



Written debriefing: Evaluating the impact of the addition of a written component when debriefing simulations



Shelly J. Reed*

Brigham Young University, 530 SWKT, Provo, UT 84602, USA

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ABSTRACT

Debriefing, the reflective period following a simulation, is said to be where the bulk of simulation learning takes place. Many expert opinions regarding debriefing exist, but evidence-based best practices have yet to be identified. Written debriefing is one of these practices; experts state learning can be extended through the addition of a written component to the debriefing process, but no evidence exists to support this. This study compares three debriefing types: discussion alone, and discussion followed by journaling or blogging. Undergraduate nursing students participating in a simulation were randomized as a simulation group to one of these three debriefing types. Following completion of debriefing activities, students completed a Debriefing Experience Scale, a tool designed to evaluate the student experience during debriefing. Data obtained from completed scales were analyzed with ANOVA followed by Fisher LSD post hoc testing. The results showed the students preferred their experience with discussion debriefing over discussion debriefing with a written component added.

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Introduction

Simulation is an interactive and effective technology providing learning for nursing students through simulated clinical situations, where students can practice clinical skills, decision making, assessment, teamwork, communication and problem solving. In addition, simulation can be used by educators to evaluate student skills and proficiencies, as well as to provide simulated clinical situations that are not usually found in traditional clinical settings (Alderman, 2012; Cato, 2012; Harder, 2009; Jeffries et al., 2009; Reed, 2009). One of the most important parts of a simulation learning is debriefing, the reflective exercise that follows a simulation. It is vital to the overall simulation exercise, and is said to be where the bulk of the learning takes place (Shinnick et al., 2011).

The objective of debriefing is for the facilitator(s) and participants to engage and reflect upon the simulated clinical experience (Gum et al., 2011). The best way to provide this reflection has not been established, with nurse educators relying on journal articles, conference presentations, individual teaching experience, and student feedback to guide current debriefing practice (Waznonis, 2014). Considerations for debriefing should include the learning

objectives for the debriefing session, the learners, and the type of simulation being debriefed (Reed et al., 2013). The format of debriefing varies among institutions. The best structure or framework has not yet been identified, but there is an emphasis on the literature linked to debriefing facilitator demeanor. Facilitators should display interest in student learning, encouraging students to answer their own questions to facilitate critical thinking and clinical reasoning (Neill and Wotton, 2011). There are many expert opinions about how debriefing should be structured, but there is little evidence concerning specific debriefing practices that best contribute to learning, with unanswered questions on how to debrief, when to debrief, and whom to include in debriefing (Dreifuerst, 2009; Waznonis, 2014).

At present, debriefing practices generally involve a facilitator-led discussion of the simulation, with a review of the video-recorded simulation sometimes added to provide a focus (Reed et al., 2013). In addition to discussion and video review, writing has been suggested to extend the learning found in debriefing (Petranek, 2000); however, the use of writing in debriefing nursing simulations is unstudied.

Purpose

The purpose of the research was to explore the impact of adding written debriefing to the nursing student debriefing experience.

* Tel.: +1 801 712 8100; fax: +1 801 422 2348.

E-mail address: shelly-reed@byu.edu.

Background/literature review

Simulation learning has increased rapidly in healthcare, with increasing support from health care and nursing organizations. Simulation uses cognitive, affective and psychomotor skills to create an active learning environment for students (Arafeh et al., 2010; Wazonis, 2014). A central component in the simulation learning process is debriefing, an interactive discussion between students and facilitator that provides feedback to students on the basis of their performance (Neill and Wotton, 2011). A planned debriefing experience should be a part of every simulation experience; in fact, learners themselves report debriefing to be the most important part of simulation (INACSL, 2011).

Debriefing is the reflective period following a simulation, designed to solidify learning in an experiential exercise. It is guided by the learning objectives of the simulation, and should be attended by those group members, including the facilitator, that participated in the simulation. The facilitator is vital to the debriefing discussion, helping students to process the simulation experience and gain knowledge from it. Feelings about and reactions to the simulation are discussed. Actions of group members during the simulation are analyzed, drawing on prior knowledge, with the purpose of linking lessons learned to future clinical situations. Feedback is not only given by the facilitator, but also by other group members, with the discussion including topics such as behavior and decision making. The debriefing should end with a summary to reinforce the learning objectives (Arafeh et al., 2010; Dreifuerst, 2009; Neill and Wotton, 2011; Reed, 2013).

Current debriefing practice usually includes a facilitated discussion of the simulation, with this discussion sometimes augmented by a review of parts or the entire videotape of the simulation performance. Debriefing generally follows right after the simulation, to allow diffusion of emotions, although methods such as videotape review can be utilised at a later time. Expert opinions on how to debrief are widely published across disciplines with the differing debriefing styles showing purported benefits. Actual simulation practices in nursing education are not widely known, with little research available to compare debriefing styles and to guide best practices (Cantrell, 2008; Neill and Wotton, 2011; Wazonis, 2014). The available studies examining debriefing show potential effectiveness of alternate debriefing methods, but there is need for more research comparing and exploring debriefing methods (Dufrene and Young, 2014).

As early as 1992, and again in 2000, Petranek suggested knowledge gained from a simulation can be extended by adding post reflection writing, stating “simulations ... provide three levels of learning: through participating, debriefing and writing” (Petranek et al., 1992, p 174). He proposes that oral debriefing assumes that everyone has learned the same lessons, while written debriefing allows individual learning and interpretation at a higher level (Petranek, 2000). Written debriefing is said to provide more opportunities to deliberate and reflect, with the exercise of writing providing articulation of thoughts not found through discussion alone (Van der Meij et al., 2013). Journaling provides other advantages as well, such as connecting experiences and the classroom, gaining the perspective of others through self-analysis of nursing transactions, developing critical thinking and problem solving skills, and reflecting on professional roles (Blake, 2005).

A study of simulation debriefing comparing discussion, journaling, and blogging with 100 undergraduate nursing students showed the students preferred discussion. Preference for the use of discussion to debrief was primarily because of the immediacy and interactivity that came with the discussion following the simulation, as compared to the time lag and separation from the debriefing group that accompanied completion of the writing

activities (Reed, 2009). Potential positives for using written debriefing are posed in the new National League of Nursing simulation text. These include prompting personal reflection and reframing of experiences, with the time involved for journaling leading to deeper processing of experiences (Dreifuerst and Decker, 2012).

While Petranek was referring to a journal when discussing the use of writing for debriefing, learners today have other options for written reflection. Today's nurse learners are primarily of the millennial generation; those who are 16–29 years old. This is the “wired” generation, where “technology is their native tongue” (Wieck, 2011). Millennials, born from 1982 to 2002 are the traditional students attending nursing classes. They have grown up with computers, internet access around the clock, and with information at their fingertips. They have been raised to do things in teams, prefer group projects and may have difficulty thinking outside the group (Johnson and Romanello, 2005).

A newer form of journaling that is compatible with the millennial generation is a *web-log* or *blog*. A blog is a journal on the web, on a specifically labeled website. Blogs can be suitable for large or small group online conversations, in fact, only a few blogs ever obtain large readership. Blogs can be personalized, privatized, and are easily updated and created. While the major value of a blog is its content, the interactive capability of a blog helps to foster social interaction as well (Du and Wagner, 2006). This social interaction provides a platform for learning, as comments are read and responded to, providing a venue for group reflection on issues and learning experiences. In addition, blogging allows asynchronous discussion, affording learners the flexibility to have time to think about the discussion and record messages and replies that can be accessed repeatedly (Mohamad et al., 2013).

Method

Design

An experimental study design was used to compare nursing student experiences between three debriefing types: discussion only debriefing (discussion), discussion debriefing followed by blogging (blogging), and discussion debriefing followed by journaling (journaling).

Sample

The sample for the study was a convenience sample of 58 nursing students in an obstetric nursing course attending a baccalaureate nursing program at a university in the western United States. Students attending the course are primarily Caucasian and female; less than 10 percent of the students are of minority status or are male. The semester from which the sample was obtained had an average age of 21.4 years and was the fourth semester of a seven-semester curriculum. Students in this course had participated in 5–6 simulation/debriefing exercises up to that point in their schooling. The debriefing session followed participation in a standardized postpartum hemorrhage simulation as part of the curriculum for the course. Prior to this study, students had participated in only discussion debriefing after their simulations.

Instrument of data collection

The tool used for the study is the Debriefing Experience Scale, designed to evaluate the nursing student experience during debriefing. The scale consists of 20 items rated separately in the area of “experience” and “importance” to the student, making it two scales in one. Cronbach's alpha for the “experience” portion of

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