Maximizing learning during debriefing in nursing education

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Accepted knowledge

• Debriefing is a facilitated interactive reflective discussion about a prior series of events
• Debriefing is conducted according to predetermined objectives.
• Debriefing is an essential step to solidify learning.
Important debriefing components

Time
Structure/Content

Environment
Session facilitator
Time

• Debriefing should be held right after the simulation (Reed, 2012)
  --Also supported in a study by Cantrell (2008)
• Enough time for debriefing participants to:
  --Verbalize feelings
  --To completely debrief (Reed, 2012)
Wotton et. al (2010) showed that students favored longer debriefings than the 20 minutes allowed
Timing & the session facilitator
(Reed 2012)

- Allows enough time for the participant to speak before commenting
- Talks the “right amount”
- Teaches the “right amount” during debriefing

Overstreet (2009) found when analyzing four nursing debriefings, that nurse debriefers talked 67%, or two-thirds of the debriefing period.
Expert recommendations for timing (Evidence needed)

• Waxman (2010): Debriefing should be twice as long as the simulation scenario
• Cantrell (2008) used 10 minute debriefing sessions; research was not focused on amount of time spent debriefing
• Decker (2007) recommends 20-30 minute debriefings
Environment

• The environment should be “physically comfortable”
• Not included as part of “environment” according to my debriefing experience research:
  --feeling safe
  --emphasizing trust
  --feeling comfortable expressing self
  --emotionally comfortable environment
Structure

Suggested by nursing experts:
Dreifuerst (2009): Debriefing structured as reflection facilitates learning
Brackenreg (2004): Time allotted for structured debriefing takes twice the amount as unstructured debriefing
Overstreet (2010): Provides a 7-point list to structure debriefing “ee-chats”; however states debriefing dynamics are more important than adherence to structure.
Other structural components

Common practices, more evidence needed:
--- Establishing a safe environment
--- Ground rules for open communication
--- Providing objectives/agenda
--- Constructively discussing performance gaps
--- Relating simulation performance to current practice
--- Highlighting team dynamics and communication
Important evidence-based structural components (Reed 2012)

- Resolving unsettled feelings
- Analyzing thoughts
- Increasing self-awareness
- Processing the simulation experience
- Finding meaning in the simulation
- Clarifying problems
Learning components in debriefing
(Reed 2012)

• Making connections in learning
• Providing a learning opportunity
• Answering questions about the simulation
• Connections between knowledge gained in the simulation and real-life situations
Debriefing types
(Available evidence in nursing education)

• Discussion vs. Video-assisted discussion
  --Chronister & Brown, 2011 (N=37)
  Quality of skill improvement higher, response times faster in video-assisted debriefing
  Increased knowledge retention in discussion alone debriefing
  --Reed, unpublished (N=64)
  No difference in the student experience in discussion alone versus video-assisted debriefing
Debriefing types
(Available evidence in nursing education)

• Verbal versus written debriefing (blogging, journaling)

---Reed, 2009 (N=100)
Students preferred their experience with verbal debriefing

Complaints about written debriefing without discussion included the fact that debriefing was delayed, as well as inability to dialogue with facilitator/session participants
Debriefing types
(Evidence in medical simulation)

- Video assisted vs. discussion only
  -- Salvodelli et al. (2006) (N=42)
  No difference in improvement between oral and video-assisted oral feedback
  Trauma code response behavior improved with videotape feedback and did not with verbal feedback alone
Debriefing types
(Evidence in medical education)

• Post-simulation debriefing vs. in-simulation debriefing
---Van Heukelom et al. 2010 (N=161)
  Students felt debriefing after a simulation was more effective for learning than in-simulation debriefing

• More evidence is needed on what types of debriefing are most effective to promote learning in nursing education
Debriefing Facilitator

Expert opinion abounds as to how a debriefing should be facilitated

---DASH

---CAPE

These behaviors are well-accepted for medical simulations and team training scenarios. Are they best for nursing education?

EVIDENCE IS NEEDED
Facilitator behaviors important to nursing students (Reed, 2012)

• Provides a means for the participant to reflect on their actions
• Should be an expert in the content area
• Provides constructive evaluation of the simulation
• Provides adequate guidance during debriefing
• Reinforces aspects of the health care team’s behavior
Less important to debriefing
(Reed, 2012)

• During factor analysis of a scale evaluating the nursing student debriefing experience, the following did not “factor” in:

---Learning objectives made clear at the beginning of debriefing
---Making connections between self & others
---Bridging the gaps between my (or my group’s) performance
Less important to debriefing
(Reed, 2012)
---Addressing emotions that came up during the simulation
---Providing a “cooling down” period with debriefing
---Becoming clear about role as a nurse
---Understanding professional values
---Allowing a chance to “de-role”
---Understanding the perspective of others
Less important to debriefing
(Reed, 2012)

---Becoming clear about role as a team member
---Help in analyzing performance
---Use of open ended questions by the facilitator
---The facilitator reinforcing behavioral aspects
Additional evidence concerning debriefing in nursing education

• Cantrell, 2008 (N=11)
  ---Students identified that a simulation accurately demonstrated by the faculty at the conclusion of debriefing would significantly enhance learning

• Lasater, 2007 (N=39)
  ---Students have a strong desire for more direct and honest feedback during debriefing
  ---Debriefing allows for increased awareness through verbalization of thought processes
Additional evidence concerning debriefing in nursing education

• Wotton et al, 2010 (N=300)
  ---Combined sim/debriefing sessions of 45 minutes; debriefing lasted 15-20 minutes, type of reflection not identified
  ?Discussion?
  ---Students “valued” debriefing in the areas of management, rationale for actions, assisting in understanding, learning, and explaining the scenario
  ---Students wanted more time to debrief
Additional evidence concerning debriefing in nursing education

• Kuiper, et al. 2008 (N=44)

---OPT model clinical reasoning worksheets were used to debrief vs. debriefing “with an instructor”

---Worksheets were also used to debrief clinical, so students were familiar with worksheet completion

---Authors felt the OPT model worksheets provided scaffolding for reflection and review
Evaluating debriefing

**DASH (Debriefing Assessment for Simulation in Healthcare©)**

---Developed from expert opinion of those facilitating primarily medical or medical education simulations (not from the experience of those being debriefed)

---Student version evaluates the debriefer’s skill at conducting the debriefing
Evaluating debriefing

• Debriefing Experience Scale©(Reed, 2012)
  ---Developed to evaluate the nursing student experience during debriefing
  ---Factor analysis was implemented to provide the 20 items on the scale
  ---Items not included were those that factored in weakly or that were too highly correlated with another item
  ---Cronbach’s alphas were .93 and .91 for the two scales contained therein
Knowledge gaps about how to maximize learning during debriefing

• As wide as the Grand Canyon!!
Minding the gaps

Just a few:
---What debriefing type best facilitates learning? Video assisted? Discussion only? Written?
---Is the structure and lingo used by the ‘expert debriefers’ appropriate for novice nurses or students? (i.e. “frames” “mental model”)
----Should facilitation & debriefing be tailored to skill and experience level of the learner, rather than a one – size fits all approach?
And the list goes on....