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Featured Article

Comparison of Debriefing Methods and Learning Outcomes in Human Patient Simulation

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KEYWORDS

simulation;
debriefing;
research;
learning outcomes;
learning styles

Abstract

Background: The purpose of this study was to compare student outcomes after three different methods of simulation debriefing; these were facilitated debriefing, feedback, and self-debriefing.

Method: The study included 95 second semester undergraduate nursing students divided into four groups based on assigned laboratory faculty and course sections. Each group received one debriefing method consistently during the course of a semester, except for one group who received all three methods in a predetermined sequence. Institutional review board approval was obtained, and the Visual Aural Read/Write Kinesthetic Learning Style Questionnaire was administered to acquire data on student learning preferences.

Results: The group that received facilitated debriefing had the greatest improvement in scores from simulations 1 to 3 and the highest score of the groups on the final individual skills observation simulation.

Conclusions: Data from this study demonstrated that students and faculty preferred facilitated debrief to self-debrief or feedback.

Cite this article:

Gantt, L. T., Overton, S. H., Avery, J., Swanson, M., & Elhammoumi, C. V. (2018, April). Comparison of debriefing methods and learning outcomes in human patient simulation. *Clinical Simulation in Nursing*, 17, 7-13. <https://doi.org/10.1016/j.ecns.2017.11.012>.

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Research and expert opinion (Dieckmann, Friis, Lippert, & Ostergaard, 2009; Fanning & Gaba, 2007; Issenberg, McGaghie, Petrusa, Gordon, & Scalese, 2005; Tannenbaum & Cerasoli, 2013) have indicated that most participant learning and performance improvement from simulation-

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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based education occurs in the debriefing process. Debriefing is defined as a conversation between several people to review a real or simulated event, in which participants analyze actions and reflect on the role of thought processes, psychomotor skills, and emotional states to improve or maintain future performance (Maestre & Rudolph, 2015). Debriefing is often confused with feedback, which is information given or dialogue between participants with the intention of improving understanding or aspects of performance (van de Ridder, Stokking, McGaghie, & ten Cate, 2008). Although simulation literature has begun to differentiate between debriefing and feedback, it is not known whether one is clearly better than the other in achieving learning outcomes.

Key Points

- Studies comparing debriefing methods are scarce; the purpose of this study was to compare three different methods.
- Data from this study demonstrated that students and faculty preferred facilitated debriefing to self-debriefing or feedback after simulation.
- Students who received facilitated debriefing after simulation had higher scores on the next simulation as compared with students in the groups who received feedback or self-debriefing.

Despite evidence supporting the need for facilitated debriefing after simulations (Dismukes, Gaba, & Howard, 2006; Fanning & Gaba, 2007; Garden, LeFevre, Waddington, & Weller, 2015), faculty note that the main disadvantages of this practice are the significant amount of time and training that it takes (Mariani, Cantrell, & Meakim, 2014). Some simulation articles and texts recommend that debriefing should take the same amount of time as the scenario, whereas others advocate for longer debriefing, depending on the objectives of the simulation (Littlewood & Szyld, 2015).

Waxman (2010) recommended the use of different methods of debriefing based on available personnel and learning objectives, as did Sawyer, Eppich, Brett-Flegler, Grant, and Cheng (2016). Although some studies have begun to appear, the literature still lacks depth in comparing methods of debriefing. Neill and Wotton (2011) stated that studies examining various debriefing methods were scarce and that comparison of approaches was rarely found in the literature; Van Heukelom, Begaz, and Treat (2010) made similar observations. As recently as 2014, Dufrene and Young (2014) again noted that studies contrasting debriefing methods remained few and far between.

However, several additional studies have contributed to knowledge in the area of debriefing methods. Boet et al. (2011) compared self-debriefing to instructor-led debriefing for improving performance on behavioral skills in crisis resource management training; the researchers found

no significant differences in measures of improvement between the two groups. In a similar study, Boet et al. (2013) compared within-team debriefing versus instructor-led debriefing to improve team performance between two scenarios; both groups showed gains, and there were no significant differences in degree of performance improvement. In their study of surgeons' ability to self-assess as compared with expert assessment of technical and nontechnical skills, Arora et al. (2011) found that surgeons could reasonably evaluate their own technical skills but needed faculty feedback to address lack of insight into behaviors.

In a recent article by Sawyer et al. (2016) exploring multiple methods for debriefing, the authors note that future research should address which debriefing methods work best in specific contexts and for which learners.

Few studies have looked at the impact of learning style on outcomes from simulation experiences. Shinnick and Woo (2015) found that all students, regardless of learning style, had significant gains in knowledge after simulation sessions. Tutticci, Coyer, Lewis, and Ryan (2016) found that students valued simulation experiences regardless of their learning styles.

The purpose of this study was to compare student outcomes after four different approaches to simulation debriefing. The secondary purpose was to examine how learning styles may affect and be affected by student preferences for particular debriefing methods.

Method

Setting and Curriculum

This study involved student nurses in the second semester of their junior year in a traditional BSN program. During the required laboratory course, a series of simulations were scheduled as usual throughout the semester. The course included three simulation sessions during which students worked in small groups to provide specific care of a simulated patient (manikin); these sessions were graded by the faculty.

Specifically, the group simulations were as follows:

1. Assessment and care of a patient with diabetic ketoacidosis or urinary tract infection with confusion;
2. Assessment and care of a patient receiving a blood transfusion for gastrointestinal bleeding;
3. Assessment and care of a patient with a tracheostomy and respiratory distress or nasogastric tube placement.

All group simulation sessions were video recorded as a normal part of the course; students sign consents for video recording when they enter the nursing program. Video recordings were stored on a secure server within the college; video recordings are deleted when students leave the program.

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