Differences in Debriefing Practices in Nursing Education: Instructor-led and Peer-led

Jessica L. Bower, DNP, MSN, RN
Simulation Lab Coordinator, Nursing
School of Health Sciences, Pennsylvania College of Technology
Email: jbower@pct.edu

Introduction & significance
Simulation and debriefing are fairly new teaching methods utilized within nursing education. Debriefing is a useful reflection tool for students. Scant research on comparing types of debriefing shows little evidence-based research identifying the most effective method.

The International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation (2013) states debriefing should be conducted by an individual trained in debriefing practices who witnessed the simulation activity. Debriefing is a useful reflection tool for students.

Methodology-Design
This quantitative study asked participants to complete the Debriefing Assessment for Simulation in Healthcare (DASH) Student Version Long Form, a 23 question rating scale to evaluate the debriefing process and the person leading the debriefing discussion. The 23 questions include a mix of true/false and multiple choice questions. Instructors were informed that the peer-lead debriefing highlights the peer leader as the “instructor.”

Data collection
DASH was distributed to students enrolled in a Practical Nursing (PN) program. Students voluntarily completed the DASH after each debriefing. The group was asked for a volunteer to lead the peer-led debriefing session. Both facilitators used the standard NLN debriefing questions. No control group was utilized.

Characteristics of the sample
N = 31 students, 27 female, 4 male. Variety of ages & cultural beliefs. Students knew each other well due to time or instructor limitations. 5 in each group. Only looked at 2 debriefing methods, while there are others that can be utilized such as video-assisted, or individual vs. group techniques.

Results-Analysis of data

<table>
<thead>
<tr>
<th>Instructo-led debriefing highlights</th>
<th>Peer-led debriefing highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest average rating for DASH questions (N=23 questions)</td>
<td>Thoughts and emotions without fear of being shamed or humiliated</td>
</tr>
<tr>
<td>Felt that the instructor respected participants</td>
<td>Ranked highest with a sum of 209</td>
</tr>
<tr>
<td>Focus was on learning and not on making people feel bad about making mistakes</td>
<td></td>
</tr>
<tr>
<td>Average scores of 6.94</td>
<td></td>
</tr>
</tbody>
</table>

Implications for practice
With increased utilization of simulation in nursing education, it is essential that nurse educators explore different debriefing methods.
• Debriefing is meaningful, even if it is peer-led.
• Peer-led debriefing is a better alternative than no debriefing due to time or instructor limitations.

Overall summary
• Paired samples t-test revealed that there was no significant difference in the overall debriefing styles.
• Out of 23 elements identified that the students showed greater benefit with the instructor vs. peer.
  - Clarifying roles and expectations of the student in the debriefing process.
  - Instructor demonstrated respect for the students.
  - How the instructor focused on learning and not making people feel bad if they made mistakes.
  - Instructor communicated clearly.
  - Students appreciated that if a student became upset, the instructor helped them work through their emotions and was respectful in doing so.

Limitations
• Only looked at 2 debriefing methods, while there are others that can be utilized such as video-assisted, or individual vs. group techniques.
• DASH is intended to rate an instructor and that may have confused some students when they were rating their peers.
• Small sample size.