

Co-debriefing virtual simulations: an international perspective.

GOLDSWORTHY, S., GOODHAND, K., BARON, S., BUTTON, D., HUNTER, S., MCNEILL, L., BUDDEN, F., MCINTOSH, A., KAY, C. and FASKEN, L.

2022



Title Page

Co-debriefing Virtual Simulations: An International Perspective

Authors: Sandra Goldsworthy¹, Kate Goodhand², Sue Baron³, Didy Button⁴, Steve Hunter⁵, Liz McNeill⁴, Fiona Budden³, Alison McIntosh², Clair Kay⁴, Lisa Fasken¹

¹ Nipissing University, North Bay, Canada

² Robert Gordon University, Aberdeen, Scotland

³ Bournemouth University, Bournemouth, England

⁴ Flinders University, Adelaide Australia

⁵ University of Brighton, Brighton, England

Corresponding Author:

Dr. Sandra Goldsworthy

sandrag@nipissingu.ca

Financial or Conflict of interest related to this manuscript: None

1 **Key Words** co-debriefing, debriefing, virtual simulation, nursing students, nursing

2 **Abstract**

3 Co-debriefing is a process in which two or more individuals facilitate a simulation debriefing.

4 Debriefing is considered an essential best practice that occurs as soon after a simulation as

5 possible and should be conducted by experienced debriefers. This paper will describe the lessons

6 learned, challenges and future considerations for co-debriefing a virtual simulation experience.

7 The international co-debriefing team in this study included 11 nursing faculty from five

8 universities in four countries (Canada, England, Scotland and Australia). Primary benefits of co-

9 debriefing included: mentorship for less experienced debriefers and deeper learning for students

10 by providing multiple perspectives. Challenges included consideration of various time zones for

11 international planning meetings and adaptation of the virtual simulation to the country context.

12 Group sizes of six to eight students were optimal for the debrief and a co-debriefing checklist for

13 all co-debriefers helped maintain consistency with the debrief, assisted in developing a game

14 plan among debriefers, and helped in planning contingencies.

15 **Introduction**

16 The process of debriefing in the context of healthcare involves the facilitation of a discussion

17 between two or more individuals to explore and analyze a situation with the aim of gaining

18 insight and improving clinical practice (Cheng et al., 2015). Debriefing is an essential element of

19 best practices in simulated practice that deepens learning and promotes reflection (INACSL,

20 2016, Fey et al., 2014).

21 **Best Practices in Simulation**

22 To enable optimal debriefing, the Standards of Best Practice in SimulationSM (INASCL, 2016),

23 recommend the process is '*led by a trained facilitator using an evidence-based debriefing model*'

24 (p.S41), '*a person(s) competent in the process of debriefing*' (p. S22), who is familiar with the

25 simulation-based experience and will not be distracted by having to perform other roles and
26 functions during the scenario, and is able to ensure that debriefing takes place in a
27 psychologically safe and supportive learning environment. INASCL Standards (2016) also
28 advise that the debrief facilitation method must follow an evidence-based framework, be relevant
29 to context, simulation objectives, learners' level of knowledge and experience, and simulation
30 modality.

31 **Virtual Simulation and Debriefing**

32 With the evolution of virtual simulation over recent years and its explosion of activity during the
33 Covid-19 pandemic, the virtual simulation modality requires an allied change in debriefing
34 practices (Goldsworthy & Verkuyl., 2021).

35 Virtual simulation allows students to asynchronously undertake repetitive attempts at a given
36 scenario to scaffold learning, enhance reflection and deepen learning. Whilst resource intensive
37 (Krogh, 2016), co-debriefing involves sharing the workload of the debrief between facilitators
38 from the same or different professional backgrounds or specialties (Cheng et al.,2015). By
39 working together to manage the discussion this may lead to a broader perspective that promotes
40 more effective learning. In the instance of our study, the debriefers were all experienced faculty
41 members and registered nurses from five different countries and thus provided a geographical
42 breadth to the debriefing discussion. To mitigate against the pitfalls of co-debriefing, a checklist
43 was adopted from Cheng and colleagues (2015) co-debriefer checklist to guide the co-debriefing
44 in this international deteriorating patient study. The co-debriefing checklist allows debriefers to
45 make a 'game plan' and to determine the strategy for the debrief (i.e. who will lead the debrief).
46 The co-debriefing checklist allows co-debriefers to coordinate their efforts by reviewing the
47 learning objectives, deciding on the co-debriefing approach (i.e. follow the leader or divide and

48 conquer), and discussion of the rules of engagement for learners (i.e. how to handle interruptions
49 and manage transitions).

50 **Method**

51 **Aim**

52 This paper focuses on experiences of co-debriefing with an international co-debriefing team that
53 included 11 nursing faculty from five countries (Canada, Australia, England and Scotland). The
54 objective of this teaching and learning innovation was to develop a process for preparing a team
55 of international nursing faculty to co-debrief within the virtual simulation context. A consistent
56 approach to debriefing was applied through the co-debrief checklist developed by Cheng et al
57 (2015) and the INASCL Standards of Best Practices SM:Debriefing (2016). The co-debriefing
58 was part of a larger multi-site international research project that explored the use of virtual
59 simulation among undergraduate nursing students and their confidence and competence in the
60 recognition and response to the rapidly deteriorating patient.

61 **The Facilitator Debrief Team**

62 The facilitator debrief team consisted of 11 nursing faculty members from five university
63 Schools of Nursing. The university sites were international and geographically diverse locations
64 that included Schools of Nursing in Canada, England (two sites), Scotland and Australia. The
65 debrief team had a variety of levels of simulation experience. Most had facilitated synchronous
66 debriefs in the simulation lab but only the lead investigator had experience in facilitated
67 synchronous debriefing within the virtual environment.

68 **Preparation of International Facilitator Teams**

69 To prepare the co-debriefing teams at all sites, current literature describing the co-debrief
70 procedure was provided for review alongside the co-debriefing checklist of which included

71 guidance for both pre and post-debriefing. Prior to determining the co-debrief dyad and triad
72 teams, a workshop on the debriefing procedure was delivered to the facilitators at each of the
73 research sites by the lead investigator. The workshop included a step-by-step approach to
74 debriefing within the virtual environment followed by a review of the co-debriefing checklist
75 (Cheng et al., 2015).

76 **Co-debriefing Process**

77 With the assistance of the Research Coordinator, co-debriefing dyad and triad teams were
78 established and a master schedule of international debriefing times was created. The goal was to
79 enrich the debrief experience by having debriefers from different countries and contexts co-
80 debriefing together. To maintain consistency for the study, the lead investigator was present on
81 the zoom virtual platform at all the sites for the debriefing sessions. The co-debriefing teams
82 reviewed the co-debriefing checklist prior to each debrief and formulated a ‘game plan’ for the
83 debrief which included who would lead the debrief and how transitions would be managed
84 during the debrief.

85 The co-debriefing checklist enabled the debriefing points and process to be pre-determined to
86 ensure consistency between the facilitators and the five sites. By establishing a shared mental
87 model around debrief we ensured that the debrief was collaborative and organized versus
88 chaotic. The planning and collaboration between debriefers also enabled ground rules about
89 ensuring a safe learning environment mindful of psychological safety principles of: establishing
90 confidentiality and maintaining a culture of respect and inclusion. Field notes were also recorded
91 by co-debriefers about their experience of the process.

92 The co-debriefing team in this study facilitated discussion with a wider scope of perspectives,
93 even though all were nurses, the debriefing team had worked in different specialty areas and had

94 varied scopes of practice, this allowed for the differences and similarities between practice in the
95 different countries to be acknowledged and explored. Students did not seem to feel outnumbered
96 and were perhaps reassured by the presence of familiar lecturers. It also seemed that the students
97 valued the opportunity to gain a wider perspective from an international expert in the field. From
98 the co-debriefers' perspectives, this experience of co-debriefing encouraged role modelling of
99 debrief and 'built in' mentoring for debriefers from different countries to deepen their skills in
100 virtual simulation debriefing. Co-debriefing also enabled the provision of peer support for less
101 experienced colleagues.

102 At the conclusion of the debrief and after the students had signed off, the debriefers met to
103 'debrief the debriefer' and to consider whether their technique needed refining for next time.
104 This also demonstrated that, by following the structured approach offered by Cheng et al. (2015),
105 little if any refinement was required, with the same format being followed for each consecutive
106 session. Each site had a total of two to three debriefing periods (during the larger study). Each
107 debriefing session was 30 minutes in duration and utilized a modified PEARLS debriefing
108 method (Eppich & Cheng, 2015).

109 **Lessons Learned**

110 There were a number of lessons learned during the co-debriefing sessions:

- 111 • Two to four co-debriefers works well and fosters student engagement. We initially
112 thought this might have been intimidating to students but it did not have this impact.
- 113 • Utilizing online platforms (i.e. Zoom) is beneficial as debrief can occur in a timely
114 manner and participants can join from anywhere.

- 115 • Conversely, poor internet connection, or ability to find somewhere private to join the
116 debrief can then be an issue. Therefore, it is important to provide a back up plan if
117 students have internet outages.
- 118 • Preparation of facilitators prior to co-debriefing is critical.
- 119 • Pre-briefing the co-debriefers in advance and developing a game plan was important to
120 run a smooth, seamless debrief.
- 121 • Co-debriefing is a great strategy to mentor and deepen facilitator competency in virtual
122 simulation.
- 123 • Creating a supportive, welcoming culture for students at the beginning of the debrief, aids
124 interaction and openness and can be enhanced by having at least one facilitator present
125 who is known to the students.
- 126 • For this study, the presence of a UK or Australian and a Canadian facilitator was
127 beneficial as there was some difference between nursing approaches to the simulated
128 scenarios across national boundaries.

129

130 **Challenges**

131 The challenges with co-debriefing in international teams included the following:

- 132 • Time zones and scheduling of planning meetings and debriefings – particularly with the
133 wide variations in time zones evident in this study (Australia, England, Scotland and
134 Canada)
- 135 • Terminology and best practice can vary from one country to another. In this study, fresh
136 guidelines had to be developed prior to the simulations to ensure guidance was applicable
137 to local policies and procedures.

138 • Gaining familiarity with the virtual simulation platform can present a challenge since
139 there were nuances with a platform designed for North American use and adaptations
140 needed to be made for the UK and Australian context.

141 **Future Considerations**

142 Recommendations for future co-debriefing teams would include: ensure use of checklist for
143 consistency and familiarity with INACSL Standards of Best PracticeSM (2016). In addition, a
144 workshop for all facilitators to discuss the virtual simulation process assists in ensuring the
145 whole team has a clear understanding of the co-debriefing phases. Experienced debriefers are
146 essential for the team and to mentor others with less experience in virtual simulation debriefing.
147 A structured approach with multiple planning meetings in advance of the debriefing was helpful
148 in ensuring the whole team was prepared. In addition, we recommend that 6-8 students are
149 optimal for student engagement in a virtual simulation debrief. Having three or four debriefers
150 was not overwhelming to the students but rather created a collegial discussion that fostered
151 sharing among learners. Lastly, having an international team of co-debriefers can provide
152 different perspectives for student learning and reflection. Co-debriefers also developed their skill
153 in virtual debriefing when most of the team had not had experience in this format.

154 **Conclusion**

155 Co-debriefing in a team, especially within international teams with diverse expertise, can
156 provide a depth of learning from different perspectives. There are challenges such as
157 accommodating various time zones and learning the technology, adapting to each country's
158 context but the benefits of co-debriefing far outweigh the challenges. Primary benefits of co-
159 debriefing included: mentorship for less experienced debriefers and deeper learning for students
160 by providing multiple perspectives. Group sizes of six to eight student were optimal for the
161 debrief and a co-debriefing checklist for all co-debriefers helped maintain consistency with the

162 debrief, assisted in developing a game plan among debriefers. In summary, our team found the
163 experience enriching and a tremendous learning experience. We recommend co-debriefing as an
164 effective strategy for virtual simulation debriefing.

165

166
167
168

References

- 169 Cheng, A., Palaganas, J., Eppich, W., Rudolph, J., Robinson, T., & Grant, V. (2015). Co-
170 debriefing for simulation-based education: A primer for facilitators. *Simulation in*
171 *Healthcare, 10*(2), 69–75. <https://doi.org/10.1097/SIH.0000000000000077>
- 172 Cheng, A. Kolbe, M. Grant, V. Eller, S. Hales, R. Symon, B. Griswold, S. & Eppich, W. (2020).
173 A practical guide to virtual debriefings: Communities of inquiry perspective. *Advances in*
174 *Simulation, 5*(18), 1 – 9. <https://doi.org/10.1186/s41077-020-00141-1>
- 175 Eppich W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation
176 (PEARLS): Development and rationale for a blended approach to health care simulation
177 debriefing. *Simulation in Healthcare, 10*(2), 106 – 115.
178 <https://doi.org/10.1097/SIH.0000000000000072>
- 179 Fey, M. K., Scrandis, D., Daniels, A., & Haut, C. (2014). Learning through debriefing: Students'
180 perspectives. *Clinical Simulation in Nursing, 10*(5), e249 – e256.
181 <https://doi.org/10.1016/j.ecns.2013.12.009>
- 182 Goldsworthy, S., & Verkuyl, M. (2021). Facilitated virtual synchronous debriefing: A practical
183 approach. *Clinical Simulation in Nursing, 59*, 81 – 84.
184 <https://doi.org/https://doi.org/10.1016/j.ecns.2021.06.002>
185

186 INACSL Standards Committee. (2016). INACSL Standards of Best Practice: Simulation SM
187 debriefing. *Clinical Simulation in Nursing*, 12, S21-S25.

188 <https://doi.org/10.1016/j.ecns.2016.09.008>

189 Krogh, K., Bearman, M., & Nestel, D. (2016). “Thinking on your feet”- a qualitative study of
190 debriefing practice. *Advances in Simulation*, 1(12), 1 – 11.

191 <https://doi.org/10.1186/s41077-016-0011-4>

192

193