

SHORT REPORTS ON SIMULATION INNOVATIONS
SUPPLEMENT (SRSIS)

The Meta-Debrief Club: An embedded model for ongoing faculty development and quality assurance

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Introduction

The process of post-event debriefing following immersive simulation is a well-established practice within the healthcare simulation community [1]. Whilst the evidence base grows around the benefits of structured debrief models and in the development of tiered faculty development programmes in developing capacity in simulation-based healthcare education, far less currently exists on ongoing, structured, and embedded approaches in improving and quality assuring debriefing proficiency after the initial training pathway has been delivered [2–4].

In 2019, one simulation team in Edinburgh shared their work in exploring this gap through a local innovation known as a Meta-Debrief Club (MDC) [5]. Since that time, the MDC has evolved from a localized Community of Practice into an embedded faculty development process within the NHS Lothian Faculty Development strategy. Moreover, the innovation has now been implemented in other contexts including Australia, at the University of Canberra, and launches as an embedded programme at the Association for Simulated Practice in Healthcare (ASPIH) in 2024. This paper updates the broader simulation community on the recent innovations required to embed the MDC within faculty development programmes and highlights areas needing for further scholarly enquiry.

Innovation

The original publication on the MDC situated the approach as a regular in-person meeting where the faculty team would present a pre-recorded debrief which would form the basis of a facilitated debrief-of-that-debrief [5]. Various conversational tools and prompt cards were developed, and significant emphasis was placed on creating psychological safety for debriefers, as informed by Kolbe et al., to feel supported in bringing recorded footage of their most recent simulation debriefs [6]. Whilst many of these factors remain the foundation of the MDC, significant innovations were required to effectively embed the method into existing faculty development processes.

1. **From In-Person to Virtual.** One key innovative development emerged as a response to the 2020 COVID pandemic. Whilst originally an intentional in-person meeting, situated around hot drinks and warm pastries, and utilizing paper-based tools and prompt cards, the pandemic required the model to be significantly reconfigured. Like many simulation programmes over the pandemic,

transitioning to the virtual space created similar challenges in creating a psychologically safe space, as well as practical challenges in the utility of any paper-based tools [7]. The team met these challenges by critically appraising which tools were most valuable to the learning conversation and digitizing these for each meeting. Psychological safety was prioritized and exemplified through the explicit and intentional commitment and tenacity of both participants and facilitators throughout the experience [6].

A striking benefit of moving into the virtual space was that it created immediate access opportunities to others in various hospitals and Health Boards in the region. An impactful opportunity notable for simulation faculty who worked in relative isolation to larger educational teams. This small but significant innovation became a key enabler to embedding the process within faculty development processes with equity of access, resulting in a permanent shift in making MDCs in many contexts a fully virtual experience [7].

2. Duration and Frequency. The original duration and frequency of the MDC were flexible and informally arranged, given the context of a localized simulation team. Establishing the approach as an embedded process, however, necessitated a more rigorous and efficient approach. Through careful negotiation and several years of iterations, the MDC in both Edinburgh and Canberra locations operate as two-hour meetings each month. The approach allows for either a single, complete debrief with a more detailed learning conversation, or alternatively with shorter debrief segments, focusing on a various nuance of a debrief (dealing with strong emotions within a debrief for example). Future innovations are being currently designed for a pilot version of the ASPIH MDC to cater for far larger numbers in significantly less time.

Evaluation/outcomes

The impact of embedding MDC methodology into faculty development processes has been anecdotal and qualitative in nature up to this time. Substantive simulation faculty and rotational clinical teaching fellows alike prioritize the MDC as an essential formative component of their ongoing development. This is especially true for those who work in relative isolation and more spontaneous moments of peer-to-peer debriefing is rare.

One participant quote drawn from evaluative data (with consent) for example asserts:

I found presenting my own debrief (at the MDC) to be a safe space to unpack why my particular approach was effective, or not, and helped me add to my 'toolkit' for debriefing more effectively with my students. – Participant, 2023.

What's next

As new MDC 'chapters' continue to emerge, an exciting opportunity exists for different communities of practice to

explore different debrief models via the dynamics of meta-debriefing – rather than by the traditional approach of reading about them in papers alone.

Academically, there remain several gaps within the literature around meta-debriefing. Whilst the innovations within the MDC have been remarkably effective locally, more research is required around how, why, for whom and in what context it is optimally utilized. Further, the broader concept of 'debriefing-the-debrief' is not well defined, nor is there a well-documented analysis of the 'why', and 'how' the healthcare simulation community engages with the practice or views it as a process.

Declarations

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Authors' contributions

NO primarily drafted the initial manuscript for this paper. EM edited and offered significant insight to the final piece. Both NO and EM have been primarily lead of their local MDC contents over the past 5 years.

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None declared.

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