

Exploring an Adaptive Version of the 3D Model of Debriefing Using a Virtual Patient Simulation

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Disclosure

The authors of this presentation are current employees of an educational software company that develops virtual patient simulations for nursing education and allied health programs.

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Overview of Presentation

Virtual Patient Simulations

DCE Leadership Simulation

- Learning Objectives

Conflict Management Virtual Simulation

- Simulation Scenario
- Learning Activities

Debriefing

- 3D Model of Debriefing
- Adaptive Standardized Debrief Activity

Pilot Study

- Purpose
- Methodology
- Results

Conclusions and Implications for Practice

Virtual Patient Simulations

Virtual Patient Simulations (VPS)



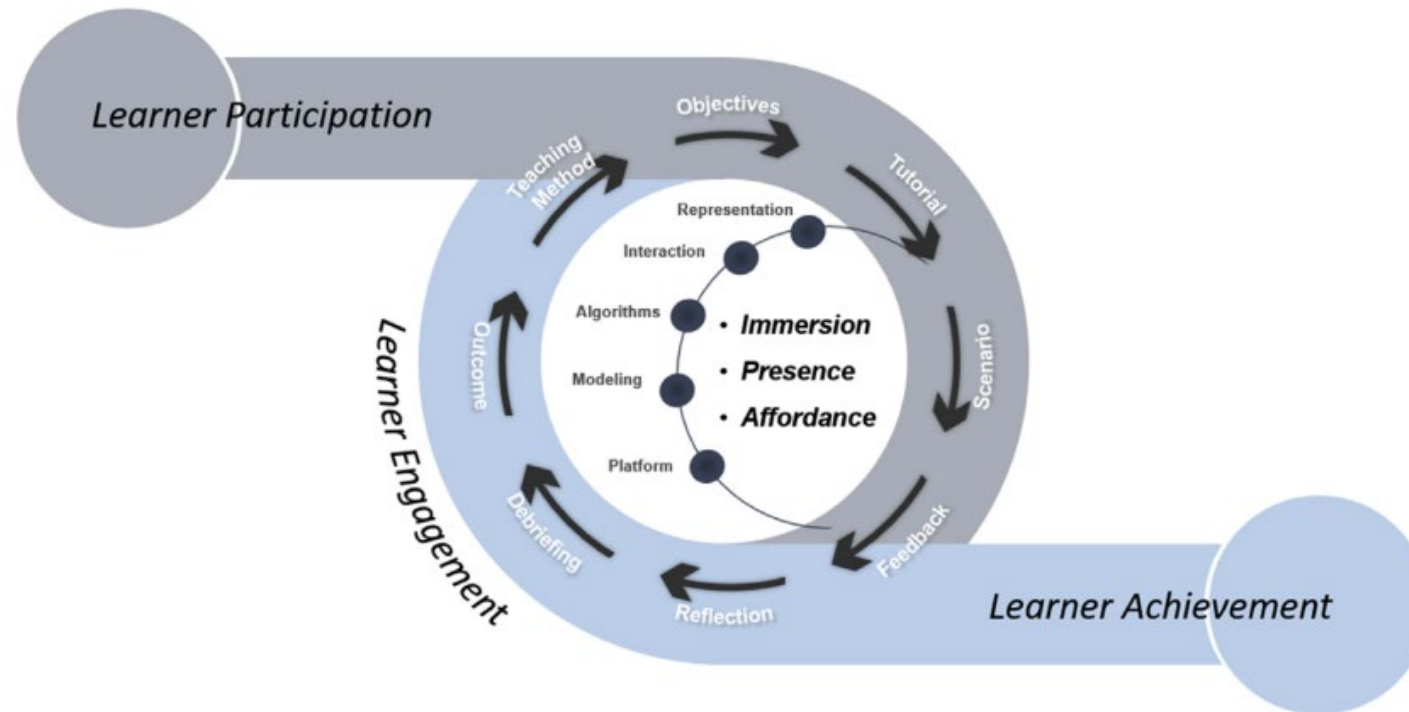
Asynchronous, computer-based, partially immersive clinical simulations in which students can interview and examine virtual patients.

Compared with traditional education, VPS can effectively improve knowledge, clinical reasoning, procedural skills, and a mix of procedural and team skills (Kononowicz et al., 2019).

Effectively supports several student learning outcomes and skills in nursing education (Foronda et al., 2020)

- History taking (Luo et al., 2019).
- Empathy (Strekalova et al., 2016).
- Diagnostic reasoning (Duff et al., 2016).
- Evidence-based practice (Foronda et al., 2017).
- Team training (White et al., 2015).
- Debriefing (Verkuyl et al., 2020).

Educational Characteristics of Virtual Simulation in Nursing (Shin et al., 2019)



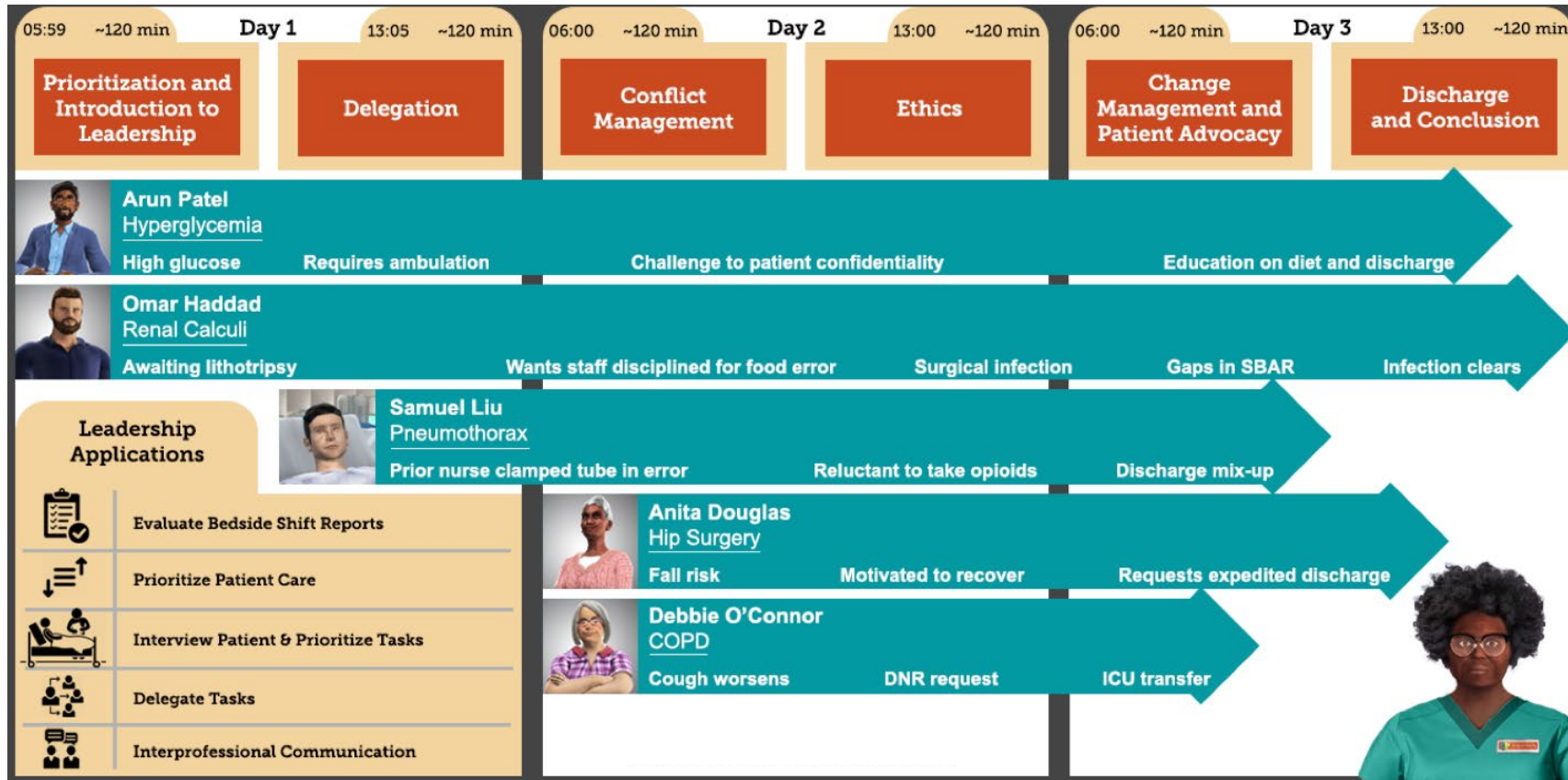
Reprint from "Educational Characteristics of Virtual Simulation in Nursing: An Integrative Review", by Shin et al., 2019, *Clinical Simulation in Nursing*, 37, p. 24.

DCE Leadership Simulation

DCE Leadership Simulation



DCE Leadership Simulation



Simulation Learning Objectives



Practice and evaluate professional communication within a healthcare team.

Develop clinical thinking.

Apply industry ethical standards to decision-making in support of patients' rights.

Understand effective leadership strategies.

Work as a change agent to bring organizational goals and policy in alignment with proper patient care.

Reflect on and evaluate own performance and leadership style.

Conflict Management Scenario

The learner

- takes on the role of a nurse at a hospital's medical-surgical unit using a day-in-the-life framework;
- faces challenges in the form of patient and workplace conflict;
- must identify and use appropriate conflict management strategies to ensure positive outcomes for patient care; and
- continues to practice prioritization, interprofessional communication, and delegation.



Simulation Learning Activities

Bedside Shift Report

Interprofessional Communication

Team Delegation

Prioritization of Delivery of Care

Prioritization of Individual Patient Needs

Bedside Shift Report

Learner receives patient bedside shift reports from another nurse in SBAR style.

Ben: Great! Let's move on to the Background of Dr. Douglas's case...

Why is this the best question to ask Ben about Anita Douglas's Situation?

For review, here are the selections that were available in the previous problem:

I don't need to ask any questions right now, Dr. Douglas came in with a fracture of the left femur, was given an ORIF, and has been receiving PT for mobility. Got it. (correct)

Will Dr. Kline be visiting Dr. Douglas this afternoon?

Does Dr. Douglas have any medical allergies?

Select the best rationale.

☐ It is important to practice listening during a Bedside Shift report. Your response shows your understanding and does not cause any unnecessary interruptions to Ben's report.

☐ Visitations and allergies are more appropriate to the Assessment section of a Shadow General Bedside Shift Report.

☐ The correct selection shows Ben the most courtesy as a colleague and a fellow healthcare professional.

Choose and submit the most appropriate response

Submit

Time 0600

Objectives

Current Activity:

Complete Dr. Douglas's shift report with nurse Ben. Once complete, continue by selecting Continue.

Completed Activities:

- Charge Nurse Update

Continue

Ben: Mrs. O'Connor, I'm going to be transferring your care to your replacement here using a Bedside Shift Report. We do patient handoffs at the patient's bedside so that you can be involved and so that you can hear what's going on when it comes to your care.

Debbie: Honey, it's not my first rodeo.

Ben: Fair enough. Let's begin.

Ben: Here's the Situation. Debbie O'Connor is a woman with COPD exacerbation. Her hospitalist is Dr. Mateo Martinez and her pulmonologist is Dr. Gina Tremblay.

What else do you need to ask Ben about Debbie O'Connor's Situation?

Select the best question about Debbie O'Connor's Situation.

☐ This is a graded assignment.

Select "Continue" to progress

Continue

Time 0605

Objectives

Current Activity:

Complete Mrs. O'Connor's shift report with nurse Ben. Once complete, continue by selecting Continue.

Completed Activities:

- Charge Nurse Update
- Bedside Shift Report

Continue

Interprofessional Communication

Time 0610

Leadership Toolkit

Ava: Excuse me, Nurse? Hi. I need to talk to you about something important.

What can I do for you?

Ava: It's my mom. She just keeps getting worse and worse, and I hate seeing her like this. I need your help. These hospital visits are always a wake-up call for her. She'll stop smoking . . . but only for a few days. And I can't take it anymore.

What is the most appropriate response to Ava in this situation?

Select the best option.

- ☐ Hospital policy dictates that we do not discuss patients' health conditions with visitors.
- ☐ That must be very frustrating. I'm sure it's been difficult to see your mother go through that so many times.
- ☐ This is a family issue. It would not be appropriate for me to get involved.

Choose and submit the most appropriate response

Submit

CUS Words

When you feel that a patient's status warrants a discussion with the provider or another supervisor influencing a patient's care, communication can be tricky, especially if after an SBAR, you still disagree with the provider's orders or other decisions for the patient's care. You should use the CUS acronym to convey the central points of the patient's case, while also expressing your own perspective of it, which together convey an elevated seriousness to your recommendation.

C: Say what your **Concern** is with the patient.

U: Say what about the patient's status is making you **Uncomfortable**.

S: Say what appears to be an issue of patient **Safety**, and what actions you think should be taken.

Utilizing the CUS Words should happen in one condensed statement, such as: "I'm concerned about the patient's . . . Their . . . is making me uncomfortable, and it wouldn't be safe to . . . and I don't think the patient is . . ."

Toolkit Home Go to Current Activity

Time 0735

Objectives

Current Activity:

Complete the communication activity with nurse Diya in order to continue to next activity.

Completed Activities:

- Charge Nurse Update
- Bedside Shift Report
- Bedside Shift Report
- Time Has Passed
- Interprofessional Communication Activity

Diya: Hey, what's up?

What should you say to fill in Nurse Diya and gain insight into what occurred?

Omar Haddad received a meal that wasn't Halal, though he said he informed you of his dietary needs upon admission. Do you know why he may have been delivered the wrong meal?

Diya: Hm, let me think . . .

Next

Correct! This response seeks to gain information and does so in a professional manner, without assigning preemptive blame or downplaying importance.


Select "Continue" to progress

Continue

Learner practices interprofessional communication by selecting among appropriate responses and providing rationale.

Prioritize Delivery of Care

Prioritize Delivery of Care




Patient: Omar Haddad

DOB: 2/12/1982

MR#: 321898

Provider: Dr. Yaeji Lee

Room/Bed: Rm. 208, Bed 1




Patient: Arun Patel

DOB: 10/6/1981

MR#: 456895

Provider: Dr. Mateo Martinez

Room/Bed: Rm. 201, Bed 1




Patient: Samuel Liu

DOB: 3/28/1991

MR#: 502112

Provider: Dr. Gina Tremblay

Room/Bed: Rm. 203, Bed 1




Patient: Debbie O'Connor

DOB: 10/5/1964

MR#: 344321

Provider: Dr. Gina Tremblay, pulmonologist; Dr. Mateo Martinez, hospitalist

Room/Bed: Rm. 202, Bed 1



Patient: Anita Douglas

DOB: 9/14/1947

MR#: 598943

Provider: Dr. Mateo Martinez, hospitalist; Dr. Mayleen Zhang, orthopaedic surgeon

Room/Bed: Rm. 205, Bed 1

Time 0800

Prioritize Delivery of Care

Select Priority Patient

Step 2 of 2

Select the patient you see as the highest priority to address. After selecting a patient, provide a rationale for why you chose that patient. Submit your answer to be evaluated by selecting the **Submit** button.

Patients - Selection is graded

☐ Omar Haddad

☐ Arun Patel

☐ Samuel Liu

☐ Debbie O'Connor

☐ Anita Douglas

Rationale

Provide a rationale for your choice here...

Back

Submit

Learner prioritizes delivery of care for multiple patients according to Leadership models and theories (e.g., Five Rights of Delegation).


Team Delegation

Learner delegates tasks to appropriate staff based on their licenses, experience, and current status.


Time 0815

Delegation Task: ?


Samuel Liu in Room 203, Bed 1 is due to be bathed. As a reminder, he is currently hooked up to a chest tube and patient controlled analgesia, meaning he needs to be bathed in his bed. When you're done, document the task in Mr. Liu's EHR. Call if you need help or if there are any changes in patient status.



Holly Rosenthal
Certification: RN
On-the-job: 7 years
Current Task: On Rounds
Time on Shift: 2 hours



Lihn Phan
Certification: LPN
On-the-job: 3 years
Current Task: On Rounds
Time on Shift: 2 hours



Thalia Rota
Certification: LPN
On-the-job: 4 years
Current Task: On Rounds
Time on Shift: 3 hours

Delegation

Step #1: Right Person

Determine the right person or persons for the task by reviewing each potential delegatee's

- licences/credentials
- skills and knowledge
- experience
- confidence level
- circumstances of their shift

Available Staff - Selection is graded

	Yes	No
Holly Rosenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lihn Phan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thalia Rota	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Step 1 / 3

Next

Prioritize Individual Patient Needs



Learner conducts a thorough but focused patient assessment in order to best prioritize nursing interventions and in-room care.

Debriefing

Debriefing

One of the most fundamental components of any simulation learning experience in nursing (Chronister & Brown, 2012; Dreifuerst, 2009; Meakim et al., 2013; Verkuyl et al., 2017).

Through reflection, essential learning occurs in the debriefing phase of the simulation-based experience (Gordon et al., 2017).

Best practices include (INACSL Standards Committee, 2016)

- a facilitator who is trained and competent in debriefing and can fully focus on the simulation with the intention to facilitate the debrief;
- environments that promote learning;
- use of a debriefing framework; and
- alignment with simulation learning objectives and outcomes.

Challenges and Opportunities of Debriefing in VPS

There are **no specific, documented** standards of best practice for debriefing in VPS.

Most studies **do not even mention** debriefing practices (Foronda et al., 2020).

The individualized feedback provided to learners **during and after** VPS can facilitate reflection on their performance (Verkuyl, 2017).

Recent research shows that **self-debriefing experiences** are as effective as in-person and virtual debriefing after a VPS (Verkuyl, 2018a, 2018b, 2020)



3D Model of Debriefing (Zigmont et al., 2011)

Table 1 3D Model Components.

Kolb's Experiential Learning Cycle	3D Model Components	Learning Outcomes Model
Concrete experience	Creating a safe environment <ul style="list-style-type: none"> • Introductions • Ground rules and expectations • Confidentiality • Orientation to simulation environment Simulation exercise <ul style="list-style-type: none"> • Define objectives • Enhance realism: care-team, environment, progression • Challenging to invoke emotional response Pre-briefing <ul style="list-style-type: none"> • Ground rules • Set expectations • Explain format 	Individual <ul style="list-style-type: none"> • ... feels "safe" • ... knows what to expect • ... is prepared to complete the task Experience <ul style="list-style-type: none"> • ... creates a change in body state for individual • ... is realistic to evoke emotion for individual • ... is relevant, practical and useful to individual Individual <ul style="list-style-type: none"> • ... knows what to expect
Reflective observation	Defusing <ul style="list-style-type: none"> • Discuss emotions • Recap events • Conduct Needs Assessment Discovering <ul style="list-style-type: none"> • Prompt reflection through objective observation and video review 	Environment (micro) <ul style="list-style-type: none"> • ... is safe for learning Individual <ul style="list-style-type: none"> • ... distresses to set stage for learning • ... engages in student-centered learning Individual on Experience <ul style="list-style-type: none"> • ... analyzes behaviors and intended outcomes
Abstract conceptualization	Discovering <ul style="list-style-type: none"> • Discover mental models guiding behavior • Discuss target mental models • Cue analogical reasoning 	Individual <ul style="list-style-type: none"> • ... uses "analogical reasoning" to compare existing mental model to target mental model
Active experimentation	Deepening <ul style="list-style-type: none"> • Prompt individual to apply new information to practice Summary <ul style="list-style-type: none"> • Restate learning objectives discussed and lessons learned. Simulation Exercise 2 <ul style="list-style-type: none"> • Allow individual to apply new information 	Individual within macroenvironment <ul style="list-style-type: none"> • ... mentally connects target mental model to practice use within larger clinical environment Individual <ul style="list-style-type: none"> • ... leaves with practical and useful information. Individual within microenvironment <ul style="list-style-type: none"> • ... actively connects target

Based on adult learning theory

- Experiential Learning Cycle
- Learning Outcomes Model

Three distinct parts

- Defusing
- Discovering
- Deepening

Preceded by a pre-briefing and ends with a summary of lessons learned.

Research shows that **deep learning and authentic reflection** via **self-debriefing** can occur after a VPS using the 3D Model of Debriefing (Verkuyl, 2018b).

Adaptive Standardized Debriefing

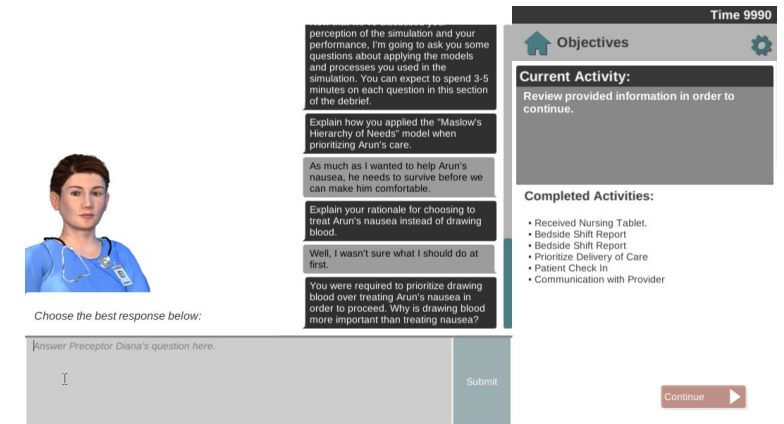
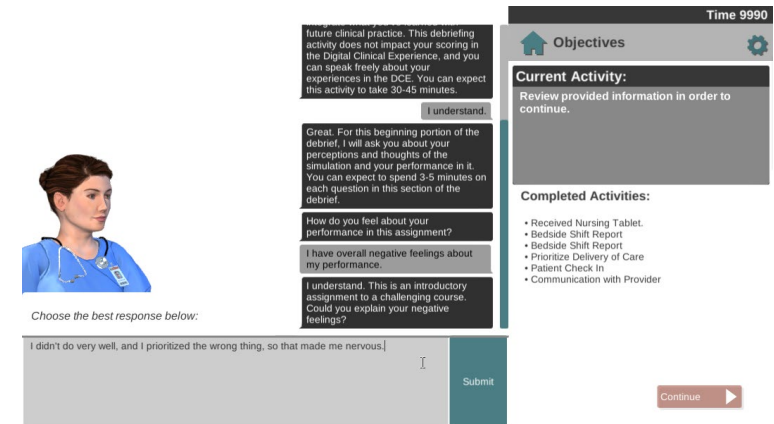
Last activity in the Conflict Management simulation

- ~ 30-minute conversation with the virtual preceptor.
- The debrief prompts **adapt based on learner performance in critical decision points** during the simulation.
- Learner reviews these decision points in context and then answer **specific, structured debriefing questions** about those decisions.

Decompress phase focuses on unpacking the feelings the learner had in the simulation.

Discovery focuses on discussing the learner's performance in this simulation.

Deepening phase focuses on preparing the learner for the future.



Pilot Study

Purpose of Study

In this experimental study, we explored the debriefing experience of students using the 3D Model of Debriefing (Zigmont et al., 2011) after completing a virtual patient simulation module on Conflict Management.

Methodology

Participants

- Forty four (44) students enrolled in a nursing Leadership course at a traditional four-year BSN program from a public university located in the southeast of the United States.

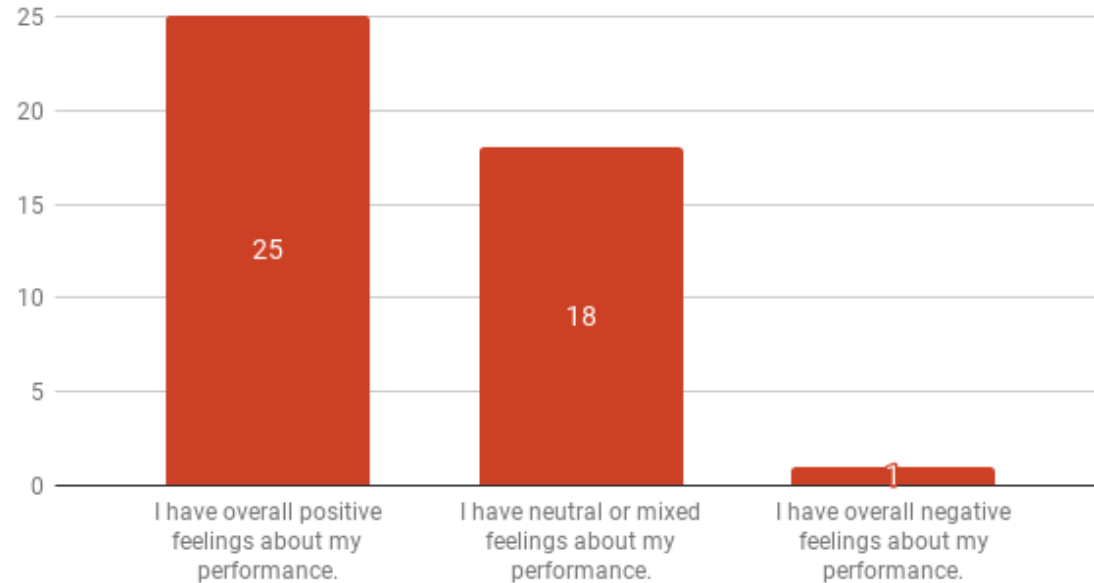
Procedure

- Students were recruited through a pilot program and were offered to access the Leadership simulation for free (6 modules).
- Students could run through the scenario as many as times as they wished (i.e., mastery learning approach)
- Students took, on average, 59 mins to complete the Conflict Management module.
- Unfortunately, the system could not capture how much time students spent on the Adaptive Standardized Debriefing activity.

Study Results

Perception of Performance

How do you feel about your performance in these situations?



Of the total number of students,

- 57% expressed positive feelings.
- 41% expressed neutral or mixed feelings.
- 2% expressed negative feelings.

Decompressing The Positive Experience

Students expressed how the simulation allowed them to **safely practice de-escalation and professional communication** with patient and their family members

- *I feel like I was able to effectively communicate with a patient and a family member in very tense situations. Tempers were running high, and I was able to get both calmed down.*
- *I feel like for the most part, I appropriately discussed the situations with the patients and their family members.*
- *They gave me a better understanding of how to communicate with patients and families during difficult situations.*
- *I felt like I was able to prioritize, delegate and communicate with not only my patients and their family members.*
- *These are things that can really happen to you in real life and practicing how to handle these situations correctly will help me in my future practice if I were to come in contact with this situation.*

Decompressing The Negative Experience

Most students expressed having difficulties with **prioritization of delivery of care**

- *It was hard for me to determine who I needed to see first... who I thought was most stable ended up being the top priority.*
- *I struggled with choosing the patient to see first. I would have liked more rationale as to why that patient was highest priority.*
- *Prioritization could have been better implemented on my part.*
- *...I had a hard time choosing the best option for conflict resolution and prioritizing care.*
- *I had a hard time figuring out who to see first, but I thought I was able to communicate well with others.*
- *I believe I did well communicating with others throughout the simulation. However, when it come to prioritizing on my patients, I don't feel I did as well.*

Decompressing: Professional Ethics

Understanding that the nurse needs to **advocate for what is best for the patient first**

- *The daughter was very upset that I didn't want to do what she wanted, but we are taking care and are concerned about the best interest of the patient, not the family.*
- *I felt good about it because the patient is the number one concern and their well being is the most important even if it means turning and family member down for an ultimatum.*
- *It was hard for me to refuse the ultimatum because it would make the family member upset. However, its most important to advocate for your patient and do what is best for your patient.*
- *It was a very difficult situation in that I wanted to understand and empathize with the patient's family, however, remembering that my patient is number one is most important.*

Understanding the **scope of practice and role of nurse**

- *My job as a RN is to advocate for my patient and giving my patient an ultimatum does not advocate for their needs.*
- *It is not the nurses role or duty to give an ultimatum to the patient.*
- *It is not my scope of practice or place to deliver an ultimatum to a patient. I can offer education and support.*

Discovering: Models and Processes

Composure (avoiding assigning blame preemptively), **consideration** (taking into account all dynamics and prior situations), and **open-mindedness** (considering all facets of the situation) were the main themes among student responses

- *I didn't want to place blame but wanted to professionally get to the bottom of why this error occurred.*
- *I wanted her to know I was not putting blame on her, but still understand the situation fully to figure out the correct response to the patient's complaint.*
- *I wanted to approach her in a respectful manner. I did not want to accuse her or put the blame on her without knowing her side of the story.*
- *I knew that I did not want to put blame on her because we all make mistakes. I just wanted to make sure that she realized the correct policies and find ways to prevent this from happening again.*
- *I didn't want her to think that I was accusing her of doing anything intentionally because we are all human and make mistakes.*

Deepening: Onto the Clinical Setting

Respect

- *It is also important to remember that team oriented care relies on professional and respectful language, even when assessing for and correcting mistakes.*
- *I think I will try to think of ways to confront the issue without sounding disrespectful or accusatory.*
- *I will always try to remain calm and respectful.*

Listening, empathy, consideration and composure

- *I will think about the situation and try to be open and honest without putting blame on someone or making someone else feel uncomfortable.*
- *I will use the process of listening to the complaint and understanding the entire situation from both sides to understand how to resolve the situation.*
- *Another process will be to always remain empathetic, listen, and not place blame but state facts and ask the appropriate questions.*

Professionalism, boundaries and roles

- *It is important to always keep the patient in mind.*
- *Having a professional conversation to address the issue is the best away to solve conflict I believe.*
- *To remain professional and keep the patients best interest in mind while maintaining policy and patient confidentiality.*

Deepening: Better Understanding

When asked what process or model students most want further instruction on before applying it in the clinical setting, they mentioned

How to prioritize patient care

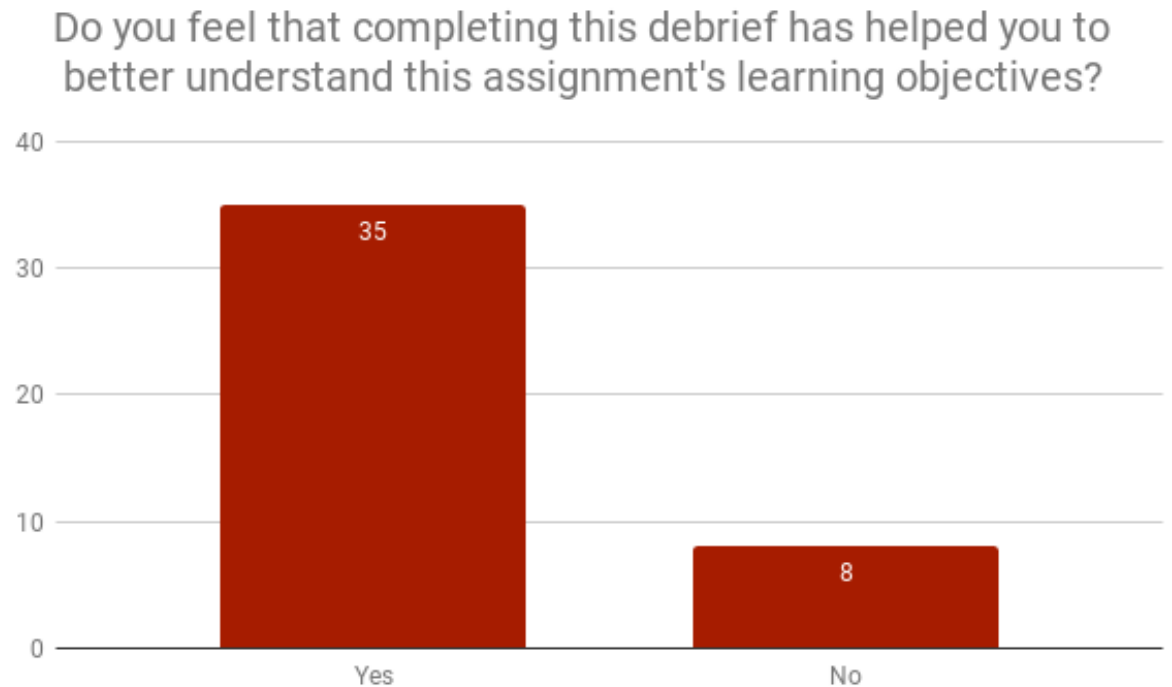
How to advocate for the patient

Practicing conflict resolution strategies under different scenarios

Understanding the role of a nurse

Looking Back at Debriefing

The majority of students (85%) felt that the debriefing helped them better understand the learning objectives of the simulation



Conclusions and Implications for Practice

Impact of Debriefing in VPS

Learners experienced the benefits of a transformative learning experience when they were debriefed using the 3D Model of Debriefing after completing a virtual patient simulation.

Through transformative learning, the 3D Model facilitated the opportunity for students to reexamine their existing knowledge, assumptions, and biases.

Learners extrapolated what was learned to other situations and thought about how they would use it to guide their practice.

The adaptive nature of the debrief used in this study also allowed learners to reflect on those decisions and instances where patient-centered care leadership skills were needed to achieve the best patient care and outcomes.

Incorporating Debriefing in VPS

When handled skillfully, debriefing is the **most important aspect of simulation-based education**, as it is where the learning and processing of new information occurs (Zigmont et al., 2011)

To learn from experience in the simulated environment (Zigmont et al., 2011)

- the learner must feel safe to explore and experiment during the experience,
- the experience must have an impact on the learner and highlight learning objectives that are relevant, and
- the learner must have the opportunity to reflect on or analyze the experience.

We **must question** the simple transfer of in-person debriefing models and standards to VPS (Verkuyl, 2017).

Aligning with recent research, this study showed that **self-debriefing** offers an immediate debrief after the simulation experience and can easily be implemented in a virtual patient environment (Verkuyl et al., 2017, 2018a, 2018b, 2020)

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