

Featured Article

# Getting Started With Debriefing for Meaningful Learning

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## KEYWORDS

group dialog that students can use long into the practice. This article describes how faculty can get started using DML and demonstrates the iterative process of the method with examples from simulation debriefing.

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There are many ways to debrief prelicensure nursing students. Assumptions are common in students as they begin to synthesize. Debriefing for Meaningful Learning (DML) is a method of size and apply what they are learning with what they are debriefing that can be used in simulation environments and experiencing as they apply this new knowledge. Assumptions other clinical settings to review patient care, cultivate reflection by the students can be logical and knowledge based or ill-timed thinking, and foster meaningful learning. Optimizing concepts and/or based on one experience that they extrapolate contextual learning in simulation and traditional clinical settings and therefore taken-for-granted to apply to all situations is paramount to the preparation of safe and knowledgeable nurses, but it can be a challenging task for faculty (Killam & Heerschap, 2013; Norman, Dore, & Grierson, 2012). Through the use of Socratic questioning and guided reflection, DML can teach students to challenge taken-for-granted assumptions and reveal relationships between thinking and actions (Figure 1). Taken-for-granted

is occurring. These include questions about (a) the underlying belief or conclusion, (b) opposing thoughts or objections, (c) the origin or source of the information, (d) the implications or consequences, and (e) the reasons, evidence, or assumptions underlying the thought process (Paul & Elder, 2007). DML is grounded in well-established, constructivist, and problem-based learning theories and has demonstrated positive student thinking and learning outcomes (Dreifuerst, 2012; Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Mariani, Cantrell, Meakim, Prieto, & Dreifuerst, 2012).

as those times when you can “see the wheels turning” and thinking processes coming together as the student is in the act of providing patient care. This is different from reflection-on-action, which is a retrospective review and analysis of events and decision making that occurred pre-

that were made (Shinnick et al., 2011). The process of unloading and parking emotions onto the worksheet not only acknowledges the presence of an emotional response but also facilitates a transition to active discussion and reflection through the debriefing method.

Although students begin by listing what went right and

the debriefing room, and the conversation is no longer



care is a complex intersection of observations, decisions, actions, and interactions that synthesizes knowledge and demonstrates thinking like a nurse. Elaborating on specific ideas, concepts, knowledge, behaviors, and components of

similar and what would be different if their patient was a 12-year-old boy with a history of cystic fibrosis who was admitted with pneumonia. Because there is no time to discuss this as a group, the students are asked to write this up as a part of their clinical assignment which will be due the next time they meet. The teacher reminds students that on hearing report on their patient, nurses actively begin to reflect-on-action as they anticipate what they will encounter as they leave report and approach the room, and this is part of thinking like a nurse. Moreover, they base their actions and decisions on how well the reality fits with what was anticipated in their interaction with the patient and how much they need to change their thinking based on the new set of clinical circumstances.

## Conclusion

DML is a debriefing method that uses six phases, engage, explore, explain, elaborate, evaluate and extend, in an iterative yet consistent reflective process to help teachers debrief simulation and other clinical experiences with students. Using reflection-in-action, reflection-on-action, and reflection-beyond-action, DML facilitates development of clinical reasoning and thinking like a nurse. Assimilation and accommodation are necessary thinking skills in a practice profession and complementary concepts to reflection. Clinical teachers use DML to help students successfully reflect on their practice, demonstrate they can transfer learning from one teaching environment or clinical situation to another, think like a nurse, and reason to inform their next patient encounter. The use of DML as a consistent debriefing method can provide effective