Simulation Debriefing Techniques

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Objectives

• Upon completion of the session, the learner will be able to:
• 1. Provide effective leadership in the debriefing process.
• 2. Discuss strategies for debriefing students following simulated experiences.
• 3. Apply concepts and strategies for debriefing to guide students in self-reflection.
Why Debrief?

• Debriefing provides a chance to reflect on the experience and analyze what went wrong, what went right and what could be done better (Jefferies, 2012).

• Debriefing is shown to be critical in facilitating learning in simulation (Shinnick, Woo, & Mentes, 2011).
INACSL Standards for Debriefing

Debriefing should:
• be facilitated by someone competent in the debriefing process.
• be facilitated by someone who observed the experience.
• occur in an environment that supports confidentiality, trust, open communication, self-analysis, and reflection.
• be based on a structured framework.
• be congruent with the participants’ objectives and outcomes of the experience.

(Decker, et al., 2013)
Who?

Facilitators that:

• are competent in the debriefing process (Decker et al., 2013).

• have a positive demeanor (Jeffries, 2012).

• have directly observed the simulation (Jeffries, 2012).

• have the clinical skills/knowledge for the patient scenario (Jeffries, 2012).
What: (role)

The Role of the facilitator is to:
• Guide the learner in self-discovery.
• Regulate the students in this process.
• Know the objectives of the simulation.
• Provide Constructive feedback.

(Jeffries, 2012)
Where:

The Location where debriefing should occur should be:

- Separate from clinical location that encourages comfort and privacy to engage in active learning

(Decker et al., 2013 & Jeffries, 2012)
When:

The debriefing should occur:
• Post Scenario

The debriefing length should be
• Over sufficient time to allow reflection of the scenario.

(Decker et al., 2013 & Jeffries, 2012)
How: A Structured Framework

Two methods that promotes reflection and critique.

• +/Δ (Plus Delta)
• Advocacy- Inquiry

(Jeffries, 2012)
Facilitator’s questions

1. (to the nurse) How do you think you performed in this simulation?
2. (to the nurse) If you could do anything different, what would it be?
3. (to the observer) What did you observe during this simulation?
4. (to the family member) Tell me about your experience as a family member.
Avoid

- Lecture
- Interrogation
- Ridicule
- Blame
- Negative feedback
- Closed ended questions

(Jeffries, 2012).
Tell me, and I will forget.
Show me, and I may remember.
Involve me, and I will understand.

Confucius
Scenario #1
Respiratory Distress (demonstration)

Purpose of the SIM

• To assess the student’s ability to adequately assess, intervene, and manage a patient who develops a brief period of hypoxia.
Scenario #1, Respiratory Distress (Show me)

Participates in scenario

- **Primary Nurse** - petite young lady
- **Family member** – lady in green blouse
- **Facilitator**- (voice of mannequin)
- **Observer** – young man with beard
Observer Checklist
Respiratory Distress SIM

Analysis and Interventions

- ___ Wash hands/apply sanitizer
- ___ Introduce self
- ___ Assessment/interventions of respiratory system
  - ___ recognize NC is off and replace at 2L
  - ___ attach O2 sat
- ___ recognize low O2 sat
- ___ assess LOC
- ___ increase O2 to 4L
- ___ raise HOB to help with breathing
- ___ listen to lung sounds
  - ___ recognize crackles
  - ___ obtain respiratory rate and assess for SOB
    - ___ Have patient deep breath and cough
- ___ Dispose of tissues with gloves on
- ___ Teach patient and family to keep NC in place at all times
- ___ Answer patient and family member questions professionally and courteously
- ___ shows therapeutic communication

Evaluation of interventions

- ___ re-assess respiratory rate
- ___ re-assess lung sounds
- ___ re-assess LOC

Comments:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Scenario Information

• 62-year-old male, admitted with bilateral pneumonia. CXR positive for bilateral infiltrates. Hx of COPD, smoking. O₂ NC @ 2L, titrate up to 4L to keep O₂ sat >= 92%. Productive cough with yellow thick sputum. Pt in resp distress. HOB is down and NC pulled off. Sister at bedside.
Scenario #2, Pain/Fracture (Involvement)

Assume your role

1. **Primary Nurse** - young man with beard
2. **Family member** – petite young lady
3. **Facilitator** - (voice of mannequin). Will be facilitator in practice debriefing.
4. **Observer** – use observer checklist
Scenario #2, Pain/Fracture (Involvement)

• Purpose
  – To assess the student’s ability to assess, intervene, and manage a patient 1-day post ORIF of the right humerus who is experiencing pain.
Observer checklist

- Observer Checklist
- Pain/Fracture
- Analysis and Interventions
  - Wash hands/apply sanitizer
  - Introduce self
  - Focused assessment/interventions pain and ace-wrapped arm
    - location of pain
    - type of pain
  - pain scale
  - assess 5 P’s of fractured arm with wrap
  - pain
  - pallor-observe color of hand, cap refill
  - pulse- check radial pulse
  - paresthesia – any tingling or numbness in fingers
  - paralysis- movement of hand and fingers
  - Obtain vital signs
  - Administer pain meds
  - properly ID before meds are given
  - Elevate affected arm
  - use non-pharmacological interventions for pain management
  - Answer patient and family member questions professionally and courteously
  - shows therapeutic communication

- Evaluation of interventions
  - tell patient will be back in 30 min to assess pain, call if pain increases
- Comments:
41-year-old male admitted after a fall from a ladder. He suffered a minor concussion. Fracture of his right humerus with ORIF yesterday. He has no significant past medical hx. Vicoden for pain. 24 hours OBS b/c of concussion.
Scenario #2, Pain/Fracture (Involvement)

- Practice a debriefing session within your group acting within your assigned roles.

1. **Primary Nurse** - young man with beard
2. **Family member** – petite young lady
3. **Facilitator**- (voice of mannequin). Is the facilitator during this practice debriefing.
4. **Observer** – use observer checklist
Simulation Debriefing Techniques

• Skill building session feedback

• Any questions or comments?
References


• National League for Nursing (2015). The member newsletter of the voice of education. The NLN report (26), 4-5.