



Review

Simulation debriefing for clinical judgment development: A concept analysis

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ABSTRACT

Objective: The aim of this review was to provide an in-depth analysis of debriefing in nursing simulation-based learning. Specifically, the authors sought to describe the debriefing concept within the context of enhancing nursing students' clinical judgment skill.

Design: Concept analysis.

Data Sources: A literature review was conducted using five electronic databases with the addition of references for relevant papers reviewed. Medline Ovid, Cumulative Index to Nursing and Allied Health (CINAHL) Plus, Educational Resources Information Center (ERIC), ScienceDirect and Google Scholar were searched for articles published in English between 2005 and 2015. Search terms included clinical judgment, debriefing, and simulation.

Review Methods: The Walker and Avant systematic approach was utilized as a concept analysis framework. The analysis informed how the concept is defined in the existing literature.

Results: The search resulted in a total of 47 articles. The concept of debriefing was analyzed using seven themes from Walker and Avant: concept definition, defining attributes, antecedents, consequences, empirical referents, uses of the concept, and a model case. Based on the analysis, an integrative simulation debriefing guide for promoting students' clinical judgment was presented as a vehicle for a consistent approach.

Conclusions: This review identified simulation debriefing as a structured and guided reflection process in which students actively appraise their cognitive, affective, and psychomotor performance within the context of their clinical judgment skill. Reflective debriefing provides students with an opportunity to assume an active role during the learning process. Following a structured debriefing guide can help educators and even students facilitate a learning environment that enhances students' clinical judgment development.

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1. Introduction

Recent evidence supports that new graduate nurses are not yet ready to think like nurses (Bashford et al., 2012; Berkow et al., 2009; Dyess and Sherman, 2009; Etheridge, 2007; Fenske et al., 2013; Fero et al., 2008; Hickey, 2009; Lasater et al., 2015; Miraglia and Asselin, 2016; Ryan and Tatum, 2013; Sorensen and Yankech, 2008; Theisen and Sandau, 2013). Clinical judgment is defined as “an interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response” (Tanner 2006, p. 204). Not only does clinical judgment appear to be underdeveloped in new graduates but even those with up to 3 years experience may not be fully able to make safe clinical judgments (Lasater et al., 2015). The reasons for this underdevelopment

of clinical judgment are not completely clear, but there is evidence to support that clinical judgment can be learned (Cappelletti et al., 2014). It behooves educators to assist students in their academic programs by using pedagogical strategies to support clinical judgment development and learning to make clinical judgments for safe, quality patient care.

Simulation-based learning has emerged as an innovative teaching method that provides nursing and other healthcare students with more opportunities to acquire requisite knowledge, skills, and attitudes for developing clinical judgment abilities (Johnson et al., 2012; Lindsey and Jenkins, 2013; Yuan et al., 2014). There is increasing evidence that simulation debriefing can improve nursing students' clinical judgment (Dreifuerst, 2012; Forneris et al., 2015; Mariani et al., 2014; Tosterud et al., 2014). However, the literature reveals a lack of standardized methodological approaches for debriefing practice (Couper and Perkins, 2013; Lavoie et al., 2013) and unclear descriptions of debriefing (Wazonis, 2014). As a result, there is considerable variation in the methods to promote clinical judgment through debriefing and,

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accordingly, there is a need for a comprehensive understanding of the conceptual elements of debriefing. Greater understanding of this concept will equip nurse educators for a more structured debriefing practice to promote students' clinical judgment and set the stage for further research.

As a starting place, this paper provides an in-depth analysis of debriefing simulation-based learning. Using the concept analysis method described by Walker and Avant (2004), the paper starts by conceptualizing debriefing for the purpose of enhancing the development of clinical judgment. Then the purposes, defining attributes, antecedents, consequences, empirical referents, and uses of debriefing are presented. Throughout, the major contributions to the body of knowledge and implications of debriefing for clinical judgment are discussed. Based on the analysis, an integrated reflective debriefing guide for promoting students' clinical judgment and a model case for using the guide are presented.

2. Method

A literature review was conducted using five electronic databases with the addition of references from relevant papers reviewed. The databases were Medline Ovid, Cumulative Index to Nursing and Allied Health (CINAHL) Plus, Educational Resources Information Center (ERIC), ScienceDirect and Google Scholar. Criteria included articles published in English between 2005 and 2015 that linked clinical judgment to debriefing simulation scenarios. Using the key terms *clinical judgment*, *debriefing*, and *simulation*, the search yielded a total of 713 articles. Forty-seven articles met the inclusion criteria for the review.

3. Result

3.1. Concept Analysis

3.1.1. Debriefing

Originally, the term *debriefing* was used in the military, where the unit leader gathered information from the troops at the end of each operation (Bartone and Adler, 1995). The military style of debriefing has both an educational and practical focus (Fanning and Gaba, 2007). During the 1980s, psychological debriefing evolved as a therapeutic intervention for people experiencing stressful and traumatic events, such as natural and aircraft disasters and staff assaults in healthcare settings (Raphael and Wilson, 2000). The style of psychological debriefing guides a group of people to discuss what happened, share meaning, and formulate new strategies to reduce the likelihood of posttraumatic stress disorders (Fanning and Gaba, 2007). The military and psychological types of debriefing have contributed significantly to the development of debriefing within the context of simulation-based learning in nursing.

Simulation-based learning consists of three phases: (1) briefing or pre-briefing, where the facilitator explains how the simulation session will be conducted, discusses intended objectives, and assigns students' roles; (2) the scenario, where students have experiential or observational experience with real cases, and (3) debriefing, in which retrospective assessment and discussion of students' performance take place. Debriefing is emerging as the most important phase of simulation though all three phases set the stage for learning (Jeffries, 2012; Lasater, 2007a; Mayville, 2011; Neill and Wotton, 2011; Shinnick et al., 2011). Several scholars have described the debriefing as a guided reflection process in which a facilitator directs students to reflect on their simulation performances (Dreifuerst, 2009; Forneris et al., 2015; Mayville, 2011; Rudolph et al., 2007). In one study, nursing students perceived guided debriefing as the most important component for gaining clinical judgment through simulation (Kelly et al., 2014).

However, the current definitions of debriefing are broad and do not guide the reader to the mechanisms or specific aspects where debriefing can be used to foster clinical competencies, including clinical judgment.

Furthermore, the literature is somewhat sparse and unclear about what to debrief, how, and by whom (Dreifuerst, 2009). This indicates a need for a more structured conceptualization of debriefing practice.

3.1.2. Debriefing for Clinical Judgment

First, it is presumed that if clinical judgment is one of the desired outcomes or purposes of the simulation, the simulation should be designed to offer opportunities for students to demonstrate their clinical judgment skill. To provide a debriefing structure for clinical judgment development, the Tanner (2006) Model of Clinical Judgment, the Lasater (2007b) Clinical Judgment Rubric (LCJR), and Bloom's (1956) Taxonomy of Learning Domains were used as frameworks to develop a conceptualized definition of debriefing with application to clinical judgment skills.

Benner et al. (2009) describe the importance of the nurse's deep knowledge and understanding of the patient's situation as foundational for making clinical judgments. An evidence-based clinical judgment model encompasses four critical aspects nurses use to make reasonable clinical judgments about patient care: (1) noticing, when the nurse develops an initial expectation of the situation; (2) interpreting, a perceptual understanding of the situation; (3) responding, which focuses on developing a care plan with appropriate interventions; and (4) reflecting, focused on evaluating the effectiveness of the process (Tanner, 2006). The model identifies the reflective process where clinical learning takes place through reflection in-action and reflection on-action. As described by Tanner (2006), reflection-in-action refers to the cognitive appraisal of how the nurse interprets the patient's condition, what interventions the nurse develops, the patient's response to that intervention, and how the nurse readjusts interventions based on the patient's response during the interaction. This type of reflection focuses on reciprocal interactions between nurses' clinical interventions and patients' outcomes. Reflection-on-action refers to nurses' overall reflections on what was gained from the experiences and how to apply their learning. This type of reflection fosters recognition of facilitators or inhibitors for each aspect of clinical judgment. For instance, lack of deep knowledge related to disease conditions could inhibit noticing.

Using the Tanner Model of Clinical Judgment, Lasater (2007b) employed an evidence-based process to develop a rubric to describe in details effective noticing, interpreting, responding, and reflecting in four levels. The rubric forms a trajectory of development for students' clinical judgment. By defining the trajectory, nurse educators can provide more specific feedback, and students can reflect on their clinical and/or simulation performances within each aspect of the clinical judgment model and set goals for further development. To operationalize both types of reflection, reflection-in- and on-action, the use of the LCJR provides a shared language suitable for debriefing.

In addition to Tanner's Clinical Judgment Model and the LCJR, Bloom's (1956) Taxonomy of Learning provides a standardized structure to guide learning and promotion of clinical judgment through debriefing. The taxonomy offers a focus on three domains of learning: cognitive, psychomotor, and affective. These domains are widely accepted to describe the breadth of learning and guidance for the evaluation of students' performance. Integrating this taxonomy of learning domains as part of debriefing may provide nurse educators with commonly shared and consistent understandings that promote more effective learning.

3.1.3. Theoretical Definition of the Concept

Based on the Tanner's (2006) Clinical Judgment Model, the Lasater (2007b) Rubric of Clinical Judgment, and Bloom's (1956) Taxonomy of Learning, the following definition of the concept of debriefing with application to clinical judgment is presented: simulation debriefing is a structured and guided reflection process through which students actively appraise their cognitive, affective, and psychomotor performance within the context of their clinical judgment skill.

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