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Featured Article

Simulation Debriefing Practices in Traditional Baccalaureate Nursing Programs: National Survey Results

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Abstract

Background: Actual simulation debriefing practices in nursing education are not widely known.

Method: This article reports the survey data from a mixed-methods study to obtain a rich description of simulation debriefing practices from faculty who teach in accredited, traditional, bachelor of science in nursing degree programs in the United States.

Results: Many debriefers are full-time faculty who are facilitating a large number of debriefings with limited support and resources. Gaps were found in training, confidentiality, student engagement, prebriefing, and evaluation of debriefing.

Conclusions: Steps should be taken to lessen gaps between practice and the best practice standard for debriefing.

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Debriefing is the most important aspect of simulation (Fanning & Gaba, 2007; Neill & Wotton, 2011). A recent review of the literature revealed the elements of debriefing that experts believe influence the effectiveness of simulation debriefing include (a) length of time for the debriefing, (b) timing of the debriefing in relation to the simulation experience, (c) physical environment, (d) atmosphere, (e) faculty experience, (f) faculty role, (g) student role, (h) objectives of the debriefing, (i) methods, (j) phases or steps in the debriefing process, (k) approaches, (l) means for evaluation of debriefing, and (m) challenges to debriefing (Waznonis, 2014). Yet, actual debriefing practices are neither widely known nor evidence based. A qualitative, descriptive, embedded, mixed-methods study was conducted to obtain a rich description of simulation debriefing practices from faculty who teach in accredited, traditional, bachelor of science in nursing (BSN) degree programs in

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the United States. The elements of debriefing mentioned previously were the framework for the study. The embedded mixed-methods study design allowed a sequential approach to data collection, in which the supplemental quantitative strand occurred before the qualitative strand (Creswell & Clark, 2011). This article reports the survey data from the quantitative strand of the study. The purpose of the survey was to identify simulation debriefing practices of faculty who teach in accredited traditional BSN programs in the United States.

Key Points

- Many debriefers are full-time faculty who spend a majority of their time outside the clinical practice setting.
- Use of debriefing is limited by lack of time and ongoing education, faculty resistance, and faculty fatigue.
- Most debriefings are not evaluated.

Methods

A cross-sectional, descriptive, tailored online survey design was used for this quantitative strand of the study. The tailored design involves customizing methodological procedures for establishing trust with respondents, increasing the benefits, and decreasing the costs of participation to promote high quantity and quality of survey responses (Dillman, Smyth, & Christian, 2009). Purposive sampling was used to recruit faculty who used debriefing in high-fidelity simulation (HFS) with traditional BSN students at accredited schools of nursing in the United States for the 2013 to 2014 academic year. HFS was defined as a "patient care scenario that uses a standardized patient, or a full body patient simulator that can be programmed to respond to affective and psychomotor changes, such as breathing chest action" (from the 2010 National Council of State Boards of Nursing Survey of Simulation Used in Prelicensure Programs with permission, J. Hayden, personal communication, October 4, 2013).

Widespread recruitment efforts included (a) e-mail requests to administrators of accredited BSN programs in the United States, (b) advertisement at the National League for Nursing (NLN)/Boise State University 2nd Simulation Conference, (c) request posted on the LinkedIn discussion board for International Nursing Association for Clinical Simulation and Learning (INACSL), (d) personal recruitment at an INACSL research conference booth, and (e) $15 gift cards to amazon.com as incentive to complete the survey. A university institutional review board approved the study as exempt.

Survey

The online survey contained a maximum of 62 questions derived from multiple sources: (a) literature review, (b) NLN online debriefing courses, (c) research conference presentations, (d) questions copied or adapted with permission from the National Council of State Boards of Nursing Survey of Simulation Use in Prelicensure Nursing Programs, (e) survey feedback from four experts on simulation debriefing, and (f) findings from a pilot of the survey using a convenience sample of the target population. All items on the survey were written as factual items (versus measures of attitude or satisfaction), and no scaled or negative items were included on the survey (Patten, 2011). Three questions were open ended. Twenty-two items included an answer option, such as other, which when selected prompted survey respondents to type a response. The survey was created using Qualtrics (2014) survey software, which automatically provides or skips survey questions for respondents based on individual responses. Respondents could also opt to not answer questions. The survey was available online via an anonymous link or quick response code for data collection from April to June, 2014.

Results

Survey findings are reported as debriefer and debriefing characteristics, with categorical data and typed responses integrated under the elements of debriefing used as the framework for the study.

Debriefer Characteristics

Overall, 219 faculty from traditional BSN programs located in 42 states and Washington DC completed the survey, with no more than 8% (n = 16/202) from any one state. Most respondents reported working full time (87%, n = 189/217), in the university/college setting (91%, n = 185/204), and described their program location as urban and/or metropolitan (56%, n = 115/204). The median number of traditional BSN graduates in 2013 reported by faculty (n = 201) for their program was 86, ranging from 15 to 700 graduates. Table 1 summarizes the characteristics of the debriefers who responded to the survey.

Faculty Background

Many respondents had master's degree (71%, n = 149/209) prepared with 10 or less years of teaching experience (71%, n = 156/219). Approximately half of the faculty (47%, n = 94/199) reported their graduate degree focused on nursing education. Adult health (43%, n = 90/209), medical–surgical (43%, n = 90/209), and critical care (35%, n = 74/209) were the most frequently reported clinical areas of expertise among faculty. Faculty (21%, n = 45/209) reported a broad range of other areas of clinical expertise, such as dialysis, case management, community and/or home health, occupational health, and neurology. Faculty (n = 209) reported that they spent, on