

REFLECTION ON REFLECTION

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WHAT ARE PROCESS NOTES?

- Process notes can include 3 phases of note taking that allow us to make sense of complex interactions
 1. In the **1st phase** we **OBSERVE AND RECORD**: we create a detailed description similar to a video recording or stage directions that might allow us to relive the interaction. Process notes provide a vivid, concrete, durable account of the interaction. The advantage over a simple transcript or video is that we can absorb and highlight key features of the interaction even while we are taking notes.
 2. In the **2nd phase** we **REFLECT**: we review the detailed notes and see what jumps out at us. For example, we might notice such things as repetition of phrases/themes/actions, mismatch between body language and spoken words, tone of voice, expressed emotions, key actions taken or not taken.
 3. In the **3rd phase** we **REFLECT ON REFLECTION**: we draw conclusions about patterns of actions or causes and effects. We can develop theories, draw conclusions, speculate about interventions that we might make.
- We can write our own process notes, or ask an observer to write them
- We can use them for instructional purposes, e.g., giving feedback or debriefing
- We can use them for our own professional development
- We can write them in real time, or after the interaction
- We can archive and review them again later for additional reflections
- We can share them with the other persons in the interaction and ask for their reflections as well

AN EXAMPLE:

Situation: Three anesthesiology residents in their first (CA-1), second (CA-2), and third (CA-3) years, on their 2nd day on service, come to the simulation center for training. They go through 3 scenarios. In each case the resident is the only anesthesiologist in the room to start.

In both the 1st and 2nd case, there comes a critical moment when intubation is indicated. In both cases, the resident (first the CA-3, then the CA-2) delays in intubating the patient. In the control room, the 2 instructors (both anesthesiology faculty) are dismayed. There is a debriefing after each scenario. I take detailed notes on the debriefings so that I can reconstruct what happened in the debriefings later.

Phase 1: A brief excerpt of the detailed description while watching the debriefing	Phase 2: Reflection (written after the debriefing)	Phase 3: Reflection on Reflection (written well after the first reflections)
<ul style="list-style-type: none"> ➤ “Glad I saw you do the PE and repeat the PE... I thought that was great.” ➤ Endorsed r/o'g out aspiration first ➤ “What else do you want to talk about?” ➤ “Your algorithm looked like... -- is that right?” ➤ “What is your algorithm for managing hypoxemia?” (asked of CA-1-- after she answered, asked CA-2, “what about you?”) ➤ CA-2 said what he would have done. ➤ “I like the fact that you brought up getting the ABG early on (to CA-2). ➤ (Turned to Jr. Instructor) Jr. Instructor brought up need to intubate-- what were the signs that intubation was necessary? -- presented it as “challenge” to know if. ➤ “Btwn the time you first assessed the pt to the time you called for the intubation tray was about 10 minutes-- that felt long to me-- how did it feel to you?” ➤ “It seemed like you were reluctant to provide positive pressure ventilation, were you reluctant?” ➤ “I think if this were a real case and someone reviewed the times, would fall within reason. The reason I was worried, is it seemed long to me. When a pt loses consciousness, important to secure airway. There really isn't an alternative to intubation after loc. That's why it seemed long to me. That's why I would have like to see you commit.” -- [lots of advocacy, no inquiry] “Other than that, the algorithm was good.” 	<ul style="list-style-type: none"> ➤ 1st case-- instructors were puzzled and alarmed that the CA-3 took so long to intubate the patient. It was so surprising, in fact, that the case was unable to proceed at the usual pace because the patient had not been intubated. ➤ The debriefing eventually got around to discussion of the delayed intubation and a fairly detailed discussion of the criteria for intubation (although I would say that they did not express the same alarm in the debriefing as they did in the control room during the case). ➤ 2nd case-- SAME THING! Delayed intubation. Again went over criteria for intubation. ➤ => Why did teaching in the 1st debriefing not prevent the same mistake in the second scenario? 	<ul style="list-style-type: none"> ➤ I am most interested to understand-- how did this happen? How can it be that the CA-2 made the exact same mistake that the CA-3 made moments earlier? ➤ The CA-2 heard the criteria for intubation, but did not absorb this information and use it when it was his turn. ➤ I think that I learned again that “telling is not teaching and listening is not learning.” ➤ How do I know when someone has learned something? Especially when I think it's critically important information? ➤ I review my notes again to search for clues. ➤ I see examples of where the instructors delayed getting to their greatest concern, that the intubation had been delayed. ➤ I see examples of the instructors expressing their concern so gently as to be contradictory and confusing. ➤ I do not hear the instructors ask for any summarizing or takeaway points after the first debriefing. ➤ With these observations, I can begin to create a plan for improvement.

Round 1: Process notes based on the video of the staged pre-briefing		
Observing and Recording	Reflection	Reflection on Reflection

Round 2: Process notes based on your own experience. Think back to a recent interaction and write a process note about this experience—do your best to recreate the event

Recreation of event/interaction	Reflection	Reflection on Reflection

Debriefing Assessment for Simulation in Healthcare (DASH) Instructor Version[®]

Directions: Please provide a self-assessment of your performance for the introduction and debriefing in this simulation-based exercise. Use the following rating scale to rate the "Behaviors" and "Elements." Do your best to rate your **overall effectiveness for the whole Element** guided by the Behaviors that define it. If a listed Behavior is not applicable (e.g. how you handled upset people if no one got upset), just ignore it and don't let that influence your evaluation. You may have done some things well and some things not so well within each Element. The Element rating is your **overall** impression of how well you executed that particular Element.



Element 1 assesses the introduction at the beginning of the simulation-based exercise. Elements 2 through 6 assess the debriefing.

Rating Scale

Rating	1	2	3	4	5	6	7
Descriptor	Extremely Ineffective / Detrimental	Consistently Ineffective / Very Poor	Mostly Ineffective / Poor	Somewhat Effective / Average	Mostly Effective / Good	Consistently Effective / Very Good	Extremely Effective / Outstanding

Element 1 assesses the introduction at the beginning of a simulation-based exercise.

Skip this element if you did not participate in the introduction.

Element 1		Rating Element 1
I set the stage for an engaging learning experience		_____
Behavior	Behavior Score	
A. I introduced myself, described the simulation environment, what would be expected during the activity, and introduced the learning objectives, and clarified issues of confidentiality		
B. I explained the strengths and weaknesses of the simulation and what the participants could do to get the most out of simulated clinical experiences		
C. I attended to logistical details as necessary such as toilet location, food availability and schedule		
D. I stimulated the participants to share their thoughts and questions about the upcoming simulation and debriefing and reassured them that they wouldn't be shamed or humiliated in the process		

Elements 2 through 6 assess a debriefing.

Element 2		Rating Element 2
I maintained an engaging context for learning		_____
Behavior	Behavior Score	
A. I clarified the purpose of the debriefing, what was expected of the participants, and my role (as the instructor) in the debriefing		
B. I acknowledged concerns about realism and helped the participants learn even though the case(s) were simulated		
C. I showed respect towards the participants		
D. I ensured the focus was on learning and not on making people feel bad about making mistakes		
E. I empowered participants to share thoughts and emotions without fear of being shamed or humiliated		

Element 3 I structured the debriefing in an organized way	Rating Element 3 _____
Behavior	Behavior Score
A. I guided the conversation such that it progressed logically rather than jumping around from point to point	
B. Near the beginning of the debriefing, I encouraged participants to share their genuine reactions to the case(s) and I took their remarks seriously	
C. In the middle, I helped the participants analyze actions and thought processes as we reviewed the case(s)	
D. At the end of the debriefing, there was a summary phase where I helped tie observations together and relate the case(s) to ways the participants could improve their future clinical practice	

Element 4 I provoked in-depth discussions that led them to reflect on their performance	Rating Element 4 _____
Behavior	Behavior Score
A. I used concrete examples—not just abstract or generalized comments—to get participants to think about their performance	
B. My point of view was clear; I didn't force participants to guess what I was thinking	
C. I listened and made people feel heard by trying to include everyone, paraphrasing, and using non-verbal actions like eye contact and nodding etc	
D. I used video or recorded data to support analysis and learning	
E. If someone got upset during the debriefing, I was respectful and constructive in trying to help them deal with it	

Element 5 I identified what they did well or poorly – and why	Rating Element 5 _____
Behavior	Behavior Score
A. I provided concrete feedback to participants on their performance or that of the team based on accurate statements of fact and my honest point of view	
B. I helped explore what participants were thinking or trying to accomplish at key moments	

Element 6 I helped them see how to improve or how to sustain good performance	Rating Element 6 _____
Behavior	Behavior Score
A. I helped participants learn how to improve weak areas or how to repeat good performance	
B. I was knowledgeable and used that knowledge to help participants see how to perform well in the future	
C. I made sure we covered the most important topics	

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<https://harvardmedsim.org/debriefing-assessment-for-simulation-in-healthcare-dash/>

Reflection on Reflection Workshop Bibliography

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