Debriefing Across the Curriculum

A Living Document from the National League for Nursing

In collaboration with the International Nursing Association for

Clinical Simulation and Learning (INACSL)

NLN Board of Governors
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Mission: Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

Core Values: Caring, Integrity, Diversity, Excellence

INTRODUCTION

The National League for Nursing and the International Nursing Association for Clinical Simulation and Learning believe that **integrating debriefing across the curriculum** – not just in simulation – has the potential to transform nursing education. It holds great promise in educating nurses to be the reflective practitioners necessary in today's health care system and should not be confined to simulation.

Developing reflective practitioners requires a thoughtful approach to nursing education wherein faculty and learners question and reorder how they think, act, and understand.

Reflection, at the core of debriefing, is central to being critical, i.e., the ability to examine information to see the whole of reality (Freire, 1970/2000). It is a process of assessing what is relevant and determining the reasons for our actions.

The NLN has consistently challenged nurse educators to learn about and implement teaching methodologies that prepare novice nurses to practice in a participatory and information-driven consumer environment. NLN publications such as the Agenda for Health Care Reform (NLN, 1991), the Excellence in Nursing Education Model (NLN, 2006), and Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators (Halstead, 2007) call for advancing techniques and faculty expertise to teach higher-level reasoning skills throughout the program of learning. Debriefing, an essential methodology to fully promote thinking along a continuum from "knowing what" to "knowing how" and "knowing why," further supports that call to action.

BACKGROUND AND SIGNIFICANCE

Debriefing is a **critical conversation** to reframe the context of a situation to clarify perspectives and assumptions, both subjectively and objectively. This reframing is the goal of every faculty-student interaction (Benner, Sutphen, Leonard, & Day, 2010). Debriefing is not, therefore, confined to simulated environments.

Debriefing techniques foster critical reflection and are essential in all educational settings – in the classroom and during clinical experiences that including post-conference and patient care settings. The process of **coming to know why** an action was taken reveals the knowledge, assumptions, values, beliefs, and feelings behind the action and attaches meaning to information. Critical reflection bridges past learning within the context of a new situation (Argyris, 1992; Argyris & Schon, 1974; Brookfield, 1986,1990, 1993, 1995, 2000; Freire, 1970/2000; Mezirow, 1978, 1990, 2000; Schon, 1983, 1987; Tennyson, 1990, 1992; Tennyson & Breuer, 1997; Tennyson & Rasch, 1988).

Empirical studies have demonstrated that learning does not occur in simulation-based education in the absence of debriefing (Mahmood & Darzi, 2004; Savoldelli et al., 2006; Shinnick & Woo, 2010). Although these findings are derived from simulation-based education, they have relevance to the use of debriefing in multiple settings. Additionally, poorly conducted debriefing results in persistent poor clinical judgment (Jeffries, 2012). A recent meta-analysis (Tannenbaum & Cerasoli, 2012) reported that the quality of debriefing was positively correlated with improved learning outcomes.

In a study on nurse practitioner students, simulation plus theory-based, reflective debriefing led to a significant and measurable difference in nurse practitioners' critical thinking skills (Morse, 2015). Another study showed enhanced clinical reasoning skills in undergraduate nursing students (Dreifuerst, 2012). And in a related study of medical residents (Minehart, Rudolph, Pian-Smith, & Raemer, 2014), using simulation plus theory-based debriefing allowed instructors to broaden the conversation beyond technical errors and influence learner reflection on professional development. This suggests that the competence of the debriefer has a significant influence on learning outcomes.

The results of the National Council of State Boards of Nursing (NCSBN) Simulation Study indicate that simulation can be safely substituted for traditional clinical placements, under conditions comparable to those in the study (Hayden, Alexander, Kardong-Edgren, & Jeffries, 2014). One of the specific conditions was "subject matter experts who conduct theory-based debriefing." To ensure consistency in debriefing and adherence to INACSL Standards of Best Practice: Simulation℠, Standard VI (INACSL, 2013), all faculty conducting debriefings in the study attended three days of training. Debriefing skills were evaluated prior to the start of the study and at regular intervals throughout. This level of faculty development, coupled with regular assessment of competence of the debriefers, ensured that students consistently engaged in reflective dialogue aimed at developing their ability to critically reflect on their practice (Jeffries, Dreifuerst,

Kardon-Edgren & Hayden, 2015).

Despite this understanding of the importance of debriefing, a recent survey of pre-licensure nursing programs in the United States determined that use of theory-based debriefing by competent debriefers is not the norm (Fey, 2014). Results from the study indicated that:

› Only 31 percent of schools use a theory or model to guide debriefing.

› Less than half of all facilitators have had any training.

› Just 19 percent have had their competence assessed.

A similar study found that debriefing facilitators who report having been trained actually did not participate in a formal training program and did not engage in ongoing assessment of competence (Waznonis, 2015). These data are cause for concern in light of what is known about the importance of having competent facilitators to conduct theory-based debriefing.

Factors Affecting the Expanded and Consistent Use of Debriefing

Teaching With and About Context
Patient-centered care requires that students and practicing nurses are cognizant of the unique needs of patients and their caregivers. Contextualizing practice focuses student attention on the patient – a strategy that keeps student thinking open and curious (Benner et al., 2010). It is a conversation to focus attention on the salience of the patient's situation – an attention to and organization of context. Context is defined as the nature of the world in a given moment including the lens we use to view the world in that moment. Engaging students in consideration of the contextual factors influencing a given clinical situation shifts the focus from learners as doers of actions to learners as "meaning makers." Accomplished through debriefing, meaning-making creates a greater awareness of relevant issues within context. The learner leaves the experience with a transformed understanding, allowing for improved practice (Forneris, 2004).

Active Learning
Notwithstanding the recognized value of active learning strategies as a way to more fully engage learners in meaning making, educators continue to rely on the banking model of education whereby educators "deposit" knowledge into passively receptive learners (Freire, 1970/2000). Conversely, in active learning, there is a shift from strictly a cognitive to a relational approach, where learners and faculty construct knowledge, attitudes, and skills collaboratively (Cheng et al., 2015).

Specific active learning strategies can vary and include simulation, unfolding case

studies, problem-based learning, and the incorporation of technologies to engage students (e.g., audience response systems). Incorporated into all of these approaches is the Socratic spirit: being truly curious about what students are and are not thinking. Through the use of Socratic dialogue, educators can explore learners' thought processes in order to understand their perceptions of the learning experience. By adopting this stance of genuine curiosity, teachers build a relationship with students wherein meaning is derived from experience.

Evidence-Based Debriefing

The importance of training in techniques that promote reflection during debriefing is clear in the INACSL Standards of Best Practice: Simulation Standard VI: The Debriefing Process, published by INACSL (Decker et al., 2013). Standard VI provides guidance to simulation educators for facilitating debriefing discussions. Additional INACSL Standards of Best Practice: Simulation address the qualities of facilitators and criteria for facilitation (INACSL, 2013). The Society for Simulation in Healthcare (SSH) has likewise published accreditation standards for simulation programs (2014). The Teaching/Education Standard 2, Qualified Educators recognizes the importance of ongoing assessment of facilitator competence.

Research from health care and other industries indicates that there are principles that are foundational to debriefing. Theory-based methods of health care debriefing currently in use include, but are not limited to:

› Debriefing for Meaningful Learning - DML (Dreifuerst, 2010, 2012)

› Debriefing with Good Judgment (Rudolph, Simon, Dufresne, & Raemer, 2006; Rudolph, Simon, Raemer, & Eppich, 2008)

› Structured and Supported Debriefing (O'Donnell et al., 2009)

› Promoting Excellence and Reflective Learning in Simulation - PEARLS (Eppich & Cheng, 2015)

It is critical for nurse educators to have: a chosen theory-based method; formal training; and on-going assessment of competence. At their core all methods must have active reflection and a learner-centered (not teacher-centered) perspective. Knowing that teachers filter reality through their own lens and see their own "truth," evidence supports the idea that when the facilitator values all perspectives equally and confronts personal bias, the student is helped to form new concepts that can transfer to multiple situations (K. Dreifuerst & J. Rudolph, personal communication, April 22, 2015).

Evaluation of Debriefing Methods

Evaluation of the debriefing environment ensures that the overall learning experience contributes to meeting course and/or program outcomes. Debriefing evaluation instruments assess the competence of the debriefer from a variety of perspectives: self, peer, and learner. The incorporation of valid and reliable instruments is integral to the continued improvement of debriefing techniques and robust faculty development.

A recent study found that Debriefing Assessment for Simulation in Health Care (DASH) (Simon, Rudolph, & Raemer, 2009) is the most commonly used tool in nursing education (Fey, 2014). The DASH tool is a behaviorally anchored rating scale that can provide valid and reliable data for use in a wide variety of simulation settings. The Debriefing Experience Scale is a rating scale for learners in nursing simulation to assess their subjective experience of the debriefing (Reed, 2012). Arora and colleagues developed the Objective Structured Assessment of Debriefing to assess surgery simulation debriefings (Arora et al., 2012).

This is not an exhaustive list of debriefing assessment instruments. These tools should all be analyzed for their applicability to evaluating debriefing in multiple settings.

CALL TO ACTION

There is a new paradigm for the role of the teacher: facilitator of knowledge co-creation. To assume this role, educators must be willing to let go of their long-held assumptions and reframe how they see the teaching/learning process and the student-teacher relationship. Debriefing provides educators with an evidence-based means to co-create this new paradigm.

In 2015, the call to action for nurse educators is to fully assist students to reveal the knowledge behind the action and attach meaning to information, bridging past learning within the context of a new situation. How will this be accomplished? The NLN proposes that the nurse educator community ask: How will we integrate the principles of debriefing across the curriculum to co-create contextual learning environments and actively engage students in the process of transformational learning?

To support this movement, the NLN offers debriefing courses for faculty through the Simulation Innovation Resource Center (SIRC) as well as an annotated bibliography highlighting recent advances in simulation debriefing techniques and outcomes. Additionally, to advance the knowledge base and skill performance of faculty who engage in debriefing practices, webinars and workshops are offered through the NLN Center for Innovation in Simulation and Technology.

CONCLUSION

The examination and self-reflection that occur during the debriefing conversation and the feedback given during this time are essential for learners to be "meaning-makers." The NLN supports nurse educators and practicing nurses as they reframe the student-teacher relationship to co-create meaningful learning experiences. Consistent with this commitment, the NLN fully acknowledges the vital role that nurse educators play in preparing our nation's diverse nursing workforce to enhance patient care outcomes.

RECOMMENDATIONS

For Deans, Directors, Chairs, of Nursing Programs

› Ensure an adequate number of faculty with training and expertise in theory-based debriefing.

› Provide a simulation leader to assist other faculty as they learn; reinforce the process of incorporating debriefing across the curriculum.

› Budget annually for faculty development in theory-based debriefing.

› Support the development of debriefing experts among the faculty.

For Nurse Faculty

› Integrate debriefing across the curriculum to shape student thinking.

› Pay attention to the impact of implicit and explicit personal bias during debriefing.

› Use evidence-based resources consistently to ensure evaluation of and competence in debriefing.

› Seek development opportunities to enhance debriefing skills.

› Pursue continuing education to develop expertise in the use of debriefing techniques in the classroom, clinical post-conference, and patient care settings.

For the NLN

› Provide professional development for all faculty (full-time, part-time, and clinical) to:

› Incorporate standards of theory-based debriefing.

› Integrate debriefing across the curriculum.

› Enhance faculty expertise in the use of theory-based debriefing.

› Utilize reliable and valid instruments to evaluate the debriefing experience.

› Remain focused on the NLN mission, which is primarily devoted to nursing education faculty, including clinical education faculty.

› Expand Leadership Institute programs in the NLN Center for Transformational Leadership to include resources related to theory-based debriefing across the curriculum.

› Collaborate with key stakeholders (e.g., INACSL, SSH, NCSBN, Laerdal, Wolters Kluwer) to develop and disseminate best practices in theory-based debriefing.

› Continue to support grants and scholarships to fund nursing education research in the use of theory-based debriefing and student learning, through the NLN | Chamberlain College of Nursing Center for the Advancement of the Science of Nursing Education and the NLN Foundation for Nursing Education.

› Serve as a resource for the global community.

REFERENCES

Argyris, C. (1992). Reasoning, learning and action: Individual and organizational. San Francisco, CA: Jossey-Bass.

Argyris, C., & Schon, D. (1974). Theory in practice: Increasing professional effectiveness. San Francisco, CA: Jossey-Bass.

Arora, S., Ahmed, M., Paige, J., Nestel, D., Runnacles, J., Hull, L., ... Sevdalis, N. (2012). Objective structured assessment of debriefing: Bringing science to the art of debriefing in surgery. Annals of Surgery, 256(6), 982-988. doi:10.1097/SLA.0b013e3182610c91

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). Educating nurses: A call for radical transformation. San Francisco, CA: Jossey-Bass.

Brookfield, S. (1986). Understanding and facilitating adult learning. San Francisco, CA: Jossey-Bass.

Brookfield, S. (1990). Using critical incidents to explore learners' assumptions. In J. M. & Associates (Eds.), Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning (pp. 177-193). San Francisco, CA: Jossey-Bass.

Brookfield, S. (1993). On impostership, cultural suicide, and other dangers: How nurses learn critical thinking. Journal of Continuing Education in Nursing, 24, 197-205.

Brookfield, S. (1995). Becoming a critically reflective teacher. San Francisco, CA: Jossey-Bass.

Brookfield, S. D. (2000). Transformative learning as ideology critique. In J. M. & Associates (Eds.), Learning as transformation: Critical perspectives on a theory in progress (pp.125-151). San Francisco, CA: Jossey-Bass.

Cheng, A., Morse, K., Rudolph, J., Brydges, R., Arab, A., Runnacles, J., & Eppich, W. (2015). Strategies for conducting learner-centered debriefing for simulation-based education: Lessons for faculty development. Calgary, Alberta, Canada: T.S. University of Calgary.

Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L., Boese, T., & Borum, J. (2013). Standards of best practice: Simulation standard VI: The debriefing process. Clinical Simulation in Nursing, 9, S26-S29. doi:10.1016/j.ecns.2013.04.008

Dreifuerst, K. T. (2010). Debriefing for meaningful learning: Fostering development of clinical reasoning through simulation (Unpublished doctoral dissertation). Indiana University, Indianapolis, IN.

Dreifuerst, K. T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. The Journal of Nursing Education, 51(6), 326-333. doi:10.3928/01484834-20120409-02

Eppich, W., & Cheng, A. (2015). Promoting excellence and reflective learning in simulation (PEARLS): Development and rationale for a blended approach to health care simulation debriefing. Simulation in Healthcare, 10(2), 106-115.

Fey, M. K. (2014). Debriefing practices in nursing education programs in the United States (Doctoral dissertation). Retrieved from Proquest (3621880).

Forneris, S. G. (2004). Exploring the attributes of critical thinking: A conceptual basis. International Journal of Nursing Education Scholarship, 1(1, Article 9), 1-18.

Freire, P. (2000). Pedagogy of the oppressed (30th anniversary ed., M. B. Ramos, Trans.). New York, NY: Continuum International Publishing Group. (Original work published 1970)

Halstead, J. A. (Ed.). (2007). Nurse educator competencies: Creating an evidence-based practice for nurse educators. New York: National League for Nursing.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). Supplement: The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. Journal of Nursing Regulation, 5(2), C1-S64.

International Nursing Association for Clinical Simulation and Learning. (2013). Standards of best practice: Simulation. Retrieved from http://www.inacsl.org/files/journal/Complete%20 2013%20Standards.pdf

Jeffries, P. R. (Ed). (2012). Simulation in nursing education: From conceptualization to evaluation (2nd ed.). New York, NY: National League for Nursing.

Jeffries, P. R., Dreifuerst, K. T., Kardong-Edgren, S., & Hayden, J. (2015). Faculty development when initiating simulation programs: Lessons learned from the National Simulation Study. Journal of Nursing Regulation, 5(4), 17-23.

Mahmood, T., & Darzi, A. (2004). The learning curve for a colonoscopy simulator in the absence of any feedback: No feedback, no learning. Surgical Endoscopy, 18(8), 1224-1230. doi:10.1007/s00464-003-9143-4

Mezirow, J. (1978). Perspective transformation. Adult Education Quarterly, 28(2), 100-110. doi:10.1177/074171367802800202

Mezirow, J. (1990). Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning. San Francisco, CA: Jossey-Bass.

Mezirow, J. (2000). Learning as transformation: Critical perspectives on a theory in progress. San Francisco, CA: Jossey-Bass.

Minehart, R. D., Rudolph, J., Pian-Smith, M. C., & Raemer, D. B. (2014). Improving faculty feedback to resident trainees during a simulated case: A randomized, controlled trial of an educational intervention. Anesthesiology, 120(1), 160-171.

Morse, K. J. (2015). Structured Model of Debriefing on Perspective Transformation for NP Students. Clinical Simulation in Nursing, 11(3), 172-179.

National League for Nursing. (1991). Agenda for health care reform. New York, NY: Author.

National League for Nursing. (2006). Excellence in nursing education model. New York, NY: Author.

O'Donnell, J., Rodgers, D., Lee, W., Edelson, D., Haag, J., Hamilton, M., & Meeks, R. (2009). Structured and supported debriefing. Dallas, TX: American Heart Association.

Reed, S. (2012). Debriefing experience scale: Development of a tool to evaluate the student learning experience in debriefing. Clinical Simulation in Nursing, 8, e211-e217.

Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as "nonjudgmental" debriefing: A theory and method for debriefing with good judgment. Simulation in Healthcare: The Journal of the Society for Medical Simulation, 1(1), 49-55. Retrieved from http://proxy-hs.researchport.umd.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=19088574

Rudolph, J. W., Simon, R., Raemer, D. B., & Eppich, W. J. (2008). Debriefing as formative assessment: Closing performance gaps in medical education. Academic Emergency Medicine, 15(11), 1010-1016. Retrieved from http://proxy-hs.researchport.umd.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18945231

Savoldelli, G., Naik, V., Park, J., Joo, H., Chow, R., & Hamstra, S. (2006). Value of debriefing during simulated crisis management: Oral versus video-assisted oral feedback. Anesthesiology, 105(2), 279-85. doi:10.1097/00000542-200608000-00010

Schon, D. A. (1983). The reflective practitioner: How professionals think in action. New York, NY: Basic Books.

Schon, D. A. (1987). Educating the reflective practitioner. San Francisco, CA: Jossey Bass.

Shinnick, M. A., & Woo, M. (2010). Debriefing: The most important component in simulation? Communicating Nursing Research, 43, 353-353. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010750197&site=ehost-live

Simon, R., Rudolph, J. W., & Raemer, D. B. (2009). Debriefing assessment for simulation in healthcare© - Rater version. Cambridge, MA: Center for Medical Simulation.

Society for Simulation in Healthcare/ (2014). Accreditation standards. Retrieved from http://www.ssih.org/Portals/48/Accreditation/14_A_Standards.pdf

Tannenbaum, S. I., & Cerasoli, P. (2012). Do team and individual debriefs enhance performance? A meta-analysis. Human Factors: The Journal of the Human Factors and Ergonomics Society, 55(1), 231-245.

Tennyson, R. D. (1990). Cognitive learning theory linked to instructional theory. Journal of Structured Learning, 10, 249-258.

Tennyson, R. D. (1992). An educational learning theory for instructional design. Educational Technology, 32(1), 36-41.

Tennyson, R. D., & Breuer, K. (1997). Psychological foundations for instructional design theory. In D. Sanne (Ed.), Instructional design: International perspective (Vol.1, pp. 113-135). Mahwah, NJ: Lawrence Erlbaum Associates.

Tennyson, R. D., & Rasch, M. (1988). Linking cognitive learning theory to instructional prescriptions. Instructional Science, 17, 369-385.

Waznonis, A. R. (2015, February). Simulation debriefing practices in traditional baccalaureate nursing programs: National survey results. Clinical Simulation in Nursing, 11(2), 110-119. doi:10.1016/j.ecns.2014.10.002.