Shadow Health

Shadow Health Leadership Debriefing Guide

Faculty Guide

This guide will provide comprehensive faculty debriefing resources for the Shadow Health Leadership DCE patient encounters. Debriefing resources will include key takeaways, customizable questions, and scripted prompts to facilitate discussion.

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Introduction and Utilization

Debriefing after a patient encounter is a crucial component of nursing education, offering students a structured opportunity to reflect on their clinical experiences. It allows them to process what occurred, analyze their clinical decision-making, and gain insight into their strengths and areas for improvement. The same is true after nursing students go through a Shadow Health patient encounter. Through guided discussion, students can connect theory to practice, reinforce clinical skills, and deepen their understanding of patient-centered care. Debriefing also fosters critical thinking, emotional intelligence, and professional development by encouraging open dialogue about challenges, ethical dilemmas, and interpersonal communication. Ultimately, it enhances learning outcomes and prepares nursing students for real-world practice by transforming experience into meaningful growth.

This document will go through each of the assignments in the Leadership Digital Clinical Experience (DCE), and give you some ideas on how to debrief with your students in a meaningful way. Pick and choose from a list of questions to customize the discussion for your students, or follow our script to help create a meaningful discussion and learning opportunities for your students.

Assignment 1: Prioritization and Introduction to Leadership

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What assessment cues did you identify as most critical when determining which patient to see first? How did you distinguish between high, intermediate, and low priority needs?
- Describe your thought process when prioritizing competing patient needs. What framework or criteria guided your decisions?
- Reflect on a moment when you had to reprioritize during the simulation. What triggered this change, and how did you adapt your plan?
- How did you analyze the relationships between different patient problems? Give an example of how one patient issue influenced another.
- What knowledge from previous coursework or clinical experiences influenced your clinical judgments in this scenario?
- What organizational strategies did you use to manage multiple patients effectively? Which strategies worked well, and which would you modify?
- If you were coordinating care with other team members, what information would you delegate or communicate, and to whom?
- Identify one clinical decision you feel confident about and explain your rationale. What made you certain this was the right choice?
- Describe a decision you're uncertain about or would approach differently next time. What additional information or skills would help you improve?
- After discussing this simulation with peers, what different perspectives or approaches did you discover? How might collaboration with experienced nurses enhance your clinical judgment in similar situations?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. How did you determine which patient to assess first after receiving report? Walk through your clinical reasoning process—what assessment data, risk factors, or potential for harm guided your prioritization decision?
    - This question helps students articulate their priority-setting framework and understand that prioritization focuses on identifying the patient at greatest risk for harm. It reinforces the concept that priority setting is dynamic and based on assessed needs rather than simply ordering tasks.
2. Did your prioritization change after your initial assessment? This is something that can happen quickly over the course a shift. Describe the thought process. What new information caused or could cause you to reprioritize, and how could you adjust your plan of care?
    - This addresses the dynamic nature of priority setting emphasized in the textbook materials. Students learn that priorities are "established and reprioritized throughout the day according to patients' assessed needs and unscheduled interruptions." It encourages reflection on clinical judgment and flexibility.
3. How did you organize your time to address high-priority physiological needs while also managing intermediate and low-priority tasks? What time-management strategies (clustering care, delegation, sequencing activities) could help you provide safe and efficient care?
    - This question integrates both priority setting and time management—two foundational leadership skills. It encourages students to think about the relationships among patient problems and how to avoid delays that could lead to serious complications. The question also prompts reflection on practical strategies like making to-do lists, grouping

activities, and determining which tasks have specific time limits versus those that can be done at their discretion.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Create a safe space for students to describe their actions and thought processes without judgment.
- Invite students to share their experience:
  - What happened during your simulation? Walk us through your experience.
  - Which patient did you see first, and what was your reasoning?
  - What feelings or reactions did you have during the assignment?
- Facilitate peer sharing:
  - Did anyone approach this differently? What did you prioritize?
  - What assessment data stood out to you as most important?

Analysis

- Help students connect their actions to evidence-based frameworks and recognize patterns in clinical decision-making.
- Explore clinical reasoning:
  - Let's examine your priority-setting framework. How did you apply Maslow's hierarchy to determine which patient needed immediate attention?
  - When you had competing demands, what made you choose one action over another?
  - How did you determine relationships among patient problems?
- Address key concepts:
  - Priority setting is dynamic—did your priorities shift during the simulation? What triggered that change?
  - Which problems were high-priority (immediate, life-threatening), intermediate-priority (non-emergency but requiring attention), or low-priority (long-term)?
- Identify learning moments:
  - What surprised you or caught you off guard?
  - Where did you feel most confident? Least confident?

Summarize

- Synthesize key takeaways:
  - What are the most important lessons about priority setting from this experience?
  - How will you approach prioritization differently in your next clinical?
  - What specific skill will you focus on developing?"
- Reinforce core principles:
  - Physiological needs and patient safety take precedence
  - Priority setting requires understanding the "big picture"
  - Clinical judgment develops through practice and reflection
- Close with application: These leadership skills—prioritization, care coordination, and clinical judgment—build with each experience. You're developing the foundation for safe, effective practice.

Assignment 2: Delegation

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What factors did you consider when deciding which tasks to delegate versus which to perform yourself? How did you determine what required your nursing judgment versus what could be safely delegated?
- Describe how you applied the five rights of delegation in this scenario. Which right was most challenging to apply, and why?
- How did you assess the competency and strengths of your team members before delegating tasks? What questions did you ask or what information did you gather?
- Reflect on how you matched specific tasks to individual team members. What influenced your decisions about who should perform each delegated task?
- Evaluate the clarity and completeness of the instructions you provided when delegating. What essential information did you include to ensure safe task completion?
- How did you create an environment where team members felt comfortable asking questions or clarifying expectations? Give a specific example.
- Describe your approach to supervising delegated tasks. How did you balance providing oversight with avoiding micromanagement?
- What feedback could you provide to team members after task completion? How could you handle situations where performance met expectations versus when it didn't?
- Identify a delegation decision you would handle differently. What went wrong or could be improved? What specific changes would you make?
- How did this experience change your understanding of your accountability as the delegating nurse versus the delegate's responsibility for their own actions? What does this mean for your future practice?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. Using the Five Rights of Delegation (right task, right circumstance, right person, right directions and communication, right supervision and evaluation), analyze one delegation decision you made. How did you ensure all five rights were met before delegating the task?
    - This question reinforces the evidence-based framework for safe delegation. Students must demonstrate they considered whether the task was appropriate to delegate, the patient's condition was stable with predictable outcomes, the delegatee was competent, their communication was clear, and they planned for appropriate supervision.
2. Reflect on how you determined the competency of the person you delegated to. What specific evidence did you use to verify they could safely perform the delegated task? If you were uncertain about their competency, what questions did you ask or what actions did you take?
    - This addresses a critical delegation responsibility: the RN must assess delegatee competency before transferring authority. The textbook emphasizes that "written evidence of competence is best" and that RNs should ask the right questions to determine strengths and weaknesses. This question helps students understand they retain accountability even after delegating.
3. Describe a task you chose NOT to delegate. What factors led you to retain this responsibility yourself? How did you distinguish between appropriate delegation and tasks that required your professional nursing judgment?
    - This question targets the principle that delegation should be thoughtful and based on patient needs—not simply to offload tasks the nurse dislikes. Students learn that delegation is inappropriate when the patient's situation is unstable, outcomes are unpredictable, or the task requires nursing assessment and judgment. It reinforces that

the RN retains accountability for patient outcomes and must make deliberate decisions about what can and cannot be safely delegated.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Allow students to describe their delegation decisions and emotional responses in a non-judgmental environment.
- Invite students to share their experience:
  - Describe what happened during your simulation. Which tasks did you delegate?
  - Who did you delegate to, and what was your thought process?
  - What feelings came up when deciding whether to delegate or complete tasks yourself?
- Facilitate peer sharing:
  - Did anyone make different delegation choices? What influenced your decisions?
  - What questions did you ask the assistive personnel (AP) before delegating?

Analysis

- Explore the Five Rights of Delegation:
  - Let's examine your decisions using the Five Rights. Did you delegate the right task under the right circumstances to the right person with the right communication and right supervision?
  - How did you determine the AP's competence? What questions did you ask about their experience and training?
  - Was the patient situation stable with predictable outcomes? How did you know?
- Address communication:
  - What specific instructions did you provide? Did you explain the procedure, desired outcomes, timeline, and unique patient needs?
  - What did you tell the AP to report back? Did you specify expected observations and concerns?
  - How did you create an environment where the AP felt comfortable asking questions?
- Identify accountability:
  - Remember, you remain accountable for delegated tasks. How did you plan to evaluate whether the task was performed properly and outcomes were met?
  - What would you do if the delegated task didn't go as expected?
- Common pitfalls to address:
  - Delegating simply because you dislike a task
  - Failing to verify competency documentation
  - Providing unclear instructions or expectations
  - Not establishing follow-up communication

Summary

- Synthesize key takeaways:
  - What's the most important principle about delegation you'll remember?
  - How will you approach delegation differently in clinical practice?
- Reinforce core principles:
  - Delegation requires documented competency and ongoing communication
  - You remain accountable for delegated tasks
  - Effective delegation promotes safe, efficient patient care
- Close with application: Delegation is a critical leadership skill. Each opportunity to practice strengthens your clinical judgment and team collaboration.

Assignment 3: Conflict Management

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What was the underlying source of the conflict in this scenario? How did you distinguish between the surface issue and the root cause?
- Reflect on how communication patterns contributed to or escalated the conflict. Was there a specific communication breakdown that you observed?
- Which conflict resolution strategy did you choose (avoidance, accommodation, competition, compromise, or collaboration)? What factors influenced your choice?
- How did your chosen approach balance concern for the relationship with concern for achieving the desired outcome? Would a different strategy have been more effective?
- Describe how you maintained an objective rather than emotional stance during the conflict. What techniques helped you stay professional and focused on problem-solving?
- How effectively did you use active listening to understand the other person's perspective, needs, and feelings? Give specific examples of how you demonstrated this.
- If you used a collaborative approach, how did you ensure both parties' needs were addressed? What creative solutions emerged from considering multiple perspectives?
- Reflect on the level of assertiveness and cooperation you demonstrated. How did you advocate for your position while remaining open to the other person's concerns?
- How did stereotypes or preconceived notions about nursing (such as the expectation to be "nice" and avoid conflict) influence your initial response? How did you move past avoidance to address the issue directly?
- What specific conflict management skills do you need to develop further? How will you apply what you learned from this experience to future interprofessional or peer conflicts?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. Identify a conflict situation you encountered in this assignment. What was the underlying source of the conflict (communication breakdown, role ambiguity, values differences, resource limitations), and how did ineffective communication contribute to the disagreement?
    - This question addresses the textbook principle that "poor communication is the factor most frequently cited as an underlying cause of conflict." Students learn to recognize that conflicts often stem from problems in team functioning characteristics including communication, mutual respect, role clarity, and accountability. Understanding root causes helps prevent future conflicts.
2. Which conflict resolution strategy did you use (competition, accommodation, avoidance, compromise, or collaboration), and why? Reflect on whether your approach achieved a win-win, win-lose, or lose-lose outcome. If you could revisit the situation, would you choose a different strategy?
    - This targets the evidence that collaboration is the preferred conflict resolution style—offering "the best avenue or approach to settling the conflict" with a win-win solution that satisfies both participants. Research shows nursing students most commonly use collaboration, with compromise as second choice. This question encourages students to evaluate whether their approach was fully assertive and cooperative, or if they settled for a less optimal resolution.
3. How did you maintain open, accurate communication and active listening during the conflict? Describe specific techniques you used to remain objective rather than emotional as you implemented conflict resolution strategies.
    - This emphasizes that effective conflict management must be tempered with open, accurate communication and active listening by maintaining an objective—not emotional—stance. This question reinforces that collaboration requires creative

management, acknowledgment that conflict exists in human relationships, and deliberate communication skills. Students reflect on their ability to consider the needs, feelings, and desires of both parties while searching for agreement on goals.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Create a safe environment for students to describe their conflict experiences and emotional responses without judgment:
  - Describe the conflict situation you encountered. What happened?
  - How did you initially respond? What was your first instinct?
  - What emotions did you experience during the conflict?
- Facilitate peer sharing:
  - Did anyone handle a similar situation differently? What approach did you take?
  - What made this conflict challenging for you?

Analysis

- Explore conflict resolution styles:
  - Which conflict resolution style did you use: avoidance, accommodation, competition, compromise, or collaboration?
  - Collaboration is the preferred approach—it's win-win, fully assertive and cooperative. Did you achieve a solution where both parties' needs were met?
  - Research shows nursing students most commonly use collaboration, with compromise as second choice. How does your approach compare?
- Examine communication strategies:
  - Did you use 'I' statements rather than 'you' statements? How did this affect the other person's response?
  - Did you keep the focus on the issue rather than personalities? Was it difficult to avoid taking it personally?
  - How well did you practice active listening? How did this reduce the emotional charge?
- Address key principles:
  - Did both parties view the conflict as a problem to be solved mutually?
  - Were you able to remain open, honest, and respectful of the other person's position?
  - How did you tune into subtle messages about how your communication was being received?
- Common pitfalls to address:
  - Making it personal or responding defensively
  - Focusing on the individual rather than the behavior or issue
  - Failing to actively listen during emotional moments
  - Using avoidance when collaboration is needed

Summary

- Synthesize key takeaways:
  - What's the most important lesson about managing conflict professionally?
  - How will you approach workplace conflict differently?"
- Reinforce core principles:
  - Focus on issues, not personalities; use "I" messages
  - Active listening reduces emotional intensity
  - Collaboration creates win-win solutions

- Close with application: Conflict resolution skills distinguish confident, competent professionals. Each practice opportunity strengthens your ability to handle difficult situations constructively.

Assignment 4: Ethics

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What type of ethical experience did you encounter in this scenario—an ethical dilemma, ethical distress, ethical uncertainty, or an ethical violation? How did naming it help you approach the situation?
- Describe the ethical dilemma or issue you identified. What competing values, principles, or obligations created the moral tension?
- Which ethical principles (autonomy, beneficence, nonmaleficence, justice, fidelity, veracity) were in conflict? How did you weigh these principles when considering possible actions?
- What personal, professional, and patient values were at stake? How did you identify and honor the patient's values while maintaining your professional obligations?
- Walk through the steps you used to analyze this ethical situation. What technical facts, human dimensions (feelings, emotions, attitudes), and perspectives did you gather before deciding on a course of action?
- Who did you involve or consult when processing this ethical problem? How did speaking with colleagues or using a collaborative approach help clarify the issue or identify solutions?
- How did the ANA Code of Ethics guide your decision-making? Which specific provisions were most relevant to this situation?
- Reflect on a moment when you needed moral courage to advocate for what you believed was right. What made this difficult, and what helped you move forward?
- If you faced competing obligations (such as commitment to the patient versus duty to the healthcare team or institution), how did you navigate this tension? What framework helped you find balance?
- How has this experience deepened your commitment to values-based decision-making? What will you do differently when facing future ethical challenges to sustain your moral resiliency?
- If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What type of ethical experience did you encounter in this assignment (ethical dilemma, ethical issue, ethical uncertainty, ethical distress, or ethical violation)? How did naming the specific type help you determine the appropriate response?
    - When you can identify whether you faced an ethical dilemma—where morally justified reasons exist for multiple courses of action—versus ethical distress or another type of ethical experience, you're better positioned to discuss it with colleagues and managers. This question helps students understand that not all ethical challenges are dilemmas, and different situations require different approaches.
2. Walk through your ethical decision-making process. How did you identify the ethical issues, gather facts about the situation, understand the values involved, and articulate the nature of the dilemma? What perspectives (patient, family, team members, institutional policies) did you consider?
    - Ethical decision-making requires an orderly process that considers ethical principles, patient values and abilities, and professional obligations. The first step—identifying ethical issues and problems—is complex and time-consuming but essential. It requires examining the technical and scientific facts alongside the human dimension: feelings, emotions, attitudes, and opinions. This question reinforces that understanding the full picture from many perspectives is worth the effort before moving forward.
3. Who did you consult or collaborate with when facing this ethical challenge? If you felt confused or conflicted about the right course of action, how did talking with other nurses, the supervisor,

or considering an ethics committee consultation help you solve the problem from an ethical viewpoint?
    - Ethical decisions are generally not made in a vacuum. Nurses participate in ethical decision-making as members of interprofessional teams, and conflict among different perspectives can enhance the depth and breadth of analysis by forcing everyone to consider various viewpoints. Ethics committees can provide clinical ethics consultation, guide discussion, and mediate conflict when it cannot be resolved among the team, patient, or family. This question emphasizes that seeking guidance demonstrates professional maturity and commitment to patient advocacy.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Allow students to articulate the ethical complexity and their initial responses without judgment. Invite students to share their experience:
    - Describe the ethical situation you encountered. What was the dilemma?
    - What made this situation ethically challenging for you?
    - What emotions or values conflicts did you experience?
- Facilitate peer sharing:
    - Did anyone identify different ethical principles at stake?
    - What course of action did you consider? Did others see alternative approaches?

Analysis

- Identify the type of ethical problem:
    - Was this an ethical dilemma where two opposing actions could both be justified by ethical principles?
    - Or was this ethical uncertainty—were you genuinely unsure about the right thing to do?
    - Could this be ethical distress—you knew the right action but faced barriers to doing it?
- Explore ethical principles:
    - Which ethical principles were in conflict? Autonomy, beneficence, nonmaleficence, justice?
    - How did you balance the patient's right to make decisions (autonomy) with doing good (beneficence) or preventing harm (nonmaleficence)?
- Examine decision-making process:
    - Did you gather the technical facts and the human dimension—feelings, emotions, attitudes, values?
    - Who else should be involved in this decision? The interprofessional team? Ethics committee? Family?
    - What would happen with each course of action? What are the consequences?
- Address professional obligations:
    - How do your professional obligations as a nurse influence this situation?
    - When conflict cannot be resolved, ethics committees can guide discussion and mediate—did you consider consultation?

Summary

- Synthesize key takeaways:
    - What's your main insight about ethical decision-making in nursing?
    - How will you approach ethical challenges in practice?
- Reinforce core principles:

    - Ethical decision-making requires understanding principles, patient values, and professional obligations
    - Naming the type of ethical problem helps you discuss it effectively
    - You don't make ethical decisions alone—use your team and resources
- Close with application:
    - Ethical competence develops through reflection and discussion. These experiences prepare you to advocate for patients and navigate complex situations.

Assignment 5: Change Management and Patient Advocacy

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- What problem or gap in patient care did you identify that required change? How did you gather evidence to support the need for this change?
- Describe any barriers or resistance you encountered when proposing change. What factors contributed to this resistance, and how did you recognize it as a natural response?
- Reflect on your role as a change agent in this scenario. What specific strategies did you implement to overcome resistance and move the change forward?
- How did you engage stakeholders and build support for the proposed change? Who did you involve, and why were they critical to the change process?
- How did you advocate for your patient's needs while navigating organizational or system-level constraints? Give specific examples of actions you took.
- Describe a moment when your commitment to patient advocacy placed you in conflict with others who had more power or influence. How did you remain steadfast in advocating for quality care?
- What steps did you take to promote quality patient care?
- If you needed to advocate for additional resources, training, or support to ensure safe care delivery, how did you communicate this need? What principles guided your approach?
- What measures did you use to evaluate whether the change was successful? How did you determine if patient outcomes or care quality improved?
- Reflecting on the entire change process, what would you do differently next time? What leadership competencies do you need to strengthen to be a more effective change agent and patient advocate?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. What resistance to change did you encounter from patients, family members, or staff? How did you recognize that resistance is a natural response, and what change strategies did you implement to overcome it rather than trying to eliminate the resistance entirely?
    - Resistance is demonstrated by refusal to cooperate with a course of action or by active opposition to change. The effective change agent recognizes that resistance is a natural response to change and does not waste time or energy attempting to eliminate it. Instead, effective change agents identify and implement strategies to overcome resistance. This question helps students understand that every change involves adaptation and requires a period of transition when the change can be understood, evaluated for its impact, and eventually embraced.
2. Describe how you acted as a patient advocate in this assignment. What specific actions did you take to ensure the patient's voice, preferences, and rights were heard and respected during the change process?
    - Change may be indicated for solving problems, implementing new programs, improving efficiencies, or adjusting to new mandates. However, during change implementation, patient advocacy remains central to nursing practice. This question reinforces that even when managing organizational or care delivery changes, nurses must keep the patient at the center and ensure their needs guide decision-making.
3. Reflect on your role as a change agent. What vision did you communicate to help others understand why the change was necessary? How did you empower and engage team members or patients to embrace the change rather than simply directing them to comply?
    - Transformational leaders are committed to organizational goals, have a vision, and are able to empower others with that vision. They guide others to feel pride in their work and inspire active engagement in achieving goals. Transformational leaders spend time

teaching and coaching, seek differing perspectives when solving problems, and seek new ways to improve the work environment. This question connects change management to transformational leadership principles—helping students understand that successful change requires more than technical implementation; it requires inspiring hearts and minds.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Allow students to describe their experiences with change and advocacy without judgment. Invite students to share their experience:
  - Describe the change situation you encountered. What change was being implemented?
  - How did you respond to the change? What was your initial reaction?
  - What patient advocacy issues arose during this scenario?
- Facilitate peer sharing:
  - Did anyone identify different stakeholder concerns?
  - How did you balance advocating for patients while managing organizational change?

Analysis

- Explore change management:
  - Resistance is a natural response to change—did you encounter resistance? How did you address it?
  - Effective change agents don't waste energy trying to eliminate resistance. Instead, what strategies did you use to overcome it?
  - Change requires a period of transition for understanding and evaluation. How did you facilitate this transition?
- Examine patient advocacy:
  - How did you ensure quality and safety remained central during the change?
  - Workplace advocacy means remaining steadfast to improve patient care even when facing conflicts with those who have more power. Did you experience this tension?
  - What resources or support did you seek? Did you consider team-based approaches or interprofessional collaboration?
- Address decision-making:
  - How did you match staff competence with patient needs during the change?
  - What would you do differently if faced with similar change resistance?"
- Common pitfalls to address:
  - Viewing resistance as personal opposition rather than natural response
  - Failing to communicate the rationale for change
  - Not advocating for appropriate resources or training during transitions
  -

Summary

- Synthesize key takeaways:
  - What's your key insight about being a change agent and patient advocate?
  - How will you approach organizational change in practice?
- Reinforce core principles:
  - Resistance to change is natural and expected
  - Patient safety and quality remain priorities during change
  - Advocacy requires balancing patient needs with organizational realities
- Close with application: Change management and advocacy skills define nursing leadership. These experiences prepare you to guide positive change while protecting patient care.

Assignment 6: Discharge and Conclusion

10 Minutes or Less

If you have 10 minutes or less, choose a few key questions from this list to focus your debrief and highlight the most important takeaways for your students:

- When did you begin discharge planning in this scenario? How does early initiation of discharge planning improve patient outcomes and prevent readmission?
- Describe how you coordinated with the interprofessional team during discharge planning. What communication strategies ensured all team members contributed to a unified plan?
- How did you actively involve the patient and family caregiver in discharge decisions? Give specific examples of how you engaged them in planning for post-discharge care.
- What barriers to effective discharge planning did you encounter (time constraints, communication gaps, unclear responsibilities)? How did you address these challenges?
- Evaluate the timing and clarity of your discharge teaching. How did you ensure the patient was ready to learn and could comprehend the information provided?
- What essential discharge instruction topics did you cover (medications, follow-up care, dietary needs, activity restrictions)? How did you prioritize and reinforce key information?
- How did you ensure a smooth transition from the hospital to the next level of care? What interventions did you implement that the patient was willing and able to follow?
- Describe how you considered the patient's health beliefs, culture, lifestyle patterns, and available resources when individualizing the discharge plan. Give specific examples.
- What community resources, referrals, or follow-up services did you arrange? How did you coordinate these to prevent gaps in care during the post-discharge period?
- Reflecting on the entire leadership series, how has your understanding of nursing leadership evolved? What specific leadership competencies (prioritization, delegation, conflict management, ethics, change management, discharge coordination) will you continue developing in your practice?

If you're really short on time, we can suggest the following 3 questions as some of the most important takeaways from this scenario:

1. When did you begin discharge planning for your patient, and how did early initiation impact the quality and completeness of the discharge plan? What barriers (time constraints, inconsistent communication, unclear responsibility) did you encounter?
    - Discharge planning begins at the time of admission ideally and is revised as the patient progresses. With the emphasis on decreased length of stay in hospitals, discharge planning with coordination of services must begin the moment a patient is admitted. Students need to understand that providing discharge instruction as early as possible allows the health care team to reinforce information several times to improve learning. Barriers to effective discharge planning include time to develop and follow up with a plan, inconsistent communication, and clarity in responsibility for discharge planning.
2. How did you actively involve the patient and family caregiver in discharge planning decisions? Describe how you assessed the patient's readiness to learn and identified any special needs (poor health literacy, limited financial resources, cognitive impairments) that required additional discharge planning support.
    - Active involvement of the patient and family is essential to plan an approach to care that is agreeable and relevant. Patients cannot learn when they are in pain, nauseated, confused, or have any disabling symptoms. Some patients are more in need of discharge planning because of health-related risks—poor health literacy, limited financial resources, limited family support, long-term disabilities or chronic illness, and older adults with cognitive and/or hearing impairments. This question reinforces that discharge planning must be individualized and patient-centered.
3. Review the required discharge instruction topics you provided (discharge medications, follow-up care, medications changed/discontinued, dietary needs, follow-up tests or procedures).

How did you coordinate with the interprofessional team to ensure all elements of the discharge plan were completed and communicated clearly to prevent readmission?

- The Joint Commission requires specific discharge instruction topics, and nurses play a large role in discharge planning by knowing the patient's plan of care, informing the patient and family, encouraging their participation, acting on the plan, and evaluating progress. With a well-developed discharge plan, a patient is less likely to have unavoidable complications and will continue progressing toward goals after discharge. This question emphasizes interprofessional collaboration and the nurse's coordination role in ensuring safe transitions of care.

30 Minutes or More

If you have 30 minutes or more to debrief with students, we recommend following our debriefing script to support a thoughtful and comprehensive reflection.

Opening

- Allow students to describe their discharge planning approach and identify what they considered essential:
  - Walk us through your discharge planning process. When did you begin planning?
  - What discharge instructions did you provide? How did you prioritize what to teach?
  - How did you involve the patient and family in the discharge plan?
- Facilitate peer sharing:
  - Did anyone identify different discharge needs or barriers?
  - What resources or referrals did you coordinate?

Analysis

- Explore discharge planning principles:
  - Discharge planning should begin shortly after admission. When did you start, and how did this timing affect your plan?
  - An interprofessional discharge planning process individualized to patient needs helps reduce readmissions. Who did you collaborate with?
- Examine required elements:
  - Did you address the required topics: discharge medications, follow-up care, medications changed/discontinued, dietary needs, and follow-up tests?
  - How did you assess the patient's learning needs and readiness to learn? Patients can't learn when in pain, nauseated, or confused.
- Address high-risk populations:
  - Some patients need more intensive discharge planning—those with poor health literacy, limited resources, limited family support, chronic illness, or cognitive/sensory impairments. Did you identify any risk factors?
- Evaluate communication and coordination:
  - How did you ensure continuity of care? What referrals did you initiate?
  - The discharge summary should include learning needs, teaching completed, goals, referrals, and the coordinated care plan. What did you document?
- Common pitfalls to address:
  - Waiting until discharge day to begin teaching
  - Providing information when patient isn't ready to learn
  - Failing to involve family caregivers
  - Not coordinating community resources or follow-up

Summary

- Synthesize key takeaways:
  - What's your most important insight about effective discharge planning?

    - How does discharge planning connect to the leadership skills you've practiced—prioritization, delegation, advocacy, change management?
- Reinforce core principles:
    - Discharge planning begins at admission and requires ongoing assessment
    - Patient and family engagement improves outcomes and reduces readmissions
    - Nurses coordinate interprofessional efforts for safe transitions
- Close with application: You've developed essential leadership competencies throughout these assignments. These skills—clinical judgment, communication, coordination, and advocacy—form the foundation of professional nursing practice.