



# **Evolution of the supervision of students in clinical training, towards digital debriefing**



EUROPEAN FEDERATION FÉDÉRATION EUROPÉENNE OF EDUCATORS DES ENSEIGNANTS IN NURSING SCIENCE EN SCIENCES INFIRMIÈRES Jean-christophe.servotte@henallux.be

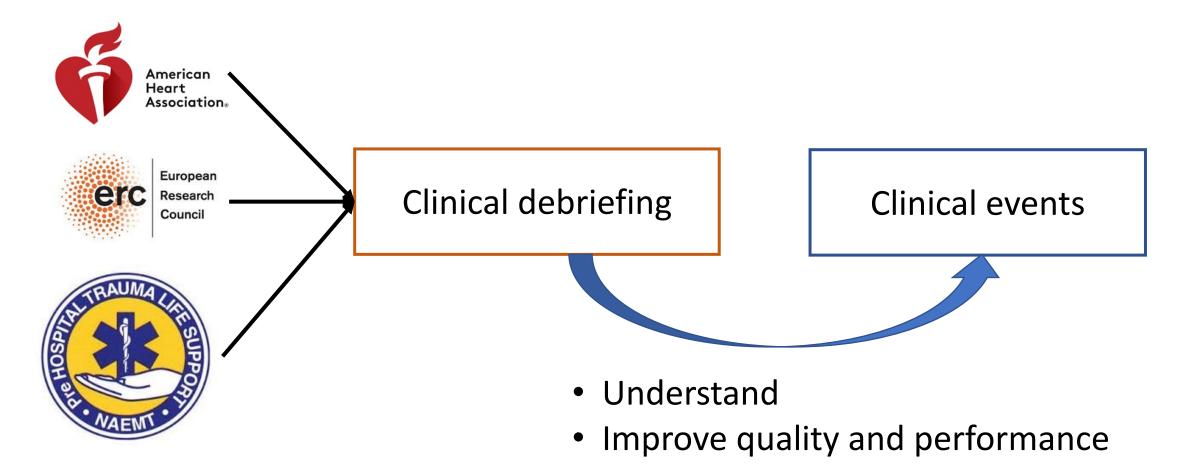
# Context

- Traditional clinical apprenticeship model:
  - ✓ See one, do one, teach one (Leighton et al., 2021)
  - Engagement in patient care : 44% (Polifroni et al., 19955; Norman et al., 2005)
  - ✓ Supervision : 25% of this time (Harder, 2015; Polifroni et al., 1995)
- Clinical outcomes:
  - ✓ Lack of evidence (Leighton et al., 2021)
  - ✓ Nursing students and new nurses: more errors (Blignaut et al., 2017; Simonsen et al., 2014)
  - ✓ Support and/or feedback: improvement (Pastré et al., 2006; Van Pee, 2010)

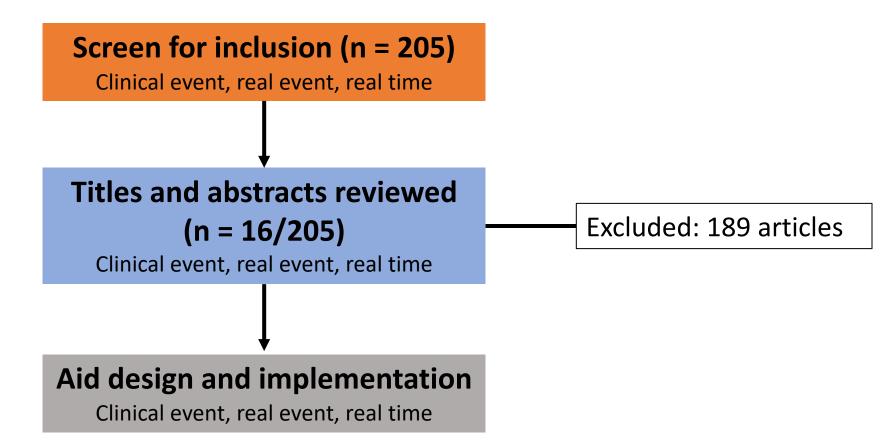
### Context

- February-May 2020: first wave of COVID-19
- Clinical settings:
  - ✓ Management of COVID-19 patients: new paradigm
  - ✓ Internship sites closed or redirected
  - ✓ Students: stop internship or no supervision
- October 2021: second wave → remote clinical debriefing program

# What is clinical debriefing ?



### Literature review



Clinical debriefing guide (Kessler et al., 2015): Debriefing In Situ Clinical End-of-shift Reflection Now for Student Thinking, Understanding, and Discourse to Extend New Thinking© (DISCERN-STUDENT)

### Clinical debriefing guide (Kessler et al., 2015) What? Where?

When?

Who?

Why?

### What ?

• A method to facilitate discussion of actions, guide reflection and transfer learning behaviors into clinical practice (Servotte et al., 2020)

#### What?

#### Where?

 Facilitate discussion of actions, guide reflection & transfer learning behaviors

When?

Why?

Who?

# When?



Immediately after  $\rightarrow$  Hot

#### +

- Availability
- Minimizing recall bias
- Urgent issues



Emotional

issues

# When?



Immediately after  $\rightarrow$  Hot

Minutes/hours after →Warm

#### +

- Availability
- Minimizing recall bias
- Urgent issues
- Programmed

#### Time

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- Space
- Emotional

issues

Absence / rejection

# When?



#### Days after $\rightarrow$ Cold



- More data
- Non participant

#### Availability

- Recall bias
- Discussion with a larger group

#### What?

#### Where?

 Facilitate discussion of actions, guide reflection & transfer learning behaviors

#### When?

• After shift ends

Why?

How?

Who?

# What can we debrief ?

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# Latent Safety Threats

#### What?

#### Where?

• Facilitate discussion of actions, guide reflection & transfer learning behaviors

#### When?

• After shift ends

#### Why?

- Latent safety threats
- Improvement opportunities
- Self-assessment & reflection

Who?



- Video-conference
- On site

#### What?

• Facilitate discussion of actions, guide reflection & transfer learning behaviors

#### Where?

Video-conference

#### When?

• After shift ends

#### Why?

- Latent safety threats
- Improvement opportunities
- Self-assessment & reflection

#### Who?

#### What?

 Facilitate discussion of actions, guide reflection & transfer learning behaviors

#### When?

• After shift ends

#### Why?

- Latent safety threats
- Improvement opportunities
- Self-assessment & reflection

#### Where?

- On site
- Video-conference

#### Who?

Nursing students, debriefer and team members

- Psychological safety :
  - $\checkmark$  Co-creation
  - ✓ Confidentiality
  - ✓ Not an assessment
- Plus/Delta analysis

- First debriefings: very long (> 1h)
- Students prepare debriefing with a preconversation sheet

# **How ? Preconversation**

20	Pre-conversation	Debriefing key elements
	Before the debriefing, we ask you to answer the following questions and to use this worksheet individually to:	In this section, you are invited writing key learning elements discovered during the debriefing:
	1. What is the first emotion that comes about your clinical shift experience?	1. Elements/events could have been better (add potential solutions):
	<ul><li>2. In a few brief sentences, describe the educational activities that were undertaken during your clinical shift</li><li>a. What went well and why?</li></ul>	2. Key Lessons:
f 1 5 ) 5	b. What could be done more effectively in the future and why?	3. Action Items:
	c. What would you like to discuss about your experience with learning in a COVID-19 environment (eg. exposure, patients' care, etc.)?	4. Other information:

# How?

Adaptation:

- ✓ DISCERN tool (Mullan et al., 2013)
- ✓ DISCOVER-PHASE (Servotte et al., 2020)

3 sections

5 stages

Debriefing report

Debriefing structure	Debriefing report
1. INTRODUCTION:	1. Time debriefing started:
<ul> <li>Thank you for joining this debriefing. This will take about 5-10 minutes.</li> </ul>	
The goal of this debriefing is to reflect together on the educational	
experience you have had on today's shift. This conversation will be	
confidential, any shared information will not become a part of your	2. Description of main activities (brief)
graded evaluation, and any recommendations for improving the	
educational experience will not be identifiable to you unless you	
specifically request it. I'll be around after if anyone want to talk	
further.	
<ul> <li>We would now like to turn to everyone to discuss their reflection on this</li> </ul>	
shift, what they thought went well, and what they thought we could do	
differently in the future.	<ol><li>PLUS comments (what went well):</li></ol>
2. REACTIONS	
<ul> <li>Before we reflect on the education value of today's shift and review</li> </ul>	
what we thought went well and what we thought we could do differently	
in the future, how (are you / is everyone) feeling about how the shift	
went?	
<ul> <li>Invite sharing of emotions or initial reactions</li> </ul>	
<ul> <li>Listen, mirror, validate. <u>Don't</u> probe deeply</li> </ul>	
3. DESCRIPTION	
• Invite each student to describe the educational activities, in a few brief	
sentences, that were undertaken during their shift.	4. DELTA comments (what could have be improved in the
4. CONVERSATION	future):
<ul> <li>PLUS: Invite reflection and sharing of successes from the prior shift.</li> </ul>	
"What went well during the shift?" (Document to the right under #3)	
• DELTA: Invite reflection and sharing around areas that could be done	
differently/more effectively in the future. "Let's talk about the difficult	
things that are happening" (Document to the right under #4)	
<ul> <li>Ask more in-depth questions related to COVID-19 patient care,</li> </ul>	
evaluations or treatments.	5. Action Items, Key Lessons, Other information
• ACTION: What are the key learning elements? What topics should we	
communicate to educational or hospital leadership? (Document to the	
right under #5) 4. CLOSING	
<ul> <li>Begin to close the session by signaling that you are ending the session, thank everyone for their participation</li> </ul>	
T 1. 44.4 22 4 1	
	6.Time debriefing ended :
o Summanze Key Action nemis and Lessons Learned	o. This debitching <u>childed</u>

# **Does it work ?**

- 100 debriefings / 110 opportunities (90,1%)
- Request: facilitator (82%), students (13%) or team members (5%)
- Duration: 12 minutes (9-16)
- ICU (62%) and emergency (26%)
- WhatsApp (54%), Teams (32%) or phone (14%)

# **Does it work ?**

- Satisfaction:
   ✓ Overall: 4,7/5
  - ✓ System: 4,8/5
  - ✓ Duration: 4,3/5
- Sense of respect
- Listening and confidentiality

# **Does it work ?**

- Findings:
  - ✓ Technical skills (25%)
  - ✓ Non-technical skills (80%)
  - ✓ Other issues (8%): ethical, anxiety, burnout, etc.

# Conclusion

- Best practices feasible
- Different support psychological safety
- Research needed

# Thank you ...

