Transforming the Healthcare Simulation Spectrum:
Now, Next and Beyond

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SIMGHOSTS

Nurse-Debriefer Experience in a Structured Post-Resuscitation Debrief: An Exploratory Study

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CLAIRE, Cynthia Allyssa, RN, MHPE, BSc (Hons) Nursing Practice
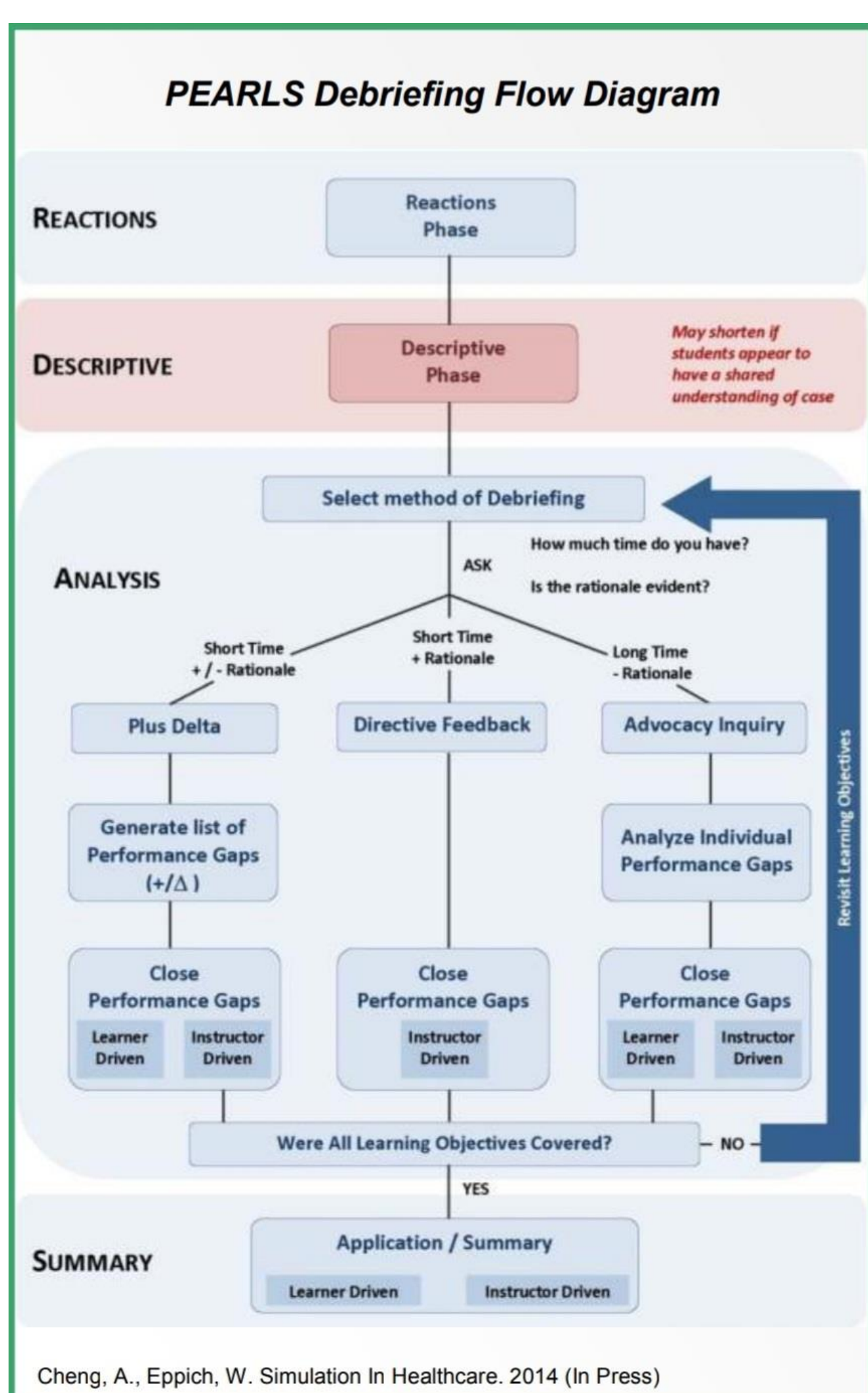KOH, Sabrina, RN, MHSc(Ed), CHSE-A, FSSH

Nurses as Debriefers

Nurses are often confronted with serious clinical events such as resuscitation. This emergency situation often places them in a stressful and traumatic state. It was evident by several studies that a debrief session post resuscitation was greatly valued by nurses as it allows them to address their emotions, and guide reflection of the event. It was also found that debriefers who received formal training on debrief will be able to achieve effective debrief outcomes. Albeit the vast research on the benefits of debriefing and training debriefers in structured debrief, little was explored from the view of debriefers on their experience, thoughts and feelings during a debrief session.

With the lens of the knowledge transfer process, the focus of this study is to explore nurse-debriefers' experiences and perceptions towards debriefing post-resuscitation with the knowledge and skills acquired from formal debriefing programme. The findings of this study will elucidate the transfer of knowledge to clinical events debrief. Understanding the process of knowledge transfer may contribute to enhancing future debriefing practices.
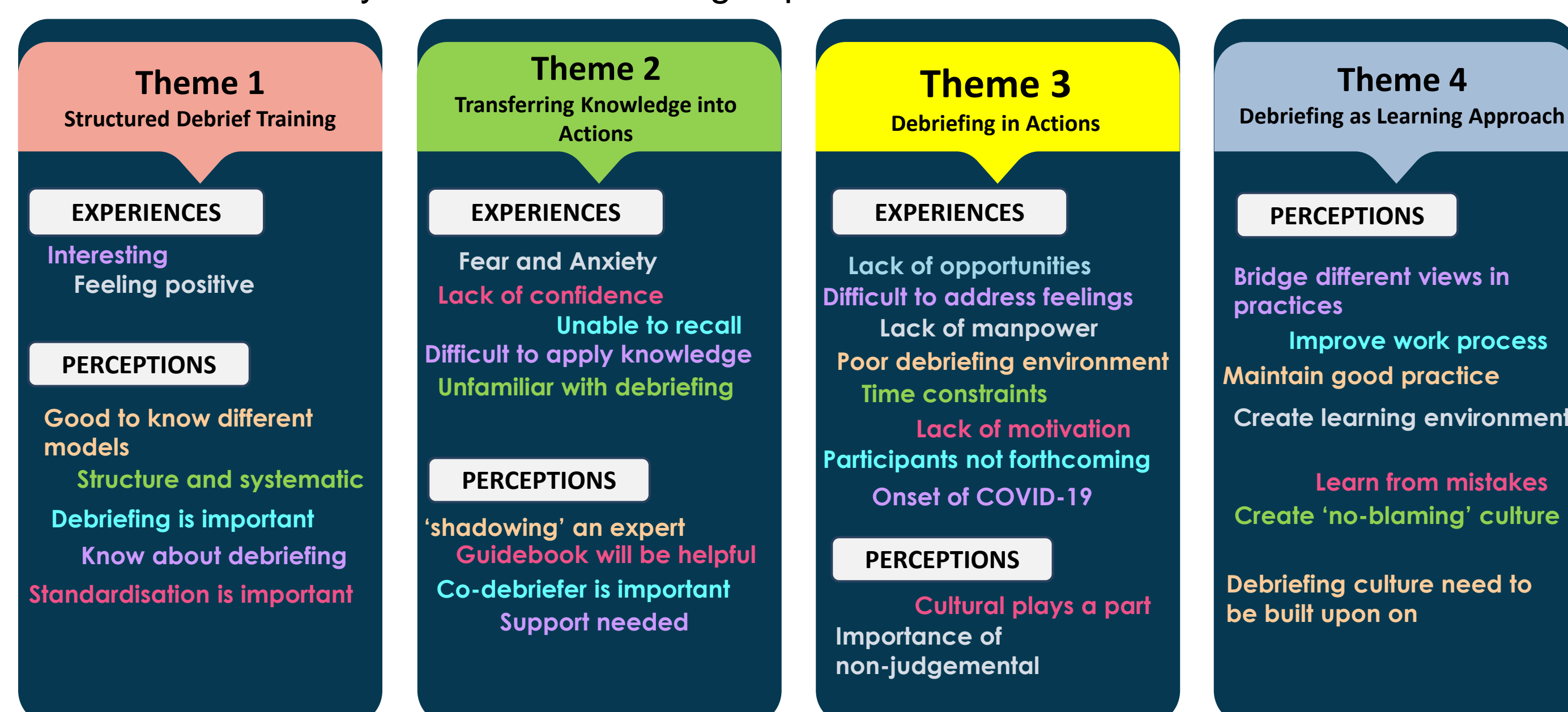
Clinical Event Debrief Programme

The Nursing Education and Development (NED) of Sengkang General Hospital (SKH), Singapore, has initiated Clinical Event Debriefing (CED) to train nurses to be debriefers. This aims to fill in the knowledge gap on debriefing and train more nurses as debriefers for actual clinical events. The debriefing framework, PEARLS (Promoting Excellence And Reflective Learning in Simulation) was adopted as a standardized framework for debriefing. PEARL outlines four distinct phases of debriefing: Reaction, Description, Analysis, and Summary, and integrated three debrief strategies: Plus-Delta, Directive Feedback, and Advocacy Inquiry.

PEARLS Debriefing Flow Diagram

Cheng, A., Eppich, W. Simulation In Healthcare. 2014 (In Press)

References

Eppich, W. and Cheng, A., 2015. Promoting Excellence and Reflective Learning in Simulation (PEARLS). *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 10(2), pp.106-115.

Liyanage, C., Elhag, T., Ballal, T., & Li, Q. (2009). Knowledge communication and translation – a knowledge transfer model. *Journal Of Knowledge Management*, 13(3), 118-131. Doi: 10.1108/13673270910962914

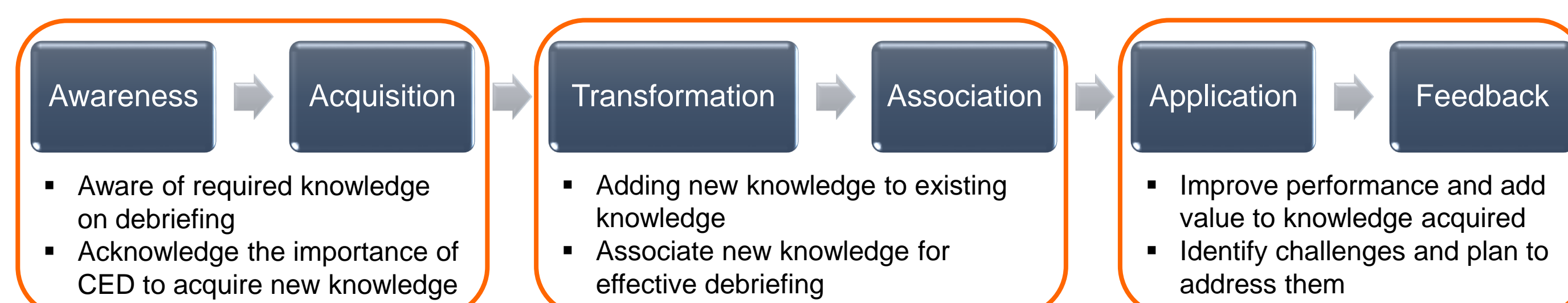## Nurse-Debriefers' Experiences and Perceptions

An exploratory qualitative study was undertaken. Nurse-debriefers were recruited via convenience sampling after they had attended CED programme. In view of COVID-19 restrictions, nurses were not allowed to cross units to provide debriefing; in addition, debriefing opportunities were scarce during the pandemic. Hence, the inclusion criteria for recruitment was regardless of debriefing exposures. Nurse-debriefers were recruited based on their willingness to participate. From a total of 43 nurse debriefers, 10 were recruited for the study (n=10).

Semi-structured, one to one interviews were conducted over a period of six months. Interview sessions were recorded and transcribed for data analysis. To enrich the quality of analysis, a reflexive thematic analysis (TA) methodology was adopted for identifying, analyzing and reporting patterns (themes) within the each data set. Questions asked while exploring their experiences were "how was your debriefing experience?", "what are the challenges faced?", and "how did you overcome those challenges?". Questions asked with the aim to explore their perceptions were "what was the take home message about debriefing through your experience?", and "what do you think can enhance your future debriefing experience?".

Theme 1 Structured Debrief Training	Theme 2 Transferring Knowledge into Actions	Theme 3 Debriefing in Actions	Theme 4 Debriefing as Learning Approach
EXPERIENCES Interesting Feeling positive	**EXPERIENCES** Fear and Anxiety Lack of confidence Unable to recall Difficult to apply knowledge Unfamiliar with debriefing	**EXPERIENCES** Lack of opportunities Difficult to address feelings Lack of manpower Poor debriefing environment Time constraints Lack of motivation Participants not forthcoming Onset of COVID-19	**PERCEPTIONS** Bridge different views in practices Improve work process Maintain good practice Create learning environment Learn from mistakes Create 'no-blaming' culture Debriefing culture need to be built upon on
PERCEPTIONS Good to know different models Structure and systematic Debriefing is important Know about debriefing Standardisation is important	**PERCEPTIONS** 'shadowing' an expert Guidebook will be helpful Co-debriefer is important Support needed	**PERCEPTIONS** Cultural plays a part Importance of non-judgemental	

Discussion

The framework of knowledge transfer facilitates the discussion and understanding of nurse debriefers' experiences in knowledge application from classroom learning to clinical events debriefing. Debriefers displayed common reactions of uncertainty and anxiety in the unskilled information acquired, and it required more than just providing practices during class, to transform and associate the new knowledge. In addition, clinical events debriefing (when nurse-debriefers not physically being present during the resuscitation) makes it challenging to debrief. In cases where debriefer was also part of the team during the resuscitation, she must put aside her own reactions, to stay mutual, and to recap the whole situation at a neutral point of view. Albeit, she does not require to build trust and rapport as they were colleagues, but it was challenging for her to debrief at a no-blaming manner. On the whole, nurse-debriefers recognised that debriefing is a form of learning, to correct what was wrong while reinforcing on the good practices, as an approach to improve work processes. They learnt to be non-judgmental and create no-blaming culture to foster team building within staffs. These values were coherent with several existing research.

Awareness → Acquisition
- Aware of required knowledge on debriefing
- Acknowledge the importance of CED to acquire new knowledge

Transformation → Association
- Adding new knowledge to existing knowledge
- Associate new knowledge for effective debriefing

Application → Feedback
- Improve performance and add value to knowledge acquired
- Identify challenges and plan to address them

Future recommendation include having the doctors attend CED to facilitate an inter-professional debriefing as a resuscitation involves both doctors and nurses.

In conclusion, the findings had exemplified the essential implications to promote nurse-debriefers' readiness and motivation in providing debriefing post-resuscitation.