

Evidence-based Performance Debriefing for Surgeons and Surgical teams:

The Observational Structured Assessment of Debriefing tool (OSAD)

Miss Sonal Arora, Dr Maria Ahmed, Dr Nick Sevdalis

Correspondence: Miss Sonal Arora

Email: sonal.arora06@imperial.ac.uk

Objective Structured Assessment of De-briefing					
	1	2	3	4	5
1. Approach	Confrontational, judgmental approach		Attempts to establish rapport with the learner(s) but is either over- critical or too informal in their approach		Establishes and maintains rapport throughout; uses a non-threatening but honest approach, creating a psychologically safe environment
2. Establishes learning environment	Unclear expectations of the learner(s); no rules for learner(s) engagement		Explains purpose of the debriefing or learning session but does <u>not</u> clarify learner(s) expectations		Explains purpose of debrief and clarifies expectations and objectives from the learner(s) at the start
3. Engagement of Learners	Purely didactic; facilitator doing all of the talking, and not involving passive learner(s)		Learner(s) participates in the discussion but mostly through closed questions; facilitator not actively inviting contributions from more passive learner(s)		Encourages participation of learner(s) through use of open-ended questions; invites learner(s) to actively contribute to discussion
4. Reaction	No acknowledgment of learner(s)'s reactions, or emotional impact of the experience		Asks the learner(s) about their feelings but does not fully explore their reaction to the event		Fully explores learner(s)'s reaction to the event, dealing appropriately with learner(s)'s who are unhappy
5. Descriptive Reflection	No opportunity for self- reflection; learner(s) not asked to describe what actually happened in the scenario		Some description of events by facilitator, but with little self-reflection by learner(s)		Encourages learner(s) to self-reflect upon what happened using a step by step approach
6. Analysis	Reasons and consequences of actions are not explored with the learner(s)		Some exploration of reasons and consequences of actions by facilitator (but not learner(s)), but no opportunity to relate to previous experience		Helps learner(s) to explore reasons and consequences of actions, identifying specific examples and relating to previous experience
7. Diagnosis	No feedback on clinical or teamwork skills; does not identify performance gaps or provide positive reinforcement		Feedback provided only on clinical (technical) skills; focuses on errors and not purely on behaviours that can be changed.		Provides objective feedback on clinical (technical) and teamwork skills; identifies positive behaviours in addition to performance gaps, specifically targeting behaviours that can be changed
8. Application	No opportunity for learner(s) to identify strategies for future improvement or to consolidate key learning points		Some discussion of learning points and strategies for improvement but lack of application of this knowledge to future clinical practice		Reinforces key learning points identified by learner(s) and highlights how strategies for improvement could be applied to future clinical practice

Guidance notes for Objective Structured Assessment of Debriefing (OSAD)

Instructions for Use

- You are observing and rating the facilitator in their ability to conduct a debrief (NOT the learner)
- Please read the entire rating form before starting the debriefing session to ensure you observe the facilitator’s behaviours that you are scoring.
- There are 8 categories (see definitions below), for which you score the facilitator on a scale of 1 (done very poorly) to 5 (done very well)
- To help you score, there are descriptions for the observable behaviours for scores 1,3 and 5. If you decide they rate in between these, score them 2 or 4 accordingly.
- Definitions and examples of some of these behaviours are given below to guide your scoring.
- For the purposes of a simulation course, category 2 may only be addressed at the start of the first debrief, and therefore it is not appropriate to score this category again for all subsequent debriefs.
- For group debriefings, it is important that the facilitator involves all participants in order to score 5, and therefore these descriptions refer to “learner(s)”

Definitions and Exemplar behaviours

Category	Definition	e.g. of score 1	e.g. of score 5
1. Approach	<i>manner in which the facilitator conducts the debriefing session, their level of enthusiasm and positivity when appropriate, showing interest in the learners by establishing and maintaining rapport and finishing the session on an upbeat note</i>	“you made lots of errors in that scenario, which is poor since I assume that you must have seen that scenario before”	“let’s start the session with introductions, so we can understand each other’s backgrounds and previous experiences”
2. Establishes learning environment	<i>introduction of the simulation/learning session to the learner(s) by clarifying what is expected of them during the debriefing, emphasising ground rules of confidentiality and respect for others, and encouraging the learners to identify their own learning objectives</i>	“ I’m not interested in what you see as the purpose of this session but I know what I want to teach you about and its very important to me”	“Please start by explaining what you hope to take away from this debriefing session. The information we discuss remains confidential”
3. Engagement of the learners	<i>active involvement of all learners in the debriefing discussions, by asking open questions to explore their thinking and using silence to encourage their input, without the facilitator talking for most of the debriefing, to ensure that deep rather than surface learning</i>	“I’m now going to teach you about the correct way to do things and I’d like you all to keep quiet and listen to	“As team leader, can you describe to us what was going on at that point in the scenario? Why do you all think that

	<i>occurs</i>	<i>me</i>	<i>happened?</i>
4. Descriptive reflection	<i>Self- reflection of events that occurred in the simulation/learning session in a step by step factual manner, clarifying any technical clinical issues at the start, to allow ongoing reflection from all learners throughout the analysis and application phases, linking to previous experiences</i>	<i>“ I can tell you exactly what you did and why you were doing it in that way”</i>	<i>“Could you talk through what you observed, right from the start, in a step by step way, so we are all clear about the events that occurred?”</i>
5. Reaction	<i>establishing how the simulation/learning session impacted emotionally on the learners</i>	<i>“I can’t understand why you are getting upset about the events in the scenario, its never had that impact on other people”</i>	<i>“That part appeared very stressful to us observing, how did you feel at the time? Do you think that it impacted upon the rest of the experience, and in what way?”</i>
6. Analysis	<i>eliciting the thought processes that drove a learner’s actions, using specific examples of observable behaviours, to allow the learner to make sense of the simulation/learning session events</i>	<i>“There’s no point asking you why you did that but you should know to do it differently next time”</i>	<i>“Why do you think that event happened at that particular moment? So what was distracting you then?”</i>
7. Diagnosis	<i>enabling the learner to identify their performance gaps and strategies for improvement, targeting only behaviours that can be changed, and thus provide structured and objective feedback on the simulation/learning session</i>	<i>“that was all fine I suppose but I don’t think you did anything particularly well”</i>	<i>“So you identified that your team were not aware how concerned you were, can you suggest ways in which you could communicate your concerns more clearly next time?”</i>
8. Application	<i>summary of the learning points and strategies for improvement that have been identified by the learner(s) during the debrief and how these could be applied to change their future clinical practice</i>	<i>“So you’ll do better next time? I think you know what you did wrong in the scenario. Lets finish there”</i>	<i>“Can you summarise the key points you learnt from this session? How do you think you might change the way you manage the situation if faced with it again in your clinical workplace?”</i>

REFERENCES

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