Faculty Descriptions of Simulation Debriefing in Traditional Baccalaureate Nursing Programs

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Abstract

AIM A study was conducted to describe simulation debriefing practices of faculty in accredited, traditional, baccalaureate nursing programs in the United States.

BACKGROUND Best debriefing practices include debriefing by a competent facilitator in a safe environment using a structured framework. Yet, structured frameworks and evaluation of debriefing are lacking in nursing education.

METHOD This article reports the interview findings from the qualitative component of a large-scale mixed-methods study.

RESULTS Twenty-three full-time faculty members with an average of 6 years of simulation debriefing experience participated in interviews. Three themes emerged with subthemes: a) having the student's best interest at heart, b) getting over the emotional hurdle, and c) intentional debriefing evolves into learning. Gaps were found in faculty development, use of a structured framework, and evaluation.

CONCLUSION Research is warranted on use of video, postdebriefing assignments, cofacilitation, and debriefing effectiveness.

KEY WORDS Nursing Education – Prebriefing – Simulation Debriefing

A recent meta-analysis found that debriefing improves performance by 25 percent in both simulation and real work environments across multiple disciplines (Tannenbaum & Cerasoli, 2013). Debriefing is a necessary component for learning to occur from simulation (National League for Nursing, 2016; Shinnick, Woo, Horwich, & Steadman, 2011). According to the International Nursing Association for Clinical Simulation and Learning (INACSL), best debriefing practices include debriefing by a competent facilitator in a safe environment and using a structured framework that focuses the debriefing on participant reflection and simulation learning objectives (Decker et al., 2013). Yet, use of a structured framework and evaluation of simulation debriefing are lacking in nursing education (Fey & Jenkins, 2015; Waznonis, 2015).

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The author declares no conflict of interest.

doi: 10.1097/01.NEP.0000000000000065

Obtaining a rich description of current simulation debriefing practices is crucial in informing and moving toward best debriefing practices. Thus, a large-scale mixed-methods study was conducted to describe simulation debriefing practices of faculty in accredited, traditional, baccalaureate in nursing programs in the United States. This article reports the interview findings from the study. The purpose of the interviews was twofold: to identify and describe faculty experiences of using debriefing in simulation with traditional BSN students and to explore faculty perceptions of the effectiveness of their debriefing practices.

BACKGROUND

Simulation debriefing incorporates both feedback (one-way communication to participants about behaviors or performance) and reflection (thinking about the experience), with the goal of improving future practice (Meakim et al., 2013). Recommended methods, phases, approaches, and elements of simulation debriefing are described in the literature (Fanning & Gaba, 2007; Waznonis, 2014).

Most methods or models for debriefing are three-phase processes, with in-depth discussion and analysis in the middle phase. The common approaches to simulation debriefing include having participants and/or facilitators examine emotions or reactions, simulation events, and key learning points from the learning experience in relation to improving future clinical practice. These approaches echo the attributes of simulation debriefing suggested as a result of a concept analysis: reflection, emotion, reception, integration, and assimilation (Dreifuerst, 2009).

Dreifuerst (2009) describes the aspects of optimal simulation debriefing as reflecting on the simulation experience, emotional release, being receptive to feedback, integrating the experience and reflection into a conceptual framework (e.g., the nursing process), and assimilation of the simulated learning into nursing practice. Furthermore, elements of debriefing (contextual variables that experts believe influence the effectiveness of the simulation debriefing) were identified in the literature. They 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). The elements of debriefing were used as the framework for the study.

The survey strand of the study was completed in June 2014 (Waznonis, 2015). Findings revealed debriefer characteristics of faculty who facilitate debriefings with traditional BSN students in the United States. Respondents were mostly newer, full-time, master's-prepared faculty with initial training in simulation debriefing. Respondents reported conducting a large number of debriefings using a semistructured process with an eclectic approach aimed at discussing key learning points. Typical debriefings took place behind closed doors in a different setting than where the scenario took place, with one or two faculty members and up to eight students present. The typical time for debriefings was 40 minutes or less. Slightly more than half the respondents reported having written policies for confidentiality and destruction of video recordings. The most reported challenges to debriefing were engaging the students, emotional distress, and fidelity or realism of the simulation. Respondents described challenges as large class sizes, complex scheduling, and limited time, space, equipment, faculty, and finances. A lack of evaluation of debriefing was reported. Additional study background and survey findings are reported elsewhere (Waznonis, 2014, 2015).

METHOD

The method for this strand of the study was qualitative description (Sandelowski, 2000, 2010). Participants were a subset of the survey respondents ($N = 219$) who facilitated debriefing in high-fidelity simulation with traditional BSN students at accredited schools of nursing in the United States during the 2013 to 2014 academic year. Using purposive sampling, two groups of faculty were identified from the survey responses of faculty who were willing to be contacted for follow-up interviews: a) faculty who reported using a specific method of debriefing ($n = 26$) and b) faculty who did not report using a specific method of debriefing ($n = 104$).

All survey respondents identified in these two groups ($n = 130$) were initially invited to participate in an interview via email. The first 10 faculty members from each group who responded to the invitation and agreed to participate were chosen to participate first, with the option for up to 10 additional participants from either group, if needed, to reach data saturation. Each interview participant received a $15 e-gift card upon completion of the interview as an incentive to participate.

Semistructured interviews were conducted via a designated Skype™ phone line from November 2014 to January 2015. One researcher conducted all interviews using an interview guide that was developed based on the debriefing literature. Four experts in simulation debriefing reviewed the guide before it was pilot tested, providing content validity. The interview guide contained 11 questions, each with multiple probes. Interviews were audio-recorded, transcribed verbatim, and corrected for accuracy. Data also included demographic forms, unstructured field notes, reflective writing, and email feedback from participants.

Data were analyzed using thematic analysis with an inductive, iterative approach that involved multiple readings of texts and open coding to identify semantic themes (Braun & Clark, 2006). For member checking, a synopsis of themes was provided to participants via email for written feedback. Dedoose web application (SocioCultural Research Consultants, 2015) was used to assist with data management and analysis. An audit trail documented the research process; peer debriefing with doctorally prepared nurses with qualitative and education research expertise took place throughout the study. Data were collected until saturation occurred ($n = 23$). The study was approved as exempt by a university institutional review board.

RESULTS

Twenty-three full-time faculty participated in interviews; all were faculty in traditional BSN programs located in 17 states spanning the Northeast, Midwest, South, and West, with no more than two participants from any one state. Most participants reported working in a university or college setting (82 percent, $n = 18$) located in an urban area (61 percent, $n = 14$). The average number of traditional BSN program graduates in 2013 was 107, ranging from 0 to 234 graduates. Most participants were female (91 percent, $n = 21$) with an average age of 55 years. They were primarily master's (57 percent, $n = 13$) or doctorally prepared (39 percent, $n = 9$), with an average of 27 years of clinical practice, 12 years of teaching, and 6 years of simulation debriefing experience.

Participants reported an average of 38 percent of their workload dedicated to simulation (range, 0 to 100 percent). All who reported using a method of debriefing ($n = 10$) had less than 10 years of debriefing experience. Participants who did not report using a specific method for debriefing ($n = 13$) included the two faculty with the least and the four faculty with the most debriefing experience.

Overall, participants described their current practices as evolving toward a higher level of debriefing, where facilitation, as explained by one participant, "looks real easy, but there's actually a good solid framework and foundation for it." Three themes emerged with subthemes that revealed how faculty facilitated debriefing to provide students the opportunity to learn in a safe and comfortable environment: having the student's best interest at heart, getting over the emotional hurdle, and intentional debriefing evolves into learning.

Theme 1: Having the Students' Best Interest at Heart

Participants described having the student's best interest at heart as their foundation for student-centered debriefing. Faculty sought to establish and maintain a culture and environment that allowed the greatest opportunity for learning. Three subthemes emerged: knowing each other establishes trust, prebriefing focuses the debriefing on objectives, and a safe learning environment is comfortable.

KNOWING EACH OTHER ESTABLISHES TRUST Participants explained that students are often in debriefing with students they know from clinical settings. One stated, "I think the familiarity really helps… they're used to working together, they are comfortable with each other already." Similarly, students become familiar with the faculty who facilitate debriefing after being introduced in orientation and having the same faculty in the classroom or clinical practice setting.

In addition to exposure, participants described the conscious effort they put forth in getting to know students they debrief. For example, one shared the following: "I ask them questions about their life [and] course work. I tell them stories about my life. So I really make an effort to engage in conversation as soon as they get there…and that forces me to focus on them and not on the million other things going on in the world."

Participants also described getting to know faculty peers personally and professionally. One participant reflected on knowing her debriefing partner: "We just know each other. I'll start to talk and ask some questions, and then I'll stop, and she can catch me when I'm kind of stumbling, and I catch her. We film each other, watch our films, and see when we're talking too much and asking yes/no questions."

The time and effort involved in getting to know one another helps establishes trust, viewed as necessary for learning. Another participant summed it up this way: "We practice with [the students] so they tend to know us very well by the time they come in there, so that helps with the trust I think. As they move through the program they realize that we're not there to try to weed them out or fail them. We really have their best interest at heart…. This is a learning experience."

PREBRIEFING FOCUSES THE DEBRIEFING ON OBJECTIVES Participants described the importance of prebriefing in fostering learning objectives for the simulation. They indicated that a typical prebriefing begins with logistical information (e.g., schedule and location of supplies) and expectations of student behavior, including what students should and should not do. For example, many faculty inform students that mistakes lead to learning, but they should not talk to students who were not in debriefing about debriefing. Participants believed that providing logistics and expectations in prebriefing decreased students' anxiety, stress, and fear.

During prebriefing, participants discussed scenario-specific information and instructions with students. A frequent example was assigning or picking student roles (e.g., primary nurse, medication nurse, family member, active observer). One participant used the prebriefing to structure the role of the observer: "We decided to give them [the observers] some specific prompts of what they needed to pay attention and have ready to participate in the debriefing…. First was to figure out what the patient's main nursing problem was, and then to identify what actions they would take…. The next thing is how they thought those specific interventions were related to the physical or physiologic changes…. So they had filled the white board with all these observations or questions…and they talked and talked…one of the best debriefings ever."

In this example, the prompts provided in the prebriefing kept the discussion going and on topic. Other participants described using scenario-specific concept maps: "We do a [patient care] concept map…. We talk in debriefing [about] this was abnormal but we did anticipate that…. I typically ask: 'What were the things you noticed right away, what were the things you identified as important, the assessment information?' that kind of thing, and that's where the prebriefing really comes in handy and helps the student focus on the actual scenario." Thus, the tools provided, reviewed, or created in prebriefing were viewed as an approach to stay focused on the simulation objectives during debriefing.

A SAFE LEARNING ENVIRONMENT IS COMFORTABLE Participants described the physical comforts of the debriefing environment they had, or wish they had, as a means to contribute to students' feeling safe to participate in debriefing. Several explained that an aspect of feeling safe includes being comfortable with the setting and with each other. Thus, faculty arranged and rearranged the furniture and equipment in the debriefing environment, seating students in circles to foster discussion, and they closed the door for privacy for the group. Participants preferred small groups of four to six students with a comparable room size near where the simulation took place. Lounge-type furniture, refreshments, whiteboards, and technology (e.g., audiovisual equipment, computer charting, and smart devices) were also considered ideal.

Several participants incorporated videos in debriefing to spark or deepen discussions, especially with regard to poor behavior or difficult situations. For example, one participant described a bullying situation: "The other students were so bullied they weren't saying anything to the bully [in debriefing], and I was able to use the video to show the words and the body language that [occurred in the scenario] both with [the bully] and the other students…. When I tried to verbally bring it out, I got nowhere…. So I showed the video…then everyone started sharing…. The video broke the ice."

Theme 2: Getting Over the Emotional Hurdle

Participants talked about the wide range and unpredictability of student emotions as a "hurdle" for learning to occur. This theme was categorized into three subthemes: students start the debriefing, paying attention to emotions, and keeping it positive.

STUDENTS START THE DEBRIEFING Participants described how students informally begin to debrief among themselves as soon as the scenario ends. One participant reflected, "We'll call it socializing, but it's still part of the debriefing process." Another participant stated: "They may not realize it, but the debriefing has started as soon as I walk into the room…. I'm taking a mental note of everything they're doing right then and see the beginning of that emotional reaction phase too." Participants listened and observed student interactions to gauge the range of student emotions that may need to be explored to help students reflect on their performance.

PAYING ATTENTION TO EMOTIONS Participants described how they typically begin the formal debriefing process by directly asking students how they felt about the simulation experience. They then provided some time for students to decompress. Participants expressed difficulty in responding to the wide range of student emotions. For example, one participant described the challenge of addressing the raw emotions that arise from students' life experiences: "Sometimes, even if it went well…they're angry because they don't feel that the prep was the way it should've been. Sometimes they'll start crying because [their] grandmother is sick and [they] couldn't concentrate. So there's a lot of emotional things that will come into it that sometimes you don't expect. We do psychiatric debriefings, and we had one where the student went in and the [standardized patient] was [talking about] contemplating suicide…. The student just burst into tears in the room, and we brought her into debriefing, and she said, 'I had a friend who said almost those same exact things to me, and I told her to cheer up and left, and I got a call couple hours later that she was dead. I never forgave myself.'… Those are things I'm never prepared for."

To respond to unexpected student emotions, participants built in time for one-on-one debriefing with students. Participants shared that having two debriefers for a group allowed one faculty member to focus on an individual's responses. They described the importance of paying attention to body language that might indicate a student was at risk for emotional distress (e.g., crossed arms, limited eye contact). When indicated, they depersonalized the discussion to allow a student to breathe.

Occasionally, faculty referred students to professional counseling. For example, one participant referred a student to counseling who had recently returned from active combat in the military and experienced posttraumatic stress when exposed to a simulation

scenario about a burn victim. The faculty member had been unaware of this student's history.

KEEPING IT POSITIVE The skill of "keeping it positive" requires practice; it is important to avoid focusing on negative emotions when discussing student performance, especially since students tend to be overly self-critical. To redirect negativity, participants asked questions, as suggested by the following: "They tend to be very hard on themselves, overly critical, 'I should've done this' or 'I forgot to ID the patient,' It's like 'okay, well, tell me what your priority was when you came in the room,' just to try and get them to think about priorities."

The facilitator shifted the focus from identifying performance gaps to examining the thinking behind the student's behaviors. In this way, learning was expanded to close performance gaps and reinforce clinical reasoning and positive behaviors. Participants also conveyed a positive tone by ordering questions using "the sandwich technique," that is, asking about the good, then asking about concerns, and ending on a good note.

Other approaches participants used were templates or video clips: "Sometimes we'll do freeze frame, and it's kind of fun, where we freeze [the video] frame and say, 'What is this picture telling us now?' …So it's kind of like an interactive thing…[I'll ask] 'What are the positive things you see here?' [The students will respond], 'Well, they're near the patient, they're next to the patient, they're taking the blood pressure, they're turning on the monitor.' Then that usually inspires a conversation."

Videos were used to direct students to identify opportunities for growth, from what went well and what did not go well. Thus, keeping it positive was not described as avoiding discussion of negative behaviors and performance gaps; rather, it meant avoiding negativity when discussing performance. In summary, faculty who facilitated debriefings were proactive in using time and resources to identify, acknowledge, and address a wide range of student emotions.

Theme 3: Intentional Debriefing Evolves Into Learning

Faculty described the uniqueness of each debriefing and how debriefing yields learning for both students and facilitators. They referred to debriefing as intentional, organic, and individualized. They initiated debriefing with learning objectives, used thoughtful approaches to fulfill objectives, and addressed student learning needs. Faculty recognized learning had occurred when students shared "aha" moments. Four subthemes were identified: meeting students where they are, getting everyone to participate to broaden the learning, watching the clock, and faculty learning from debriefing.

MEETING STUDENTS WHERE THEY ARE Participants described how they assess and address knowledge gaps of the students to facilitate learning. As one participant explained, "The learning that they do is different…and that's kind of where it's evolved to how do I get down to that. 'How did it feel when the mom started yelling at you, and how would you react to that, and what were you thinking about when she started yelling?' Those kinds of things can't show up on a multiple-choice very well."'

Participants described how they facilitate this type of student learning by thoughtfully asking unscripted questions, listening, and teaching as needed. One participant shared that a teachable moment happens when students "generally don't know the information, like okay, the difference between a rapid response team and a code." Thus, participants believed students have content knowledge that does not necessarily click until reflected upon in debriefing.

A participant described debriefing a student who seemed well prepared for a home care simulation, that is, the student had a perfect score on the quiz and a great care plan, yet seemed to struggle during the scenario: "We went into debriefing, and I said, 'How did it go?' She said, 'That was not what I expected at all.' I said, 'Okay, so tell me about that, what was it that you did expect, what didn't you expect, tell me a little bit more.' She said, 'Well, I didn't realize when you go into a house who do you talk to? There's no other nurses, you can't go to the nurse's station, you can't check the med orders, like what was I supposed to do?' …So [as the debriefer] you're like okay, she's still thinking hospital, but that doesn't mean that we can't talk about diabetes and we can't talk about safety, you just have to bring it in from her point of reference now, which is the hospital." The participant explained that they talked about calling a physician from a home. "You still have a chart, it's a little different, but you still have it. So you can get to the point just by taking them from what their understanding is and where they are to where they need to be."

Participants described facilitating student learning that is not limited to the content or objectives of the simulation. Whereas the objectives of this particular simulation were related to diabetes and safety, student learning also included the independent role of the nurse in the home care setting. Thus, faculty facilitated student learning by helping students reflect on where they are, where they need to be, and how to get there.

GETTING EVERYONE TO PARTICIPATE TO BROADEN THE LEARNING Participants described how they encourage everyone to contribute in debriefing. Using student roles in the simulation, they asked those in each role (e.g., primary nurse, medication nurse, family member) to share their perspectives. One participant explained how the observer role enhanced the learning from debriefing: "If…some of the observers haven't said anything, then I say, 'Okay, well you were observing so what did you see that went well?' Because the observers are relaxed…they get a lot better picture of what's going on and what needs to be done, so they're really good with the debriefing. They pick up on a lot of things that the people in the room don't…. They might notice that the nurses in the room…took the oxygen off for trach care and they didn't notice that the sat went from 92 to 86. The [observers] are like, 'You know between things you're doing you probably need to turn that oxygen back on.'"

Other participants invited quiet students to talk or redirected the conversation away from more talkative students or those overly focused on their own experience: "One student had a sick child with the same condition…and brought into the debriefing room their own agenda…'How come my child wasn't treated that way, how come my child had different treatment?' So I had to redirect the conversation back to, 'If you'd like to talk about your child afterwards we can do that, but let's focus back on this scenario because it's going to give you a broader understanding of the content.'"

Participants viewed debriefing as a time for all to discuss their perspectives of the shared simulation experience. They also described less direct approaches, like silence, to encourage participation. One participant shared that he makes a comment and remains silent: "Somebody eventually will speak up…. That's really hard, especially for faculty who don't do simulation, when there's complete silence they feel like, okay, they're not getting it. I think sometimes they are getting it, but they're processing…. You've got to remember that they're students, not already licensed practitioners. They're really thinking, is this the right answer, they're not sure, they're processing. You've got to be patient."

Similarly, postdebriefing assignments provided additional time for reflection. Journaling is an approach to broaden learning and require every student's participation as described by one participant: "They have to write a one-page journal reflection…and that is super rich…. We have some structured questions to go with it, but we don't speak to that. We just let them write and they tell us what was surprising to them…. The main thing I've seen [is] they really like to [collaborate] with their peers and hear peer feedback, more than what the teacher says."

WATCHING THE CLOCK Participants frequently described having time constraints and wishing they had more time for debriefing. For this reason, they watched the clock closely and had to choose between discussing the simulation in depth or covering a number of topics related to the scenario.

FACULTY LEARNING FROM DEBRIEFING Participants shared that both students and faculty learn from debriefing. They acknowledged that they relied on trial and error to improve their debriefing skills. After each debriefing, most engaged in personal reflection, as one participant stated, to "try and pick up some teaching points [and] find out what the students felt was most valuable." They reported that listening to students during and after debriefing provides useful feedback, particularly when uncovering student and faculty misconceptions. One participant provides an example: "I had a patient who was in the MI scenario and the student had to use Nitroglycerin…and attempted to put Nitropaste on their tongue. I was like 'What are you doing?!'…. She said, 'Well they talk about Nitroglycerin but they don't say what it looks like or how it comes and I've never seen it. So when I pulled it out of the drawer it said Nitroglycerin.' And I said, 'Well, how did you even figure out how much to give?' [She replied] 'Well you said like .4 so I thought it was .4 on the inches,' and I said, 'oh, okay.' So, from then on, we have some samples brought out in the [simulation] lab."

Participants shared how debriefing discussions sometimes revealed misunderstandings and gaps in classroom teaching. Terminology was a common area for student misconceptions. For example, one participant discovered the students "hadn't quite understood what titrate meant…. That one word really threw off their understanding of what they needed to do…. It was a piece I don't think we anticipated initially." Thus, debriefings had the potential to improve classroom teaching.

Participants also collaborated with other faculty to improve debriefing. Some reached out to more experienced debriefers to learn from difficult debriefing sessions, and some practiced debriefing with other faculty. They described a need for a formalized process that included peer feedback to improve their debriefing skills. However, they realized that faculty development and formal evaluation of debriefing require resources, time, and support from administration.

One participant explained: "Administration will say, well we sent you a link and we sent you a pamphlet, you should be ready to go. [Faculty] are saying, 'We've not seen it, we've not processed it, we've not had somebody give us feedback on it, so don't evaluate me on it until those pieces are in place, and that's kind of a missing link.' We all have tons of articles and resources, and haven't had any delineated process of watch me do this…then I'll watch you and give you feedback on how you're doing it, and then now let's evaluate it."

Thus, learning from debriefing was viewed as a necessary aspect of faculty development. The overall theme, that intentional debriefing evolves into learning, is described as a purposeful but informal approach to debriefing that aims to meet students where they are and keep them engaged, while being mindful of time.

DISCUSSION

The interview findings provided descriptions of faculty simulation debriefing practices with traditional BSN students in the United States. This discussion compares the three themes to the five criteria of the INACSL standard for best simulation debriefing practice.

Criterion 1: Faculty Competency

The first INACSL criterion, debriefer competence, is maintained through formal training, evaluation by an established instrument, learner and peer feedback, and practice (Decker et al., 2013). Findings from a recent national survey showed that only 19 percent of debriefers have regular competency assessment (Fey & Jenkins, 2015). However, in theme 3, subtheme 4, "faculty learning from debriefing," faculty indicated that the process for training, continuing education, and evaluation is informal at best.

Cheng et al. (2015) suggest that an ideal faculty development program for debriefing includes: a) teaching multiple debriefing methods with deliberate practice; b) summative, formative, and self-assessments; and c) feedback from peers, experts, and learners. Findings from this study suggest the next step in moving toward best debriefing practices involves devoting time and resources to creating formalized processes or programs for ongoing faculty development of debriefing.

Criterion 2: Environment

The second INACSL criterion requires a safe environment for debriefing that includes: a) informing participants of objectives, expectations for confidentiality, and rules of conduct and b) encouraging participants' emotional release, personal reflection, and open discussion of performance (Decker et al., 2013). Overall, the interview findings suggest faculty meet this INACSL criterion. However, three findings extended this criterion: a) getting to know each other, b) creating a comfortable physical environment, and c) being proactive in identifying, acknowledging, and addressing student emotions prior to, throughout, and postdebriefing.

The literature supports the notions of a comfortable physical environment and acknowledging emotions as contributing to students feeling safe in simulation debriefing (Rudolph, Raemer, & Simon, 2014), but specific practices that have yet to be explored include building in time to be available for one-on-one meetings with students and knowing each other (faculty and students). In a similar vein, the concept of knowing the patient is a tenet of expert nursing practice and is imperative for providing quality and safe care (Zolnierek, 2014). Perhaps knowing the student is a tenet of expert debriefing practice and should be examined with regard to student safety in simulation debriefing.

Criterion 3: Facilitator Responsibilities

The third INACSL criterion requires the facilitator to observe the simulation and guide the debriefing participants to reflect on their performance to improve future practice (Decker et al., 2013). Interview findings suggest that faculty meet this criterion by keeping the debriefing positive and encouraging participation. Two particular practices faculty valued were postdebriefing assignments and use of video playback.

Evidence related to these practices is inconclusive or lacking (Cheng et al., 2014). However, the descriptions of positive experiences with approaches such as journaling and "freeze frame" suggest

additional research is warranted on postdebriefing assignments and the effective use of video in debriefing.

Criterion 4: Structured Framework

The fourth INACSL criterion requires the debriefer to use a structured framework with a flexible approach to guide the debriefing toward simulation objectives (Decker et al., 2013). Although many of the practices described by faculty meet this criterion, time was a constraint that surfaced in all three themes. Faculty noted that adequate time is needed for debriefing and faculty development to reach a higher level of structured debriefing.

Although all the participants described using multiple approaches to debriefing, only participants with five to nine years of debriefing experience reported using one specific method as a framework for debriefing. When comparing faculty experiences, those with the least and most debriefing experience were less involved in faculty development than those with five to nine years of experience. These findings support that ongoing faculty development is crucial to faculty using a structured framework for debriefing. However, most debriefing methods are theory based (Waznonis, 2014), and few have been tested to evaluate effectiveness (Cheng et al., 2014). Thus, more research and time are needed to support faculty in using a structured framework for simulation debriefing.

Criterion 5: Objectives and Outcomes

The fifth INACSL criterion requires the facilitator to focus on simulation objectives and the assessment of outcomes to close performance gaps (Decker et al., 2013). Findings suggest that faculty use a variety of approaches to identify strengths and gaps in student performance, but lack formal evaluation of outcomes. Perhaps this is reflective of faculty viewing student learning as not limited to content knowledge, but rather inclusive of any "aha" moments that occur during debriefing. In fact, according to participants in this study, a debriefing can be successful (that is, learning occurs) even when simulation objectives are not met (measurable outcomes not improved). Therefore, the findings suggest that before this criterion can be met, a close examination of how to best assess debriefing effectiveness versus debriefer skill is needed.

Limitations

The findings from this study are limited to descriptions from faculty in traditional BSN degree programs and may not represent the entire target population. Faculty who experienced extremely good or bad debriefings may have wanted to participate more than those without extreme experiences. It is also possible that participants lacked accurate recall from the time that elapsed between facilitating debriefing and the interview.

Another limitation is that participants in the group who did not report using a specific method for debriefing were not further distinguished prior to recruitment. Thus, the group may have over- or underrepresented those who reported using unstructured debriefing and those who reported using something other than a specific method to structure their debriefing (e.g., personal notes or rubrics). Nevertheless, the findings provide detailed accounts of simulation debriefing practices from a diverse sample of nursing faculty. Furthermore, consultation with debriefing experts and member checking enhanced the trustworthiness of the findings.

CONCLUSIONS

The three themes and subthemes that emerged from the interviews revealed how faculty described debriefing as intentional, with an emphasis on addressing student emotions. Faculty participants also provided safe opportunities for student learning guided toward but not limited to objectives of the simulation. Often, debriefing contributed to faculty learning, an area yet to be explored.

Within the three themes, faculty provided accounts of how they met each criteria for the INACSL debriefing standard or what they believed they needed to evolve to a higher level of debriefing, namely time and a formalized process for ongoing faculty development. On occasion, faculty described practices not yet addressed within the INACSL debriefing standard, including getting to know each other, creating a comfortable physical environment, and being proactive with student emotions. Overall, the findings should be used as a baseline description of simulation debriefing practices to advance the science of simulation debriefing in nursing.

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The authors and planners have disclosed that they have no financial relationships related to this article.

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