



ELSEVIER

Standards of Best Practice: Simulation

INACSL Standards of Best Practice: SimulationSM Debriefing

INACSL Standards Committee

KEYWORDS

debrief;
reflection;
facilitation;
reflective thinking;
simulation-based
learning;
simulation

Cite this article:

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Debriefing. *Clinical Simulation in Nursing*, 12(S), S21-S25. <http://dx.doi.org/10.1016/j.ecns.2016.09.008>.

© 2016 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved.

As the science of simulation continues to evolve, so does the need for additions and revisions to the INACSL Standards of Best Practice: SimulationSM. Therefore, the INACSL Standards of Best Practice: Simulation are [living documents](#).

Standard

All simulation-based experiences include a planned debriefing session aimed at improving future performance.

Background

Learning is dependent on the integration of experience and reflection. The evidence is clear that essential learning occurs in the debriefing phase of the simulation-based experience.¹⁻⁵ Reflection is the conscious consideration of the meaning and implication of an action, which includes the assimilation of knowledge, skills, and attitudes with pre-existing knowledge.⁶⁻⁸ Reflection can lead to new interpretations by the participants; cognitive reframing is essential to learning.^{8,9} The skills of the debriefer are important to ensure the best possible learning outcomes.¹⁰⁻¹⁶

Integration of the debriefing process into simulation-based experiences enhances learning and heightens participant self-awareness and self-efficacy. Debriefing promotes understanding and supports transfer of knowledge, skills, and attitudes with a focus on best practices to promote safe, quality patient care, and development of the participant's professional role.¹⁷⁻¹⁸

Potential consequences of not following this standard can lead to unsuccessful debriefing sessions (e.g., deficiency in attainment of learning outcomes or behavior change) and creating a potentially uncomfortable experience for the participant.¹⁸⁻²⁰

Criteria Necessary to Meet This Standard

1. The debrief is facilitated by a person(s) competent in the process of debriefing.

2. The debrief is conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback, and reflection.
3. The debrief is facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience.
4. The debrief is based on a theoretical framework for debriefing that is structured in a purposeful way.
5. The debrief is congruent with the objectives and outcomes of the simulation-based experience.

Criterion 1: The debrief is facilitated by a person(s) competent in the process of debriefing.

Required elements:

- Implement best practices in debriefing with regard to structuring the format of the debriefing and facilitating reflective discussion.
- Acquire specific initial education through a formal course, a continuing education offering, and/or targeted work with an experienced mentor (see INACSL Standard: Facilitation).
- Seek feedback from both participants and experienced debriefers.
- Actively maintain debriefing skills through active engagement in simulation-based experiences.
- Validate continuing competence as a debriefer through the ongoing use of an established instrument.
- Participate in ongoing education provided by formal courses, continuing education offerings, and/or targeted work with an experienced mentor (see INACSL Standard: Facilitation).

Criterion 2: The debrief is conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback, and reflection.

Required elements:

- Orient the participants to the overall debriefing process.
- Establish expectations regarding confidentiality of participants' performance, the content of the simulation scenario, and the content of the debriefing discussion.
- Collaborate with participants to develop rules (code) of conduct concerning constructive, honest, and respectful feedback.
- Acknowledge and validate the participants' emotional response to the simulation-based experience and their primary concerns before engaging in reflection on and analysis of actions.
- Demonstrate positive regard for participants by exploring their unique perspectives.
- Guide participants' reflection on personal and contextual factors that impacted decision-making such as past

experience, culture, background, personality, skills, and knowledge.

- Use verbal and nonverbal supportive demeanor to encourage discussion.
- Engage both observers and participants in debriefing to support collaborative learning.
- Manage unexpected participant responses.
- Apply principles of group facilitation to ensure the balanced participation of all participants in the discussion.
- Adjust the level of facilitation to that which is required by the group.
- Conduct the debriefing in a conference room or special debrief room separate from where the simulation occurred when possible or as appropriate.
- Facilitate the debriefing immediately after the live simulation session.^{3,5}
- Follow INACSL Standard: Professional Integrity and INACSL Standard: Facilitation

Criterion 3: The debrief is facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience.

Required elements:

- Concentrated attention is achieved when the debriefer is not distracted by having to perform multiple functions and roles during the scenario (e.g., playing the voice of the patient, controlling the scenario, queuing the learning and evaluating the activities all at the same time and is able to focus on the most important role(s).
- Establish a climate of professional respect, including a requirement for confidentiality related to the content of the debriefing discussions (see INACSL Standard: Professional Integrity).
- Ensure adequate support to operate technology is available to allow the debriefer to focus primarily on learner evaluation (formative or summative).
- Plan for postdebriefing activities that promote self-reflection and critique.
- Outline the process for debriefing, including the expectation that the participants will drive the discussion as they critically analyze their own performance and provide input into other's performance.
- Choose the appropriate feedback technique, which may include face-to-face, numeric, graphical transcripts of performance from equipment, video conferencing or video replay, checklists, scores, and other forms of feedback.
- Facilitate participants' engagement in the reflective process.
- Provide concrete examples of participant performance.

- Adjust the level of facilitation during the debrief needed to engage every participant in discussion as appropriate for his/her role.
- Provide formative feedback based on scenario objectives, participants' decisions and actions, including reinforcing positive behaviors, correcting misunderstandings, and clarifying cognitive frames that led to incorrect decisions.
- Assist participants in conceptualizing how the learning constructed during the simulation and debriefing can be applied to future clinical situations.
- Include discussion of unexpected topics as needed.
- Facilitate reflection on individual and team performance to achieve targeted performance improvement.
- Facilitate appropriate critical thinking, clinical judgment, reasoning, reflection, and reflective thinking.
- Allow facilitation to be modified based on assessed participant needs and the impact of the experience.
- Summarize learning at the end of the debriefing process to close the gaps in knowledge and reasoning.

Criterion 4: The debrief is based on a theoretical framework for debriefing that is structured in a purposeful way.

Required elements:

- The facilitator uses a debriefing framework and considers the following elements when selecting:
 - Objectives and expected outcomes.
 - Complexity of scenario.
 - Needs of participants.
 - Includes the minimum phases of reaction, analysis, and summary.
 - Level of competence of faculty with the debriefing framework.
 - Simulation scenario/experience.
- Current frameworks available are GAS²¹ (gather, analyze, summarize), Debriefing with Good Judgment,⁶ PEARLS,²² Debriefing for Meaningful Learning²³ (DML), Plus-Delta, 3D Model of Debriefing,²⁴ and the OPT Model of Clinical Reasoning.²⁵ Frameworks will continue to be developed that are appropriate to be used during debriefing.

Criterion 5: The debrief is congruent with the objectives and outcomes of the simulation-based experience.

Required elements:

- Consider the objectives in the debriefing session.
- Consider the outcomes of the simulation experience and adjust debriefing to include learner-centered objectives.²⁶
- During the debriefing session, identify performance gaps based on the expected outcomes of the simulation-based experience.

References

1. Cheng, A., Eppich, W., Grant, V., Sherbino, J., Zendejas, B., & Cook, D. A. (2014). Debriefing for technology-enhanced simulation: A systematic review and meta-analysis. *Medical Education*, 48(7), 657-666.
2. Levett-Jones, T., & Lapkin, S. (2014). A systematic review of the effectiveness of simulation debriefing in health professional education. *Nurse Education Today*, 34(6), e58-e63.
3. Shinnick, M. A., Woo, M., Horwich, T. B., & Steadman, R. (2011). Debriefing: The most important component in simulation? *Clinical Simulation in Nursing*, 7(3), e105-e111.
4. Forneris, S. G., Neal, D. O., Tiffany, J., Kuehn, M. B., Meyer, H. M., Blazovich, L. M., ..., & Smerillo, M. (2015). Enhancing clinical reasoning through simulation debriefing: A multisite study. *Nursing Education Perspectives*, 36(5), 304-310.
5. Ryoo, E. N., & Ha, E. H. (2015). The importance of debriefing in simulation-based learning: Comparison between debriefing and no debriefing. *Computers Informatics Nursing*, 33(12), 538-545.
6. Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as "nonjudgmental" debriefing: A theory and method for debriefing with good judgment. *Simulation in Healthcare*, 1(1), 49-55.
7. Rodgers, C. (2002). Defining reflection: Another look at John Dewey and reflective thinking. *The Teachers College Record*, 104(4), 842-866.
8. Dismukes, R. K., Gaba, D. M., & Howard, S. K. (2006). So many roads: Facilitated debriefing in healthcare. *Simulation in Healthcare*, 1(1), 23-25.
9. Rudolph, J. W., Simon, R., Rivard, P., Dufresne, R. L., & Raemer, D. B. (2007). Debriefing with good judgment: Combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 25(2), 361-376.
10. Ahmed, M., Sevdalis, N., Paige, J., Paragi-Gururaja, R., Nestel, D., & Arora, S. (2012). Identifying best practice guidelines for debriefing in surgery: A tri-continental study. *The American Journal of Surgery*, 203(4), 523-529.
11. Fey, M. K., Scrandis, D., Daniels, A., & Haut, C. (2014). Learning through debriefing: Students' perspectives. *Clinical Simulation in Nursing*, 10(5), e249-e256.
12. Lyons, R., Lazzara, E. H., Benishek, L. E., Zajac, S., Gregory, M., Sonesh, S. C., & Salas, E. (2015). Enhancing the effectiveness of team debriefings in medical simulation: More best practices. *Joint Commission Journal on Quality and Patient Safety*, 41(3), 115-125.
13. Cheng, A., Grant, V., Dieckmann, P., Arora, S., Robinson, T., & Eppich, W. (2015a). Faculty development for simulation programs: Five issues for the future of debriefing training. *Simulation in Healthcare*, 10(4), 217-222.
14. Cheng, A., Palaganas, J., Eppich, W., Rudolph, J., Robinson, T., & Grant, V. (2015b). Co-debriefing for simulation-based education: A primer for facilitators. *Simulation in Healthcare*, 10(2), 69-75.
15. Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). Supplement: The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2), C1-S64.
16. Jeffries, P. R., Dreifuerst, K. T., Kardong-Edgren, S., & Hayden, J. (2015). Faculty development when initiating simulation programs: Lessons learned from the National Simulation Study. *Journal of Nursing Regulation*, 5(4), 17-23.
17. Fanning, R. M., & Gaba, D. M. (2007). The role of debriefing in simulation-based learning. *Simulation in Healthcare*, 2(2), 115-125.
18. Kolbe, M., Grande, B., & Spahn, D. R. (2015). Briefing and debriefing during simulation-based training and beyond: Content, structure, attitude and setting. *Best Practice & Research Clinical Anaesthesiology*, 29(1), 87-96.

19. Rudolph, J. W., Raemer, D. B., & Simon, R. (2014). Establishing a safe container for learning in simulation: The role of the presimulation briefing. *Simulation in Healthcare, 9*(6), 339-349.
20. Der Sahakian, G., Alinier, G., Savoldelli, G., Oriot, D., Jaffrelot, M., & Lecomte, F. (2015). Setting conditions for productive debriefing. *Simulation & Gaming, 46*(2), 197-208.
21. Cheng, A., Rodgers, D. L., van der Jagt, É., Eppich, W., & O'Donnell, J. (2012). Evolution of the pediatric advanced life support course: Enhanced learning with a new debriefing tool and web-based module for pediatric advanced life support instructors. *Pediatric Critical Care Medicine, 13*(5), 589-595.
22. Eppich, W., & Cheng, A. (2015). Promoting excellence and reflective learning in simulation (PEARLS): Development and rationale for a blended approach to health care simulation debriefing. *Simulation in Healthcare, 10*(2), 106-115.
23. Dreifuerst, K. T. (2009). The essentials of debriefing in simulation learning: A concept analysis. *Nursing Education Perspectives, 30*(2), 109-114.
24. Zigmont, J. J., Kappus, L. J., & Sudikoff, S. N. (2011). The 3D model of debriefing: Defusing, discovering, and deepening. *Seminars in Perinatology, 35*(2), 52-58.
25. Kuiper, R., Heinrich, C., Matthias, A., Graham, M. J., & Bell-Kotwall, L. (2008). Debriefing with the OPT model of clinical reasoning during high fidelity patient simulation. *International Journal of Nursing Education Scholarship, 5*(1), 1-14.
26. Cheng, A., Morse, K. J., Rudolph, J., Arab, A. A., Runnacles, J., & Eppich, W. (2016). Learner-centered debriefing for health care simulation education: Lessons for faculty development. *Simulation in Healthcare, 11*(1), 32-40.
- Dieckmann, P., Molin Friis, S., Lippert, A., & Østergaard, D. (2009). The art and science of debriefing in simulation: Ideal and practice. *Medical Teacher, 31*(7), e287-e294.
- Dismukes, R. K., Gaba, D. M., & Howard, S. K. (2006). So many roads: Facilitated debriefing in healthcare. *Simulation in Healthcare, 1*(1), 23-25.
- Dreifuerst, K. T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education, 51*(6), 326-333.
- Dufrene, C., & Young, A. (2014). Successful debriefing—Best methods to achieve positive learning outcomes: A literature review. *Nurse Education Today, 34*(3), 372-376.
- Eppich, W. J., Hunt, E. A., Duval-Arnould, J. M., Siddall, V. J., & Cheng, A. (2015). Structuring feedback and debriefing to achieve mastery learning goals. *Academic Medicine, 90*(11), 1501-1508.
- Gardner, R. (2013). Introduction to debriefing. *Seminars in Perinatology, 37*(3), 166-174.
- Ha, E.-H. (2014). Attitudes toward video-assisted debriefing after simulation in undergraduate nursing students: An application of Q methodology. *Nurse Education Today, 34*(6), 978-984.
- Jaye, P., Thomas, L., & Reedy, G. (2015). 'The Diamond': A structure for simulation debrief. *The Clinical Teacher, 12*(3), 171-175.
- Lavoie, P., Pepin, J., & Cossette, S. (2015). Development of a post-simulation debriefing intervention to prepare nurses and nursing students to care for deteriorating patients. *Nurse Education in Practice, 15*(3), 181-191.
- Lusk, J. M., & Fater, K. (2013). Postsimulation debriefing to maximize clinical judgment development. *Nurse Educator, 38*(1), 16-19.
- Mariani, B., Cantrell, M. A., & Meakim, C. (2014). Nurse educators' perceptions about structured debriefing in clinical simulation. *Nursing Education Perspectives, 35*(5), 330-331.
- Mariani, B., Cantrell, M. A., Meakim, C., Prieto, P., & Dreifuerst, K. T. (2013). Structured debriefing and students' clinical judgment abilities in simulation. *Clinical Simulation in Nursing, 9*(5), e147-e155.
- Megel, M. E., Bailey, C., Schnell, A., Whiteaker, D., & Vogel, A. (2013). High-fidelity simulation: How are we using the videos? *Clinical Simulation in Nursing, 9*(8), e305-e310.
- McNiesh, S. G. (2015). Cultural norms of clinical simulation in undergraduate nursing education. *Global Qualitative Nursing Research, 2*. <http://dx.doi.org/10.1177/2333393615571361>.
- NLN Board of Governors. (2015). *Debriefing Across the Curriculum: A Living Document From the National League for Nursing*. Washington, DC: National League for Nursing.
- Peters, V. A., & Vissers, G. A. (2004). A simple classification model for debriefing simulation games. *Simulation & Gaming, 35*(1), 70-84.
- Reed, S. J. (2015). Written debriefing: Evaluating the impact of the addition of a written component when debriefing simulations. *Nurse Education in Practice, 15*(6), 543-548.
- Reed, S. J. (2012). Debriefing experience scale: Development of a tool to evaluate the student learning experience in debriefing. *Clinical Simulation in Nursing, 8*(6), e211-e217.
- Reed, S. J., Andrews, C. M., & Ravert, P. (2013). Debriefing simulations: Comparison of debriefing with video and debriefing alone. *Clinical Simulation in Nursing, 9*(12), e585-e591.
- Rudolph, J., Foldy, E., Robinson, T., Kendall, S., Taylor, S., & Simon, R. (2013). Helping without harming: The instructor's feedback dilemma in debriefing - A case study. *Simulation in Healthcare, 8*(5), 304-316. <http://dx.doi.org/10.1097/SIH.0b013e318294854e>.
- Rudolph, J. W., Simon, R., Raemer, D. B., & Eppich, W. J. (2008). Debriefing as formative assessment: Closing performance gaps in medical education. *Academic Emergency Medicine, 15*(11), 1010-1016.
- Salas, E., Klein, C., King, H., Salisbury, M., Augenstein, J. S., Birnbach, D. J., ..., & Upshaw, C. (2008). Debriefing medical teams: 12 evidence-based best practices and tips. *Joint Commission Journal on Quality and Patient Safety, 34*(9), 518-527.
- Simon, R., Raemer, D., & Rudolph, J. (2010). *Debriefing Assessment for Simulation in Healthcare©-Student Version, Short Form*. Cambridge, MA: Center for Medical Simulation.

Bibliography

- Arafeh, J. M., Hansen, S. S., & Nichols, A. (2010). Debriefing in simulated-based learning: Facilitating a reflective discussion. *The Journal of Perinatal & Neonatal Nursing, 24*(4), 302-309.
- Archer, J. C. (2010). State of the science in health professional education: Effective feedback. *Medical Education, 44*(1), 101-108.
- Arizona State Board of Nursing. (2015). *Advisory opinion; Education use of simulation in approved RN/LPN programs*. Retrieved from https://www.azbn.gov/Documents/advisory_opinion/AO%20Use%20of%20Simulation%20in%20Pre-Licensure%20Programs.pdf.
- Arora, S., Ahmed, M., Paige, J., Nestel, D., Runnacles, J., Hull, L., ..., & Sevdalis, N. (2012). Objective structured assessment of debriefing: Bringing science to the art of debriefing in surgery. *Annals of Surgery, 256*(6), 982-988.
- Boet, S., Bould, M. D., Sharma, B., Revees, S., Naik, V. N., Tribby, E., & Grantcharov, T. (2013). Within-team debriefing versus instructor-led debriefing for simulation-based education: A randomized controlled trial. *Annals of Surgery, 258*(1), 53-58.
- Brett-Fleegler, M., Rudolph, J., Eppich, W., Monuteaux, M., Fleegler, E., Cheng, A., & Simon, R. (2012). Debriefing assessment for simulation in healthcare: Development and psychometric properties. *Simulation in Healthcare, 7*(5), 288-294.
- Cant, R. P., & Cooper, S. J. (2011). The benefits of debriefing as formative feedback in nurse education. *Australian Journal of Advanced Nursing, 29*(1), 37-47.
- Cantrell, M. A. (2008). The importance of debriefing in clinical simulations. *Clinical Simulation in Nursing, 4*(2), e19-e23.
- Chung, H. S., Dieckmann, P., & Issenberg, S. B. (2013). It is time to consider cultural differences in debriefing. *Simulation in Healthcare, 8*(3), 166-170. <http://dx.doi.org/10.1097/SIH.0b013e318291d9e>.
- Dieckmann, P. (2012). Debriefing Olympics—A workshop concept to stimulate the adaptation of debriefings to learning contexts. *Simulation in Healthcare, 7*(3), 176-182.

Timmis, C., & Speirs, K. (2015). Student perspectives on post-simulation debriefing. *The Clinical Teacher*, 12(6), 418-422.

Van Heukelom, J. N., Begaz, T., & Treat, R. (2010). Comparison of post-simulation debriefing versus in-simulation debriefing in medical simulation. *Simulation in Healthcare*, 5(2), 91-97.

Original INACSL Standards

The INACSL Board of Directors. (2011). Standard VI: The debriefing process. *Clinical Simulation in Nursing*, 7(4S), s16-s17. <http://dx.doi.org/10.1016/j.ecns.2011.05.010>.

Subsequent INACSL Standards

Decker, S., Fey, M., Sideras, S., Caballero, S., Boese, T., Franklin, A. E., . . . , & Meakim, C. (2013). Standards of best practice: Simulation standard VI: The debriefing process. *Clinical Simulation in Nursing*, 9(6), S26-S29.

About the International Nursing Association for Clinical Simulation and Learning

The International Nursing Association for Clinical Simulation and Learning (INACSL) is the global leader in transforming practice to improve patient safety through excellence in health care simulation. INACSL is a community of practice for simulation where members can network with simulation leaders, educators, researchers, and industry partners. INACSL also provides the INACSL Standards of Best Practice: SimulationSM, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research.