

**METI Learning**

## The Art of Debriefing

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**METI Learning**

## Objectives

- Describe the process of debriefing
- Examine the role debriefing plays in the competence and confidence development of the new nurse during transition to practice
- List three differences between the roles of facilitator and instructor during debriefing

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**METI Learning**

## Objectives

- Discuss strategies to integrate discussion of the QSEN competencies throughout the debriefing process
- Identify why debriefing is an integral component in the experiential learning process

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**METI Learning**

### Experiential Education Theory

- Learning involves transactions between the person and the environment (Dewey, 1938 and Kolb, 1984)
- Learning is the process whereby knowledge is created through the transformation of experience (Kolb, 1984)
- Educational strategies that synthesize the attributes of reflection, context, dialogue and time are focused on achieving a dynamic thinking process and hold much promise in preparing novice nurses for successful practice (Fomeris, 2004)

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### Experimental Learning Theory

Proposed a four-stage learning process, 1995

- The learner can begin at any point in this cycle
- There is no limit to the amount of cycles you can make in a given learning situation
- Kolb states that "without reflection one will continue to repeat their mistakes"

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### Experimental Learning Theory---Kolb



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**METI Learning**

### Goals of Debriefing

- Recognize and release emotions built up during simulation (Fritzsche, Leonard, Boscia, & Anderson, 2004)
  - Safe place to express feelings
  - Mistakes are a part of the learning process (Henneman & Cunningham, 2005)

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**METI Learning**

### Goals of Debriefing

- Reinforce the Objectives
  - Students often have a limited picture of what happened while involved in simulation; while involved, they observe only those parts their position allows them to (Peters and Vissers, 2004)
  - Assists in learning those things they missed while engaged in the simulation

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**METI Learning**

### Goals of Debriefing

- Student questions can be answered, student thinking can be clarified, teaching points can be emphasized (Fritzsche, Leonard, Boscia, & Anderson, 2004; Jeffries, 2005)
- Published/standardized guidelines can be reviewed (Owen & Follows, 2006)

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### Goals of Debriefing

- Enhance Critical Thinking and Problem Solving
  - Advantageous to compare different perspectives and a joint analysis. This increases student understanding (Peters & Vissers, 2004)
  - Safe place to discuss without constraints of time (Mort & Donahue, 2004) and pressure of being in the simulated clinical experience
  - Identify resources (IOM recommendation)
  - Encourages collaboration and communication<sup>10</sup>

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### Professional Learning Environment



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### Process of Debriefing

- I. Introduction
- II. Personal Reactions
- III. Discussion of Events
- IV. Summary

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**METI Learning**

### I. Introduction

- Communicate expectations
  - Prepare learners to actively analyze and evaluate self and simulation activities
- Describe facilitator role
  - Facilitator versus evaluator or instructor
- Discuss confidentiality
  - Signed statement
- Provide a safe environment for learners to express feelings and ask questions
  - Mistakes are a part of the learning process

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### II. Personal Reactions



- Recognize and release emotions built up during simulation
- Facilitate a professional environment, but keep the tone relaxed

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### Personal Reactions

Learners who have the opportunity to explore and deal with the feelings they experienced during simulation will be better prepared to deal with them in real clinical situations

(Henneman, Cunningham, 2005)

- Begin with open-ended questions and use reflective responses to their statements
- Ensure all learners have the opportunity to respond
- Use learners' responses to guide the discussion of events

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**III. Discussion of Events**

- Begin with, or whenever appropriate, a review of goals, learning objectives and significant events
- As learners begin to discuss the events, encourage them to continually analyze the events in depth as well as their feelings, thoughts and reactions to them
  - Remember, adults learn and remember more when they participate actively and make their own analysis (Duvall & Wicklund, 1972)

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**Discussion of Events**

- Reflective learning
  - Relate reflection to the goals and objectives
  - Re-examine the experience
  - Assimilate new experiences with past experiences
  - Encourage feedback from peers
  - Focus on performance, not performer

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**Discussion of Events**

- Reflective learning is associated with:
  - Critical thinking
  - Critical reasoning
  - Clinical judgment

(Brenner, Stannard & Hooper, 1996; del Bueno, 2005; Kuiper, Heinrich, Matthias, Graham & Bell-Kotwell, 2008; Lasater, 2007)

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**Discussion of Events**

- Integration of experience
  - Framing – introduce experience in a manner that enhances its relevance and learner is familiar with (Fanning & Gaba, 2007; Dreifuerst, 2009)
  - Integrate into the nursing process
  - Sets the stage for assimilation

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**Discussion of Events**

- Assimilation is the ultimate goal
    - Transfer of knowledge from one experience to the next
    - Involves anticipation
  - Anticipation – seeing the “what if”
    - Distinguishes novice from expert
- (Dreifuerst, 2009)

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**Discussion of Events**

- Socratic Questions:
  - How familiar were you with the patient’s condition, treatments and complications
  - What happened?
  - What did you do when that happened?
  - What was the outcome?
  - What would you do differently next time?
  - What additional information, knowledge, skills do you think were/are needed in the situation, for the future?

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**Discussion of Events**

- Good Questions:
  - Are relevant to the discussion of the experience and keep the learners continually thinking and processing information
  - Do not imply judgment
  - Do not provide information or suggestions
  - Try to understand what went on in a positive supportive way

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**Discussion of Events**

- View videotape whenever appropriate
- Question errors in judgment
  - Complacency with abnormal vital signs
  - Failure to attend to changing status
- Ask about communication with the patient, family members and team members
- Discuss errors with protocols/guidelines
- Review documentation
- Review prioritization of care

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**Discussion of Events**

- Link to the “Real World”
  - Acknowledge the unreality
  - Link what has been learned in simulated setting to “real world” (Chiodo & Flaim, 1993; Fritzsche, Leonard, Boscia, & Anderson, 2004; Peter & Vissers, 2004, Childs & Sepples, 2006)

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### IV. Summary

- Goal is to assist the learners in looking at the overall experience
  - What they did well or not well
  - What they learned
  - What they have identified for improvement
- Can be summarized by facilitator or by asking open-ended questions of the learners
  - Ask what new ideas they learned
  - Ask what they feel they need to work on

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### Summary

- End on a positive note
  - In summary, these are the things you identified as going well:
  - I saw improvement in these areas:
- The take-home points include:
  - These are the things you told me you need to work on:
- Thank the learners for participating in both the simulation and debriefing
- Obtain a written evaluation

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### Facilitator Role

“Actuate self discovery”

- Facilitator – a “content neutral” party, enables groups to work more effectively, learning or dialogue guide
- Facilitative Leader – Aware of group and organizational dynamics, creates processes to enable group members to more fully utilize their potentials
- Facilitative Individual – Team player assists others

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### Levels of Facilitation

- High Level – Low involvement
  - Uses pausing and silence
- Intermediate Level – Moderate involvement
  - Rewording, rephrasing, questioning
- Low Level – Intense involvement
  - Answering, agreeing, confirming, echoing

(Dismukes and Smith, 2000)

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### Instructor Role

- Socratic method
- Robert's Rules of Order
- CRM Principles
- Pharmacology
- Physiology
- Pathophysiology

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### Debriefing Techniques

- Confrontational
- Content neutral
- Content specific
- Instructor driven
- Facilitator driven
- Action debrief
- Critical event action debriefing



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### Debriefing Techniques

- Listen to the participants
- Make them part of the process
- Keep their attention to the process
- Allow for self direction



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### Debriefing Techniques

- Positive reinforcement should begin each session
- Summarize each session
- Give direction for improvement
- Facilitate group direction for change



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### Self-Efficacy

- An indicator of how well a person is prepared to successfully accomplish a task
- Perceived efficacy beliefs strongly influence goals, commitments and aspirations
- Increased self-efficacy promotes confidence

(Bambini, Washburn & Perkins, 2009)

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**METI Learning**

### Competence Grows with Confidence

- Chief reason for new graduate nurse turnover – lack of confidence
- Debriefing immediately after stimulation enhanced learning (Cantrell, 2008)
- Debriefing increases confidence in what to expect and how to conduct themselves

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### Adult Learning

**Adult Learners** *"Are autonomous and self directed"*

- Bring experience
- Expect to influence "How" they are educated
- Expect to influence "How" learning will be evaluated
- Active participation is encouraged
- Need to see the possible applications
- Expect their responses to be acted upon

*Malcolm Knowles* 35

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### Adult Learning

- Four Critical Elements
  - Motivation
  - Reinforcement
  - Retention
  - Transference

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**METI Learning**

## Adult Learning

- Motivation
  - Set the Tone of the Simulation
  - Set the Level of
    - Concern
    - Tension / Importance
    - Appropriate Level of Difficulty

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## Adult Learning

- Reinforcement
  - Positive Reinforcement – (Create)
    - Good Behaviors / Attitudes
      - New learners
      - Novel approaches
  - Negative Reinforcement – (Extinction)
    - Bad Behaviors / Attitudes
      - Experienced learners
      - New and old approaches

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**METI Learning**

## Adult Learning

- Retention
  - Learners must
    - See a meaning or purpose to the material
    - Have the ability to interpret and apply the material
    - Ability to assign the correct degree of importance to the material

Retention = Degree of original learning + amount of practice

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**METI Learning**

### Adult Learning

- Transference
  - Apply information learned to a new or novel situation
  - Positive transference
    - Use of behavior taught in the session
  - Negative transference
    - Learners do not do what they are told not to which equated to a positive outcome

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**METI Learning**

### QSEN Competencies

- Patient-centered Care
  - Coordination and communication with patient and family
  - Continuity of care
  - Physical comfort and emotional support
  - Address cultural diversity

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### QSEN Competencies

- Teamwork and Collaboration
  - Feedback from peers
  - Teams performance
  - Engage resources
  - Concise communication (SBAR)

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**QSEN Competencies**

- Evidence-based Practice
  - Prepared for patient care
  - Adherence to policies, procedures, protocols and standards
  - Identify areas for improvement

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**QSEN Competencies**

- Quality Improvement
  - Expected outcomes achieved
  - Sentinel events
  - Approaches for change

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**METI Learning**

**QSEN Competencies**

- Safety
  - Medication safety
  - IV safety
  - Equipment safety
  - Universal protocol
  - Fall prevention
  - Resources

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### QSEN Competencies

- Informatics
  - Seek test results; lab, radiology
  - Documentation
  - Phone/paging system

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**METI Learning**

### Value of Debriefing

- Debriefing is a teaching-learning strategy (Babenko-Mould, Andrusyszyn & Goldenberg, 2004)
- Debriefing is highly valued by the participants
- Debriefing provides alternate interventions from each other and from the facilitator (Lasater, 2007)

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**METI Learning**

### Value of Debriefing

- Debriefing is the most important part of realistic simulator training, “crucial to the learning process” (Rall, Manser & Howard, 2000)

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**METI Learning**

*"Tell me and I forget,  
show me and I remember,  
involve me and I understand."*

Chinese Proverb

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**METI Learning**

Questions and Discussion

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