



UNIVERSITY *of* MARYLAND  
SCHOOL OF NURSING

# Using the ‘Debriefing with Good Judgment Model’ to Create a Simulation for Handling Difficult Communications

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# Disclosures and Conflict of Interest

- The presenter, Linda Aveni Murray, has no disclosures and conflict of interest to report.

# Learning Objectives

- By the end of this session the learner will be able to:
  - Describe the components of the Debriefing with Good Judgment Model
  - Develop a communications simulation based on the Debriefing with Good Judgment Model

# Basic Premises

- Transitions in nursing practice roles benefit from mentoring relationships
- Strong interpersonal communication skills needed for effective teamwork, inter-professional collaboration and mentoring
- Simulation is an effective instructional method in nursing education

# Current State

- Nurse Practitioners within the institution strongly indicated a need for mentoring in their transitions
- Nurse Practitioner Preceptors demonstrated a lack of mentoring communication skills particularly with regard to difficult communications

# Targeted State

- Nurse Practitioner Preceptors will have an increase in comfort level and skill level in communications handling difficult situations

# Debriefing with Good Judgment Model

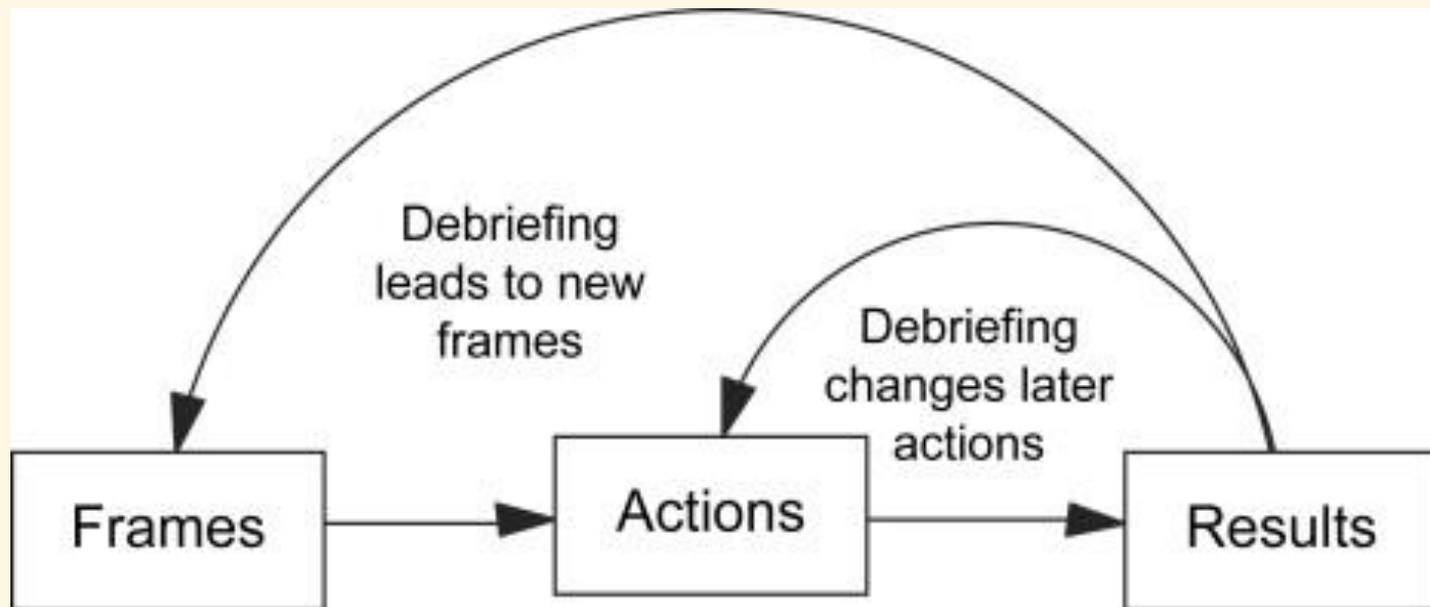
(Rudolph, Simon, Dufresne & Raemer, 2006)

- Cornerstone:
  - Assume best intentions of learners
  - Regard mistakes as a mystery to be analyzed rather than a crime to be punished

“ Be curious, not judgmental. ”  
-Walt Whitman

# Debriefing with Good Judgment Model

(Rudolph, Simon, Dufresne & Raemer, 2006)



# Debriefing with Good Judgment Model

(Rudolph, Simon, Dufresne & Raemer, 2006)

<b>ADVOCACY</b>	<b>INQUIRY</b>
<p>My perspective using the first person</p> <p>“I saw....”</p> <p>“I think....”</p>	<p>The learners perspective</p> <p>“I wonder.....”</p> <p>‘how you see it; what is your take on this; expand on what was going on; what was on your mind at the time’</p>

# Debriefing Using Advocacy-Inquiry

Observation (Advocacy)	Reasoning or Concern (Advocacy)	Question (Inquiry)
I noticed that...	I liked how you...	How did you see it?
I saw that...	It seemed to me that...	I was wondering what your thoughts are? Anyone else have a thought?
I heard you say...	I was concerned that...	Help me understand how you decided that.
I got the impression that...		I'm curious how you felt about that.
		In there anything you would do differently next time?

Adapted from: Rudolph, Jenny W., et al. "Debriefing with good judgment: combining rigorous feedback with genuine inquiry." *Anesthesiology clinics* 25.2 (2007): 361-376.

# Debriefing with Good Judgment Model

(Rudolph, Simon, Dufresne & Raemer, 2006)

<p><b>Phase I: REACTIONS</b> <i>Focus on feelings</i></p> <p>So you just finished... [your shift, your morning assessment, caring for ____, completing ____, etc.]</p> <p>How are your feeling?</p>	<p><b>SET</b></p>	<p><b>PREVIEW:</b> I would like to discuss... Is now a good time for you?</p>
<p><b>PHASE II: ANALYSIS</b> <i>Focus on understanding/reflecting</i></p> <p>Preview, advocacy, inquiry...</p> <p>Reflective techniques...</p> <p>Deeper dives, unpacking...</p> <p>Discussion, teaching...</p>	<p><b>A D V O C A C Y</b></p>	<p><b>I SAW:</b></p> <p>Sarah, I noticed that...</p> <p>Mark, at one point in your shift I saw/heard that...</p> <p><b>I THINK:</b></p> <p>...I was thinking that...</p> <p>...my concern is...</p>
<p><b>PHASE III: SUMMARY</b> <i>Focus on application of learning</i></p> <p>Summarize or state at least one take-away from today's conversation that you will incorporate into your practice.</p> <p>Collaboratively develop an action plan for moving forward.</p>	<p><b>I N Q U I R Y</b></p>	<p><b>I WONDER:</b></p> <p>...how were you seeing it?</p> <p>...what was your take on this?</p> <p>...if you can talk to me a bit about that?</p> <p>...what was going on for you then?</p> <p>...what was on your mind at that time?</p> <p>...what are your thoughts about this?</p>
	<p><b>T E A C H</b></p>	<p><b>CLOSE GAP:</b></p> <p>Listen.</p> <p>Coaching tailored to learner's frame.</p> <p><small>REFERENCE: Rudolph, P.W., Simon, E.Dufresne, E.L., &amp; Raemer, D.B. (2006) There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment. <i>Simulation in Healthcare</i>, 1(1)</small></p>

Adapted by: Rachel Onello, PhD, RN, CHSE, CNE, CNL

# Development of Communication Simulation

- Development of Realistic Scenario
- Debriefing with Good Judgment Model utilized for debriefing but also to be modeled within simulation
- How: Participants read two articles prior to simulation as preparation
  - Duffy, K. (2013). Providing constructive feedback to students during mentoring. *Nursing Standard*, 27(31), 50-56.
  - Rudolph, J., Simon, R., Rivard, P., Dufresne, R. & Raemer, D. (2007). Debriefing with good judgment: combining rigorous feedback with genuine inquiry. *Anesthesiology*, 25, 361-376.

# Implementation of the Simulation

- Groups of 4 attending two hour simulation
- 2 participants preceptor and preceptee; 2 participants observer role
- Debriefing
- Replay of same scenario with reversal of roles
- Debriefing
- Post test surveys

# Quantitative Results: Perceived Skill Level

Table 5. Perceived Skill level in Mentoring Skills of Gap Analysis Preceptors (n=43) and Simulation Preceptors (n=15)

Variable	Gap Analysis Preceptors			Simulation Preceptors		
	n	Mean Rating(STD)*	Rank	n	Mean Rating(STD)*	Rank
Collaboration	41	4.0 (0.77)	1	15	4.2 (0.86)	1
Teaching	43	4.0 (0.75)	1	15	4.0 (0.65)	2
Active Listening	43	3.9 (0.79)	2	15	3.4 (0.74)	7
Advocacy	43	3.8 (0.87)	3	15	3.8 (0.68)	4
Open Questioning	43	3.6 (0.82)	4	15	3.5 (0.83)	6
Empowering	43	3.6 (0.85)	4	15	3.7 (0.62)	5
Constructive Feedback	43	3.6 (0.98)	4	15	3.5 (0.74)	6
Coaching	43	3.6 (0.93)	4	15	3.9 (0.52)	3
Guided Supervision	43	3.5 (0.88)	5	15	3.5 (0.92)	6

\* 5 point Likert Scale ( 1=no skill; 2=some skill; 3= skillful; 4 =very skillful; 5= highly skillful)

# Quantitative Results: Perceived Comfort Level

Table 6. Perceived Comfort Level in Handling Situations with Novice NPs of Gap Analysis Preceptors (n =43) and Simulation Preceptors (n = 15)

Variable	Gap Analysis Preceptors			Simulation Preceptors		
	n	Mean Rating(STD)*	Rank	n	Mean Rating(STD)*	Rank
Low Performance	43	3.1 (0.94)	1	15	3.0 (1.46)	1
Lack of Teamwork	43	3.0 (1.11)	2	15	2.8 (1.37)	4
Crying	43	3.0 (1.09)	2	15	2.6 (1.24)	5
Lack of Motivation	42	3.0 (1.06)	2	15	2.8 (1.21)	4
Lack of Professionalism	43	3.0 (1.21)	2	15	2.9 (1.31)	3
Apathy	42	2.9 (1.03)	3	15	2.4 (1.16)	7
Defensiveness	43	2.7 (0.95)	4	15	2.9 (0.96)	2
Incivility	43	2.7 (1.30)	5	15	2.8 (1.42)	4
Disrespect	43	2.7 (1.17)	6	15	2.8 (1.32)	4
Anger	43	2.6 (0.93)	7	15	2.5 (0.99)	6
Arrogance	43	2.6 (1.12)	7	15	2.4 (1.09)	7
Bullying	43	2.4 (1.24)	8	15	2.4 (1.30)	8
Rage	43	2.1 (1.06)	9	15	2.1 (0.99)	9

\* % point Likert Scale (1=no comfort; 2= some comfort; 3= comfortable; 4= very comfortable; 5 = extremely comfortable)

# Qualitative Results

- Patience was considered key and the mentoring role was defined as providing support without evaluating and judging.
- Preparing ahead of time for the conversation
- Creating a culture of safety
- The need to determine frames of reference when handling difficult communications is crucial
  - “trying to get into the head of the novice”

# Evaluation of the Communication Simulation

Variable	N	Mean Rating (STD)*
<u>Satisfaction in Current Learning</u>		
Teaching methods were effective	15	4.8 (0.41)
Learning materials promoted learning	15	4.9 (0.35)
Enjoyed how instructor taught	15	4.8 (0.41)
Teaching materials motivated learning	15	4.7 (0.46)
Teaching method was suitable to student learning style	15	4.8 (0.41)
<u>Self-confidence in Learning</u>		
Confidence in mastering content	15	4.4 (0.63)
Confidence in mastery of critical content	15	4.6 (0.51)
Confidence in development of skills	15	4.5 (0.52)
Instructor used helpful resources	15	4.7 (0.46)
Student bears responsibility to learn	15	4.5 (1.06)
Know how to get help if not understanding	15	4.6 (0.51)
Know how to learn critical aspects of skills	15	4.6 (0.51)
Instructor bears responsibility in what I learn	15	4.0 (1.07)

\* 5 point Likert Scale (1= strongly disagree; 2 = disagree; 3 = undecided; 4 = agree; 5 = strongly agree)

# Future Uses

- Incorporation of simulation into orientation for mentoring skill development in preceptors
- Use with interprofessional teams to enhance communication skills among team members

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