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Post-Simulation Reflections: A Qualitative Review After Implementation of Video Debriefing Changes

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Background: Simulation is being used in nursing education to substitute for traditional clinical experiences (Curl, Smith, Chisholm, McGee, & Das, 2016). The best use of video as an adjunct to debriefing remains a question (Cheng et al., 2016; Grant, Dawkins, Molhook, Keltner, & Vance, 2014; Reed, Andrews, & Ravert, 2013; Rossignol, 2017). Reflection is regarded as formal constituent of the learning process (Cheng, Eppich, Grant, Sherbino, Zendejas, & Cook, 2014; Forneris et al., 2015; Kolb & Kolb, 2005; Schön, 1987).

A four-hour patient deterioration simulation has evolved over several years at a small mid-western College of Nursing. Two faculty, with several years of experience facilitating simulations, alternated facilitation of the simulation with second semester juniors. Students came in pairs having prior access to readings and a patient chart. Prebriefing and debriefing were loosely scripted. Students would observe as the peer cared for a high fidelity simulation patient. One student started with the patient and after completing a psychomotor skill related to a deterioration, reported off to the other student. After report, the first student observes while the patient undergoes further deterioration and another psychomotor skill. Debriefing included some video review of student experience. This generally consisted of fast forwarding through the experience with occasional focal points and then concentrating on the two skills embedded in the simulation. As part of the experience, students were required to write a reflection paper answering four questions within 48 hours.

Until recently, the intentional implementation of the INACSL Standards of Best Practice: SimulationSM was neglected at this institution. One of the faculty is newly certified as a Healthcare Simulation educator and the patient deterioration simulation has been revised to reflect the INACSL Standards of Best Practice: Simulation. The certified faculty member is now the only facilitator of the simulation. Because the adjunct use of video during debriefing is still uncertain, it has been removed from the debriefing process. However, the first cohort in the revised simulation will be provided the opportunity to review some video of their experience before writing a reflection paper answering the same four questions.

Purpose: To explore nursing students’ perceptions of reviewing video of themselves in a simulated experience.

Design: A qualitative descriptive research approach will be applied.

Method: A pilot study will randomize the new cohort of students into two groups. After the debriefing session, students will have 2 hours to review their video and 48 hours to write their reflection. One group will be given access to their entire simulation experience and the other group will be given access to the psychomotor skill embedded in the simulation. The reflective documentation written after the patient deterioration simulation will be subjected to qualitative content analysis for salient themes.

Significance: The pilot study will begin a larger study of video debriefing methods. There is a small window of opportunity to utilize data already gathered to examine student responses unstructured by current tools. This may provide some insight to further inform the larger study.
Title:
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Keywords:
Reflection, Simulation and Video-assisted debriefing

References:


Abstract Summary:
This poster outlines a revision of a long used simulation incorporating the INACSL Standards of Best Practice: SimulationSM. The revision also changes the implementation of the use of video debriefing. Students’ reflections were subjected to qualitative content analysis for salient themes regarding three different video debriefing options.

Content Outline:
I. Introduction
a. Gap in the literature regarding video-debriefing

b. Review of current literature and variations of addressing the gap

II. Body

a. Review changes to become current with the INACSL Standards of Best Practice: SimulationSM.

b. Review three methods of video-debriefing utilized

c. Review qualitative analysis process

III. Conclusion

a. Review themes

b. Review limitations

c. Review implications

i. For our program

ii. For Nursing in general

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**Author Summary:** Gunnar Larson is a Clinical Assistant Professor in the College of Nursing and Health Sciences at the University of Eau Claire. He has taught acute care clinical experiences at all levels of the UWEC Nursing program. Over the last several years his assignment was in the simulation laboratory and he has worked in the development and the implementation of a variety of simulation educational experiences. He became certified as a Healthcare Simulation Educator January 2017.