**DEBRIEF: A Reflective Tool for Workplace Learning**

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**Summary**

***Background*** Feedback is an integral part of the Workplace Based Learning currently used within postgraduate medical education. Through feedback the skills, competencies, understanding and behaviours necessary for independent clinical practice are developed. Feedback is an essential learning tool, drawing upon experiences (of both trainer and trainee) and furthering the ability to reflect and to develop internal mechanisms for self regulation, autonomy and sophisticated decision making.

***Context*** However, with the requisite annual increase in the minimum numbers of Workplace Based Assessments (WBAs) feedback has become another tick box exercise in the race to collect CBDs, DOPs, and CEX forms. The journey to independent professional practice is much more than the completion of a set of simple competencies. WBAs do not provide detailed discussion with a trainer, deep analysis of practice, or the development of critical reflection and metacognitive thinking.

***Innovation*** DEBRIEF is a tool that enables the kind of feedback practised in the much lamented apprenticeship system. It offers a simple tool for critical reflection to take place between a number of people or individually. DEBRIEF helps learners to take responsibility for their own learning, to develop critical reflection, autonomy and self questioning – essential components of the independent professional.

***Implications*** Once the DEBRIEF framework has been practised effectively and becomes second nature it can be used for individual reflection. By formulating self searching questions, a learner can uncover insights into which they previously had no conscious access. This makes DEBRIEF both a valuable feedback and reflection tool.

**Introduction**

In current workplaces, trainees do not have a supervisor with them all the time. If medical training is to be ‘trainee driven’ (JCRPTB1) then trainees have to recognise their own learning needs and seek out an expert with whom to discuss those needs. However, many needs, or gaps in knowledge and uncertainty about practice, fall into the zone of ‘unconscious incompetence.’ How can we know what we do not know if we do not know it and do not know that we do not know it? Once we are consciously competent (that is we know what we don’t know) there is awareness, but often this conscious awareness has to be raised by either direct experience or discussion of experiences with a supervisor. If the supervisors aren’t always there, we return to the learning by mistakes method, which is no longer tenable in the twenty first century.

**Conscious competence**



Fig 1. The role of conscious awareness in the development of competence.

A novice in a given situation will start out being unconsciously incompetent; that is they will not be aware of what they do not know or cannot do. Exposure to the area of learning will rapidly move them to the zone of conscious incompetence where they will be aware of what they do not know or cannot do. Only once a novice is at this stage can appropriate learning take place and they can progress to conscious competence where they are able to know or do and have awareness of that. Proficiency and practice can result in movement to the unconscious competence zone where the knowledge or action become second nature, and they are unaware that they know it, or of the details involved in practising it. This can be a dangerous zone as the lack of conscious awareness can result in error on occasion. Experts who regularly engage in metacognitive reflection (taking themselves back to the third zone of conscious competence) and look at what they do and do not do and why, are those who stay at the peak of their professional practice.

**Pendleton’s feedback**

David Pendleton’s 2 rules for providing feedback enable learners to look at the four zones of conscious competence through the questions “What went well?” (c/c and uc/c) and “What can be developed for next time?” (c/ic and uc/ic) thereby accessing all areas of the conscious competence learning curve.

Whilst this model shows us the stages through which we progress as learners but gives us no indication as to how we can develop the transitions between the stages. How can we raise awareness of unconscious incompetence in a novice? How can someone who is aware of their incompetence move towards consciously competent practice in a safe but metacognitive manner? And how do the experts avoid the pitfalls of the unconsciously competent zone after years of practice? DEBRIEF addresses the gaps between these zones to both deepen and to accelerate understanding, learning and thinking.

**The DEBRIEF model**

**DEBRIEF model**

**Describe events as factually as possible  
Evaluate what went well/to change next time  
Banish emotions/beliefs/assumptions that cloud judgement and development  
Review and analyse in light of previous experience (pattern recognition)   
Identify lessons learned  
Establish follow up actions  
Feedback on actions**

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Fig 2 DEBRIEF model

**Gut feelings and Perturbations**

Much of our learning occurs because of the subconscious awareness of an inconsistency, or a ‘perturbation’ 3. Doctors often talk about listening to their ‘gut feeling.’ Perturbations, or gut feelings reside between the areas of unconscious incompetence and conscious incompetence. It is as a result of these feelings that learners first become aware that something isn’t right, but they rarely know what that is initially. A trainee in a supportive placement may well seek out a supervisor for a conversation, such as a Case Based Discussion (CBD), or may reflect on a perturbation with a friend or independently. Both approaches can have limited effect. A CBD may yield a sophisticated level of analysis, resulting in new levels of understanding for trainee and even for the trainer. Often however, the conversation becomes didactic and theoretical and the synthesis between knowledge and application can be lost. Independent reflection is a good habit to develop but if the gut feeling is not explored purposefully and systematically there will be no real development beyond the ever decreasing circles we can be trapped in when trying to work out ‘what went wrong.’

DEBRIEF provides a structure for such conversations and reflections and to ensure that all aspects of the event are looked at. Much has been said about the emotional impact of learning.4 The DEBRIEF model, in the constructivist tradition, helps learners to review an event in a cognitive, an emotional and a practical way, thus addressing the psychosocial and practical elements of learning.

**How does DEBRIEF work?**

DEBRIEF is more than reflection. It is a series of questions asked of the learner which promote recall of the events, evaluation of his or her role in the events, and an emotional review of the impact of the events on the learner’s sense of wellbeing, before addressing the cognitive impact and reviewing the account for previous similarities of behaviour. Often perturbations occur because we repeat behaviour which is a function of emotional or psychological triggers from past experiences. It is only when trainees can look back in a safe environment, knowing that whilst they may have made mistakes they also had a positive effect on some of the events concerning them, that they are free to own those mistakes. Emotions can block cognitive development and progress 4 and so the examining of the feelings, beliefs, assumptions or motives behind the learner’s actions is often a pivotal point at which the individual unblocks that repetitive behaviour or identifies the gut feeling causing the perturbation. Being able to move onto action planning as a result of the identification of what has been learned is a positive and valuable way for the learner to move on from the event.

**Scaffolding**

Friere 6 argued that learning and education is transformed through praxis – that is “reflection and action upon the world in order to transform it.” Vygotsky 7  identified a zone of proximal development – a gap in terms of experience between two people, which could be used to “scaffold” 8  the learning for the less experienced of the two. Scaffolding works best when functioning in a situated context or a Community of Practice 9 and remains the most practically useful way for many in training to learn. DEBRIEF offers a simple structure for such scaffolding to follow, but can also develop in time into internal DEBRIEFing, reflection both on and in action 10 and thereafter metacognition.

**How does DEBRIEF differ from regular reflection?**

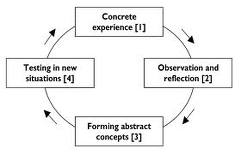


Fig 3 Kolb’s reflective practice cycle

Reflection often follows the Experiential Learning Cycle of Kolb11  but rarely bridges the gap between the action and reflection stages or between reflection and theory stages. Most learners are not able to make those large transitions alone without additional structure.

**D**

Concrete Experience (1)

**E**

**B**

**F**

Observation & Reflection (2)

Testing in new situations (4)

**I**

Forming abstract concepts (3)

**R**

**E**

Fig 4 Kolb’s cycle with DEBRIEF added

DEBRIEF provides a step wise structure to enable the learner to progress through each of Kolb’s learning points, by looking in turn at the behavioural, psychological and cognitive elements of the practice. By following these steps when reviewing an experience the learner is not only processing the experience itself, but is also developing metacognition which will enable further reflection on future experiences.

**From Theory to Practice**

Debriefing is a mixture of reflecting and teaching. Using a framework to discuss a gut feeling with a more experienced colleague can lead to unexpected revelations. DEBRIEFing makes learners feel in control of their work; by instigating the process and by learning from an honest DEBRIEF, a trainee can relate to the strengths and areas for development within their practice, can understand the psychological impact of events and is able to access theoretical, emotional and practical developmental strategies to change that work for the better. Ownership of learning, especially in the workplace is a fundamental driver for progress. DEBRIEFing using this structure is a versatile process. A CBD can easily turn into a DEBRIEF session as can using Pendleton’s rules for feedback. It is the nature of the open questions used within the framework which facilitate deeper consideration of all aspects of potential learning. A learner can seek out a supervisor, more experienced colleague or a peer and discuss the event using the model outlined here. Alternatively the model can be applied to the event independently, using honest self disclosure to explore the issues and impact.

**Conclusion**

We inhabit a postgraduate medical training world where the pressure upon the trainers to teach has never been greater, but the time for teaching has never been more limited. Learning by pattern recognition is no longer tenable; smaller numbers of experiences carry greater pressure on trainees to learn and develop. The DEBRIEF model equips learners and trainers with a model for deep analysis, discussion and reflection. Two or three comprehensive DEBRIEF sessions in a four month placement could have a greater impact upon a trainee’s ability to learn from experience than a dozen WBAs would have done. Once mastered this form of reflection can be used for learning and self development through the rest of the training career.

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