Establishing the Climate for a Successful Debriefing

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Abstract: Debriefing after a simulated clinical situation allows dissemination of active learning to every member of the group. The debriefing process enables participants to more fully think through and discuss what has transpired, gain a more in-depth understanding and appreciation of knowledge, and retain knowledge and skills for future application. The debriefing is also a means by which individuals can process their reactions and feelings related to clinical situations. A successful debriefing is one in which the participants do most of the talking. The facilitator’s roles of creating a safe environment for the students to learn and of structuring a seemingly unstructured learning event are paramount to the effectiveness of the debriefing session. The focus of this article is how one can create a climate in which students will engage in meaningful discussion and how to stimulate focused discussions during a debriefing session.

Cite this article: Wickers, M. P. (2010, MAY). Establishing the climate for a successful debriefing. Clinical Simulation in Nursing, Vol(6), e83-e86. doi: 10.1016/j.ecns.2009.06.003.

Student: “Why was my patient still confused? I fixed his blood sugar.”

Instructor: “Let’s see, what do we know about Mr. Jacobs?”

The debriefing begins, that is, if the instructor sets the stage for a safe learning environment for the participants. The goal of the debriefing is to have the students thoroughly analyze patient care situations and determine how well they managed those situations (McDonnell, Jobe, & Dismukes, 1997). On the surface, facilitating a discussion seems easy; however, it can be challenging. How effective the debriefing will be in transferring knowledge and developing critical thinking skills depends on the instructor’s ability to engage all the students in a focused discussion (Seaman & Fellenz, 1989).

To actively involve students, instructors as facilitators must be able to generate an atmosphere in which student participation can thrive. This is done by creating a physical environment conducive to learning, developing a trusting relationship with the participants, clarifying expectations and learning objectives, engaging students in analysis of patient care situations, and tactfully asking probing questions.

Staging the Learning Environment

Unlike a traditional classroom setting in which the instructor is the focal point of the learning process, the students themselves carry most of the discussion (Elias & Merriam, 1980; Teel, 2005). A head start in promoting group interaction is to select an environment that will stimulate discussion. The room size should be dependent on the number of participants. Overcrowding participants into a small room or exposing them in too large a room sets up barriers to open communication. A round table is conducive to small-group discussion, making the participants feel as if they are on an equal footing (Jeffries, 2007). The facilitator should be seated within the group, regardless of the shape of the table, in order to distribute the focus of the
learning to the students instead of narrowing it on the instructor (Muir, 2007).

How the students are dressed can also have a positive or negative effect on the learning environment. Have the participants present for the simulation experience in the expected professional attire worn in the clinical situation being simulated, which typically means uniforms for students or scrubs for staff. Professional dress not only enhances the fidelity of the scenario but also assists participants in maintaining a professional learning demeanor during the debriefing.

Key Points
- The instructor, as facilitator, must generate a stimulating learning environment.
- The participants need to feel free to express their thoughts, comment, agree, and disagree with each other for meaningful discussions to ensue.
- Debriefing thoroughly analyzes patient care situations and determines the best way to handle them.

Establishing Trust

Each student comes to the simulation experience with different cultures, backgrounds, experiences, personalities, skills, knowledge, and issues. The first challenge for the facilitator is to bring the members of the group together as a cohesive, productive team. Insist on participants’ respecting and being considerate of each other in their verbal and nonverbal communications. The members need to feel free to express their thoughts, comment, agree, and disagree with each other for meaningful discussions to ensue.

Trust within the group is essential (Fanning & Gaba, 2007). Students do not want the rest of their class to hear about the medication error that they made in the simulation lab. It is only normal for people to feel vulnerable in learning situations. If this is the first time the students have participated in a simulated learning experience, have them sign a confidentiality agreement (Jeffries, 2007). Impress on them the importance that whatever is done or said must stay within the circle of the participants.

The participants need to be able to trust the facilitator as well. To build trust, if this is the participants’ first time in a simulated experience, orient them to the simulation laboratory. Give them a tour and show them how the equipment works and the capabilities of the human patient simulator. You want them to become familiar with the environment so that they will not become stressed looking for supplies or figuring out how to set the IV pump during an actual scenario. Explain the different roles that they may be assigned: nurse, certified nurse assistant, family member, or other health professional. As much as possible, set them up for success.

The facilitator can continue to build a trusting relationship with the participants and further facilitate learning by giving supportive cues to the students during the scenario, as the patient or patient’s voice. For example, if the patient’s blood pressure is going down and vital signs have not been taken, the facilitator—patient may say, “I feel faint,” to cue the student to take the patient’s vital signs or lower the head of the bed. It is important, though, for the facilitator to maintain fidelity in the patient care scenario and not overstate comments as the patient. If the student appears clueless as to how to proceed, it is best to stop the scenario, debrief, and later resume the scenario. This builds teamwork among the students and encourages them to seek appropriate resources when unsure of what is going on or how to proceed. Knowing that the facilitator will not let them flounder too long also builds students’ trust.

Another thing to consider is having an instructor other than the clinical instructor facilitate the debriefing. Having the students debriefed by the clinical instructor, who will give a summative evaluation to the student at the end of the rotation, increases the students’ stress level in what is supposed to be a safe place to make mistakes. It may be difficult for the students to trust that their mistakes will not have consequences, increasing their vulnerability and negatively affecting their ability to perform. After the session, the facilitator can give written feedback to the students’ clinical instructors indicating general performance behaviors, such as whether they arrived promptly, complied with uniform standards, actively engaged in the discussions, and so forth. Students should be advised up front of any communication that will be relayed to their clinical instructor.

Clarifying Expectations and Objectives

Participants will typically attempt to perform up to expectations, so it is important to clarify the expectations for student behaviors in the debriefing, as well as in the simulation. The learning objectives and expectations should be clarified at the beginning of the exercise. This gives the students a heads-up on what to anticipate and focus on during the scenario. Let the students viewing the scenario have a copy of the written objectives, or give them check-off sheets to review while they are taking notes. It helps for both the facilitator and the students viewing the scenario to jot down notes on events as they happen, and also their thoughts, for future discussion purposes. As a backup to augment focused discussions and to keep the students on track, the facilitator should prepare written questions related to the objectives to refer to during the debriefing.

Engaging Students in Analysis of Patient Care Situations

The purpose of the debriefing is to improve on one’s critical thinking ability, clinical judgment, and clinical performance in specified situations. To accomplish this,
both positive and negative aspects of student performance should be addressed. It is a mistake to assume that everyone in the group understands the rationale for appropriate nursing interventions and the thought process behind the prioritization of actions. The group should also reflect on and discuss what actions would have or could have improved patient outcome. Patient problems, cultural considerations, prioritization of interventions, organization, teamwork, and communication are all relevant threads in each scenario and should surface at some point during undergraduate nursing debriefings.

The participants in the scenario initially begin the debriefings themselves by focusing on their mistakes: “I should have __”; “I can’t believe I __.” This gives them a chance to rectify with the group that they really did know what they should have done. It also gives the instructor the opportunity to facilitate deeper analysis of how and why the student did or did not do something at the time and to engage others in the analysis of the patient care situation.

For a variety of reasons, students often tend to not want to say anything negative about another student’s performance, even when a mistake is obvious. It is helpful to give the students an example of how to structure comments in a constructive, nonthreatening way. For example, instead of saying, “You never explained to the patient what you were going to do before catheterizing him. No wonder he was uncooperative!” a better response would be, “You may have gotten more cooperation from Mr. Jacobs if you had said __--”; “I can’t believe I __.” This gives them a chance to rectify with the group that they really did know what they should have done. It also gives the instructor the opportunity to facilitate deeper analysis of how and why the student did or did not do something at the time and to engage others in the analysis of the patient care situation.

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Use of Video Recording: An Example

Playing back a section of a video recording of a scenario is a powerful tool to reinforce good behaviors and precipitate discussions about ineffective behaviors. For example, at the start of a debriefing, a student said she did not feel as if she ever made a connection with her teenage patient, Jennifer. The other students were reluctant to discuss specifics of the student’s interactions with the patient but instead talked in generalizations about communicating with teens. Then the facilitator played sections of the video that showed the student talking with Jennifer. When the student saw herself say to Jennifer, “Boy, you are in a bad mood today!” the student jokingly said, “I was clarifying.” When asked what may have influenced her interactions with Jennifer, the student said that she was talking to Jennifer as she would have talked to her teenage niece. The student realized she was projecting her teenage niece onto Jennifer as she would have talked to her teenage niece. In the discussion that followed, the student nurse acknowledged her lack of confidence and her sensitivity to others’ opinions of her. The group then came up with strategies for building self-confidence and the necessity to put the patient first as a strategy to avoid errors.

Impromptu Learning in Debriefing: An Example

Therapeutic communication with a teenage patient was one of the learning objectives in the example above. In some instances, unanticipated learning points and situations may surface in debriefings, depending on the group. It is good to take advantage of these opportune teaching moments, let the participants air their concerns, and develop strategies or solutions as a group.

For example, another student, who took the role of the nurse in one of the scenarios, suddenly stopped while inserting a Foley catheter into a patient, took the catheter out, hesitated, and then reinserted it. The facilitator asked about her rationale for this action, and the student said, “They were laughing at me, and I thought I was doing something wrong.” The students who played visitors in the scenario immediately said, “We were laughing at Marc,” who was one of the students acting as a visitor. In the discussion that followed, the student nurse acknowledged her lack of confidence and her sensitivity to others’ opinions of her. The group then came up with strategies for building self-confidence and the necessity to put the patient first as a strategy to avoid errors.

Augmenting Analysis through Probing Questions

If necessary, the facilitator can augment discussions by asking Socratic questions, such as what, when, how, and why (see Table 1), and respond to answers that need further development with another question. Socratic questioning seeks to get others to answer their own questions by making them think and eliciting the answer from them (Syque, n.d.). Decker (2006) found that beginning students tend to prioritize their care around tasks that they need to do. Facilitators want to bring the students beyond prioritizing by tasks to prioritizing by patient assessment data and circumstances. Through your questioning, have students pursue and identify connections between signs and symptoms, pathophysiology, diagnostic test results, and consequences of their management of the patient’s care. To engage students, use the principles of therapeutic communication: listening attentively, being aware of body posture, maintaining eye contact, asking open-ended questions, restating, and clarifying. Redirect a student’s questions to the whole group to answer, or respond with a question. There are times when you must answer, but see whether the group members can discover the answer themselves through their discussion.

Once in a while, a group may not be very responsive initially. There may be an issue the group needs to work through before it can focus on learning. It is best to deal with the issue before the start of the simulation. Ten minutes of your letting students or staff members air their
Table 1 Sample Socratic Questions

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>What other assessment data would have been helpful to have before phoning the doctor?</td>
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<tr>
<td>What did you base your decision to _______ on?</td>
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<tr>
<td>What other interventions could have helped Mr. Jacobs and why would each one be effective?</td>
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<tr>
<td>How did you feel when _______?</td>
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<tr>
<td>How did you prioritize your nursing care and why?</td>
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<tr>
<td>Describe how your values affected your decisions.</td>
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<tr>
<td>What would you do differently if you were confronted with this situation again?</td>
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<tr>
<td>How did you prioritize your nursing interventions? What is your reasoning?</td>
</tr>
<tr>
<td>What are the other possibilities? Alternatives?</td>
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<tr>
<td>How might your patient/family view this situation? Does anyone in this group view this differently?</td>
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<tr>
<td>Why do you think your patient was still _______?</td>
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<tr>
<td>When you asked Mr. Jacobs _______, why do you think he _______?</td>
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<tr>
<td>Where could you have found information concerning _______.</td>
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<tr>
<td>How else could this have been handled?</td>
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<td>What could you have delegated?</td>
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Concerns and responding positively and supportively is usually enough to get them engaged in the learning exercise.

A good icebreaker to start the debriefing is asking the question, “How do you think things went?” If this does not evoke much of a response, ask a viewer what issue or comment he or she jotted down and would like to discuss. When you ask a question, wait 8 to 10 seconds to give the students a chance to reflect before responding. While you wait, look relaxed, sit back, and smile. This will put the participants at ease. Show interest when someone does respond; for example, lean forward and make eye contact (McDonnell, Jobe & Dismukes, 1997).

To further prompt a discussion, ask one of the students to write patient problems on the board not only helps get the group to contribute but assists visual learners in organizing the information in their minds.

At the other extreme, you may have one student in the group who is dominating the discussion. Let the student complete his or her thought. Then ask another student to give an opinion or share thoughts on what the dominating student said. You want all the students involved in thoroughly analyzing the patient care situations and determining best practice for future similar situations. Sometimes you have to tell a dominating student that you appreciate the input but also want to hear from others. Your own feedback and or summary should be held until the very end of the debriefing.

Summary

The use of simulation and debriefing as teaching strategies is active learning at its best, but only if the facilitator can get the participants actively involved. Research to date has shown that students who are able to actively practice and receive feedback have better performance and a more positive attitude than students who do not have these opportunities (Martin, Klein, & Sullivan, 2007). Stice’s (1987) research in particular supports the importance of the facilitator’s not taking over the instruction with traditional lecture techniques and letting the students do most of the talking during the debriefing. His data demonstrated that learners remember 90% of what they say and experience but remember only 26% of what they hear. Simulated patient cases followed by a debriefing address every learning style and all the senses, enabling the students to capture content in a usable, sustainable format.

Testimonials from two students who have now graduated say it all: “I remember everything about my simulation experiences” and “Simulation is a fun place to learn.”

References


