

White Paper

Using Debriefing to Deepen Students' Understanding of Clinical Practice



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Mary Luna, MSN, RN, is a faculty member in a pre-licensure nursing program. Although she's recognized by students and colleagues as an empathic teacher with high standards, she is questioning her ability to guide her students to use the context of a clinical situation to inform their clinical judgment. Her interaction with the following two students has prompted her to question her abilities.

In the first situation, her student was caring for a Native American older adult who was nearing death. The patient's family brought a number of religious symbols to the bedside, to comfort the patient and ease his passage toward death. The student was very uncomfortable with this practice, in part because he was unfamiliar with the Native American approach to death and, as he told Ms. Luna, these practices disrupt clinical care. As a result, he was unable to provide the necessary psychosocial support the patient and his family needed.

Soon after Ms. Luna's interaction with the student in a clinical situation, she was working with students in a simulated clinical scenario in which a group of interprofessional students were working through an emergency event. The student doctor, serving as the leader of the team, gave an order for an incorrect dose of medication. The student nurse did not challenge the order, but "gave" the medication to the high fidelity patient simulator. After the simulation was completed, Ms. Luna asked the student nurse why she administered the medication, knowing it was wrong. The student replied, "Because the 'doctor' told me to."

In both cases, Ms. Luna felt she had not helped the student to identify why their actions did not correspond to professional nursing behaviors. What could Ms. Luna have done differently to help these students transfer what they learned from these experience into other situations in their practice?

We don't know everything about these student events, although most faculty would say neither case demonstrates the clinical judgment and professional behaviors we expect from students. We might hypothesize that effective **debriefing between the instructor and the student** could have turned these situations from an example of poor care into an opportunity for deep learning – in turn allowing the student to transfer this new information into behaviors effective in clinical practice.

Use of Debriefing

Debriefing is a means of "assisting the learner in analyzing, interpreting and assimilating events in an attempt to bridge the gap between merely experiencing a situation and actually making sense of what happened" (Paige, et al., 2015). In short, debriefing involves a retrospective assessment and interactive discussion (or conversation) regarding the students' performance after clinical events occur. The goal of these conversations is to explore actions and thought processes through **active reflection** in order to improve future performance (Eppich, et.al, 2016).

Much of the research into the effectiveness of debriefing in the health professions has been as a component of simulation. The International Nursing Association for Clinical Simulation and Learning (INACSL) has established standards for simulation, including debriefing (Decker, 2013). However, in 2016, the National League for Nursing (NLN), in collaboration with INACSL, published a white paper, *Debriefing Across the Curriculum*, which suggests that integrating debriefing across the curriculum—in class and clinical, as well as in simulation lab, has the potential to transform nursing education.

The white paper notes that:

“Debriefing encourages the student to think along a continuum from ‘knowing what’ to ‘knowing how’ and most particularly, to ‘knowing why’. Knowing why an action was taken illustrates the knowledge, assumptions, values, beliefs, and feelings behind the action” (NLN, 2016).

Structure for Debriefing

Simulation research has found that structured debriefing can provide an opportunity for students to derive deep learning from simulated situations, which improves their clinical judgment in subsequent situations (Levitt-Jones & Lapkin, 2014; Paige, Arora, 2015; Dufrene & Young, 2014; Weaver, 2015; Sulaiman, et. al, 2016). Several authors have also suggested that a similar structured debriefing process used appropriately during an actual clinical experience can also be effective in helping students to transfer learning from one situation to another (NLN, 2016; Epoch, et. al, 2016). How, then, should Mary Luna approach debriefing in the two different student situations discussed above? Are there some general principles that the faculty can use, regardless of the situation?

Eppich, et al. (2016) outlines a debriefing framework, *Promoting Excellence and Reflective Learning in Simulation (PEARLS)*, to be used in a simulated environment or in other clinical situations. In order to effectively implement the PEARLS framework, a **supportive environment must be established**, allowing participants to feel safe to discuss their areas of weaknesses. Participants must be assured that the purpose of the debriefing is to promote safe, effective care for patients. In a formal education process, students must feel confident that this process is part of their learning, rather than an evaluation. When simulation is used for evaluation purposes, students must be aware of the specific purpose of the situation and that the stakes are higher than when the purpose is for education.

The PEARLS approach to debriefing has three stages, all designed to help participants understand the “whys” of the clinical situation they have just experienced. The stages include:

- Identifying Reactions
 - Describing the Event
 - Analyzing the Event
- (Eppich, et.al, 2016)

Depending on the formality of the situation (formal simulation versus individual student clinical experience) and the amount of time available for the debriefing, the leader may facilitate a more indepth discussion regarding decision making (clinical judgment) and behavioral skills of participants, as well as the ways in which these judgments and skills might have been changed to improve the outcome. In certain circumstances, the leader may act as a coach to 1) provide directive feedback using available performance data; 2) clarify any misconceptions or gaps in knowledge that participants may have; 3) describe preferred behaviors. Figure 1 provides a schematic presentation of the PEARL Debriefing process (Eppich, et. al, 2016).

Standards for Debriefing

Recognizing the potential for debriefing in simulation if it is done well, The International Nursing Association for Clinical Simulation and Learning (INACSL) published the following standards for the debriefing process. An **effective debriefing session** in a simulated situation must be:

1. Conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis and reflection.
2. Facilitated by a person who observes the simulation experience.
3. Based on a structured framework for debriefing.
4. Congruent with the participants' objectives and outcomes of the simulation-based experience. (Decker, 2013).

Debriefing Has the Potential to Improve Nursing Education

Given that many believe that structured debriefing can also be effective in actual clinical experiences, these standards may apply in in any situation. The PEARL approach provides a framework for Mary Luna to help her students to think deeply about their practice, thus improving their clinical judgment. For more information about effective debriefing in a variety of clinical experiences, you may also review:

Cheng, A., Grant, V., Robinson, T., Catena, H., Lachapelle, K., Kim, J., Adler, M., & Eppich, W. (2016) the promoting excellence and reflective learning in simulation (PEARLS) approach to healthcare debriefing: A faculty development guide. *Clinical Simulation in Nursing*, 12(10), 419-428. <http://doi.org/10.1016/j.ecns.2016.05.002>.

References

- Cheng, A., Grant, V., Robinson, T., Catena, H. Lachapelle, K., Kim, J., Adler, M. Eppich, W. (2016) The Promoting Excellence and Reflective Learning in Simulation (PEARLS) Approach to Health Care Debriefing: A Faculty Development Guide. *Clinical Simulation in Nursing* 12, 419-428.
- Decker, S., Fey, M., Sideras, S., Caballero, S., Rockstraw, L, Boese, T., Franklin, A., Gloe, D., Lioce, L. Sando, C., Meakim, C., Borum, J. (2013) Standards of Best Practice: Simulation Standard VI: The Debriefing Process. *Clinical Simulation in Nursing* 9. E26-e29.
- Dufrene, C., Young, A. (2014) Successful debriefing – Best methods to achieve positive learning outcomes: A literature review. *Nurse Education Today*. 34. 372-376.
- Eppich, W., Mullan, P., Brett-Fleegler, M, Cheng, A. (xxxx) “Let’s talk about it” Translating lessons from health care simulation to clinical event debriefing and coaching conversations. (3) *Clinical event debriefing and coaching*. 17(30) 200-211. https://www.researchgate.net/publication/305628527_Let’s_talk_about_it_translating_lessons_from_healthcare_simulation_to_clinical_event_debriefings_and_clinical_coaching_conversations Last accessed, November, 2016.
- Levell-Jones, T., Lapkin, S., (2014) A systematic review of the effectiveness of simulation debriefing in health profession education. *Nursing Education Today*. 34. e58-e63.

- NLN (2015) Debriefing across the curriculum: A living document from the National League of Nursing in collaboration with the International Nursing Association for Clinical Simulation and Learning (INACSL) NLN Vision Series: Transforming Nursing Education: Leading the Call to Reform. [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=o](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=o) Last accessed, November, 2016.
- Paige, J., Arora, S., Fernandez, G., Seymour, N. (2015) Debriefing 101: training faculty to promote learning in simulation-based training. *The American Journal of Surgery*, 209, 126-131.
- Sulaiman, D, Sabei, A., Lasater, K. (2016) Simulation debriefing for clinical judgment development: A concept analysis. *Nursing Education Today* 45. 42-47.
- Weaver, A., (2015) The effect of a model demonstration during debriefing on students' clinical judgment, self-confidence and satisfaction during a simulated learning experience. *Clinical Simulation in Nursing*. 11. 22-26.

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