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Debriefing the Debriefer: How to Debrief Interprofessional Simulations
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Background/Significance
The importance of interprofessional simulation (IPS) activities in fostering collaborative practice has been well-established (Murphy & Nimmagadda, 2015). Studies indicated that IPS enhances teamwork and communication (King, Conrad, & Ahmed, 2013; Salam, Saylor, & Cowperthwait, 2015) among healthcare team members. Increase in collaboration and improvement in communication, ultimately, impacts patient care and outcomes (Poore, Dawson, Dunbar, & Parrish, 2018).

Debriefing has been identified as one of the most important aspects of simulation (Levett-Jones & Lapkin, 2014). Through debriefing, reflective process is facilitated, allowing for participants to learn from their performance during the simulated scenario (Decker et al., 2013). A trained instructor, referred to as a debriefer, leads the debriefing. The debriefer provides expert facilitation by using a variety of approaches, such as structured debriefing (Forneris et al., 2015), advocacy-inquiry method (Timmis & Speirs, 2015), and use of video recordings (Kolbe, Grande, & Spahn, 2015). Despite the abundance of evidence demonstrating the significance of IPS and debriefing in healthcare education, Poore et al. (2018) noted that there is limited literature describing debriefing related to IPS. Hence, this study aims to address this gap that was identified. The purpose of this project is to measure the IPS debriefing competencies of nursing and medical faculty members following the completion of an IPS debriefing workshop.

Methodology
Following an initial IPS session whereby nursing and medical students participated, we identified some unique challenges associated with debriefing an IPS activity. Some of the challenges included use of different debriefing approaches, establishment of professional identities, and communication across the professions. With support from the school’s leadership, an IPS debriefing workshop was organized and conducted prior to the succeeding scheduled IPS sessions.

Designed and facilitated by a team of experts at a Center for Advanced Medical Simulation, the seven-hour workshop was attended by eight debriefers, four nursing and four medical faculty members. The workshop included an introduction to interprofessional education and collaborative practice, principles of debriefing, and debriefing methods. The debriefers also participated in IPS activities and each one was given an opportunity to debrief an activity. Ten additional faculty members who will participate in IPS sessions will be scheduled to complete the workshop.

Both quantitative and qualitative methods will be used for data collection. The Debriefing Interprofessionally: Recognition and Reflection (DIPRR) tool, presented by Poore et al. (2018), will be used to evaluate the faculty’s debriefing competencies pre- and post-workshop attendance. Poore et al. suggested that the DIPRR tool may be used as a guide when debriefing IPS, emphasizing the professional roles and responsibilities of the participants. In addition to the DIPRR tool, an internal qualitative
feedback tool will be used to provide evaluator’s feedback on how to the faculty can improve their performance and competencies as debriefers.

**Conclusion**

Murphy and Nimmagadda (2015) noted a significant increase in the use of IPS to provide collaborative learning opportunities for healthcare learners and practitioners. Through IPS experiences, medical and nursing students develop an appreciation for the roles of each discipline in providing patient care. The students’ simulation experience is enhanced when effective debriefing is used. Through the debriefing process, the learners are afforded an opportunity to reflect on the simulated scenario and their responses, which may influence their future practice. Thus, building the faculty’s capacity in their role as debriefers is essential to maximize the benefits of IPS. In addition to augmenting the simulation experiences of the faculty and learners, IPS also creates the foundation for collaborative scholarly activities such as research, evidence-based practice, and interprofessional education to interprofessional practice outcomes. IPS can help institutions meet accreditation and regulatory mandates. Ultimately, IPS enhances the potential for positive outcomes, both in the academic and clinical settings.

**Title:**
Debriefing the Debriefer: How to Debrief Interprofessional Simulations

**Keywords:**
debriefing, interprofessional education and simulation

**References:**


**Abstract Summary:**
What are the key components that need to be addressed when debriefing an interprofessional simulation (IPS) activity? What tools, resources, and competencies should IPS debriefers have to maximize the benefits of IPS? This educational activity will provoke a discussion on best practices on IPS debriefing.

**Content Outline:**

I. **Background and Significance**
   A. Importance of Interprofessional Simulation (IPS)
      1. Foster collaborative practice has been well-established (Murphy & Nimmagadda, 2015)
      2. Enhances teamwork and communication (King et al., 2013; Salam et al., 2015) among healthcare team members
      3. Impacts patient care and outcomes
   B. Debriefing
      1. Debriefing has been identified as one of the most important aspects of simulation (Levett-Jones & Lapkin, 2014). Through debriefing, reflective process is facilitated, allowing participants to learn from their performance during the simulated scenario (Decker et al., 2013).
      2. A trained instructor, referred to as a debriefer, leads the debriefing. The debriefer provides expert facilitation by using a variety of approaches, such as structured debriefing (Forneris et al., 2015), advocacy-inquiry method (Timmis & Speirs, 2015), and use of video recordings (Kolbe, Grande, & Spahn, 2015).
   C. Gap/Purpose:
      1. Despite the abundance of evidence demonstrating the significance of IPS and debriefing in healthcare education, as Poore, Dawson, Dunbar, and Parrish (2018) noted, there is limited literature describing debriefing related to IPS.
      2. The purpose of this project is to measure the IPS debriefing competencies of nursing and medical faculty members following the completion of an IPS Debrief Workshop.

II. **Methodology**
   A. Following an initial IPS session whereby nursing and medical students participated, we identified some unique challenges associated with debriefing an IPS activity.
      1. Some of the challenges included use of different debriefing approaches, establishment of professional identities, and communication across the professions.
      2. With support from the Leadership, an IPS debriefing workshop was organized and conducted prior to the succeeding scheduled IPS sessions.
B. Designed and facilitated by a team of experts at a Center for Advanced Medical Simulation
1. seven-hour workshop
2. attended by eight debriefers, four nursing and four medical faculty members
3. The workshop included an introduction to interprofessional education and collaborative practice, principles of debriefing, and debriefing methods.
4. The debriefers also participated in IPS and each one was given an opportunity to debrief a simulation activity.
5. Ten additional faculty members will complete the workshop.
C. Both quantitative and qualitative methods will be used for data collection.
1. Debriefing Interprofessionally: Recognition and Reflection (DIPRR) tool, presented by Poore et al. (2018) will be used to evaluate the faculty’s debriefing competencies pre- and post- workshop attendance.
2. A qualitative feedback will be used to provide evaluator’s feedback on how to improve performance.

III. Conclusion
A. Effective debriefing enhances student IPS experiences
B. Faculty development- IPS debriefing competencies
C. Leadership Perspective:
1. Augments sim experiences: students and faculty of nursing and medical schools
2. Foundation for collaborative scholarly activities: Research, Evidence-Based Practice, Interprofessional Education to Interprofessional Practice outcomes
3. Meets accreditation and regulatory mandates
4. Enhances the potential for positive outcomes: Educational Quality Improvement and Patient Satisfaction

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