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Featured Article

# Patient-Oriented Debriefing: Impact of Real Patients' Participation during Debriefing

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## KEYWORDS

patient as co-debriefer;  
clinical simulation;  
empathy and  
compassion in  
educational  
programs;  
nursing;  
facilitator

## Abstract

**Background:** This study aims to assess the impact of the participation of real patients during debriefing (using patient as co-debriefer).

**Method:** A mixed study on the perceptions of students ( $n = 81$ ) and patients as co-debriefers ( $n = 6$ ) was conducted after performing simulated experiences that were directly related to the health problem.

**Results:** Qualitative results: valuable and enriching learning experience, harmonious and integrated co-debriefing, no preference for clinical aspects, compassion and empathy were generated, and the perception of being a therapeutic experience for patients was evident. Questionnaire results: students scored high in learning dimensions  $M = 14.81$  ( $SD = 0.701$ ), empathy  $M = 4.57$  ( $SD = 0.96$ ), positive perceptions regarding the debriefing  $M = 14.56$  ( $SD = 1.09$ ), and satisfaction  $M = 14.69$  ( $SD = 0.78$ ).

**Conclusion:** This study underlines the benefits and the characteristics perceived by using real patients as co-debriefers.

## Cite this article:

Díaz-Agea, J. L., Jiménez-Rodríguez, D., García-Méndez, J. A., Hernández-Sánchez, E., Sáez-Jiménez, A., & Leal-Costa, C. (2017, September). Patient-oriented debriefing: Impact of real patients' participation during debriefing. *Clinical Simulation in Nursing*, 13(9), 405-413. <http://dx.doi.org/10.1016/j.ecns.2017.04.008>.

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Learning in simulation has a reflective component that is evident in the debriefing sessions conducted after the simulation experience. Debriefing is considered to be the most important component of simulation-based learning (Dreifuerst & Decker, 2012; Sawyer, Eppich, Brett-

Fleegler, Grant, & Cheng, 2016; Wazonis, 2014). The facilitator ensures a comfortable environment, guides the group toward the achievement of learning targets, and manages a series of educational strategies that allow deep reflection in the group. Sometimes the facilitator has a partner (co-debriefer) to help achieve their purpose, and although this may include a standardized patient (SP), no studies have addressed the effects of having actual patients participate in simulation as the co-debriefer.

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Patients in health care education can feel as though they are treated as an outsider (Shapiro, 2008). Although it is increasingly common to consider patients the centre of attention in health science education (Towle et al., 2014), patients rarely participate as co-debriefers. The benefits

### Key points

- Patient-oriented debriefing has a positive impact on the training of nursing students and also has therapeutic implications for patients and/or relatives.
- The benefits of co-debriefing with educator and patient have been seen, and the challenges described in the literature have not appeared.
- Empathic training: this experience supports that the training of nurses with simulation with patient-oriented debriefing can be a valuable strategy for understanding patients' perspectives.

of co-debriefing have been described (Cheng et al., 2015) and are summarized as being a better use of the simulation session thanks to the commentary that can be provided by two or more different points of view on the simulated experience. However, it has been considered that co-debriefers should be simulation experts (facilitators or instructors) and not real patients.

Providing an active role for patients in health professionals' education has been described on numerous occasions (Collins & Harden, 1998; Haq, Fuller, & Dacre, 2006; Stacy & Spencer, 1999) and is called "patient-oriented learning." In this learning form, students learn "with" the patient rather than "from" the patients, thus replacing the traditional passive patient role with one of an

expert (O'Neill, Mitchell, & Twycross, 2016). It has been described in the literature that direct contact with patients can play a crucial role in the development of clinical reasoning, communication skills, professional attitudes, and empathy (Spencer et al., 2000).

At present, there is an interest in empathic training, and Shapiro (2008) and Pedersen (2010) make the need clear to foster empathy in health professionals because the practice of care includes the understanding and interpretation of what happens to the patient. To do this, teaching requires complementary ways to reflect and creatively teach the boundary between the patient and the professional.

In our team of educators, we often discussed how best to increase empathic feelings between students and patients. We believed that empathy would work as a powerful way to change the therapeutic relationship between nurses and patients. We came to the conclusion that introducing a "real" patient during debriefing could mean a positive strategy for developing skills related to "putting yourself in someone else's shoes". Supported by Shapiro's theory (2008), the realities of the human condition can form the nucleus to formulate a deep and lasting empathy. In this

way, we intend to promote critical discussions with real patients to increase empathy.

The results of this article are presented according to the students' and patients' perceptions after seven simulation sessions were conducted with different groups of students in their fourth year of nursing training at the Catholic University of Murcia, Spain; real patients participated as co-debriefers after these simulated experiences, which addressed health problems related to the debriefing patients' diagnoses.

## Methods

### Objective

The objective of this study was to assess the impact of including real patients as co-debriefers in clinical simulations with fourth-year nursing students on students' perceived learning, empathy, satisfaction, and debriefing effectiveness.

### Research Questions

- How do students value the experience provided by patients during debriefing?
- How do the educator and the patient engage in co-debriefing?
- What contents are most commonly discussed during the debriefing in the presence of real patients?
- How do students express feelings of empathy toward patients?
- How do patients perceive the experience overall?

### Study Design

A mixed-methods, cross-sectional, observational, and descriptive study of the perceptions of students and patients was conducted. Students participated in simulation-based experiences with patients who were not participating as actors in the simulated scenario. The patients contributed to the debriefing session by providing their perspectives related to their own experiences of receiving medical and nursing care.

The data collected and analyzed included the discourse expressed during the debriefing of each case (qualitative methodology) and the students' responses to a questionnaire (quantitative methodology). These methodologies were considered complementary in this study (Follari, 2014), producing a synergistic effect when obtaining results, as recommended by previous specialized studies (Creswell, 2013; Halcomb & Hickman, 2015; Schifferdecker & Reed, 2009). Although the quantitative methodology is geared to respond to the objective of the study, the qualitative could give broader answers to the specific research questions raised a priori.

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