

Usefulness of Debriefing In Surgical Residency Program

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In surgical specialties hand-on experience is considered the most efficient way of learning, however many ethical issues are faced in pursuing such an approach. Use of simulation thus became an important methodology to teach surgical specialties residents, the skills, in an artificial environment that mimic reality. Debriefing is an essential part of simulation based teaching and learning.¹

The term debriefing has been defined according to the context, where it is used. Debriefing has its origin in military establishment and aviation industry. It was meant for expressing emotions in order to relieve stress.² In the field of medical education debriefing is used and its role is now well established in assessment of performance. Debriefing may be defined as an activity where participants review the performance after a task is completed in order to assess how well it was done and what further improvements can be made. A timely debriefing session is considered an essential tool for improving the ability of an individual if same task is performed again. Debriefing is used in medical education as a tool of formative assessment.³ Various models have been proposed for its use in order to enhance performance.

In clinical setting debriefing can also be used after an encounter with patient, be it in Emergency Room, ward setting or operation theater. The process of debriefing involves reflection by the performer as to what went well, what was the shortcoming and how these can be improved in future. Debriefing is done in a structured manner, however there is no agreed upon protocol. Issues therefore are two folds; developing a uniformly accepted methodology and training of supervisors as to how to conduct the session. It has been reported in literature that many trainers are not well versed with

the technique of debriefing thus a formal training is also required.⁴

Roberts et al proposed a BID model (briefing, intraoperative teaching, and debriefing).⁵ This has great relevance for surgical specialties residency program. In this model briefing takes place at the time of scrubbing with the learner, objectives are set based upon needs of the learner, The focus is then changed to intra operative teaching and the objectives set at outset are pursued. At the end of the surgical procedure, when closure is being performed, debriefing starts. Debriefing is done under four headings, namely reflection, rules, reinforcement, and correction. The model has similarity with One Minute Preceptor model and is applicable to medical students teaching as well. It is brief, focused and doable.

Debriefing has to be differentiated from lecturing. It should be structured around set objectives and be learner centered. The importance of debriefing therefore must be realized and all supervisors learn art and science of debriefing in their educational assignments. This can go a long way in empowering residents and improving quality of training.

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