



Guidelines for Writing a “Two Column” Debriefing Case¹

“Two-Column” debriefing cases are a potent way to gain insight into your own debriefing style, strengths, and weaknesses. By writing a case depicting an actual debriefing challenge you faced, you focus your learning on what is most important and relevant to you. The two-column case method was developed by Harvard Business School Professor, Chris Argyris, to help people discover and analyze the links between their own frames and actions.

This document describes how to write a two-column debriefing case. The quality of your case will have a major impact on what you learn. It usually takes about an hour to write a case and it need be no more than 1-2 pages in length. We provide an example below.

1. Think of a past debriefing or clinical teaching situation that illustrates a **representative and challenging** issue you face in debriefing or providing feedback. Please choose an episode in which you were personally involved **and that you want to learn to handle more effectively.**
2. Describe the context briefly. Who was involved? What were you trying to accomplish? What kinds of obstacles did you experience? **Please disguise names to ensure confidentiality. If you are writing a case that involves someone who will be in an IMS course, it is important that you inform them and us in advance.**
3. Depict what actually happened by reconstructing (or transcribing from video recording) key moments in the debriefing or feedback conversation. Divide your page(s) into two columns as shown in the example below. You can use the "Table" command in Microsoft Word to create the two-column format or use the template available on our website.

On the right hand side of the page, write your best recollection (or transcript of a video recording) of what you and other(s) actually said and did. **It is essential that you write actual dialogue, as if in a play.** On the left hand side of the page, write down any thoughts and feelings **you** had at the time and did not say.

¹ These guidelines were adapted from the excellent resources of the firm, Action Design (<http://actiondesign.com/resources/toolkit/case-guidelines>)



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For example:

My Thoughts and Feelings	What We Said
Nobody even brought up the fact that they didn't share the defibrillator! It's such an important resource. We better talk about that.	<p>Me (Instructor): It seems like it might be useful to think about whether the defibrillator was a problem.</p> <p>Jeff (Student): What kind of a problem? We followed the algorithm for shocking the patient.</p>
Why is he getting defensive? I'm just trying to get this out on the table so we can fix it. They have to learn how to provide care with limited resources.	<p>Me: I'm not trying to criticize you at all. I'm just asking a question. We haven't had a chance to discuss the issue of the defibrillator.</p> <p>Jeff: Okay...What issue?!</p>
What issue? Sharing resources, obviously. I guess I have to spell it out for him. He just doesn't get it.	<p>Me: Well, there were two patients that needed to get shocked and only one defibrillator. Do you think you could have handled things better?</p> <p>Jeff: Well I was only responsible for my patient.</p>
You have got to be kidding!	

4. State the results you experienced from this conversation that you would want to change.
5. State the questions you would like to address in the discussion of your case. Specifically, what do you hope to learn about how to handle such interactions, based upon discussion of your case?

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Debriefing Two-Column Case (Extended Example)

Date: November 12, 2008

Presented by: Toni Reavon (a pseudonym).

0. Title: Is it cruel to be kind?

1. The challenge of this debriefing or feedback conversation:

We had a group of emergency room nurses running a trauma scenario with a relatively inexperienced emergency medicine resident. The resident had difficulty leading the resuscitation and patient management suffered as a consequence. At the same time, the experienced nurses did not speak up in a way that helped the team move forward. At our facility we use a 2-debriefer model, which was a blessing that day as I froze and did not know how to handle the situation.

As the debriefer I struggled with how to balance addressing significant clinical mismanagement in the case with how to protect the resident from too much criticism about her leadership and the experienced nurses from too much criticism about the fact that they didn't offer guidance and help that they could have.

1. I ended up feeling bad for the resident and didn't know how to protect her once the team piled all the mismanagement of the case on the leader.
2. I felt reticent to address the experienced nurses' responsibility to speak up and help when you have a very sick patient and a weak physician.
3. I was also scared for the learners in the room, who were new to simulation; I didn't want them to be frightened them off by a too-tough conversation.

2. Brief statement of context:

Our simulation program runs out of a large children's hospital where our learners reflect a wide variety of experience. We run scenarios with both seasoned and newly orientated staff from inpatient areas, critical care units and outpatient clinics. We attempt to run multidisciplinary scenarios with learners of the same experience. i.e.: medical students with nursing students, senior emergency residents with our resuscitation teams. As in real life, this is not always possible and our sessions, just like our staffing for any given day, are comprised of a mixed bag of experience. What seems to be universal is that our learners, regardless of experience, seem to struggle with application of seemingly basic medical knowledge. In our debriefings we cover both CRM principals and medical case management.

Our scenario in this case was 4 emergency nurses, of varied experience, lead by a relatively inexperienced emergency medicine resident. The case was of a 6 y.o. pedestrian struck by a car with head and abdominal injuries.



Debriefing Two-Column Case (Extended Example)

3. What actually happened:

TR's Thoughts and Feelings	What Was Said
<p>Nurse 1 is right, the leader [a resident] was very ineffective, but Nurse 1 has many years of experience. She should have helped! She should have asked the team leader to call out her assessment. Nurse 1 should have taken more of a lead.</p> <p>Oh, God, she is right. The leader should know you never give that amount of drug in a hypotensive patient. But the nurses know this too! We just covered this in didactics. They know these drugs. It is just as much the nurses' responsibility to be sure safe drugs are given as it is the leader's. I have to stop this attack of the leader; she is about to cry.</p>	<p>Participant Nurse 1: I felt the leader had a lot to learn. She didn't communicate any of her assessment.</p> <p>TR: That is interesting. You have a lot of experience; how do you think your experience could have helped here?</p> <p>Participant Nurse 2: She had trouble ordering RSI drugs. She kept changing her mind and I had no idea what she wanted.</p> <p>TR: So there was trouble communicating. How do you think she could have handled this differently?</p> <p>Participant Nurse 3: She wasn't clear on the fluids. I wasn't sure how much to give or how fast.</p>



Debriefing Two-Column Case (Extended Example)

TR's Thoughts and Feelings	What Was Said
<p><i>Fluid resuscitation!</i> They all missed this boat—stop blaming the leader. How do I let this conversation carry on, but get the leader off the hot seat? In almost every scenario we do with shock, people are afraid to give fluids fast enough. This mistake would have been very bad news for a real patient. They <i>all</i> know this! Why don't they give fluids faster? They don't need a leader to tell them this child is in hemorrhagic shock and needs rapid fluids. I need to nail this point home.</p> <p>I want to say, "Why didn't you say something?! You have years of experience." Of course the patient needed to be intubated sooner. That poor leader... she is almost in tears but we need to cover indications for intubation.</p> <p>The team has responsibility here. They may not have been happy with the leader but they have many years of experience and they did nothing to help.</p>	<p>TR: Fluids were an issue here. What happened?</p> <p>Participant Nurse 1: I felt she struggled with the airway and didn't recognize the need to intubate soon enough.</p> <p>TR: What were your thoughts on why the patient needed to be intubated?</p> <p>Participant Nurse 1: The patient no longer responded and his sats were dropping.</p>

4. Results from this conversation that I would want to change:

I'm afraid the resident ended up feeling really attacked. I don't want people to be afraid of coming to the simulation center.

5. Questions I would like to address when we discuss this case:

How do I both hold people accountable for their choices and also protect their self-esteem?