

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Simulation(s) Debriefed: \_\_\_\_\_

Group Name (optional): \_\_\_\_\_

Participant Name(s) (optional): \_\_\_\_\_

### Question-Level Analysis

#### FACTS Do the participant(s) know the facts of the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer fact-based questions.

##### 1 - MAXIMUM CUEING

The participant(s) cannot answer a majority of the fact-based questions about the simulation(s) without significant support from the debriefer.

##### Examples of support:

- ♦ Reviewing specific simulation sections
- ♦ Playing patient videos
- ♦ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ♦ Asking guided discussion questions to lead participant(s) to the facts
- ♦ Reviewing a simulation in Debrief Mode

##### 2 - MODERATE CUEING

The participant(s) can answer a majority of fact-based questions about the simulation(s) with moderate support from the debriefer.

##### Examples of support:

- ♦ Asking guided discussion questions

##### 3 - MINIMUM CUEING

The participant(s) can answer a majority of fact-based questions about the simulation(s) independently.

#### INTERPRETATION Do participant(s) understand the facts and how the emotional components of the simulation impact the patient(s) and/or their caregiver(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer interpretation questions.

##### 1 - MAXIMUM CUEING

The participant(s) cannot interpret facts and emotional components and how they relate to the patient(s) without significant support from the debriefer.

##### Examples of support:

- ♦ Reviewing specific simulation sections
- ♦ Playing patient videos
- ♦ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ♦ Asking guided discussion questions to lead participant(s) to understanding the facts and emotional components of the simulation(s)
- ♦ Reviewing simulation(s) in Debrief Mode

##### 2 - MODERATE CUEING

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) with moderate support from the debriefer.

##### Examples of support:

- ♦ Asking guided discussion questions

##### 3 - MINIMUM CUEING

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) independently.

## REFLECTION Can the participant(s) answer **why** questions about specific choices made during the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer reflection questions.

### 1 - MAXIMUM CUEING

The participant(s) cannot answer **why** questions about specific choices made during the simulation(s) without significant support from the debriefer.

#### Examples of support:

- ◇ Reviewing curriculum content
- ◇ Reviewing current literature and practice framework standards
- ◇ Reviewing additional patient videos

### 2 - MODERATE CUEING

The participant(s) can answer **why** questions about specific choices made during the simulation(s) with moderate support from the debriefer.

#### Examples of support:

- ◇ Asking guided discussion questions to lead the participant(s)

### 3 - MINIMUM CUEING

The participant(s) can answer **why** questions about specific choices made during the simulation(s) independently.

## EXPANSION Can the participant(s) reflect on their performance and apply it to their past and/or future clinical practice?

Select the number that best describes the level of cueing required for the participant(s) to answer expansion questions.

### 1 - MAXIMUM CUEING

The participant(s) can reflect only on their performance during the simulation but cannot analyze, synthesize, and/or apply lessons learned to other clients. Participant(s) cannot provide differential diagnoses when multiple simulations are discussed.

#### Examples of support:

- ◇ Grouping simulations together and debriefing at the same time to allow participant(s) to compare and contrast
- ◇ Showing clinical examples during debrief for participant(s) to discuss

### 2 - MODERATE CUEING

The participant(s) require(s) support from the debriefer to analyze, synthesize, and apply lessons learned from other clients. Participant(s) require(s) support to provide differential diagnoses when simulations are discussed.

### 3 - MINIMUM CUEING

The participant(s) analyze, synthesize, and apply lessons learned to other clients independently. Participant(s) can provide differential diagnoses when multiple simulations are discussed.

## Question-Level Analysis Score Summary

FACTS

INTERPRETATION

REFLECTION

EXPANSION

TOTAL

/12

## Participation & Engagement Analysis

### Participation

Select the number that best describes the level of participation.

#### 1 - MINIMAL PARTICIPATION

Direct questions required the majority of the time from the debriefer. The participant(s) are not initiating discussion.

#### 2 - MODERATE PARTICIPATION

Direct questions required some of the time from the debriefer. The participant(s) initiate discussion some of the time.

#### 3 - MAXIMUM PARTICIPATION

Direct questions rarely required from the debriefer. The participant(s) initiate(s) the discussion.

### Engagement

Select the number that best describes the level of engagement.

#### 1 - MINIMAL QUALITY OF ENGAGEMENT

Discussion comments are misinformed or inaccurate. Comments are centered around opinion and lack appropriate terminology.

#### 2 - MODERATE QUALITY OF ENGAGEMENT

Discussion comments are sometimes insightful. Comments are occasionally formulated in a professional manner.

#### 3 - MAXIMUM QUALITY OF ENGAGEMENT

Discussion comments are insightful and formulated in a professional manner. Appropriate terminology is used. Comments are based on impressions and outcomes rather than personal opinions.

## Participation & Engagement Analysis Score Summary

### PARTICIPATION

### ENGAGEMENT

### TOTAL

/6

## FIRE Score Summary

### QUESTION-LEVEL ANALYSIS

### PARTICIPATION & ENGAGEMENT ANALYSIS

### TOTAL FIRE RATING

/18

### Comments from the debriefer