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The Effect of Virtual Clinical Simulation Debriefing on Clinical Decision Making

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Title: Evaluating the Effects of Virtual Clinical Simulation Debriefing on Clinical Decision Making (Ongoing work/Project)

Background/Significance: New graduate nurses providing competent and safe patient care, yet recent evidence supports that such graduates with even up to three years of clinical experience are unprepared to think like nurses. In general, simulation-based education has emerged as an innovative method of providing nursing students with opportunities to acquire essential knowledge, skills, and attitudes which are necessary for the development of clinical judgment competence. There is an increasing amount of evidence that demonstrates the relationship between simulation debriefing and improved nursing student clinical (Sabei & Lasater, 2016).

Specifically, virtual simulation clinical education has emerged as an innovative strategy that has the potential to improve clinical reasoning by providing experiential learning in a virtual. However, such studies of virtual simulation often do not mention or include a debriefing session as a part of its intervention. The literature finds that there is a widespread lack of consistent methodological approaches for debriefing practice and unclear descriptions of debriefing in simulation-based education studies completed particularly on virtual clinical simulation, discussions of debriefing are entirely absent (National League of Nursing, 2015).

Scope: This study will expound on previous research of the use of debriefing during simulation. It will add to the literature by explaining the effect of debriefing on virtual simulation learning outcomes, specifically clinical decision making.

Research Question and Hypothesis: The research question this study will seek to answer is: How does the presence or absence of debriefing a virtual simulation influence the clinical decision making scores of undergraduate nursing students?

It is hypothesized that undergraduate nursing students who attend a debriefing session following virtual simulation will have higher clinical decision making scores than those who do not. The Health Sciences Reasoning Test (HRST) will be used to operationalize the dependent variable of clinical decision making

Purpose: The objective of this study is to test David Kolb's (1984) theory of experiential learning that learner reflection through debriefing is related to improved clinical decision making in undergraduate nursing students who utilize virtual clinical simulation as a learning strategy.

Method/Outcome Measures: The researcher has selected a true experimental design. Subjects will be undergraduate nursing students who are enrolled in a medical surgical course with a required virtual clinical simulation assignment component. Once subjects are recruited, half of a single semester's medical-surgical courses that include participants of equivalent numbers will be deemed either the experimental group (with an assigned debriefing session) or control group (without an assigned debriefing session) by using a random number generator. Both groups will be administered the HRST before being assigned virtual clinical simulation assignments. However, only the experimental group will receive the treatment of a debriefing session.

The HSRT overall reasoning skills score focuses on the strengths or weaknesses of the student's ability to make reflective, reasoned judgments about what to believe or what to do. The overall internal

consistency of the tool is reported to be 0.81. The overall reliability coefficient is reportedly 0.81 (Insight Assessment, 2015).

Findings: This research study is currently in progress and is anticipated to be completed by June of 2018.

Title:
The Effect of Virtual Clinical Simulation Debriefing on Clinical Decision Making

Keywords:
clinical decision making, debriefing and virtual simulation

References:
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Abstract Summary:
The objective of this study to test the theory of experiential learning that learner reflection through debriefing is related to improved clinical decision making in undergraduate nursing students who utilize virtual clinical simulation as a learning strategy.

Content Outline:

- Title
    - Evaluating the Effects of Virtual Clinical Simulation Debriefing on Clinical Decision Making (Ongoing work/Project)
- Background/Significance
    - New graduate nurses providing competent and safe patient care, yet recent evidence supports that such graduates with even up to three years of clinical experience are unprepared to think like nurses. In general, simulation-based education has emerged as an innovative method of providing nursing students with opportunities to acquire essential knowledge, skills, and attitudes which are necessary for the development of clinical judgment competence. There is an increasing amount of evidence that demonstrates the relationship between simulation debriefing and improved nursing student clinical (Sabei & Lasater, 2016).
    - Specifically, virtual simulation clinical education has emerged as an innovative strategy that has the potential to improve clinical reasoning by providing experiential learning in a virtual. However, such studies of virtual simulation often do not mention or include a debriefing session as a part of its intervention. The literature finds that there is a

widespread lack of consistent methodological approaches for debriefing practice and unclear descriptions of debriefing in simulation-based education studies completed particularly on virtual clinical simulation, discussions of debriefing are entirely absent (National League of Nursing, 2015).

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  - The research question this study will seek to answer is: How does the presence or absence of debriefing a virtual simulation influence the clinical decision making scores of undergraduate nursing students?
  - It is hypothesized that undergraduate nursing students who attend a debriefing session following virtual simulation will have higher clinical decision making scores than those who do not. The Health Sciences Reasoning Test (HRST) will be used to operationalize the dependent variable of clinical decision making
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- Findings
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