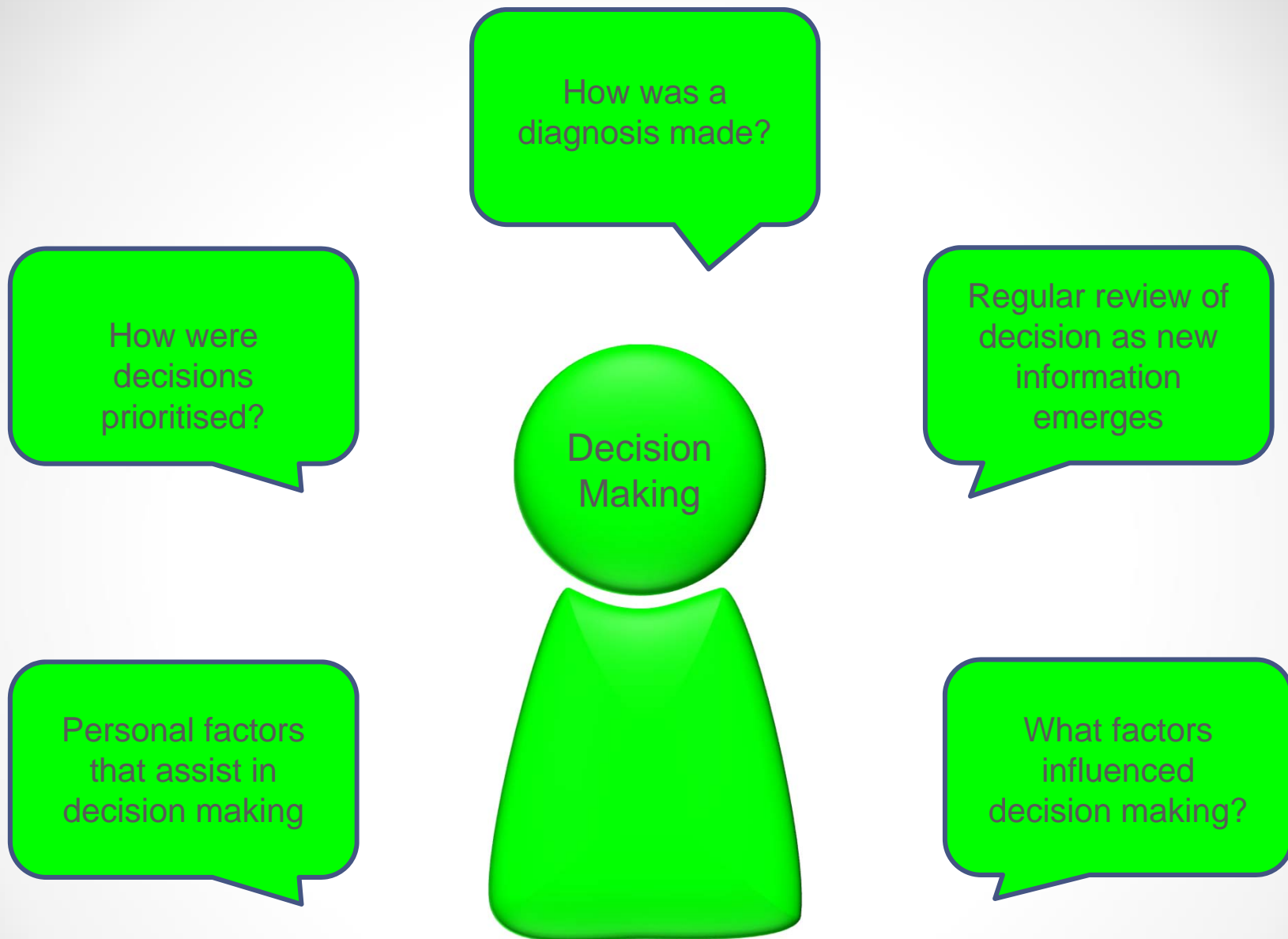
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# Human Factor Cards

- Helps provide topics of conversation for the non-technical skills which candidates may not have experience
- Allows candidates to engage without feeling like they're grilling their peers
- 







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and Miss Julie Turner

# How we use them

- Before a scenario we would introduce a collection cards listing human factors topics each with example questions to ask in the debrief.
- Handing out a selection of the cards would focus those watching a scenario and facilitate them to ask questions of their peers in the debrief.
- During the debrief the debriefer can start to explore various aspects of the NTS, and the theory being that the candidates then may have focussed their thinking



# Be wary...

- Your agenda vs candidates agenda
- Experience of candidates will dictate how many cards you need (if any)
- RE adult learning: An introduction to human factors as part of session introduction - making it relevant
- Ensure it doesn't distract from watching scenario



# Let's try to make your own ones..

- What topics should we prompt the candidates with?



# Bubble Briefs

Human Factors

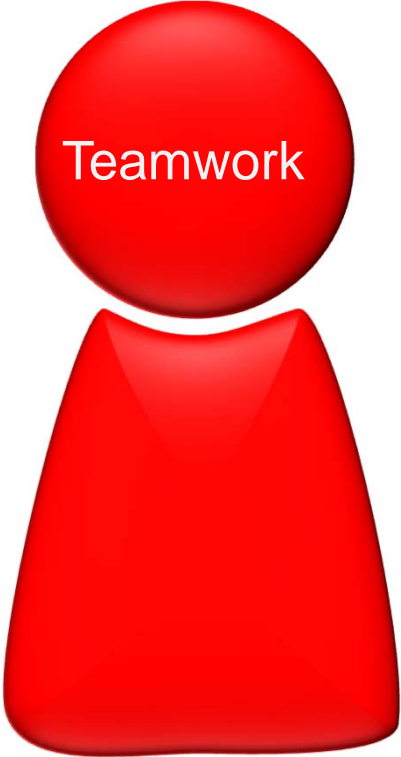


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Miss Julie  
Turner

Who was in the Team?

Information gathered

How was information feedback?



How were team members utilised?

Management of Workload

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Gathering Information

Information Technology used

Equipment

Resource Allocation

Medication

Protocols / Guidelines

How quickly were changes to the patients condition noticed?

How were changes to the patient noticed?

What treatment was implemented regarding the change in the patients condition?

Recognition of change

Changes that prompted a reaction

Were all team members aware of changes?



Was all relevant information passed on?

What medium was used (Telephone/person) and by whom was this done?

How was information disseminated to other Team members?

Handover

Was a handover tool used? Is so what type?

What action was taken to advice given?

What instructions were given to all team members?

How was the plan for the next step discussed?

Were the right people contacted when assistance/advice was required?

Communication

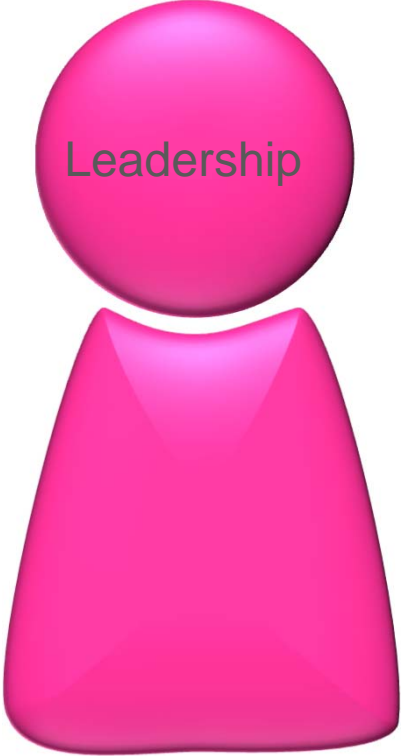
Type of communication used: Verbal, non-verbal, listening

Did the patient know what was going on?

Conflict resolution

Did the dynamics of leadership change?

Was there a leader? How was that decided?



What type of Leadership style was used?

Approachability of leader

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**Does Our Tool improve your  
debrief**

**Yes**

**No**

92% (n=70)

8% (n=6)

**The most important learning  
aspect of sim is:**

**Pre Sim**

**Post Sim**

34% (n=30)

66% (n=57)

# Does this address our concerns?

- Theory:
  - Adult learning – involve candidates more in their education?
  - Johari – lessening the blind spot?
  
- Conflict?
  - Criticising colleagues?
  - Embraces candidates to lead debrief?
  - Focus on technical vs non-technical skills

# Uses for candidates

- If we can **maximise** the effect of the debrief we can find our candidates taking more educationally from the debrief,
  - Enabling a full emotional debrief from any scenario
- We are using these cards during high fidelity simulation but there is no reason why they could not be adapted for use in other environments.
- Anecdotally we have found those attending more than 1 session with Bubble Briefs approach the debrief in a more wholesome way



# Potential Impact for faculty

- If inexperienced faculty it allows them 'cue cards' and can standardise the debrief
- Standardises NTS debriefing of candidates
- Allows for continuity of faculty experience. Many faculty training courses such as KSS' TeachSIM; but very popular - aiming to get a specific level of faculty.





# Questions

- Thank you for listening
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