****

**NATH Clinical Supervision Resources**

**“De-briefing”**

**Definition**

Debriefingis defined as a dialogue between two or more people; its goals are to discuss the actions and thought processes involved in a particular patient care situation, encourage reflection on those actions and thought processes, and incorporate improvement into future performance.

**What skills will a Clinical supervisor need to undertake a de-brief**

* Active listening
* Able to challenge and seek clarification.
* Able to pick up on verbal and non-verbal cues.
* Able to elicit ideas, thoughts, concerns, feelings.
* Able to negotiate an action plan with the learner on addressing learning needs

Or**ganising a de-brief, what needs to be in place?**

* Nominate a named clinical supervisor for the day.
* Protected time in the daily job plan for the supervising clinicians to undertake de-briefs.
* Decide whether to de-briefs after each patient or to at the end of the surgery. (Factors to take into account include the relative experience of the colleague being supervised and time!)
* Average amount of time for a de-brief can vary between 15-30 minutes after each session.
* With consent from the supervisee, debriefs can either be undertaken as a one-to-one or group based.

**How to structure the de-brief discussion?**

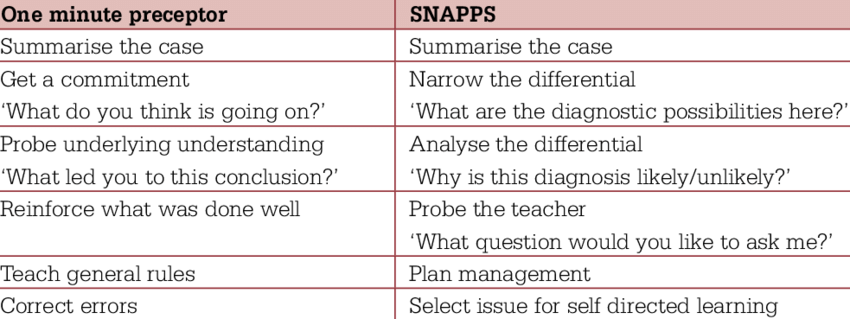
* Explore the following areas: data gathering (includes history/examination); making a diagnosis (appropriate and/or includes a range of differential); clinical management plan & prescribing (including F/U & safety netting); communication skills (enough information gathered to explore I.C.E); requesting appropriate investigations (appropriate and justified; working with colleagues (in-house or requiring advice/referral); and record keeping (succinct, relevant with appropriate red flags).

**How to prioritise the cases for de- brief?**

* You could discuss the cases, in order of being seen by the supervisee
* You could discuss cases, in which the learner has burning issues only.
* BUT discuss all cases until you, as clinical supervisor, are **reassured** from a **patient safety** and a **clinical competency** perspective.

**Outcomes of de-briefing?**

* **PATIENT SAFETY FIRST!!!!**
* Encourage the learner to Identify learning opportunities.
* Some **brief** teaching can occur but avoid a prolonged tutorial.
* Negotiate a plan with the learner, on how to address needs identified.
* Give feedback about performance or behaviour that leads to action to affirm or develop that performance or behaviour.
* Encourage reflective practice and lifelong learning.
* Focus on encouraging them to increase self-knowledge of their own strengths, weaknesses, and attitudes.
* **Some useful tools to structure the de-brief**



**De-briefing: pitfalls to be aware of!**

* Avoid the debrief becoming a **Chat.**
* **Challenge** appropriately but be specific with any feedback
* Reflect on what action would you take if the learner does not action what was agreed during the de-brief?

**Benefits of de-briefing well?**

* Reassurance to the supervisee
* Reassurance for the clinical supervisor on the performance of the supervisee
* Opportunity to affirm good practice
* Opportunity to provide constructive feedback and identify appropriate learning needs for the supervisee
* Opportunity to support the on-going professional development of the supervisee