

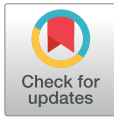


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Short Communication

Debriefing: A Place for Enthusiastic Teaching and Learning at a Distance

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Abstract: The current pandemic has required a quick response to the unprecedented suspension of face-to-face instruction in higher education worldwide. The rapid conversion of didactic, laboratory, and clinical courses to distance learning has been challenging, requiring integration of screen-based virtual simulations and other innovative learning activities. The importance of a robust debriefing of these learning opportunities is often neglected, which could be to the detriment of the students. Debriefing is based on strong narrative pedagogy, requiring an engaging and enthusiastic dialog. Despite long days of screen time, it is even more imperative to connect with students to create meaningful learning through a rich verbal debriefing.

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In the rush to address the educational constraints resulting from COVID-19, many nursing programs are turning to screen-based virtual simulations and other creative innovations as alternatives to traditional clinical course offerings. Yet, many educators are not prepared to implement these alternative methods. In addition, because of the cessation of nursing students allowed to practice in hospitals and clinics

and complete needed clinical hours, undergraduate and graduate nursing programs alike are taxed with satisfying these clinical requirements. This means that all didactic, clinical, and laboratory courses are being taught remotely—never has there been a better time for debriefing across the curriculum (**National League for Nursing [NLN] Board of Governors, 2015**).

Because of urgent learning needs, producers of screen-based virtual simulation resources have offered discounted access to valuable resources to provide new distance accessible virtual learning experiences that may not have been integrated into program curriculum otherwise.

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However, the importance of a robust debriefing as a component of these learning opportunities is often neglected, which could be to the detriment of the students. Extant simulation research has generated a base of knowledge exclaiming the importance of postsimulation

debriefing which cannot be ignored during this current crisis. Now that the initial rush to a rapid solution has passed, it is time to pause, reflect, and return to the undisputable evidence that describes how the active learning occurring through alternate virtual learning activities requires a robust debriefing aligned with current simulation best practices and regulatory recommendations. Going forward, we need to evaluate our hurried solutions and ensure adherence to best practices in online education, simulation, and debriefing (INACSL Standards Committee, 2016; Standards from the Quality Matters Higher

Education Rubric, 2014) in both prelicensure and graduate programs.

Regardless of how the learning experience is delivered online, a primary goal of nursing education is to teach students to think like a nurse. Debriefing increases students' ability to develop clinical reasoning and clinical judgment which are essential to thinking like a nurse. While debriefing has traditionally occurred as a face-to-face conversation after a simulation or traditional patient care experience, the restrictions of the current pandemic demands a quick conversion to a virtual format. In fact, with the recommendation for debriefing use across nursing curricula (NLN Board of Governors, 2015), the current crisis of offering virtual didactic and clinical course experiences brings debriefing to the forefront of learning in higher education.

Due to these quick efforts to convert learning activities as distance offerings, many students have been given virtual clinical experiences which they complete independently without reflective conversation and feedback. As a result of the race to provide distance learning quickly, many faculties are using reflective journaling and guided questions submitted to written discussion boards through the learning management system as a way for students to gather and share their reflections on virtual clinical learning activities. These are not new strategies for nursing education and while they can be a valuable way to direct students to focus on their individual thoughts and responses to an experience, this is

not a replacement for a faculty-guided, verbal, interactive, and reflective discussion. In fact, the rich dialog that defines debriefing as a dynamic two-way conversation is missing, leaving students without this valuable time when faculty facilitate reflection and anticipation.

Make no mistake, however, debriefing is taxing and requires faculty energy and intention, particularly during this current crisis. It is in this debriefing dialog that the thought processes of students are made visible to both students and faculty so that deeper learning can take place. Regardless of the activity, debriefing provides the opportunity for students to see a teacher's passion for nursing paired with their teaching expertise. As students and faculty alike are becoming overwhelmed with long days of screen time, it is even more imperative that faculties connect with students on a deeper level to create meaningful learning through verbal interaction. If learning to think remains a critical learning outcome, then reflective dialog should be at the forefront of debriefing rather than computer-generated feedback alone (Dreifuerst, Bradley, & Johnson, 2012).

Good debriefing is a reflective, engaging, and informative dialog which helps faculty understand the learners' thinking, helps the learners affirm or correct their thinking, and cultivates anticipation and assimilation. Debriefing is not necessarily a solo activity with a prescriptive list of questions asking things such as what went right, what went wrong, what did you learn, and how do you feel? Without the conversation, the meaningful learning opportunity is lost.

Debriefing is not simply about ensuring knowledge gain about a specific condition, patient situation, or clinical experience. Rather, it is a dynamic interaction between the faculty and students (Jeffries, Rodgers, & Adamson, 2016), based on a strong pedagogical approach that is engaging and enthusiastic with the intent of improving clinical judgment, decision-making, and reasoning to improve patient care. During this pandemic, where students and faculty are both situated in new and vulnerable situations, debriefing is the place to teach students to think like a nurse by fostering reflection, conveying enthusiasm grounded in strong narrative pedagogy that is welcoming and inviting students into a rich dialog (Ironside, 2015), and setting high standards challenging students to rise to them and immerse themselves in preparing for practice through teaching and learning at a distance.

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