



Clinical Simulation in Nursing

www.elsevier.com/locate/ecsn

Featured Article

Peer-Led Written Debriefing Versus Instructor-Led **Oral Debriefing: Using Multimode Simulation**

Eun-Ho Ha, PhD, KGNP, RNa, Eun Ju Lim, PhD, RNb,*

^aAssistant Professor, Department of Nursing, Jungwon University, Chungbuk, Republic of Korea ^bAssociate Professor, Red Cross College of Nursing, Chung-Ang University (CAU), Seoul, Republic of Korea

KEYWORDS

debriefing; knowledge; nursing students; patient simulation; personal satisfaction

Abstract

Background: Instructor-led oral debriefing (ILOD) conveys accurate knowledge but requires highly trained experts. This study evaluated nursing students' knowledge and confidence of preoperative nursing skills and their satisfaction with debriefing and simulation using peer-led written debriefing (PLWD) and instructor-led debriefing.

Method: To compare and analyze effects of PLWD and ILOD using multimode simulation, participants were randomly divided into two groups: PLWD (n = 60) and ILOD (n = 62).

Results: No significant differences in the total knowledge score, satisfaction with multimode simulation, or satisfaction on debriefing between PLWD and ILOD were found.

Conclusions: PLWD may be as effective as an ILOD and could improve resource utilization and feasibility. However, the method of PLWD for this study is useful for basic skill scenarios, in particular, and may not be applicable in all scenarios.

Cite this article:

Ha, E.-H., & Lim, E. J. (2018, May). Peer-led written debriefing versus instructor-led oral debriefing: Using multimode simulation. Clinical Simulation in Nursing, 18, 38-46. https://doi.org/10.1016/ i.ecns.2018.02.002.

© 2018 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved.

Debriefing originated in the 1940s during World War II and was used in military training. Giving personal feedback concerning a completed mission was an efficient method of education that promoted new missions or training strategies (Fanning & Gaba, 2007). Debriefing started being used in medicine in the 1980s and has been evaluated as a useful

experimental method of simulation-based education (Gardner, 2013). Debriefing, part of simulation-based training, is conducted after the simulation and is a core aspect of the teaching-learning strategy (Reed, Andrews, & Ravert, 2013; Roh, Kelly, & Ha, 2016).

Debriefing is an efficient learning method for students to enhance their nursing knowledge and skills. For the instructor, debriefing is a key element and recognized as a constructive educational strategy, which serves as a bridge to facilitate learning between the instructor and the nursing students (Cantrell, 2008). In addition, debriefing enables self-reflection and positive creative feedback on simulation

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

Conflict of interest: None to report.

^{*} Corresponding author: dew7593@cau.ac.kr; dew7593@hanmail.net (E. J. Lim).

experiences through structured discussions, which improves decision making, problem solving, and communication skills, and provides opportunities to modify undesirable nursing performances (Arora et al., 2012; Fanning & Gaba, 2007; Lusk & Fater, 2013; Reed et al.,

Key Points

- Peer-led written debriefing (PLWD) is as effective as instructor-led oral debriefing. However, the method of PLWD used in this study applies to basic skill scenarios and may not be useful in all scenarios.
- There were no differences in the level of knowledge or satisfaction in debriefing methods.
- PLWD is a useful method for conveying knowledge when debriefing experts cannot be found or the cost is prohibitive.

2013). Therefore, efficient debriefing has the advantage of maximizing studentlearning outcomes, motivation for learning, ensuring learning objectives of the instructors are met. However, ineffective debriefing can result in students differing from their original learning objectives and can potentially influence students to avoid simulation-based learning itself (Chronister & Brown, 2012).

For successful debriefing, the combination of seven factors play a decisive role: debriefing experts, simulation participants, simulation experience, degree of influence on simulation experience, simulation-situation recall capability, discussion method, and time set for debriefing (Lederman, 1992).

Successful debriefing also includes three steps: the description process, which involves describing the simulation situation as it is; the analysis process, which involves seeking to understand the situation that occurred logically; and the application process, which involves summarizing and reviewing the learned contents for practical application in clinical settings (Gardner, 2013; Rudolph, Simon, Raemer, & Eppich, 2008). Ultimately, students can acquire the ability to integrate learned nursing theory in the classroom and nursing practice through debriefing (Chung, Dieckmann, & Issenberg, 2013).

Literature Review

Both the debriefing technique and the time spent performing the debriefing in simulation-based learning are linchpins of reviewing the learned content and promote effective learning outcomes (Shinnick, Woo, Horwich, & Steadman, 2011; Van Ments, 1999). To achieve and accelerate the learning objectives through debriefing, there are various methods of debriefing, such as instructor-led oral debriefing (ILOD), self-debriefing, peer-led oral debriefing, peer-led written debriefing (PLWD), and video-assisted debriefing

(Fanning & Gaba, 2007; Grant, Moss, Epps, & Watts, 2010; Reed, 2015). The diverse strengths and weaknesses of each method may affect students' learning outcomes in a positive or a negative way (Boet et al., 2011, 2013; Sawyer et al., 2012), or there may be no difference (Isaranuwatchai, Alam, Hoch, & Boet, 2016).

ILOD can convey accurate knowledge; however, it requires highly trained debriefing experts (Isaranuwatchai et al., 2016). ILOD can also lead to a feeling of being reprimanded and judged by the professor and being evaluated and ridiculed in front of peers, which can be stressful for students (Cantrell, 2008; Hill & Lance, 2002).

Self-debriefing or peer (team) debriefing can be assessed without intervention by the instructor. These methods of debriefing can thus reduce the psychological burden for students and be cost effective for schools (Isaranuwatchai et al., 2016; Roh et al., 2016); however, inaccurate information or knowledge may be provided (Fanning & Gaba, 2007). Peer debriefing can also offer team building and good communication skills (Cheng et al., 2017) and improvement in self-confidence (Pelloux et al., 2017), including constructive and directive feedback (Saylor, Wainwright, Herge, & Pohlig, 2016). A study conducted by Boet et al. (2011) reported that there was no difference in student's degree of performance improvement between self-debriefing and instructor-led debriefing. Boet et al. (2013) also reported that team performance significantly improved from pretest to posttest (p = .008) regardless of the type of debriefing (within-team debriefing vs. instructor-led debriefing) and that within-team debriefing resulted in measurable improvements in team performance. A study by Coppens, Verhaeghe, Van Hecke, and Beeckman (2018) found that team debriefings in simulation training increased self-efficacy (p = .02) and team efficacy (p < .001).

PLWD is attracting attention as an important method that can promote learning outcomes because it has several advantages: students' can calmly describe their thoughts, it provides a description of nurses' performances and emotions, and nurses can personally receive feedback from instructors (Petranek, 2000). Students may be able to summarize their learning while they are writing; therefore, students can expand their professional knowledge (Reed, 2015). In addition, PLWD can be used when there is a financial burden involved in retaining debriefing experts or a lack of debriefing experts (Fanning & Gaba, 2007; Roh et al., 2016; Ryoo, Ha, & Cho, 2013). However, there is an absence of previous studies to support this.

The Korean Accreditation Board of Nursing Education established 20 core nursing skills to enhance the competency of nursing students before graduation and applied these to the Objective Structured Clinical Examination and Clinical Performance Examination or simulation-based learning for four credits. The results of these 20 core nursing skills are reflected in the assessment of nursing education in three-year nursing colleges and four-year

دريافت فورى ب متن كامل مقاله

ISIArticles مرجع مقالات تخصصی ایران

- ✔ امكان دانلود نسخه تمام متن مقالات انگليسي
 - ✓ امكان دانلود نسخه ترجمه شده مقالات
 - ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
 - ✓ امكان دانلود رايگان ۲ صفحه اول هر مقاله
 - ✔ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
 - ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات