THE LIVED EXPERIENCES OF FACULTY CONDUCTING POST-SIMULATION DEBRIEFING IN NURSE PRACTITIONER PROGRAMS

by

Jodi Borden Duncan

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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Dedication

In loving memory of my Mama, who watched this journey from heaven. You were one of the hardest-working people I've ever met. You always encouraged me to get my education and were so proud of my nursing career. I dedicate this dissertation to you.

Acknowledgments

There are many who helped me along the way on this journey. I want to take a moment to thank them.

First, I wish to thank my dissertation committee. Without their guidance, I would not have made it. Dr. Alex Boggs and Dr. Robert Koch served as wise committee members, and Dr. Cynthia Goodrich, my chair, went above and beyond to help me reach my goal. You have my eternal gratitude.

To my nurse educator colleagues, past and present: you have taught me so much about the art and science of nursing education. I would not have made it this far without you. I give a special thanks to my mentors at the University of Central Florida, Dr. Jackie LaManna and Dr. Mindi Anderson, who took the time to answer my many questions about nursing research and simulation education.

To my husband, Kyle, and my daughter, Priya: your love and understanding helped me through the trying times. Without you believing in me, I never would have made it. It is time to celebrate; you earned this degree right along with me.

Last, but certainly not least, I give thanks and praise to God, whose goodness, kindness, and mercy never cease to amaze me.

ABSTRACT

Simulation-based education is a teaching–learning pedagogy widely used in nursing programs today. While much research has been done on student perceptions of simulation and the fact most learning occurs in the post-simulation debriefing session, little research has been done on how learning takes place in debriefing. Nurse practitioner faculty also use simulation as a teaching methodology, but the implementation of debriefing methods and faculty experiences with debriefing sessions are not known. As simulation may not be counted as direct clinical hours in nurse practitioner programs, more research must be done before the substitution of hours can be considered. The substitution of clinical hours, as can occur in undergraduate programs, can alleviate clinical site and preceptor shortages. More nurse practitioner students could be trained and graduate, which in turn, could alleviate the primary care provider shortage in the United States. The purpose of this transcendental phenomenological study was to understand the experiences of nurse practitioner faculty who conduct post-simulation debriefing sessions. The framework guiding this study was Edmund Husserl's phenomenological philosophy. Data were collected via interviews with faculty who have facilitated post-simulation debriefing sessions for a minimum of three sessions. Data were analyzed through manual coding and teasing out themes from the participants' narratives. Themes derived from the analysis included (a) Structure of the Debriefing Session, (b) During the Debriefing Session, and (c) Facilitator Training.

Keywords: simulation, nurse practitioner, education, faculty, debriefing

Table of Contents

List of Tables

List of Abbreviations

Debriefing for Meaningful Learning (DML)

Debriefing for Meaningful Learning Evaluation Scale (DMLES)

Doctor of Nursing Practice (DNP)

Family Nurse Practitioner (FNP)

High Fidelity Simulation (HFS)

International Nursing Association of Clinical Simulation and Learning (INACSL)

National Council of State Boards of Nursing (NCSBN)

National Organization of Nurse Practitioner Faculties (NONPF)

Nurse Practitioner (NP)

Objective Structured Assessment of Debriefing (OSAD)

Peer Debriefing Assessment Instrument (PADI)

Primary Care Provider (PCP)

Promoting Excellence and Clinical Learning in Simulation (PEARLS)

Simulation-Based Education (SBE)

CHAPTER ONE: INTRODUCTION

Overview

The National Council of State Boards of Nursing (NCSBN) published the results of the largest simulation study done in undergraduate prelicensure nursing education, examining the substitution of traditional clinical hours with simulation hours in 2014 (Alexander et al., 2015). The NCSBN released a position statement in 2015 endorsing the substitution of up to 50% of clinical hours with simulation hours in prelicensure nursing programs. The NCSBN 2015 position statement was made after considering the results of the NCSBN study as well as prior research conducted by the International Nursing Association of Clinical Simulation and Learning (INACSL), which concluded that simulation-based education was a safe, effective alternative to the traditional training provided in a hospital setting for prelicensure nursing students.

Although 98% of advanced practice nurse practitioner programs also use simulation-based education (SBE) to train nurse practitioner (NP) students for practice, the substitution of clinical hours with simulation hours has not been approved due to the lack of research on its effectiveness on learning outcomes in NP programs (Nye et al., 2019). To date, there is no equivalent large study done in advanced practice nursing programs examining the effectiveness of simulation as a substitute for traditional clinical training. The amount of research done in NP simulation education is less than in prelicensure nursing programs. In 2022, a scoping review was done by El Hussein and Favell demonstrated only 12 studies have been done on NP simulation education in the United States, two of which were interdisciplinary. Studies included in the scoping review were done to determine NP student learning outcomes, used simulation as a formative/teaching strategy, or expanded NP scope of practice.

The inability to count the simulation hours used in NP education is a significant issue

considering there is a shortage of NP preceptors and clinical sites to train NP students (El Hussein & Favell, 2022; Jeffries et al., 2019; McInnis et al., 2021). This shortage of preceptors and clinical sites to train NP students threatens to compound the primary care provider (PCP) shortage the United States is facing, and which NPs are qualified to fill (American Nurse, 2019; El Hussein & Favell, 2022). NPs are registered nurses trained to provide primary, chronic, acute, and specialty health care services and can prescribe medications and treatments (American Association of Nurse Practitioners, 2022). Almost 90% of NPs are certified in an area of primary care and 70% of NPs deliver primary care services in the United States. In the United States, there is expected to be a shortage of up to 55,000 PCPs by 2033 (El Hussein & Favell, 2022). The United States desperately needs more trained PCPs; however, medical doctors are not choosing primary care residencies with increasing frequency (O'Sullivan et al., 2020).

NP educators are tasked to train competent healthcare providers who can meet the challenges of patients with increasingly complex healthcare needs (National Organization of Nurse Practitioner Faculties [NONPF], 2020). Since there is a shortage of preceptors and clinical sites, it is reasonable to assume simulation could be used as an alternative to teaching students to meet these challenges, since this is done in undergraduate programs. Simulation is already used in NP education as an adjunct teaching method to prepare students for clinical rotations and practice (NONPF, 2020). In 2020, a survey showed 61% of NPs did not feel competent to perform procedures such as intrauterine device placement after graduation (El Hussein & Favell, 2022). Using simulation to teach psychomotor skills such as basic office procedures could be very useful to students' skill sets and confidence.

Due to the lack of research on SBE in NP programs, NP educators rely on the research done in undergraduate nursing education for best practices. However, undergraduate nursing

education and graduate nursing education have different learning objectives. A lack of evidence on the outcomes of SBE, inconsistencies regarding various uses of modalities, and limited research on the effects on clinical competency in NP students are all obstacles to the implementation of SBE in NP programs. More research is needed in NP SBE for simulation science to progress.

Background

NP students must demonstrate core competencies, which are behaviors exhibited by students to demonstrate they have met the learning outcomes required by their program of study (NONPF, 2020). Core competencies have been outlined by NONPF since 1990 and include cognitive decision-making, psychomotor skills, and communication. SBE in NP programs must demonstrate students can meet core competencies before it can be approved for substitution for direct clinical hours. A question remains about how NP educators will be able to understand what best practices are in NP SBE as the vast majority of SBE research has been done in undergraduate nursing education. Undergraduate nursing education focuses on clinical reasoning, whereas NP education focuses on clinical decision-making, which is different. NP educators need their own set of simulation best practice guidelines due to the differences in focuses between undergraduate nursing education and NP education (Anderson et al., 2019).

Historical Context

The NP profession has proliferated since its inception in 1965, with the United States having over 355,000 practicing NPs today (American Association of Nurse Practitioners, 2022). NP programs struggle to find appropriate clinical settings and preceptors for their students to meet course learning outcomes. SBE is an alternative to clinical sites that can create realistic clinical scenarios for students to meet various learning competencies (Loomis et al., 2022).

Simulation has been a teaching strategy used in aviation and the military and was adopted in nursing education over the past several decades (Ha & Lim, 2018). In medical education, simulation strategies, including post-simulation debriefing techniques, were borrowed from the military and aviation (Ha & Lim, 2018). The first use of simulation in nursing education was in 1911 when a dollmaker created a life-sized doll named Mrs. Chase for nursing students to practice dressing, changing, and turning (Aebersold, 2018). Early simulation, or skills labs, had nursing students practice skills on manikins or one another. In the 1990s, the first high-fidelity simulators were produced, which significantly changed nursing simulation education from the more traditional skills lab to the high-fidelity simulation lab.

Social Context

The shortage of primary care providers in the United States is a well-documented problem (Ku & Druss, 2020; McGee et al., 2022; Robeznieks, 2022). NPs are positioned to fill the gap and provide much needed primary healthcare in the country. However, with a lack of clinical sites and preceptor availability, NP programs cannot take as many students. NPs are more likely to work with rural and underserved populations (Neprash et al., 2020). Rural and underserved patients often struggle to access high-quality health care. If more NPs could be trained, more people in these demographics could probably access the healthcare they need. This study sought to further the science of NP SBE so, hopefully, simulation hours can be substituted for clinical hours in the future. The ability to substitute simulation hours for clinical hours will alleviate some of the issues NP programs have with clinical sites and preceptor shortages. In turn, these programs could take more students and graduate more NPs. If more NPs graduated, more PCPs would be available in the U.S. population. COVID-19 demonstrated the major issue

with not being able to use simulation hours. Students could not obtain needed hours and could fall behind in graduating.

Theoretical Context

Transcendental phenomenology philosophy as outlined by Husserl (1931) was used to guide this dissertation study. Phenomenology is the study of the lived experience of people who experience a phenomenon (Moustakas, 1994). The researcher interviews the persons who experience the phenomenon, while attempting to remain objective to the data collected. The data are then analyzed to obtain the essence of the phenomenon. Phenomenology states that knowledge can only be obtained by talking to those who have experienced the phenomenon.

Situation to Self

The philosophical assumptions that guided this study are derived from phenomenology. However, as a Christian researcher, I believe ultimate truth and reality are derived from the Bible. However, individuals may experience these things in different ways or have different understandings of reality. As a researcher, I should collect the data from individuals as they perceive it, and not make value statements on whether the individual perceives truth correctly or not. The Bible tells us a Christian's first duty is to present themselves to God as one approved and to correctly handle "the Word of truth" (*English Standard Bible*, 2001, 2 Timothy 2:15). While I know I must be true to the Word of God, and present the Word of God truthfully, I can respect my participants, even if they do not agree with the truth of God. Phenomenology is a framework used to guide this study, but my biblical worldview is what frames the phenomenology philosophy for this research.

I was motivated to conduct this study due to being a practicing NP and an NP educator. I have seen firsthand the difficulties encountered in placing NP students in clinical sites each

semester and the challenges faced when students must accept a site that is less than ideal for the course objectives for a particular class. During the COVID-19 pandemic, the issue of not being able to use simulation hours as a substitute was magnified as NP students were removed from our clinical partner sites. Having students removed from their clinical sites posed a major issue in graduating students on time with the correct number of hours needed to sit for the NP certification exams. Currently, all NP certification exams require a minimum of 500 direct care patient hours. Although substituted simulation hours and telehealth hours were used where we could, only the telehealth hours could count towards our students' 500-hour minimum. Creating a placement backlog made it difficult in subsequent semesters as well because the students who lost time during COVID-19 now have to compete for sites with incoming NP cohorts. The faculty and student body experienced a large amount of stress that could have been alleviated in some part by the ability to substitute simulation hours. I hope with this study to narrow the gap by conducting research specifically on NP SBE in the hopes these hours will one day be able to be used for substitution as they are in prelicensure nursing programs. As debriefing is the most important component of the SBE experience for the learner, it makes sense to describe the experiences of the facilitators and the participants as the first logical step in the research.

Problem Statement

The problem is little is known about SBE in NP education (El Hussein & Favell, 2022), and thus the substitution of clinical hours for simulation hours is not currently permissible (NONPF, 2020), as it is in prelicensure nursing programs. More studies must be done in NP simulation to narrow the gap in the NP SBE research. As debriefing is the most important part of the SBE for the learner, this study examined the post-simulation debriefing experiences of faculty in NP programs. Most of the current research focuses on post-simulation debriefing in

prelicensure nursing programs and outcomes of simulation for the learner; this study focused on the faculty who facilitate the debriefing sessions to determine the experiences of quality, barriers, facilitators, and overall experiences with the debriefing methods in NP programs. As 98% of NP programs use SBE, it is important to conduct more research on its effectiveness as an educational tool for this student population (Nye et al., 2019). In addition, the preceptor and clinical site shortage in conjunction with the primary care shortage only compounds the issue of primary care provider access in the United States. This research study addressed NP faculty's post-simulation debriefing experiences and adds to the body of research for NP SBE.

Purpose Statement

The purpose of this qualitative, transcendental phenomenological study was to understand the post-simulation debriefing experiences of faculty in NP programs. Post-simulation debriefing is generally defined as the reflection process of the learner where the meaning and consequences of the simulation experience are integrated into the previous set of knowledge, skills, and attitudes of the learner (INACSL Standards Committee et al., 2021). The findings from this study may help simulation educators to understand the current state of NP debriefing and if best practices are being followed per the INACSL guidelines for debriefing. NPs may need a different method of debriefing than undergraduates. The theory guiding this study was Husserl's transcendental phenomenology.

Significance of the Study

This study contributes to the science of nursing simulation education by describing practices of NP faculty debriefing methods, structures, and practices. There is a dearth of evidence on nursing simulation debriefing, especially in NP education. Best practices in nursing simulation debriefing have not been well-studied. This research study may assist nursing

simulation educators and researchers in better understanding the practices of NP faculty and may lead to more research on best practices in NP simulation debriefing. As debriefing is considered the most important part of a simulation-based experience for a student, the more that can be known about it will be beneficial for NP SBE. Hopefully, this will lead the way forward to replacing clinical hours with simulation hours to alleviate preceptor and clinical site shortages for NP students. Because of the preceptor and clinical site shortages, NP schools are forced to accept fewer students. If simulation hours could be used in place of clinical hours, schools could potentially accept more NP students. In turn, this could alleviate the PCP shortage being experienced in the United States.

Research Question

What are the lived experiences of faculty conducting post-simulation debriefing in nurse practitioner programs in the United States?

This question seeks to understand the lived experience of the NP faculty who has conducted post-simulation debriefing. The goal of phenomenological research is to understand the experiences of participants. This question addresses that goal.

Definitions

It is important to define the following terms to fully understand this study.

1. *Simulation-Based Education* – guided, interactive educational experiences meant to replicate a real situation (Aebersold, 2018)
2. *Debriefing* – the process of reflection that occurs after a simulation experience, where a student thinks about the experience's meaning, consequences, and future applications to practice (INACSL Standards Committee et al., 2021)

3. *Facilitators* – the educators who conduct simulation and debriefing sessions for simulations (Hardie & Lioce, 2020)
4. *Reflection* – a process that enables individuals to understand the meaning of a problem situation and how the causes, actions, and outcomes relate (Lavoie et al., 2017)
5. *Transfer of learning* – applying knowledge to new situations (Rivière et al., 2019)
6. *Clinical reasoning* – understanding the needs of a patient and the actions needed to meet the patient's needs (Lavoie et al., 2019; Tanner, 2006)

Summary

SBE is widely used in NP programs as an adjunct to clinical practice hours. Although undergraduate nursing programs can substitute simulation hours for clinical hours, this is not currently permitted in NP programs due to the lack of research and current certification requirements for NPs. Debriefing is the most important component of the simulation experience and thus this research study sought to understand the experiences of NP faculty who debrief NP students post-simulation. This study hopes to add to the body of knowledge for NP SBE. More needs to be known about the effectiveness of SBE in NP programs before the substitution of clinical hours can be considered.

This study used a qualitative, phenomenological method to examine the experiences of NP faculty who debrief students post-simulation. The research questions examined the understanding of NP faculty regarding the importance of debriefing, the techniques used, if they follow best practices, and how they feel the students benefit from debriefing. No study to date has examined NP faculty experiences of SBE debriefing so this study assists in better understanding the debriefing process in NP simulation programs.

Simulation education has progressed from a simple static manikin model to high-fidelity manikins. These manikins have assisted in the development of cognitive and psychomotor skills for nurses for the past several decades. NP education also uses simulation education to train students to provide high-quality care to patients. NP educators use simulation to assist students in developing clinical decision-making that is needed to provide competent care. With primary care provider shortages worsening in this country, more NPs will be needed. The issue remains that clinical sites and preceptors are limited, and simulation can provide a viable alternative to training students to take care of patients. Without more research on NP SBE, however, it remains unknown whether this is true or not. The next chapter will present the related literature that has been presented on simulation debriefing in nursing education.

CHAPTER TWO: LITERATURE REVIEW

Overview

Simulation-based education (SBE) has been an important part of nursing education for the past several decades. A simulation event has three phases: prebriefing, scenario, and debriefing. Prebriefing involves preparing the students for the scenario by creating a psychologically safe environment and giving directions about how to be successful during the scenario. During the scenario, the student engages in role play as the nurse or nurse practitioner (NP) engaging in patient care. During debriefing, the student reflects on the scenario by determining what went well, what did not go well, what can be learned from the experience, and how to apply what was learned to future practice.

Although the International Nursing Association of Clinical Simulation and Learning (INACSL) has issued a best practice guideline for debriefing, little research has been done to confirm how students learn in debriefing, faculty experiences of debriefing, which method of debriefing is best, what the best timing of the debriefing session should be, or how faculty should be trained to provide quality debriefing sessions. The research that has been done to date has mostly been done at the undergraduate, prelicensure nursing level and has focused on learning outcomes and student perceptions of the debriefing experiences. It is not known whether these findings can be generalized to NP students. In addition, understanding how learning takes place in debriefing is important in understanding how to develop best practices for student outcomes.

NP programs use simulation to teach and evaluate students on learning outcomes, like their undergraduate nursing program counterparts. NP educators use simulations to create clinical experiences students may otherwise not be exposed to before graduation. Little research has been done on SBE in NP education, and at this time, simulation hours may not count towards

the required clinical hours needed to sit for the NP certification exams required for licensure after graduation, which is problematic in the current healthcare climate where securing clinical placements is becoming increasingly difficult (Jeffries et al., 2019). The research supports the effectiveness of SBE in NP education on the topics of diagnostic reasoning and interprofessional education. These topics are important, but more needs to be done to understand how SBE meets NP learning outcomes in other competencies.

Undergraduate nursing programs can count 50% of simulation hours towards the clinical hour requirement depending on state legislation. If enough research can be done to demonstrate the safety of patient outcomes using SBE in NP programs, as was done in undergraduate nursing programs, this may be a possibility for NP programs to do as well. This study aimed to narrow the gap in the research by addressing NP SBE. Debriefing is considered the most important component of the simulation experience. Thus, it is important to understand the process of post-simulation debriefing so educators can provide best practices. It is in debriefing that students solidify learning and understand how to apply what they have learned in future practice. However, most of the nursing simulation education debriefing research focuses on nursing undergraduate programs. Little attention has been paid to best practices of debriefing.

The purpose of this study was to explore the lived experiences of NP faculty who conduct post-simulation debriefings. To better understand the process of debriefing and what the current state of NP post-simulation debriefing is, researchers must understand what NP educators are currently doing for debriefing. It is imperative that NP debriefing be studied so steps are taken to develop best practices in NP SBE. Articles for this literature review were limited to peer-reviewed studies, written in the English language, and to those focused on nursing education simulation debriefing. Very few articles could be found on NP simulation debriefing, so the

search was expanded to prelicensure nursing programs. Besides seminal works, all articles were limited to the last 5 years. This chapter will begin by discussing the theoretical framework for the study, then move to the review of the related literature, and conclude with a summary of the chapter. Databases searched were ProQuest, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PubMed search terms used were “debriefing,” “nurse practitioner,” “nursing,” and “simulation.”

Theoretical Framework

According to Claxton and Dolan (2022), having a theoretical framework is useful to guide a research study and to assist in analyzing the data. Many theories are available to education researchers, and it is important to pick the framework with concepts that best fit the constructs and variables that will be explored in each study. A theoretical framework may serve as a hypothesis for outcomes in a quantitative study or as an explanation as to why a phenomenon develops in a qualitative study. A theoretical framework guides the development of the study and the analysis of the research findings and provides a grounding force for the research conducted.

Husserl’s Transcendental Phenomenology

For this research study, the conceptual framework utilized Husserl’s transcendental phenomenology. Phenomenology is a philosophy developed by Husserl that has been used in qualitative research methodology. The goal of phenomenological research is to understand the lived experience of a phenomenon by speaking to the individuals who have lived it, providing a description of it, and deriving the essence of the experience from those descriptions (Moustakas, 1994). Phenomenology seeks to look at a whole experience instead of parts or objects and seeks to research problems that are of interest to the researcher (Moustakas, 1994). Phenomena are the

basis for all knowledge, so it is fitting that a researcher focuses on these experiences from those who have lived them.

Ontological assumptions of phenomenology are that reality lies within the consciousness of the individual and the epistemological assumption is that researchers must separate themselves from what is being observed in order to have a biased-free description of the phenomenon (Neubauer et al., 2019). As a Christian, my beliefs are that I am in this world but not of this world (*English Standard Bible*, 2001, John 15:15–19) and that the Word of God is ultimate truth. The Holy Spirit lives within each Christian and guides them as a distinct individual to perform God's will. Therefore, my ontological position is that a holistic view of human behavior is necessary to do good research. It also means that spiritual aspects of human behavior should be considered when conducting research. In addition, though human suffering is not desired, it is unavoidable and is not always able to be fixed by human intervention (*English Standard Bible*, 2001, John 16). Human happiness is not the priority of life on earth, but rather the priority is to do the will of God. Thus, my desire is to frame all research in a way that is to His glory. Understanding humanity in a holistic way is consistent with qualitative phenomenology, which was used in this study, but within the boundaries of a Christian worldview.

Husserl developed transcendental phenomenology as a subjective philosophic system to understand the human state of being. Husserl believed the researcher should suspend judgment to understand the lived experience of the participants (Husserl, 1931). Unlike more traditional scientific methods, it is not a reductionist methodology that tries to reduce the data to simple descriptions. When descriptions and themes are developed, it is an attempt by the researcher to understand the consciousness of the phenomenon being studied. Husserl was opposed to positivism, also known as the scientific method. He believed that science should focus on the

subjective experience of the participants rather than the singular observations of objective reality (Neubauer et al., 2019). Phenomena should be the true object of all study (Moustakas, 1994).

Though the term phenomenology was used as early as 1765 in writings, philosopher Georg Wilhelm Friedrich Hegel was the first to define it (Moustakas, 1994). Hegel referred to phenomenology as the knowledge of the inner consciousness and the capability to describe what one perceives about the world around them. Though Hegel defined the word, Husserl is considered to be the father of transcendental phenomenology. He was greatly influenced by the philosopher Descartes who believed that objective reality is dependent on the perception of the subject. Husserl (1931) believed that all knowledge existed within the inner self.

Husserl (1931) believed that the study of consciousness structures and the phenomena that occur within the consciousness was the way to gain true knowledge. Husserl believed that studying consciousness and experiences could be done objectively, even though consciousness and experiences are considered subjective. Instead of objective research, Husserl believed that grouping together assumptions through a process called epoche was a more accurate way to understand the phenomenon. Epoche, also called bracketing, is the process of setting aside preconceived judgments and biases in order to have a bias-free description of the phenomenon.

Husserl also believed that understanding the experiences of those who live a phenomenon is the best way to gain knowledge. Thus, people should be researched because they are the key to understanding a phenomenon. So instead of traditional data collection, the phenomenologist is collecting the conscious experience of people experiencing the phenomenon in order to best understand it. Phenomenology research is about discovery and does not need to adhere to the scientific method to collect data or gain knowledge.

Intentionality

Intentionality refers to individual consciousness, and according to Husserl consciousness has an object about something specific. The object is referred to as the "intentional object" (Husserl, 1931, p. 27). Put more simply, consciousness is always conscious about something. The intention and the action of the consciousness are interrelated. The intentional object can be physical or mental in nature and the "structure" that they are about are called "intentionalities" (Husserl, 1931, p. 26). The mental object can be a memory, perception, or idea of the individual. Husserl (1931) said that to be knowledgeable about intentionality, one must be aware of one's own self and of the things within the world. Further, one must understand that self and the things in the world are all components of meaning (Moustakas, 1994). Intentional acts and non-intentional acts differ because intentional acts are objectifying, while non-intentional acts are non-objectifying. For example, one may see a beautiful sunset and feel awe. The sunset is an intentional act because it physically occurred, while the feeling of awe is a non-intentional act that may last for a variable amount of time after the sunset experience has ended.

Noema and Noesis

The root of the word *noesis* in the Greek means "to comprehend" (Rassi & Shahabi, 2015). In phenomenology, the belief is that the consciousness always has an object, whether it be a physical or mental one (Husserl, 1931). Noema is the intentional object that can be identified within the world by others in the final analysis of the data (Penchev, 2021). Noema provides the meaning of the phenomenon (Rassi & Shahabi, 2015). The noema may be perceived and described differently as each person's experience of the phenomenon is unique (Moustakas, 1994). Whereas noesis can be an intentional object within the self that is separated from, or opposed to, the world (Penchev, 2021). Rassi and Shahabi (2015) stated that the noema is the

meaning of an action, while noesis is the "meaning-giving part of the act" (Rassi & Shahabi, 2015, p. 29). Moustakas (1994) described the noesis as the essential, or underlying, meaning of something. The noema–noesis relationship describes the totality of the consciousness (Moustakas, 1994).

Intuition

Descartes described intuition as developing a right judgement towards everything (Moustakas, 1994). Intuition is the starting point of knowledge and is developed through human reason (Moustakas, 1994). Intuition is the most reliable source of knowledge for the individual. All things can be known using intuition, which refers to the object of consciousness that is present to the intentionality currently at hand. If the object can be experienced by the individual, such as a piece of fruit that can be touched, smelled, and tasted, then that object is "intuited" (Husserl, 1931). An indirect object is not "intuited" (Husserl, 1931, p. 139) but rather is "emptily" (Husserl, 1931, p.199). These objects can be those things that the individual may imply or refer to, but they are not tangible items.

Husserl did not use deduction at all in his phenomenological methodology because he felt strongly that intuition was the only method needed to gain knowledge (Moustakas, 1994). Using epoche, reduction, and imaginative variation can help one further derive knowledge using intuition. Epoche comes from the Greek language and means to abstain from judgment (Moustakas, 1994). Preconceived notions about the phenomena are set aside in order to gain a fresh perspective. Following epoche, the process of transcendental-phenomenological reduction occurs. Each phenomenon is considered a singular experience through the examination of the description of the individual who has experienced it. Lastly, imaginative variation occurs when the essence of the phenomenon is discovered through the synthesis of knowledge.

Empathy and Intersubjectivity

The concepts of empathy and intersubjectivity are very important to the phenomenological researcher to properly describe the data. Empathy is feeling what someone else feels, as if in their position. Focusing on the subjective experiences of another by understanding the subjective experiences one feels helps form empathic feelings. Intersubjectivity is the objective feeling that can be felt by the researcher despite the shared subjective experiences they may have with a participant.

Using phenomenology for this study allowed me to develop a deeper understanding of the lived experience of post-simulation NP debriefing. Few studies have focused on this topic and this method was most useful for gaining information from those who have experienced the phenomenon. Using phenomenology within a Christian context allowed me to develop a description of this process in a way that glorifies God and can contribute to the profession of nursing. Jesus placed a significant emphasis on healing within His earthly ministry, so nurse educators must train nurses to be an extension of the hands and feet of Christ. Nurse educators must know the best teaching strategies to create competent future nurses.

Related Literature

The literature review serves to provide a synthesis of the research topic to determine what is currently known about debriefing in nursing education, with a focus on NP education. It also determines where gaps in the research exist and assists the reader in obtaining a thorough understanding of the topic. While much research has been done on simulation-based education in nursing, most of the research has been conducted in prelicensure nursing programs. The research has focused on student outcomes in satisfaction, self-confidence, and knowledge. Little research has been done on faculty experiences of the debriefing experience and no research has been done

to examine faculty lived experiences in post-simulation debriefing in NP programs. Most of the research that has been done in debriefing has been performed using quantitative methodology.

There is little research on the simulation-based education used in NP programs and more needs to be done to narrow the gap (Jeffries et al., 2019). The literature review for this study examined the state of the science as it pertains to nursing education debriefing and includes a historical look at debriefing as well as a general overview of what is known about SBE debriefing in nursing programs. As there were only a handful of articles found specifically addressing NP education debriefing, the literature review was broadened to include undergraduate nursing simulation debriefing. The literature review includes debriefing best practices, methods, frameworks, student perceptions and learning outcomes, and faculty training.

History of Debriefing

Debriefing after simulation events has its origins in the aviation and military professions (Edwards et al., 2019). Debriefing originated in the military to allow leaders to gather a full account of what happened on the battlefield from the soldiers. Military debriefing encouraged each soldier to participate so an accurate account of the event would be developed. The aviation industry has used simulation to teach safety and skills to its pilots, so the debriefing focus has been on these objectives in that industry. The goal is for pilots to anticipate unsafe outcomes to deter them from happening in the future. When medical education began using simulation-based education, they borrowed the techniques used in military and aviation to conduct post-simulation debriefing sessions.

In the late 19th century, simulation education was first introduced in nursing education with the use of manikins. Nursing students would practice skills such as changing patients' linens, turning patients, and lifting patients (Dudas & Wheeler, 2020). In the 1980s, high-fidelity

manikins came onto the scene. The manikins could simulate human body functions such as breathing, having a heartbeat, and palpable pulses. Since the 1980s, high-fidelity manikins have become commonplace in nursing education.

With the rise of simulation-based education in nursing, a need for guidance on best practices was felt. The INACSL was founded in 2002 (Lindsley, n.d.). The INACSL published the first set of best practice guidelines for SBE in nursing in 2011 (Sittner et al., 2015). The purpose of these standards is to guide the implementation and use of simulation-based experiences in nursing education programs. As nursing educators continue to use simulation in their programs, these standards will continue to be revised and developed. These standards include professional development, prebriefing, debriefing, simulation design, and simulation operations. The guidelines were most recently updated in 2021. The INACSL rebranded the standards, Healthcare Simulation Standards of Best Practice to reflect the interprofessional healthcare community it hopes to see continue to grow.

Best Practices in Nursing SBE Debriefing

The Healthcare Simulation Standards of Best Practice Debriefing state all SBE activities must include a high-quality debriefing session (INACSL Standards Committee et al., 2021). Debriefing is the reflection portion of the simulation and serves to provide a context to the scenario to promote the development of clinical judgment (Yeun et al., 2020). Debriefing sessions must include feedback, debriefing, and reflection so the student may critique the simulation session to understand what was done well by the student and what needs to be improved upon in future clinical scenarios. All simulation methods must have a debriefing session that is appropriate to their methodology.

Debriefing aims to bridge gaps in students' knowledge, skills, and attitudes so future practice may be improved. The goal is the transfer of learning from the classroom to the clinical setting, thus narrowing the so-called theory-to-practice gap. Transfer of learning will be discussed in more detail later in the chapter. Debriefing is a time of immense learning for the nursing student as it is a time of self-reflection on the simulation experience to identify those gaps between theory and practice. No particular debriefing method or technique has been recommended by the INACSL, though it is recommended the debriefing session be structured and based on a theoretical framework (INACSL Standards Committee et al., 2021).

The reflective thinking that occurs during the debriefing session increases learning, understanding, and clinical competence. Clinical reasoning is correlated with the act of reflective thinking of practitioners. Thus, the debriefing session should be led by a facilitator who is trained in appropriate debriefing techniques. A trained facilitator leading debriefing ensures the learning outcomes of the simulation-based experience will be met. Having an untrained facilitator has been associated with negative learning outcomes (Na & Roh, 2021; Roh, 2021).

Best practices for a debriefing session according to the INACSL are as follows. Debriefing is a planned event and is implemented in the best possible manner to assist the learner in achieving the learning outcomes of the simulation. Secondly, the debriefing session is led by a person who is trained in debriefing methods and is competent to do so. Thirdly, the debriefing session is held in a manner that increases self-reflection, a reflection of the team, or a reflection of the healthcare system, depending on the learning outcome of the simulation. The reflection should be done in a psychologically safe and confidential environment. Lastly, the debriefing session is structured and based on a theoretical framework (INACSL Standards Committee et al., 2021).

Simulation and Debriefing in NP Education

In NP education, the use of standardized patients is typical to provide the student with a realistic experience providing patient care. In these simulated scenarios, the standardized patient acts in the role of a real patient presenting for a visit with the NP. The NP student can act as the real NP in these scenarios versus as a student to develop their history taking, physical exam, and clinical reasoning skills. The faculty who creates these scenarios can develop cases that are commonly seen in the clinical setting to prepare the NP for the clinical rotations, or they can develop less common presentations to better equip the NP students with the knowledge and skills that would be needed should they encounter that type of case in the future.

NPs will play an important role in the healthcare system; they are trained to provide advanced healthcare individuals with physical and mental illnesses by diagnosing and treating acute and chronic illnesses (Alhaj Ali et al., 2021). NP student programs, the undergraduate nursing programs, use the apprenticeship model of education. However, it can be challenging to find clinical placements for students. NP programs are facing even more challenges securing clinical placements after the COVID-19 pandemic which threatens a student's ability to secure the required clinical hours needed to graduate (El Hussein & Favell, 2022).

SBE is a viable alternative to the clinical setting in providing needed clinical-based knowledge and skills. It can be argued that high fidelity simulation (HFS) and debriefing offer NPs better preparation for their complex role. HFS and debriefing are supported by ample research in undergraduate nursing education, but less is known about their effectiveness in NP education (Alhaj Ali et al., 2020). NP students have reported HFS leads to increases in critical thinking, implementation of evidence-based practice, and improvement in communication techniques (Alhaj Ali et al., 2021). In a scoping review by El Hussein and Favell (2022), the

authors identified many benefits in recent literature for simulation education for NP programs. Self-confidence was increased and anxiety was decreased in both cognitive and psychomotor-focused simulations. Improvement in clinical skills was demonstrated and seemed to last even if the student did not perform the skill in the clinical setting for a few months. Assessment, critical thinking, clinical reasoning, and communication skills were also improved using simulation in NP education. Knowledge improvements were also seen, but the amount varied across studies. While this is a promising finding, there were many limitations found. None of these studies addressed the simulation education's effects on patient outcomes, which is the most important factor in any level of nursing education. Given the cost of SBE, nurse researchers and educators must understand its effectiveness as a teaching–learning strategy since most NP programs use simulation.

Few studies have focused on NP simulation debriefing. As clinical placements become harder to obtain, the focus on simulation education will steadily increase (Loomis et al., 2022). The few studies that have been done have focused on comparing the various methods of debriefing. In a study by Alhaj Ali et al. (2020), learning outcomes were compared between NP students who were debriefed using verbal debriefing and video-assisted debriefing. Verbal debriefing is the traditional faculty-led debriefing, whereas video-assisted debriefing is using a recording of the student's performance during the debriefing as an aid to the reflection process. Video-assisted debriefing can be done with or without a facilitator. In this study, a facilitator was used, which has been shown to increase desirable behaviors in clinical settings in students (Alhaj Ali et al., 2021). While there were no significant differences in knowledge, self-efficacy, leadership, and confidence, students stated they preferred the traditional verbal debriefing over the video-assisted debriefing. Another study by Alhaj Ali et al. (2021) with NP students found

some students were satisfied with video-assisted debriefing and felt it helped them to see areas that needed improvement more quickly. A facilitator was not used in the video-assisted debriefing group. In the same study, the students who preferred verbal debriefing said the video-assisted debriefing was useless without a facilitator to give feedback and be able to highlight their mistakes. The participants who liked video-assisted debriefing thought it helped them to see the areas that needed improvement more quickly. Verbal debriefing versus video-assisted debriefing preference depended upon students' previous encounters with video in academic and professional settings. If students were more comfortable with video and seeing themselves recorded, they were more likely to appreciate video feedback.

Obstacles to debriefing may prevent its implementation. It is important to understand the unique challenges NP educators face in implementing simulation debriefing to develop best practices. The debriefing may be overlooked due to time constraints or facilitator training, and it is important to know the obstacles NP faculty are facing (Kang & Yu, 2018). A possible barrier to the implementation of SBE in NP programs is that faculty still largely prefer didactic-based teaching methods (NONPF, 2020).

NONPF (2020) stated that using SBE is a valid method to determine if NP students have met core competencies. SBE is also useful for formative assessment to teach students important competencies needed to be effective NPs. NONPF recommended the use of learning theories in which to frame the development of SBE programs within the NP curriculum, as well as using a competency framework to describe the performance of the program and standards of excellence. Debriefing methods should be chosen based on the learning objectives of the simulation design. Faculty should receive continual training on proper ways to debrief students. Further, the

learning objectives and evaluation of the simulation design should align with the program outcomes.

NP students also expressed that debriefing should be done in clinical settings, not just after simulations (Alhaj Ali et al., 2021). This is something the National League for Nursing and the INACSL also support because debriefing improves the transferability of knowledge (Alhaj Ali et al., 2021). Many gaps exist in the NP simulation research, especially in the area of debriefing and most importantly in how it affects patient outcomes after NPs graduate. More research is needed in all areas of NP SBE to understand how to best implement this teaching–learning strategy most efficiently to create the best patient outcomes. Debriefing is the area of simulation where students learn during simulation, so this study focuses on that component of SBE.

State of Nursing SBE Debriefing Science

Components of Successful Debriefing

There is a lack of research on best practices in simulation debriefing in nursing education (Yeun et al., 2020). Best practices have thus been derived from the techniques that have been used in the aviation and military industries. The consensus in the literature is the debriefing portion of the simulation experience is an essential component of learning for the nursing student because this is the portion of the simulation where the learning occurs (Badowski & Wells-Beede, 2022; Loomis et al., 2022; Rueda-Medina et al., 2021; Yeun et al., 2020) The underlying philosophy of SBE is constructivism, which is the theory that students use prior knowledge to construct new knowledge (Bae et al., 2019). The debriefing portion of the SBE is essential for the new knowledge construction to occur. Understanding best practices in debriefing by examining the current state of practices and where the current research is on the topic is crucial

to moving the science forward in NP SBE. The development of debriefing has been built through research in healthcare education over time as an effective teaching–learning strategy (Mulvogue et al., 2019; Yang & Oh, 2021; Zhang et al., 2019). The INACSL Standards Committee et al. (2021) considers it a crucial and indispensable part of the simulation process.

Though the research is limited, the literature suggests successful debriefing sessions include a structured analysis of student performance, correction of student errors, and reflection on how to improve clinical practice in the future (Secheresse et al., 2021; Yeun et al., 2020). These items of analysis, correction, and reflection must be explicitly discussed to improve a student's knowledge, confidence, and feelings of self-efficacy (Secheresse et al., 2021). Secheresse et al. (2021) say the relationship between performance and self-efficacy has been proven amongst learners of all ages.

Formats

Most post-simulation debriefing sessions are small group sessions of eight to 10 students led by a facilitator shortly after the simulation (Lee et al., 2020). Many students and faculty prefer this format, but some students will never feel comfortable sharing in a group setting. Some students may feel facilitator-led group debriefings are intimidating and judgmental (Rueda-Medina et al., 2021; Verkuyl et al., 2020). For those situations and for situations where a facilitator may not be available or where time constraints may be present, self-debriefing may be an option. Self-debriefing is usually structured after a traditional theoretical debriefing framework, but the student answers the questions in a written format at their own pace. The timing of a self-debrief may be immediately after, days, or weeks after a simulation. Virtual synchronous debriefings mimic in-person debriefings but are held over a video or audio-conferencing platform. Peer-led debriefings are group-based formats that are guided by peers

instead of a trained debriefing facilitator. Video-assisted debriefing is a self-led debriefing method in which students view the video of their performance, usually with a checklist, to reflect on areas of strength or weakness (Wilbanks et al., 2020).

Each format has advantages and disadvantages. Self-debrief gives the learner the advantage of the time to think and without pressure from peers, but knowledge and experience of the debriefing session may not be as good as in group debriefing or a self-debriefing combined with a group debriefing (Verkuyl et al., 2019). Self-debriefing may be a valid option for virtual simulations as Verkuyl et al. (2018) found no differences in knowledge and self-efficacy gains between self-, virtual, and in-person debriefings. Self-debrief may also work well with more experienced students or with NP students. Group debriefs, either virtually or in person, have the advantage of peer learning. Students can gain different perspectives from one another that they may have not previously considered. Video-assisted debriefing can decrease faculty workload, allow students to objectively view their performance, and observe team dynamics (Wilbanks et al., 2020; Zhang et al., 2019, 2020). However, video-assisted debriefing may lack structure and may cause students to feel stress (Zhang et al., 2019, 2020).

Timing

In a study by Badowski and Wells-Beede (2022), most nursing programs using simulation are conducting debriefings even if they do not follow the standard 15-minute per simulation learning objective rule of thumb. Ideal timing for debriefing sessions is an area that needs to be further explored in the research. Kim and Yoo (2020) conducted a literature review of 22 articles and found most debriefing sessions lasted approximately twice as long as the simulation event. Bae et al. (2019) found most debriefing sessions were two to three times as long as the simulation session.

The INACSL recommends debriefing be held immediately after a simulation scenario ends (INACSL Standards Committee et al., 2021). There is a large body of research that supports debriefing directly after a simulation event ends (Dudas & Wheeler, 2020). However, this literature review could not locate many articles that referenced the ideal timing or duration of a debriefing session. A debriefing that is held immediately after a simulation is referred to as a hot debriefing and one that takes place sometime after is called a cold debriefing (Ha, 2021). Traditional, facilitator-led debriefings are usually held right after a simulation, whereas self-debriefings may be done sometime after a simulation.

Other issues regarding debriefing timing are how long a facilitator speaks in comparison to the learners. It is important that the facilitator gives the learners ample time to reflect and does not use the debriefing session as a lecture session. Facilitators may benefit from using a clock to ensure talking from one person does not become excessive, as many facilitators may tend to revert to lecturing or providing feedback rather than encouraging analysis and reflection of the situation (Coggins et al., 2022).

Facilitator Training

The INACSL best practice on debriefing states facilitators should be trained in debriefing. One study found less than half of facilitators had debriefing training, while a more recent study found only 10% of debriefing facilitators had training (Badowski & Wells-Beede, 2022; Rojas et al., 2017). Though the recommendation is the debriefing facilitator receive training, the research is unclear on exactly what the content of training should be or how it should be delivered (Bradley, 2019; Hardie & Lioce, 2020). In a study carried out by Bradley (2019) on facilitator training on the use of the Debriefing for Meaningful Learning (DML) framework, only 65% of the behaviors were consistently applied even after the facilitators were

trained in its use. Regardless of this, the research supports the idea that the competency of the debriefer affects the learning outcomes of the students in a simulation (Na & Roh, 2021; Roh, 2021).

A competent debriefer assists students in overcoming the cognitive load and negative emotions needed to achieve learning (Na & Roh, 2021). Nunes and Harder (2019) conducted a study on debriefing after a palliative care simulation and found students appreciated that the facilitator had experience with palliative care patients. A facilitator's skill may also improve a student's clinical reasoning abilities after an effective debriefing session (Lavoie et al., 2017). A study by Díaz et al. (2020) found subject matter expertise did not affect student perception of a quality debriefing after a pediatric critical care simulation. More research needs to be done on the topic of facilitator subject matter expertise as it relates to debriefing competency.

Not only do debriefers need initial training to properly debrief, but ongoing professional development is needed to maintain competence (Roh, 2021). There is a lack of instruments to appropriately evaluate debriefers and their competency levels (Bradley et al., 2021). There are a few instruments available to evaluate debriefers, two of which are not affiliated with a specific method. Debriefing Assessment for Simulation in Healthcare (DASH), Peer Debriefing Assessment Instrument (PADI), and Objective Structured Assessment of Debriefing (OSAD) can be used for any method of debriefing and the Debriefing for Meaningful Learning Evaluation Scale (DMLES) can be used with the DML theoretical framework of debriefing. These instruments will be discussed in more detail later in the chapter.

In a scoping review by Hardie and Lioce (2020), 28 articles were analyzed to determine the competencies debriefing facilitators should have. The authors completed this review because there were no clear competencies outlined for debriefing facilitators. They were able to expand

and operationalize categories of debriefing facilitator's competencies throughout the literature to create a comprehensive list of one hundred and forty-nine behaviors a facilitator should carry out. The purpose of this scoping review was to provide a means of developing facilitator training programs and professional development opportunities. These behaviors encompassed knowledge, skills, attitudes, and behaviors.

An increase in the use of adjunct faculty can also play a role in debriefing quality. Adjunct faculty are less likely to receive the same professional development opportunities as their full-time counterparts in academia (White et al., 2021). White et al. (2021) found adjunct faculty, while desiring to do a good job debriefing after simulation events, were more likely to not use good communication during debriefing. Even when provided a structured theoretical framework to use, the adjunct faculty were less likely to use open-ended questions and silence appropriately or to make comments that were not supportive of simulation overall. These behaviors demonstrate the need for training for debriefing facilitators, no matter their status at the university. If debriefing is where learning occurs, students deserve to have high-quality trained facilitators leading these important sessions.

The NONPF (2020) has also stated NP simulation debriefing facilitators must be trained and receive continuing faculty development. NONPF recommends an individualized initial training methodology and an annual evaluation of competence. Benner's novice to expert theory is recommended as a framework for facilitator training programs. The recommendation for professional certification is also made. The Society for Simulation in Healthcare has developed certifications for healthcare simulation educators to demonstrate competence in the field (NONPF, 2020): The Certified Healthcare Simulation Educator (CHSE) and the Certified Healthcare Simulation Educator – Advanced (CHSE-A).

Facilitator Evaluation Instruments

DASH is a tool that was developed to evaluate and provide feedback on debriefers' skills (Simon et al., 2010). It examines behaviors exhibited by the facilitator and is based on experiential learning theory. DASH can be used across healthcare disciplines and in multiple contexts and for different learning outcomes. There are three versions, one in which a trainer can rate a facilitator, another in which the student can rate the facilitator, and the third is which the facilitator can use to self-rate. The behaviors to be judged include structuring the debriefing, creating an engaging learning environment, and helping learners address future performance goals.

The Objective Structured Assessment of Debriefing tool (OSAD) was developed to rate debriefing facilitators in medical education. OSAD judges eight behavioral areas exhibited by the debriefer: approach, environment, engagement, reaction, reflection, analysis, diagnosis, and application. The OSAD can be used with any debriefing method and is designed to be used by a trainer observing a debriefer. The Peer Debriefing Assessment Instrument (PADI) is similar to the OSAD in the behaviors it measures (Saylor et al., 2016). PADI is a trainer instrument that judges structure, communication, environment, emotions, recap, reflection, facilitation, and summarizing. PADI can be used across disciplines using any debriefing methodology.

The Debriefing for Meaningful Learning Evaluation Scale (DMLES) was designed to be used to evaluate debriefers who use the DML framework. DMLES was developed in response to the lack of instruments available to evaluate specific behaviors exhibited by debriefers. The DMLES has 31 items that are rated using a binary scale of yes or no to indicate whether a behavior was present or not.

Student Perceptions of Debriefing

Research has demonstrated students place a high value on the need for debriefing after simulation events (Nunes & Harder, 2019; Rossignol, 2017; Verkuyl et al., 2019). Many students prefer traditional facilitator-led small group debriefings. Students feel debriefing provides a place to normalize feelings after stressful simulation scenarios and feel debriefing is such a valuable tool it should be added to the clinical component of their education (Nunes & Harder, 2019). Students who participate in simulations often state that the facilitator is a large factor in the quality of the debriefing session.

Psychological Safety

Psychological safety is a component of best practices set forth by the INACSL for debriefing sessions. The facilitator should begin the debriefing session by setting guidelines regarding confidentiality and discussing the rules of conduct regarding constructive feedback (INACSL Standards Committee et al., 2021). The facilitator should validate the learners' feelings and concerns before beginning the analysis of the simulation reflection. However, most debriefing frameworks are designed to address learning outcomes, not to process thoughts and emotions. When psychological safety is addressed in the context of debriefing, it is often referred to in the tone and environment of the session. As more of the patient population grows older and nurses care for dying patients, the need to process strong emotions is necessary. Debriefing frameworks that address the processing of emotions and feelings will be needed in addition to addressing the needed learning outcomes.

Ko and Choi (2020) developed a debriefing instrument that addressed students' psychological safety. The SENSE debriefing framework stands for share, explore, notice, support, and explore. In the sharing phase, the students share the emotions they are experiencing

and that they did experience during the simulation. During exploration, the facilitator guides the students in talking about the emotions in the context of the situation. For the notice phase, the facilitator evaluates the stress and anxiety being experienced and decides what needs to be addressed. In the support phase, the facilitator provides validation and guides the students through relaxation exercises such as deep breathing. In the final phase, explore, the facilitator guides the students in determining how the knowledge they have obtained will be applied to future scenarios. The SENSE model needs further research to determine its reliability and validity as a debriefing tool but is a promising method to address students' emotions and cognitive needs after a simulation.

Learning Outcomes of Debriefing

Debriefing builds on the cognitive, psychomotor, and affective learning domains, but it is unclear how each method affects learner outcomes (Lavoie et al., 2019; Mulvogue et al., 2019). Learning outcomes for students include knowledge, self-efficacy, and self-confidence (Secheresse et al., 2021). An important goal of simulation education is the development of clinical reasoning (Bae et al., 2019). Reflection is the most important learning outcome of the debriefing session for the student because reflection develops clinical reasoning skills, which leads to safe, competent providers (Zhang et al., 2020). Of course, the ultimate goal of nursing education is for the nurse to provide safe, quality care to patients. SBE with debriefing can teach nurses how to do this and deserves more research to better understand how to best utilize this strategy, especially in NP education.

A successful, structured debriefing session is important to meet learning outcomes (Frandsen & Lehn-Christiansen, 2020; Lee et al., 2020; Zhang et al., 2019). The facilitator must not use the session as a time to assess performance (Na & Roh, 2021). The facilitator must guide

the debriefing session to match the learning objectives and outcomes of the simulation (INACSL Standards Committee et al., 2021). The facilitator should end the session by summarizing performance gaps the learner can improve upon in future practice.

Transfer of Learning

Transfer of learning occurs when a learner takes knowledge obtained from one situation and applies it to another (Janicas & Narchi, 2019; Johnston et al., 2017, 2019; Verkuyl et al., 2019). It is assumed students transfer what is learned in simulation to clinical and to other simulation scenarios, but there is little research to understand how this transfer occurs (Johnston et al., 2019; Rivière et al., 2019). Undergraduate nurses are trained with the goal of being able to transfer what they learn to the clinical setting after graduation. However, studies are showing this is not the case (Johnston et al., 2017). This is referred to as the theory-to-practice gap.

Near transfer refers to the transfer of knowledge between two related scenarios within one domain, while far transfer refers to the transfer of knowledge across domains (Rivière et al., 2019). Transfer of learning is successful when the learner can link the newly learned information to previously stored knowledge. Context is very important to emphasize in the debriefing sessions so learners can put the new knowledge into the long-term memory. In another study examining the transfer of learning, researchers suggest novice nursing students do not have enough situational awareness to apply one simulation experience to the next (Lavoie et al., 2019).

Odreman and Clyens (2020) conducted a pilot study with undergraduate nursing students comparing traditional debriefing versus debriefing with concept mapping. Concept mapping is a learning strategy that is used to help students connect theoretical to practical knowledge and promotes critical thinking (Odreman & Clyens, 2020). Using the Debriefing Experience Scale,

the measures of “thoughts and feelings” and “meaningful analysis” were significantly higher in the group using concept mapping during debriefing. While this was one small study done in one institution, it demonstrates that using conceptual analysis during debriefing may be one explanation for how learning is transferred.

The healthcare system is becoming increasingly complex, with patient acuity becoming higher. SBE can be a solution to the problem because it can provide learning opportunities for students to care for high-acuity patients in a safe environment. While the simulation is a good learning experience, the debriefing session is where the student transfer of learning occurs. Unfortunately, there is not much research on nursing education debriefing so educators can understand the mechanism of the transfer of learning that occurs. More needs to be done in this area to better understand how students learn so educators can better understand best practices, especially in the area of NP simulation education.

Students say simulations are not helpful if dissimilar from clinical placements. Debriefing helps students reflect and process information, thus placing it into long-term memory. Without understanding how the process of learning occurs, educators cannot develop best practices for NP debriefing, nor can best practices be further refined and developed for undergraduate nursing education. NP education has a different scope and sequence; thus, this study is needed to better understand the state of debriefing practices so faculty can move forward with understanding the state of debriefing science. It is possible, though not probable, debriefing practices or learning transfer could be completely different for NP students. Without adequate research, nurse educators are at a loss to understand how to best incorporate debriefing into the simulation experiences in their programs.

Reflection

Reflection is the act of understanding the meaning of a problem: how it was caused, its trajectory, and the consequences. When a nurse reflects on a clinical problem, the outcome is the observation to understand the situation and how to manage the same situation in the future. Nurses use reflection to develop the skill of clinical judgment. Reflection is a key element in learning transfer (Alhaj Ali et al., 2021; Johnston et al., 2019). Though more research needs to be done on the long-term transfer of learning, the reflection done in debriefing provides near-term transfer of learning (Johnston et al., 2019). Reflection is a critical aspect of experiential learning as it helps the student make connections between various aspects of the learning experience (MacKenna et al., 2021). Reflective practices have been correlated with safer and more competent nurses. Honing these skills in the debriefing session is beneficial to students. Knowing best practices can only increase the outcomes of reflective learning for students.

Debriefing Frameworks

The research supports using a theoretically based framework to guide the debriefing session (INACSL Standards Committee et al., 2021). Without a structured debriefing session, learning outcomes can be unpredictable. However, some research suggests that tightly structured debriefings can inhibit students' development of critical thinking and reflection skills (Frandsen & Lehn-Christiansen, 2020). The prevailing body of evidence demonstrates structured debriefing is best for student learning outcomes. Various debriefing frameworks are discussed below.

The Promoting Excellence and Clinical Learning in Simulation (PEARLS) framework begins by setting the scene (Bajaj et al., 2018). The debriefing facilitator begins by sharing the objective of the debriefing session and creating a safe environment. Next, the facilitator elicits reactions from the learners. Then the learners share what happened during the case. After that,

the facilitator spends time analyzing the key points with the learners. Lastly, the takeaways are identified so the learners know how they will apply this knowledge in the future. A recent study demonstrated that a student's performance during simulation did not affect a debriefer's ability to administer a quality debriefing session using PEARLS, but for unclear reasons, the debriefers did not adhere to the framework very strictly (McNutt et al., 2021).

In a study by Yang and Oh (2021), the Debriefing for Meaningful Learning (DML) framework was found to increase knowledge, metacognition, problem-solving, and clinical reasoning skills compared to the control group. DML has six phases (engage, explore, explain, elaborate, evaluate, and extend) which guide the learner in the reflection in action, reflection on action, and reflection beyond action (Dreifuerst, 2015). The first stage addresses what is the first thing that comes to the learner's mind, what went right, and why. Next, the learner is asked what they would do differently. The learners then discuss the client's story after which the facilitator uses Socratic questioning to assist the students in coming up with the desired patient outcomes.

Gather-Analyze-Summarize (G-A-S) debriefing framework was developed by Sawyer et al. (2016). During the gather phase, the main events of the simulation are discussed. Next, in the analyze phase, the simulation events are discussed in the context of learner and team performance. Lastly, the summary phase culminates in discussing what should be done in the future should a similar scenario be encountered. The G-A-S model is widely used in South Korean nursing schools, and one study was compared in effectiveness to DML (Yang & Oh, 2021). It was found to be equally effective to DML, except in academic self-efficacy in which the DML students scored higher.

Plus-Delta is a self-assessment similar to those used in the aviation industry. The premise of the assessment is the student lists what went well and what needs to be improved. In this

debriefing model, the students are free to choose the topics they feel are most important to discuss and highlight. Plus-Delta differs from the other types of debriefing methods because it is more open-ended and less reflective, which may not work as well for students who need to learn critical thinking skills (Lavoie et al., 2019). More research is needed to better understand the learning methodology in debriefing sessions.

The 3D Model of Debriefing is based on Kolb's experiential learning theory (Zigmont et al., 2011). The first phase is defusing, which involves discussing emotions and reflecting on the simulation events. The second phase is discovering. This phase involves watching a video of the events or reflecting on the events. The facilitator should assist the learners in analyzing the behavior at this time. Lastly is deepening, which is when the discussion of how to apply what was learned to future practice.

The INACSL recommends a theoretical framework be used to guide a debriefing session and a few have been discussed here. Literature is scarce on the effectiveness of these frameworks and how they compare with each other. Further, it is unclear how these theoretical frameworks are best used given the type of simulation, level of the student, or proficiency of the debriefer. The DML is the only theoretical framework that has a specific evaluation tool for a debriefer to be assessed. More research is needed on the theoretical frameworks, the efficacy of use, and how to best train facilitators in their use.

Virtual Simulation

With the advent of the COVID-19 pandemic in 2020, virtual simulation became increasingly used in nursing education. Best practices for debriefing this method of simulation have not been addressed in the literature (Atthill et al., 2021; MacKenna et al., 2021; Verkuyl et al., 2018, 2020). If debriefing is the most important part of the simulation experience and where

the majority of learning occurs, not knowing how to properly debrief virtual simulation is problematic for educators. Since the COVID-19 pandemic of 2020, researchers have focused on debriefing virtual simulations, considering the special challenges they pose.

Virtual simulation has many benefits because it offers unlimited access and repeatability as it is asynchronous (MacKenna et al., 2021). The virtual simulation also decreases anxiety and increases confidence in students (Atthill et al., 2021). An increase in confidence can improve a student's ability to clinically reason. The virtual simulation also increases student engagement and improves critical thinking skills. Little is known about best practices in a virtual simulation.

The evidence suggests facilitator-led debriefings immediately after a sim are best practices, but these are counterintuitive to the point of virtual simulations. Self-debriefing has been suggested as a method of debriefing for virtual simulations. Self-debriefing is a method of autonomous reflection completed by the learner (MacKenna et al., 2021). For graduate-level medical students, the evidence supports its equivalency with an instructor-led debriefing in outcomes of knowledge gains, improved performance, and increased self-efficacy. Studies done with undergrad nursing students are limited and have mixed results. Some studies do not show a difference in increases in self-confidence, but evidence regarding feelings of anxiety is mixed (Badowski & Wells-Beede, 2022).

Narrowing the Gap in the Literature Through This Study

Many areas still need to be explored to determine best practices in debriefing nursing simulation education events. This study narrows the gap in the literature by exploring the experiences and perceptions of NP faculty who conduct post-simulation debriefings. Little research has been done on NP simulation, and almost none has been done on debriefing. NP education has a different focus than undergraduate nursing education; whereas nursing education

focuses on the development of clinical reasoning, the NP must develop medical decision-making skills. Researchers must understand how this difference in educational objectives can affect debriefing best practices. But first, understanding the current experiences and perceptions of the faculty who conduct debriefing will help researchers to understand the unique challenges and experiences faced by NP simulation educators.

Summary

The research is clear that debriefing is the most important part of the simulation experience for a nursing student, yet few studies examine this crucial process. The studies that do investigate debriefing measure student perceptions and do not address student transfer of learning or the facilitator's effectiveness. Transfer of learning and facilitator competency are both critical pieces of the puzzle if educators are to understand what the best practices are for this learning strategy. Currently, best practices have been developed by the INACSL based on the most recent and available evidence. Most of the research has been done in prelicensure nursing programs. Almost all NP programs use simulation as an adjunct to clinical learning, and before educators can begin to understand its effectiveness and ability to substitute for clinical hours, more research needs to be done. As debriefing is the most important part of the simulation experience, this study aimed to examine that portion of the experience. Few studies have been conducted addressing the faculty's lived experiences from a qualitative methodology. This research sought to address that gap.

The research that has been done in NP SBE debriefing is minimal. Most of the research focuses on comparing debriefing methods, and those studies are mixed. Most studies focus on verbal debriefing and video-led debriefing and the student's perceptions of those experiences. Many students seem to prefer having a facilitator over not having a facilitator, which shows the

value of having an educator present to guide the debriefing session, no matter the methodology. That makes this study even more relevant because it is important to understand simulation educators' perspectives of this most important component of simulation. In the few existing studies that focused on NP debriefing, faculty perceptions and experiences were not taken into account. This study sought to understand the faculty's lived experiences as the simulation and debriefing facilitator to better understand the post-simulation debriefing process in NP programs. The next chapter will address the methodology I used to conduct the study.

CHAPTER THREE: METHODS

Overview

The purpose of this study was to examine the lived experiences of nurse practitioner (NP) faculty that conduct post-simulation debriefing sessions. Little research has been done on nursing simulation debriefing and even less on NP simulation debriefing. Debriefing is the most important component of the simulation experience, where most of the learning occurs. Thus, more needs to be understood about this area of the simulation experience to better understand best practices in debriefing methods. In this chapter, the research procedures, design, and data analysis are explained.

Design

This study used a qualitative, transcendental, phenomenological design. The choice of qualitative methodology is most appropriate because not much is known about the phenomenon of interest and this methodology provides the most description. A transcendental phenomenological study seeks to explore a phenomenon by interviewing those who have experienced it, without making any interpretations. Whereas the study of material science only considers the physical reality that can be measured, phenomenological research considers the human consciousness that is connected to the physical reality (Husserl, 1931). Transcendental phenomenology emphasizes the subjective experience of the person and the discovery of the essence of the phenomenon. Knowledge is gained through subjective experiences so the researcher must study these experiences to understand the phenomenon. In this study, interviews were used to obtain information from those who have experienced the phenomenon.

Transcendental phenomenology was developed to understand human experiences and consciousness about the world around them in a way that could not be explained by material

science (Moustakas, 1994). Data are obtained by inquiring about what is known by the subject's consciousness. Moustakas summarized phenomenological research as the study of the "appearance of things" (Moustakas, 1994, p. 49). Phenomenological research contains two major concepts: intentionality and intuition (Moustakas, 1994). Intentionality refers to the process of perceiving and valuing a phenomenon within the mind. Intuition refers to the judgment one gives to a particular object or phenomenon. Phenomenology aims to understand the essence of a phenomenon by being objective and by the researcher not placing a value or judgment on the data obtained.

Research Question

What are the lived experiences of faculty conducting post-simulation debriefings in nurse practitioner programs in the United States?

Setting

A school of nursing with an online Doctor of Nursing Practice family nurse practitioner program within a Christian university in the southeastern region of the United States was used for the setting of this study. Participants had to be faculty members in the Doctor of Nursing Practice (DNP) family nurse practitioner (FNP) programs who have conducted post-simulation debriefing sessions for a minimum of three sessions with FNP students. The school of nursing currently has 107 DNP FNP students, all of whom participate in simulation during their programs. Eight of the students are enrolled in the residential program, while the rest are in the online program. All students participate in the same simulation experiences. There are 18 faculty members in the FNP program who teach residential and online courses. Faculty members were recruited from this setting as they met the inclusion criteria for the study.

Participants

Inclusion criteria were participants who were current (or had been employed within the past 12 months) adjunct, part-time, or full-time faculty members of the school of nursing who had conducted a minimum of three post-simulation debriefing sessions with FNP students. Faculty members were not required to have received formal training in simulation debriefing methods. Exclusion criteria included faculty who had participated in debriefing sessions that were not post-simulation or debriefing sessions that did not include simulation. The type of sample was a purposive, convenience sample due to the specific topic being explored. The participant had to be able to speak to the phenomenon being explored; thus, the sample was purposive. The participants did not have to be of a particular age, gender, ethnicity, or race. The goal was to recruit participants until data saturation was reached.

Procedures

The first step was to obtain Institutional Review Board (IRB) approval from the southeastern Christian university (see Appendix A). After IRB approval was obtained, participant recruitment began by sending out an email via the faculty listserv email with an attachment including a flier about the study and listing the participant inclusion criteria. I also announced the study at faculty meetings and posted the flier in the faculty break room. My contact information was included on the flier. Once the potential participants reached out to me, I followed up via phone or email to discuss the study's inclusion and exclusion criteria to determine if the participant was eligible. Once eligibility was determined, I scheduled an appointment for the interview. The interviews lasted from 20 minutes to 45 minutes and took place in a private conference room at the school of nursing; they were recorded for transcription. Before the interviews took place, the participants' written consent was obtained after notifying

them of the voluntary nature of the study and that they could drop out of the study at any time (see Appendix B). After the interview, I took field notes to document any insights that may have given further context to the content of the interview.

The Researcher's Role

I became interested in studying NP simulation education after being involved in NP education for several years. After becoming a research assistant on a large grant that was focused on simulation and telehealth for NP students, I became more involved in designing and participating in simulations for the NP students. I attended a professional development program by the INACSL and learned about various best practices in simulation education. After reading more about simulation in the literature, I became aware debriefing was an area that needed more study. Seeing it was a challenge to debrief students in my program, it became a question as to whether other NP educators also faced the same obstacles and what they did for debriefing. The concern became heightened during the COVID-19 pandemic because the inability to substitute simulation hours for clinical hours was very frustrating. I felt the urgency of advancing simulation science, especially in NP education, so NP students could benefit from having the highest quality education without disruption. Society would also benefit from having access to high-quality care from NPs who could serve as primary care providers. It is very important to be aware of the bias I hold regarding simulation education. I hold a favorable view of simulation education; thus, the transcendental phenomenological methodology was particularly chosen to help keep bias from entering the data analysis. I recruited participants from my place of employment which can lead to bias. However, I am not in a supervisory position for any of the faculty members that may participate in the study. I am also not involved in any committees that evaluate faculty members for promotion.

Data Collection

Before the interview began, the participants were asked to estimate the number of debriefing sessions they conducted. Interviews, field notes, and follow-up interviews were used as the data collection method for this study. Interviews served as the primary method of data collection for this study. Collecting data from the individuals who have experienced the phenomenon is most in alignment with phenomenological methods. Open-ended questions were used to discover more details about the experiences of the participants and to develop an open, trusting communication session with the participants. Interviews took place in a face-to-face format using an interview guide as outlined below. During the interview, I was actively listening and taking field notes as part of data collection.

Interview Guide

1. What is your experience conducting post-simulation debriefing sessions in the Nurse Practitioner programs?
2. Can you tell me more about your experience conducting post-simulation debriefing?
3. What stands out to you about post-simulation debriefing?

In the literature review, a recurring theme was the importance of the debriefing facilitator in the quality of the debriefing session. Students' perceptions of the facilitator and the training of the facilitator were important factors in the quality of the debriefing session. The questions in the interview guide sought to elicit the experiences of the faculty facilitators to better understand the phenomenon and essence of their experience in leading the debriefing session.

The first question asked the participants to describe their experience with the phenomenon of post-simulation debriefing, which is in line with phenomenology research. The second question asked the participants to elaborate on their descriptions to draw out more vivid

details about their experiences. The third question asked the participants to explain and describe what stood out the most to them about post-simulation experiences in NP programs. The interview transcript was uploaded into Atlas.ti (Poleschuk & Riopelle, 2022) for analysis after removing personal identifiers. The interview was listened to again for further field notes to be added. Once data saturation was attained, follow-up interviews occurred as needed to gain further data and were audio-recorded for analysis.

Data Analysis

Data were analyzed using the modified Van Kaam method as outlined by Moustakas (1994). The coding process occurred in concert with the primary consulting expert who read over the interviews and reviewed the codes I had developed to validate my findings. Atlas.ti software was used to assist in organizing the data. Codes are symbolic meanings that serve as labels the researcher uses to assign specific words or phrases within the data (Miles et al., 2020). Codes put similar data into categories that the researcher can identify and pull out to develop a theme. Two cycles of coding were done. The first focused on assigning codes to the data, and the second cycle worked with the codes themselves. In vivo coding, which uses direct words and quotes from participants' interviews to develop codes (Miles et al., 2020), was used. To ensure in vivo codes were separated from my generated codes, they were placed in quotation marks. The first cycle of coding summarized large segments of data. The second cycle of coding focused on the development of pattern codes. Themes were developed from the pattern coding that emerged during the first cycle of coding (Miles et al., 2020). In addition, my dissertation chair completed a second cycle of coding to validate my findings. The other consulting experts also reviewed and validated the codes and themes for accuracy. All consulting experts were doctorally trained

experts in phenomenology methods. A textural-structural description was developed from the themes I derived to explain the meaning and essence of the phenomenon.

Trustworthiness

Credibility

The credibility of a study is how valid it is in terms of accurate results (Creswell & Creswell, 2018). The researcher is responsible to employ methods to ensure a study is credible. I have received rigorous training in research through doctoral coursework in research methods and analysis. For this study, a purposive sample was chosen to ensure the data obtained were valid. The study participants had to meet the specific inclusion criteria to be able to participate. The triangulation technique was used after data analysis to determine credibility by comparing the data gathered from participants to determine the validity of responses overall. The themes converged from the study participants demonstrated the accuracy of results because the participants had similar experiences. I also used reflexivity, which involves using a journal to self-reflect throughout the data collection process. Keeping such a journal allowed me to understand how personal background and biases may shape the analysis of the data. I used a bracketing journal as well to ask myself the research question and to journal my answer. I then analyzed the answer to bracket out any bias that may be present.

Dependability and Confirmability

Dependability is how reliable the results are over time (Polit & Beck, 2020). The researcher must demonstrate the dependability, or reliability, of results over time. To do so, I employed the use of an audit trail during the study. An audit trail is a collection of documents an independent auditor can review to determine the dependability of results. Documents retained for an audit trail were audio recordings of the interviews, the audio transcripts, the data analysis

products, the researcher's notes, draft reports, and the final report. Member checking was also employed if clarity was needed on codes or themes, by providing feedback to participants throughout the study regarding emerging themes and asking for participant feedback on themes. Confirmability is the determination of how objective the data is by having another person or persons review it (Polit & Beck, 2020). I engaged three consulting experts who are doctoral-prepared scholars trained in qualitative phenomenology research methods to confirm the results.

Transferability

Transferability is the capability of applying study findings to other situations or settings (Polit & Beck, 2020). During the study, I kept notes, or memos, during data collection and analysis. By making notes throughout the process, I ensured the results were accurate. Accurate results improve transferability. Using thick, vivid descriptions from the participants was another way I improved transferability. Important quotes, phrases, or words were reported verbatim in the results section. Lastly, I improved the accuracy of a study and increased transferability by reaching data saturation.

Ethical Considerations

The purpose of ethics in research is to safeguard the study participants against harm (Creswell & Creswell, 2018). As this study did not include vulnerable populations or explore sensitive topics, no issues were expected. Approval was obtained from the IRB before conducting the study. I disclosed the purpose of the study to the participants and informed the participants that they could refuse to participate or drop out of the study at any time. Because there was a risk of emotional distress from the topic being discussed, I provided the participants with information on the university's counseling center. Consent was obtained from the participants in alignment with IRB policy. The study could potentially benefit the participants

because it sought to describe NP simulation education. Participants were apprised of how the data were to be used and an incentive in the form of a $25 gift card was given for participation. Interviews took place in a private conference room with a closed, locked door and adequate soundproofing. Recordings of interviews were kept on a password-protected laptop computer. Microsoft Teams audio was used to record the interviews (Microsoft Teams, n.d.). No video recording took place. Microsoft Teams has an encrypted, secured platform for meetings and cloud storage of recordings. The recordings were stored on my password-protected laptop. Microsoft Teams' audio transcription were used for transcribing the interviews, and then I reviewed the transcriptions for clarity and accuracy. Any documents with identifying information, such as signatures, were kept in a locked cabinet away from other data. I assigned a randomly generated number and a pseudonym to each participant to protect their privacy.

I reported more than one perspective and disclosed any negative findings, not just positive findings (Polit & Beck, 2020). Participants' identities were protected by using pseudonyms. I kept a reflexivity journal throughout the study to control personal bias. This bracketing of personal experiences was important to ensure the accuracy of results. Data were stored on a password-protected computer as specified by the IRB policy.

Summary

The purpose of this study was to describe the lived experiences of NP faculty who participate in a post-simulation debriefing. In this chapter, the methods of how the study was carried out were described. Interviews elicited information from the participants, and I worked to bracket out personal experiences and biases throughout the study. IRB approval was obtained before data collection began. Trustworthiness issues were addressed and included peer reviews, audit trails, and taking field notes. I ensured that the study used appropriate methodology so that

results were valid and observed all ethical considerations. The next chapter will discuss the results of the data collection.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this study was to describe the lived experiences of faculty in nurse practitioner (NP) programs who conducted post-simulation debriefing sessions. This chapter presents the results from the data analysis for this study. First, a discussion of the experience of each participant is discussed, followed by a description of the themes developed from the data. Lastly, findings for the research question are presented before a summary concludes the chapter.

Participants

Ten participants were included in this study. According to Creswell and Poth (2018), 10 participants are appropriate for a qualitative study, though the amount can vary, but they recommend data saturation also be reached. Data saturation indicates participants' data represents what is found in the research and what is being received through other data collection. Data saturation was achieved for this study. Each participant was a faculty member in the research setting and conducted a minimum of three post-simulation sessions for NP students. Participants were recruited via IRB-approved emails, fliers, and announcements. As outlined in Chapter Three, each participant was interviewed and audio recorded, and the audio was transcribed for analysis. A textual and structural analysis was performed for each participant's transcript per the modified Van Kaam method (Moustakas, 1994). Then, a composite textual-structural analysis from all the participants' narratives was constructed to determine the essence of the experience. Each of the participants' narratives is described below. Field notes were taken throughout the data collection process to capture my thoughts about the participants' experiences and narratives. Each interview recording began after informed consent was obtained and ended after the final question was answered. Table 1 outlines the participants, along with the range of

debriefing sessions they have performed. A range was given as many of the participants could not remember exactly how many sessions they have facilitated. Pseudonyms were assigned to the participants using an online pseudonym generator website.

Table 1

Participants and Number of Debriefing Sessions Performed

Participant	3–5 Sessions	5–10 Sessions	10+ Sessions
Wendy			X
Willow		X	
Hazel	X		
Margaret			X
Caitlin			X
Della			X
Samantha	X		
Madeline		X	
Frances			X
Marcia			X

Wendy

Wendy has completed more than 10 debriefing sessions, but stated the number is closer to 10 than 20. Wendy feels debriefing is an important component of the simulation-based experience for the NP student. Wendy explained the simulation team ensures the debriefing facilitator has structured questions to guide them, and this structure is important to the success of the debriefing session. It is important the students do most of the process of the debriefing themselves, with the facilitator as the guide. Wendy described her experience in starting a simulation program in NP education: Many faculty did not understand what was supposed to happen during debriefing, so many off-topic conversations were happening. However, the

simulation team changed the process to ensure a structured format was implemented. This ensured a more streamlined process for the facilitator and the students, and assisted the debriefing facilitator in guiding the students through a reflective process during the debriefing session. Wendy said while it is important the students guide themselves through the debriefing and notice their strengths and weaknesses, at some point the facilitator needs to bring to light any areas of weaknesses that may have been overlooked. I felt Wendy had a good grasp of the objective of debriefing, which is for the students to spend time in critical self-reflection, and there is a correct way of conducting debriefings to ensure quality. I also felt Wendy views the facilitator's role as ensuring the student's areas of weakness are known by the student, even if that involves explicitly telling the student rather than using open-ended questions to have the student think of it themselves.

In addition, Wendy stated that the students learn from each other and experience comfort because they are all in this situation together. Wendy feels the students enjoy the debriefing sessions and usually requests more debriefing be done. Debriefing sessions usually last 30 to 45 minutes, and psychological safety is attended to by gauging the students' demeanor. Wendy perceived the students to be respectful of each other. This is how I viewed Wendy's understanding of debriefing: It is a collaborative peer learning experience which is conducted over an adequate amount of time in a respectful environment. Wendy defined a successful debriefing session as one that achieves the learning outcomes of the simulation; the students feel they have achieved personal growth, have a feeling of confidence, and feel stronger in their skills as a clinician.

Wendy spoke of debriefing as being a time when the participants talk about their experiences during the simulation scenario. She mentions the Jeffries simulation theory and she

has been trained to conduct debriefing using the Debriefing Assessment for Simulation in Healthcare (DASH) method. During the beginning of the interview, Wendy attempted to recall the name of the Jeffries simulation theory and had to pull the information from her filing cabinet. I viewed this as an emphasis on the importance of using theoretical framework and understanding the theoretical underpinnings of debriefing. Wendy noted that working with NP students is unique because they are adult working professionals but still vulnerable in the student role. The debriefing process is a safe place for them to think through their decisions, and it helps increase their knowledge and interest in research. The mix of different levels of expertise and experience helps the students learn from each other. I felt Wendy had a good grasp of the debriefing process and her answers were concise, but due to her lack of experience, the amount of information she could offer regarding debriefing was limited in her perception of the student's learning process in debriefing.

Willow

Willow has facilitated approximately 10 debriefing sessions. Willow explained that after the simulation sessions, a debriefing is held and is a time to ask students how they felt about communication, history taking, and the diagnostic process. Debriefing is an important time of reflection for the students and for the facilitator to provide support, not to chide them on their weaknesses, but to guide them in how they can do better in the future. A set of debriefing questions is given, but the framework's name is unknown. Wendy has received some training in how to conduct debriefing in her role as a faculty member. I viewed this as interesting since she did not know the name of the set of structured questions being used.

Willow believes the students enjoy the intensive weeks where they participate in the simulation experiences, and they feel the debriefing portion is beneficial. Debriefing sessions are

done with a small group of students and can last from 10 to 30 minutes. Willow had a difficult time remembering exactly how long the sessions lasted. Peer discussion benefits the group setting because they can learn from one another. One obstacle to debriefing is that time can feel constrained because they do not want to spend too much time debriefing to interfere with the schedule. Willow feels a good amount of time is spent debriefing. As the facilitator, Willow ensures each student has a chance to talk during the debriefing. I viewed Willow's lack of experience with debriefing as meaning she did not view the debriefing session as the most important part of the simulation learning experience, as INACSL states (INACSL Standards Committee et al., 2021). However, she does value the simulation experience as a whole.

Willow stated the debriefing process after simulation sessions is important to allow students to reflect and receive feedback on their performance. During the debriefing, Willow discusses the students' strengths and weaknesses and patient rapport and helps them to identify ways to improve their diagnosis and treatment plan. There have been no barriers to the debriefing process Willow has seen or encountered, and the students have received it positively, even when they feel they need to improve. The intensive simulation experience has been found to be engaging and effective for students to gain skills and comfort in patient exams before starting practicum. Willow's narrative focused mainly on the process of the simulation experience and not just the debriefing session, which I viewed as limiting the quality of the information given regarding the debriefing experiences she had.

Hazel

Debriefing facilitation is a newer role for Hazel. She was most recently a student NP experiencing the simulation debriefing process so has the unique experience of understanding both the student and educator roles in very recent memory. She stated she has facilitated four

debriefing sessions. Hazel believes using the structured DASH method is helpful in getting the conversation flowing. The debriefing takes place in-person in a small group of five students and lasts 10 to 30 minutes. Debriefing NP students is different than prelicensure nursing students because critical thinking and reflection are much more emphasized. She tries to draw them out with questions throughout the session. As Hazel has more experience with simulation with the undergraduate students, I feel she was able to speak about her experiences debriefing NP students as a comparison.

Hazel said debriefing is the place where most learning occurs if done correctly. I viewed this as a validation Hazel understands the value of debriefing in simulation. Hazel also stated that a facilitator should know the subject matter for the session to be good quality. I thought this was an interesting statement because I found one study that addressed this topic. Investing in the students and allowing them time to talk is important. The only noted obstacle to debriefing identified by Hazel could be some students or groups can be less talkative than others. Some who speak English as a second language may take longer in the simulation scenario and may have less time for debriefing. Hazel was the only participant who mentioned this as well. Students may feel uncomfortable expressing their weaknesses with skills during debriefing, such as a lack of confidence in reading radiographs. Hazel described a poorly done debriefing session as one where the debriefer just reads through a list of questions and provides no additional input and is very rigid. Hazel emphasized the importance of debriefing as a learning tool for NP students. She highlighted the benefits of debriefing, such as building confidence and identifying weaknesses. I viewed Hazel's answers as passionately expressed, and she seemed to see the benefits of students' verbalization and critical reflection.

In a follow-up interview with Hazel, she elaborated more on the structure of her debriefing sessions. She starts out by asking an open-ended question about how the students feel. Then, from there she uses the DASH questions as a guide, along with the students' responses to formulate open-ended questions to frame the discussion. She spoke of student self-reflection being key to the learning process during debriefing. They can think about the things they did well and the things they could have done better, in collaboration with their peers. The facilitator must ensure the students do not become too critical of themselves during this process. I viewed this as an affirmation of her statements from her original interview where she stated it is important for the facilitator to guide the students in building confidence. Overall, Hazel feels the students value the debriefing process, and the sessions are useful in ensuring the learning objectives of the simulation scenario are met.

Margaret

Margaret received formal training in the DASH method and has facilitated many debriefing sessions for NP students. She says simulation education for NP students is a valued process because they can experience and learn from case scenarios they may not see in the clinical setting. Initially, as a simulation educator, Margaret focused on the learning that took place in simulation and did not focus on the debriefing portion at all, but as her understanding of simulation education grew, debriefing became more important and meaningful. I viewed this as significant because her understanding of simulation education grew over time, and her belief that debriefing is the most important part of the simulation experience aligns with the research.

Margaret tries to mentor faculty and emphasizes the importance and correct way of implementing the debriefing process to experienced and new faculty. Debriefing should be structured and involve the facilitator spending the allotted time talking to the students. The

facilitator should not tell the student what they did wrong or right, but rather, follow the structure of the DASH method and let the students learn from the structured reflection that occurs. I viewed this open-ended question-and-answer session led by the facilitator as encouragement for the students to engage in peer collaboration and critical reflection.

Continuous reinforcement of the importance of and training in debriefing is crucial for faculty to understand how to debrief properly and to do it well. The facilitator should understand the simulation's learning objectives, understand the framework used, and allow the students to talk to and learn from one another by reflecting on the experience. The biggest challenge as a facilitator is learning how to question students in a way they can learn through reflection without being told the answer. Peer learning plays a big role in debriefing because they reflect with and learn from each other. They hear from the faculty all the time, and now they hear from different perspectives from their peers. The peer learning component and the facilitator as a guide seemed to be a large part of the debriefing experience for Margaret. As peer learning is a component, the facilitator tries to verbalize the debriefing session is a safe space for learning. A well-done debriefing session is one where the learning objectives have been met, knowledge and skills have been increased, and the facilitator has stayed out of the way as much as possible. This aligns with the literature stating that debriefing increases knowledge and skills.

Caitlin

Caitlin has only debriefed for a short amount of time. Her interview answers guided me through the simulation process, without a major focus on the debriefing session itself. I viewed this as a lack of experience with the debriefing portion of simulation. Caitlin talked about how the simulation experience flows for the educators and students. A group of students would participate in a simulation scenario in a separate room, usually with two students performing an

HPI (history of present illness) and physical exam. They would have a set amount of time, typically around 15 minutes, to complete their examination. Some students who acted as observers would return to a larger room where their peers and instructors would watch a live stream of their interaction with the patient. After the simulation experience concluded, the facilitator would ask the students questions about their performance, such as how they thought the interview went and if they could have done anything better. This seems to be a common theme for the participants in my view, the debriefing session begins with an open-ended question of how the session went and what could have gone better. The faculty program and sim team typically prepare open-ended questions for the group to discuss after the simulation. These questions allow students to reflect on their experiences and may lead to further discussions. The discussions often revolve around things students may have missed during their examinations or things they could have done differently. I viewed that Caitlin also seemed to value the peer discussion during the debriefing sessions.

The facilitator aims to keep NP students on track and focused during the simulation debriefing process. This involves asking questions to prompt students to reflect on their performance and consider areas for improvement. By validating strengths and bringing up areas for improvement, students are challenged to think critically about their actions. Caitlin has not had formal training in how to conduct a debriefing session, but she had some experience in the past as a simulation educator in another setting before coming to this institution. She received some brief guidance from the simulation team on how to use the structured questions provided for the debriefing session. She did not know the name of the method used for debriefing, and my view was that it was not an important point for her as she referred me to the simulation staff for that information.

During the simulation debriefing process, Caitlin relied on the questions provided to guide the discussion and allowed it to lead organically while encouraging critical thinking among the students. Caitlin believes it is important for students to lead the simulation debriefing process, while also providing feedback as an experienced NP faculty member. I viewed this as a validation of the other participants' statements as they said similar things about the students being leaders of the debriefing discussion. She aims to create a safe learning environment where mistakes are okay. Caitlin draws quieter students into the discussion by asking for their feedback on what went well and what could be improved. When asked explicitly to elaborate on how psychological safety is addressed, she said there was no set process in place that she knew of. At the beginning of the debriefing session, she explains that everyone is a learner, no one is perfect, and treating each other respectfully is key to a successful simulation experience. Caitlin has never had any issues with students treating each other poorly and believes students are generally good to each other in these settings.

Caitlin has not encountered any obstacles with debriefing sessions. A private space is provided, and she said the number of students per group is good, around five or six, and they have plenty of time to discuss the simulation scenario. The facilitator's role is to keep students on track, and they sometimes struggle to stay focused, but the facilitator always redirects the discussion back to the focus of the debriefing session. I viewed Caitlin's answers as focused on the importance of debriefing questions as a guide and of the students staying on track during the sessions. Caitlin believes a successful debriefing is when students interact, provide feedback, and discuss amongst themselves. She enjoys it when the discussion is student-led.

To gain more information from Caitlin about her viewpoints on the debriefing sessions, I conducted a follow-up interview. She spoke about how much she values the structured questions

given by the simulation team. She feels they are well thought-out and lead to a good discussion with the group. She talked about how self-reflection in debriefing helps the students learn because they can think about their strengths and weakness in the simulation in a safe environment. I viewed her follow-up interview as an affirmation of her previous answers; she values the structured debriefing session. She did add the comment about the importance of self-reflection, which is supported in the literature. Caitlin stated that keeping the students on track during the discussion is important, but validating any feelings they may be experiencing is equally important. I viewed this as an indication that she cared deeply that her students did not feel denigrated during the debriefing process, but rather she wanted them to feel uplifted and leave confident. She did emphasize that debriefing is an important part of simulation education because the students can learn through self-reflection.

Della

Della feels simulation education has become integral to NP education programs. Della has conducted many debriefing sessions and has been involved in NP simulation education for several years. Debriefing provides students with exposure to various cases they may not come across during their clinical rotations. I viewed Della as an educator who is deeply committed to providing unique case experiences through simulation. Through simulation, students can consolidate their knowledge and experience of what they learned in the classroom. She highlighted the importance of simulation in education, especially for visual learners. The simulation experience allows students to recall their experience when they encounter a similar scenario in their practice. They can also remember the differential diagnoses, which enhances their accuracy as a diagnostician. I viewed this as a unique contribution to the data, as no other participant mentioned learning styles. Della stated the faculty team are very intentional with the

kinds of cases they present to students. They do not want to create simulations for conditions like depression because most of the students already know what depression looks like. Instead, they give them more complex cases that require a more challenging differential diagnosis. Della wants to ensure students are prepared for the clinical setting when they are practicing.

Della mostly conducts her debriefing sessions over Microsoft Teams, although in-person debriefing sessions are also conducted. She has not noticed a difference in the quality of the sessions between the two formats. However, during in-person debriefing sessions, Della can observe the students' behavior and interactions, which can aid in providing more personalized feedback. I viewed this as a component of understanding the student's emotional and mental well-being, which seemed to be an important concept to Della during the debriefing process. The simulation team provides structured questions for the debriefing sessions, which enables students to contribute to the discussion. Della tries to draw quieter students into the conversation by asking their thoughts on what other people say.

Additionally, Della creates a safe and non-judgmental environment where students can express their emotions and feelings toward the simulation experience. Although she has not received formal training in simulation debriefing, she understands the importance of achieving the objectives set out for each simulation experience. Many participants spoke of the debriefing session as a space for ensuring the simulation learning's objectives were met, which was a pleasant surprise. Meeting learning objectives of the simulation is an important part of the debriefing process (INACSL Standards Committee et al., 2021). Della said her primary role as a facilitator is to ensure the students achieve these objectives.

Marcia

Marcia has been involved in simulation education since she started working in the research setting. Before this, she had not been exposed to simulation education or simulation theories, such as Jeffries. As an educator, she had previously used case studies and talked about different patients in class but had never incorporated hands-on experience for students to see real patients. I viewed her statements as an indication that she felt experiential learning was very important in NP education. When asked about her thoughts on active learning and experiential learning, Marcia mentioned they are valuable tools for nursing education. She had previously taught physical assessment in the lab and emphasized the importance of hands-on learning with models.

Marcia expressed her belief in the effectiveness of the simulation team at the institution, stating they refined their work over time. She feels the process has been improved and the current NP simulation coordinator has made positive changes. She added after a simulation event, they usually have a debrief meeting to discuss feedback from the simulation coordinator. During the debriefing session, Marcia's role is to act as a facilitator and encourage student conversation. However, she highlighted the challenge of getting some groups to talk and noted she is responsible for keeping the discussion flowing. I noted several participants mentioned this as a challenge during the debriefing session. I asked her Marcia to describe how she encourages quieter students to talk more. She explained that during debriefing she tries redirecting students to different topics if they are hesitant to talk. She emphasized the importance of giving and receiving feedback and noted some groups hesitate to provide negative feedback. To address this, she tries to assure them the feedback is not punitive, and they should view it as a learning

experience. I saw this as her effort to create a psychologically safe environment for her debriefing group.

When asked if she had received any formal training on debriefing, Marcia said no; however, the institution provided some training when it first started simulation education on how to use the provided questions. Marcia feels simulation education is an important component of nursing education, and simulation-based learning allows students to gain hands-on experience in a safe, controlled environment. This will make them more competent NPs in the clinical settings. She added debriefing is a crucial aspect of simulation education as it provides an opportunity for students to reflect on their learning and receive feedback. This agrees with the best practice standards from the INACSL Standards Committee et al. (2021).

Madeline

Madeline explained she was involved in simulation education from the beginning of her employment at the university but did not have prior experience or knowledge of simulation theories like Jeffries. When asked about simulation theories or methodologies, she said she had not heard of or used any to her knowledge. She had used case studies and physical assessment models for hands-on learning in her previous job as an educator, but not simulations with real patients. Madeline believes simulation education is a valuable approach to learning. She also expressed her satisfaction with the simulation team and their effectiveness in conducting simulations for the students. The simulation team provides feedback on the simulations through evaluation and debriefing meetings, where the team discusses what worked and what needs improvement. Madeline seemed to emphasize the simulation scenario and the simulation teamwork during the interview. Again, I viewed this as a lack of experience with the role of debriefing facilitator, but it showed that Madeline values the simulation and debriefing process.

Madeline explained her role in facilitating the debriefing sessions, trying to get students to talk and give feedback to each other. She noted some groups are more talkative than others, and some students may be hesitant to give negative feedback for fear of criticism from their peers. Madeline said the university provided some training on debriefing at the beginning of her employment. I viewed her understanding of debriefing as a time for students to discuss the simulation scenario with their peers and to receive constructive feedback on their performance. Madeline highlighted the importance of hands-on learning and feedback in nursing education and the challenges of getting students to participate fully in debriefing sessions. She seemed to think the students were more focused on giving one another positive feedback and very hesitant to give negative feedback. She emphasized the challenge of initiating and facilitating the flow of the discussion for some of the debriefing groups. She feels peer feedback is essential to learning, but peers may be hesitant to criticize one another. Her answers regarding the role of the facilitator giving feedback seemed to not be fully answered.

Madeline discussed the structure of the debriefing session more in a follow-up interview. She stated room setup needs to be conducive to having a discussion and the facilitator should not take over the conversation. I found this interesting as no other participant mentioned room setup in their interview. I viewed this as an interesting perspective regarding debriefing challenges. Madeline spoke again about the obstacle of quiet students. Perhaps assigning the students the DASH questions instead of giving them to the facilitator may be more beneficial in prompting discussion. She also expressed a desire to have more training in debriefing and spoke about how the simulation team has not evaluated her as a debriefer. She discussed the role of peer learning in debriefing and that students can offer constructive feedback to one another. She seems to truly appreciate debriefing but would like more training in how to conduct quality sessions.

Samantha

Samantha had only been working with simulation education for a short time, having participated in approximately three debriefing sessions this past academic year. Prior to this, Samantha had been exposed to simulation education as an adjunct faculty member for the past couple of years. Samantha feels simulation education is beneficial, as she believed most people learn better when they are active in the learning process rather than simply attending lectures. She explained simulation education allows students to experience concepts rather than simply being told about them, which makes a significant difference in the learning process. For instance, she used the example of suturing or casting, where students could be told how to do it, but until they perform the task themselves, it will not make as much sense to them. This was an excellent analogy of how simulation was useful in hands-on learning. Again, her focus throughout the interview was on the simulation experience rather than the debriefing itself, which I perceived to be due to a lack of experience as a debriefing facilitator. However, Samantha seems to value simulation education, including debriefing.

Samantha explained that the simulation process starts with a pre-brief where students are informed of their roles in the simulation and what is expected of them. During the simulation, students perform their roles, and the team comes together to discuss each student's performance and treatment plan. Samantha also explained they use a structured list of questions for debriefing, provided by the simulation team, to ensure all faculty ask the same questions and the process is streamlined. She viewed the structure and streamlining of the process as very important in maintaining quality of the simulation experiences for the students.

Although Samantha had only been working with simulation education briefly, she had been exposed to a few of the theories behind it. She was given information on the Jeffries

simulation theory, Delta methodology, and the DASH evaluation standard used by the simulation center at the research setting. However, Samantha had not yet had a chance to review these theories in detail. She emphasized the importance of the debriefing process, which allows students to discuss their performance and treatment plan and provides an opportunity for students to self-reflect and develop clinical judgment. Though she did not give much insight on the debriefing session itself during this interview, Samantha understands the role of debriefing in the simulation experience as very important. I viewed this as a significant statement because she did not seem to emphasize debriefing in our conversation.

In a follow-up interview with Samantha, she emphasized the role of self-reflection and critical thinking in the debriefing session. She explained that debriefing allows the students to develop critical thinking skills by reflecting on the simulation scenario and discussing it with their peers. During this session, they discuss what they did well and what they could have done better. I viewed this as an affirmation of the literature and the statements of other participants, who also emphasized reflection and peer learning during debriefing. This process assists them with critical thinking and with future application in clinical situations. When asked what she thought would be the ideal training for debriefing facilitators, Samantha talked about equipping the debriefing facilitator with a toolkit to understand the full simulation scenario so that they could better guide the students to the correct answers. She said the students seem to value the debriefing sessions, and though they seem very anxious at first, over time, the anxiety lessens. I viewed the mention of anxiety as interesting because it made me wonder about the effects of anxiety on the ability of the students to learn.

Frances

Frances has been involved in NP simulation education since 2015. Frances said that debriefing is a critical component of clinical education in nursing, especially in NP programs. Frances has experience in debriefing both undergraduate and graduate students, although she notes the process can differ depending on the level of learning. At a previous institution, Frances's debriefing process involved giving feedback on the FNP experience, such as providing feedback on health assessments the students performed. As an FNP herself, she was able to offer peer-to-peer feedback. With undergraduate students, on the other hand, she focuses on following the clinical judgment activity board, preparing them for the National Council Licensure Examination (NCLEX). In both cases, she begins the debriefing by asking what went well and what the students are proud of. Then, she tailors the feedback and guidance to the specific needs of the students. I viewed Frances's perception of the debriefing facilitator as having a more active role in the conversation than the other participants, who seemed to think the facilitators should not talk as much.

The debriefing process, according to Frances, is person-centered. Although the process should be structured, it should not be too rigid, as it needs to be tailored to each student's needs. Frances follows the debriefing methods approved by the INACSL but does not stick to one specific method. Instead, she may use two or three methods in one debriefing session. One of Frances's favorite debriefing methods is Debriefing for Meaningful Learning. This method involves the students reflecting on their experiences and learning, identifying what went well, what could have gone better, and what they will do differently. This reflective process promotes critical thinking and deep learning, helping students internalize and apply the lessons learned to

future clinical situations. I viewed her emphasis on reflection as an affirmation of the literature, which states reflection is an important part of the debriefing session for students.

When asked about her approach to redirecting students who are getting off track, Frances emphasized the importance of acknowledging and addressing their questions or concerns while tying them back to the learning objectives. By asking students to compare what they observed during the simulation with their clinical experiences, she encourages them to think critically and reflect on their decision-making. Frances, who initially struggled to adapt to the simulation-based teaching methodology, eventually recognized the importance of debriefing in facilitating student learning. She acknowledged that debriefing allows students to reflect on their experiences and verbalize their thoughts and emotions in a safe environment. Through debriefing, students can identify areas of strength and weaknesses, evaluate their decision-making, and identify strategies for improvement. Frances's answers had much more insight into the debriefing process itself as she had the most experience out of all participants.

Frances stressed that effective debriefing is essential to ensure students can transfer what they learned during the simulation to real-world situations. She emphasized the need for instructors to effectively facilitate the debriefing process by creating a supportive and non-judgmental atmosphere and asking open-ended questions. Furthermore, she highlighted that the debriefing session should be at least twice as long as the simulation itself, allowing students to process their experiences and articulate their thoughts.

Frances stated that as a facilitator, it is essential to establish a safe environment for debriefing. I asked her to elaborate on this, and she said it requires creating an atmosphere where students feel comfortable and supported in sharing their experiences without fear of judgment or retribution. To achieve this, the facilitator must prepare the students before the simulation

experience and emphasize the debriefing session is safe and non-judgmental. Students should be informed their participation in the simulation will not be graded, and the primary goal of the debriefing session is to enhance their learning. I viewed her thoughts on psychological safety of the students as the most well-developed of all participants because she understands it begins during the pre-briefing phase of simulation.

During the debriefing session, the facilitator must maintain a non-judgmental attitude and actively listen to students as they share their experiences. The facilitator should avoid pointing out individuals and instead use open-ended questions to encourage group discussion. By doing this, the facilitator creates an environment where students feel comfortable expressing themselves without fear of negative consequences. The facilitator's role is critical in ensuring students feel comfortable sharing their experiences during debriefing sessions. The facilitator must actively listen and show empathy towards the students. They must use open-ended questions to encourage discussion and ensure all students can participate.

Peer-to-peer interaction is a crucial component of debriefing. I viewed peer learning as an important part of the debriefing process by the end of my interviews as most of the participants spoke about it. The facilitator must encourage students to interact with each other during the session, allowing them students to learn from their peers' experiences. The facilitator creates an environment where students can learn from each other and develop their critical thinking skills. During the debriefing session, the facilitator should encourage students to share their experiences and ask questions of their peers. This interaction allows students to explore different perspectives, identify gaps in their knowledge, and enhance their clinical reasoning skills. By promoting peer-to-peer interaction, the facilitator creates an environment where students can learn from each other and develop their clinical reasoning skills.

Results

Following each interview's transcription, coding, and analysis, themes were developed. These themes will be discussed in the context of how each evolved and quotes from participants were used to derive the themes. The themes will be related to the literature I examined in Chapter Two. Responses to the research questions will follow and will highlight the summarized findings from the participants.

Theme Development

The themes developed during data analysis were (a) Structure of the Debriefing Session, (b) During the Debriefing Session, and (c) Facilitator Training. For the first theme, Structure of the Debriefing Session, the participants spoke about the benefits of having preset questions from the simulation team and the role of the facilitator during the session. The second theme, During the Debriefing Session, addressed the areas of lack of student engagement, obstacles to debriefing, and creating a quality debriefing session. In the third theme, Facilitator Training, participants discussed the benefits of having structured questions, using the DASH method, and the desire for further training on debriefing.

Structure of the Debriefing Session

DASH Questions Provide Discussion Framework. All the participants spoke about using the structured questions by the simulation team and how it was a beneficial part of the debriefing experience. Some of the participants identified the questions as the DASH method of debriefing. Other participants knew there was a name but could not recall it. The participants seemed to all agree that structure in the session was important and having the questions available provided that. Wendy said,

> But we do receive for each session, you know, questions to ask and there is a specific, like, debrief after the standardized patients. I know. I don't remember off the top of my head, what's called but we are given like a guide.

Margaret referred to the structured questions as important as a prompt to student engagement in the debriefing process. She felt the questions provided support to the facilitator in leading a quality debriefing session. The questions promote discussion, collaboration, and peer learning. Discussion, collaboration, and peer learning were discussed by most of the participants. The questions provided the participants with the means to encourage and facilitate discussion between the debriefing group so they could learn from each other's thought process that took place during the simulation. Margaret explained,

> My role was … to have specific prompting questions to prompt discussion about the experience with students and let them to discuss and talk about it and learn as they were having conversations about that, and bounce ideas off of each other and hear what the others thought and come to and learning from each other.

Students would discuss their reflections with each other and perhaps hear new ideas. This peer collaboration promoted the learning process during debriefing. Margaret also felt the questions were helpful in guiding students to the correct answer, when needed. She explained, "So you know, asking those questions to draw them into the correct answer when I need to." Most facilitators emphasized the importance of the students reflecting on their weaknesses, without the facilitator having to point it out or seem critical.

Caitlin spoke about how the DASH questions were crucial in not only prompting discussion but in leading to topics that may not otherwise have been broached by the student's

own self-reflection process. The questions draw out the student's critical thinking process more thoroughly. She explained,

> And, you know, oftentimes I find that those will lead into other good discussions that may, may happen, or things that they realize that they, they didn't ask, or they should have, or, you know, things like that. So it leads into a pretty good discussion I find.

The questions serve as a launching point for critical thinking and reflection in the group. Della also mentioned that the discussions begin using the questions but lead to other trains of thought and inspire critical thinking and self-reflection. She said, "We're giving structured questions we have this question will try them out, but we don't know where we're going. And we'll give each student an opportunity to be able to contribute to the discussion."

Facilitator As Guide. The participants all referred to the facilitator as the guide of the session, and the facilitator should not take over or lead the session. The facilitator is there to ask the questions, keep students on topic, and guide the self-reflection process. Frances explained it like this:

> And I like to talk, but I try my best to just stay quiet enough to let them work through the whole process until they're exhausted, everybody's put everything that they can think of on the table working collectively. And I tell them that this is your time, you know, you talk this through, you come up with everything, you, you know, check each other, ask questions, and then instead of going through what it is that I will direct some questions specifically to make them think about something else.

Most of the participants said something similar. The INACSL Standards Committee et al. (2021) stated in its best practice standards that the facilitator should do less talking during the session. Madeline viewed her role as a guide in a more rigid, structured way: they needed to use the

entire allotted time for debriefing to ensure the students talk. She explained, “My group was always the first to finish. And they’re like, You need to stay in there and talk to them the whole time. And make them talk.” I viewed Madeline’s statement as a lack of confidence in knowing how to get quiet students to talk. Marcia felt the guide role is also to ensure the students talk during debriefing, and she discussed how questioning play a role. She said, “I think as a faculty, you kind of have to get that information out of them and you need to and I do ask them questions.” Margaret viewed the facilitator’s role as a guide, allowing the students the space to have a conversation without interference. She explained, “I have stayed out of the way as much as possible.” Caitlin viewed the facilitator as a guide as keeping the students on track during the discussion and by using the questions as a launching point for discussion. She explained it this way: “I pretty much was going off of what they provided for me in terms of questions, and then just letting it lead from there while trying to keep them, you know, keep them thinking.” The participants all seemed to say the questions are a guide but other questions can be asked or some questions can be left off, depending on how the conversation flows. Frances viewed the student NP debriefing process as a more peer-to-peer learning scenario since both the student and the facilitator are already professional nurses. She said, “I learned from the graduate students just [as] hopefully they learned from me and I learned from them just sharing our experiences and debriefing that way.” Frances seemed to feel the facilitator is a peer, too, in debriefing NP students since all are Registered Nurses. Wendy said the students have her there as needed for feedback. She explained, “They have me in the background, you know, kind of helping guide that conversation or throwing in some tidbits.” The questions are there to facilitate conversation among the participants, and the facilitator should say as little as possible.

During the Debriefing Session

Student Engagement. Student engagement was spoken about from various perspectives. Participants mentioned it was important for the students to participate in the debriefing session to self-reflect and learn from the simulation experience. Reflection is emphasized by the INACSL Standards Committee et al. (2021) as an important part of the learning process in the debriefing session. Caitlin spoke about the students' ability to collaborate and learn from one another. She said, "Coming back together and really talking through like, how could I have done this differently? What did you see that I didn't? And then talking through, like, okay, like, these are my findings." Peer learning was continually emphasized by the participants throughout the data collection process.

Willow said it was a time of self-reflection for the students. She explained, "It does give the students just kind of time to reflect and think about themselves, you know, how did I do?" Willow also said the candid conversations with their peers help the students reflect on how things went during the simulation scenario. Frances also talked about how debriefing is an important time for students to self-reflect. She stated, "It's just that reflection and talking about it. And just thinking about what they did." Samantha also emphasized group discussion and peer learning as being beneficial to the learning process. She said, "When they got back together. They were very interactive with each other … I think it's a good way for them to learn." Marcia and Wendy mentioned the varying levels of experience in nursing for each of the students also contributed to the peer learning and discussion occur during debriefing. Hazel spoke of how students observing one another during the simulation and discussing during debriefing plays a huge role in the learning process. I viewed the participants' emphasizing the role of peer collaboration as major component in the learning process. Hazel said,

> So it's like the learning is from say the people that are playing the providers, they come into the debrief frame and then all of a sudden they're like, well, This is why I asked these questions and This is why I did this. But then the observances. Well, I think too the patient was doing this. So you could have asked this.

Characteristics of a Quality Session. All participants talked about how the sessions should lead students to good conversation, self-reflection, and critical thinking. Hazel talked about how the flow of the debriefing session needs to occur naturally. She said, "So someone that's not what's the word, like, too rigid with structure and allows for it to flow as needed." I viewed this as interesting since Hazel also spoke about the students needing to learn from one another. The conversation cannot be forced, but must flow from a natural exchange of ideas and feedback. Hazel spoke about the facilitator showing the students they are engaged and for this to happen, the questions cannot be rigidly asked and must flow naturally. If this happens, the students will be satisfied with the session. I viewed this as a statement that learning will be minimal if the students think the facilitator is not engaged with the debriefing. Marcia felt a session is quality if the students are satisfied with it. Margaret felt the session was satisfactory

> when the students get the full time to debrief and they have covered, they've met the objectives of the simulation, first and foremost, whatever those were laid out for them to be, where they have come out from the debrief, and their knowledge has or experience has increased and or experiences increased because of, because of that event that they have learned.

Della was like Margaret in her definition of a quality debriefing session. She said, "Meeting the learning outcomes are important. Going through that. Understanding strengths and weakness. Student processes the simulation and sees the knowledge gaps." Della also said it was

important to ensure the learning objectives of the simulation were discussed in the debriefing session to ensure they were met. Caitlin also mentioned a good collaborative discussion was important in debriefing. She explained, “I think those are, those are the, to me the sign of a successful debriefing, when they’re just kind of discussing amongst them so I can even just sit back and, and observe that.” Many participants spoke about the importance of meeting learning outcomes in the debriefing which was an unexpected finding for me. Many of the participants spoke of their lack of knowledge with the debriefing process, or lack of formal training, yet many understood ensuring that learning objectives are met important is an important part of the debriefing process.

Obstacles to Debriefing. Quiet students or groups were brought up frequently as an obstacle to debriefing. I perceived this as an experience the facilitators had and did not know the proper way to address. I viewed this as a major reason why the facilitators would like more training; it was almost as if they felt they were not doing something right. Marcia thought students with less experience in nursing were quieter. She explained, “Some of them are shy, some of them are more … apt to speak up, but the ones have very limited experience and truly hands on nursing, say very little.” I viewed this as an interesting viewpoint, that quiet students may not always be quiet due to shyness, but due to lack of nursing experience. When asked how this was handled, the common answer was to ask the quiet student pointed questions on what they thought about a particular situation. Hazel said, “Like in those sessions, the one that wasn’t super talkative, I kind of had to, you know, pull it out of them.” I could not get most of the participants to elaborate on this topic as much as I would have liked, but the use of the structured DASH questions and using open-ended questions was emphasized. Some participants mentioned asking the students to comment on what another student had just said. Some participants talked

about ensuring all participants in the session talked, while one spoke about how the open-ended questions should promote conversation organically. One participant seemed to feel discouraged by the lack of student engagement and seemed unsure how to handle the quiet students; she mentioned how it was an obstacle to debriefing. Madeline said,

> I think I've gotten better over time trying to ask, you know, more specific questions and trying to get them to talk. This last group we had, they were very closed mouth and did not want to talk. You know, it was hard pulling anything out of them. Some groups are more talkative and talk about the case among themselves so I really feel like it's kind of my role to keep it moving.

Madeline also felt the room setup could be a hindrance. She said, "But I think that even sometimes when we're in the room together, if the room is not set up, well, then that's a barrier." She spoke of how the students seemed quieter when spread out at desks, rather than at an oval table. I viewed this as a unique perspective as no one else had mentioned this. Nursing experience and room setup are areas that should be further explored in debriefing.

Facilitator Training

Structure Leads to Consistency. Only a couple of the participants received formal training in debriefing. Most of the participants received informal training from the simulation team in the form of structured DASH questions, with some directions on how to use them. The directions of the simulation team to the facilitators were not clear but seemed to cover the fact the questions should be used, and all of the questions should be covered. Wendy mentioned that having the preset questions given to the facilitators by the simulation team provides structure which is important to the debriefing process. Before having the questions given to them, there was confusion about what the debriefing process entailed. She said once observation and

feedback of debriefing facilitators were incorporated, things improved. She explained, “And then once we more deliberately went in and monitored every single instructor, it, things improved, and when they knew what the expectations were, improved a lot.” I viewed this as a desire to have consistency and structure in the process of debriefing. Samantha talked about the consistency the questions provide to the debriefing process. She explained, “I think it’s helpful, because then we are all performing the same type of activity. And we’re all on the, you know, the grading is consistent, the evaluations are consistent. We have a tool.” Again, I saw this as another statement validating consistency as an important value among the participants regarding debriefing.

Della also echoed the importance of having the same questions for every debriefing session, noting that it provides consistent results amongst the students. Wendy also spoke to the structure and intentionality the preset questions provide. Wendy felt that the best results from the debriefing session come from a structured session. She stated,

> I think just intentionality was really important in the process, being intentional that we’re making sure the faculty know what to do. Having a structured and following that model is really, really important. And I think that’s when we get the best results is when we’re doing it that way.

Having consistent results for the student outcomes seemed very important to the participants.

Training As Support. Caitlin talked about feeling supported as a faculty member by the simulation team because they provide questions to the debriefing facilitators. She spoke about how the questions make her feel confident the simulation team is organized and cares about the facilitators having the tools they need. Madeline said she was happy to have the preset questions and talked about how otherwise she would have to come up with her own questions. Others

talked about how the questions were a good guide, but they did not feel tied down to the questions. Hazel talked about how the questions were not to be used in a rigid manner, but were a launching point for discussion. All of the participants seemed to feel the questions were there for guidance and the students led the discussion. I viewed this as a means of comfort for the facilitators, knowing the questions were there to provide prompts for the students to be able to discuss and learn from one another. Della also said the questions were a good segue into other topics of conversation. More topics may branch out from the discussion that comes from the original questions. Madeline spoke about how sometimes the questions do not have to be asked specifically because the students will bring up the topic themselves. Frances explained it is important for facilitators to be trained in debriefing so they can understand its importance in simulation education. I felt that as the participant with the most training Frances seemed to understand that knowing the theoretical underpinning of debriefing encourages debriefing facilitators to do their best job and equips them with the tools they need to provide a quality session. She also said lack of training can be an obstacle to debriefing. I viewed this as a way for facilitators to better engage those quieter students; if they have more training, they may be able to overcome that obstacle. Margaret spoke about how this lack of training or understanding of debriefing can lead newer faculty to undervaluing debriefing. She emphasized that new faculty and continuous professional development are key in quality debriefing facilitation. She explained,

> New faculty, nurse educators come on board, and they also didn't understand the value of it. So over that time, we, they became, um, trained, and we reinforced the importance of it. And there's continuous training in that program, but yes, absolutely it is. Definitely see the value in the designated debrief.

Madeline spoke of what she felt an ideal debriefing facilitator training would look like:

> Well, I I definitely think maybe we should have some more training than what we've had. We've just been given the questions and said this is what you need to do. So maybe there's some simulations that we could do as instructors that might, you know, help us to be better facilitators. That or or having some videos that show, you know, different avenues.

Samantha described a brief instruction on using the DASH structured question tool, but said she desired more training. She said it this way:

> I believe you should have a toolkit that gives you ideas on what you are looking at as far as what is the student doing. You need to know what are the components of a good history and physical. You need to know, you know, as far as everything that complete history and physical was social history, family history, past medical history, surgical history, social has everything you, you need to know those components and you have to have that in your mind or you have to have a check sheet. Also, social determinants of health. You need to know. You know, uh, insurance says safety. All the things that you would do just to make sure that this patient has everything she's, she needs, you covered all the bases as far as that goes. So you need a toolkit.

Frances described why training is important. She said, "And it really is because you don't want a debriefer in there, facilitator, that's going to debrief that doesn't value what simulation is about."

All of the participants agreed training was important, but only a few could verbalize what they perceived facilitator training should look like. More research should be done in this area, as the INACSL also has no recommendations on what facilitator training should involve. Most participants spoke of receiving student evaluations of their debriefing faciliation technique, but

no formal evaluation from the simulation team. Madeline said, “We’ve not been evaluated by our peers or somebody from the simulation team that may have had more training. We don’t have anybody sitting in with us to evaluate it. It’s strictly the student evaluations.” Hazel echoed this about debriefing evaluations. She said,

> Students have to scan a QR code at the end of their simulation, and they have to fill out how the simulation went. And part of that is the evaluation part, like the debrief process. I’ve never gotten feedback that I need to change anything or improve anything or any like that.

I sensed the desire to receive training and feedback from the simulation team was something the participants seemed to desire. Although they seemed to appreciate the student evaluations, they would like to have validation of their methods by the simulation team.

Research Question Responses

The primary research question of this study asked, “What are the lived experiences of faculty conducting post-simulation debriefings in nurse practitioner programs in the United States?” Unstructured interviews with participants were conducted to elicit an answer to this question. An interview guide was used during data collection, but questions were asked based on the information the participants provided. Follow-up interviews were conducted with four participants to achieve data saturation.

Lived Experiences of Faculty Conducting Post-Simulation Debriefings in NP Programs

Ten participants were interviewed in this study to answer the research question. From the interview guide and other open-ended questions, the following themes emerged regarding the experience of post-simulation debriefing in NP programs:

1. Structure of the debriefing session

2. During the debriefing session
3. Facilitator training

Post-simulation debriefing in NP programs is viewed as a time of self-reflection and peer learning. The facilitator's role is to use questions to prompt and encourage discussion amongst the debriefing group about the simulation they just experienced. The facilitator is there to guide the students into reflecting on their own strengths and weaknesses and what can be applied to their future practice as a NP. The debriefing session should be student-led, with the facilitator there to initiate discussion and keep it on track. While the facilitator provides some feedback, most of the learning should be done through self-reflection and peer learning. The facilitator is also there to ensure the environment is safe for the students to speak openly without fear of peer criticism.

The facilitators of the debriefing session spoke of the importance of the debriefing session to the students' learning process. They were thankful to have preset questions to guide them during the session. Because of the importance of the sessions to the learning process, most of the facilitators spoke of a desire to receive more training to ensure the debriefing sessions were of high quality. Most of the participants were not able to articulate exactly what training should occur, but all agreed training was essential to a good debriefing process. Some obstacles to debriefing were mentioned. Quiet students not engaging in the session and lacking facilitator training were emphasized as issues in conducting a good session. Many facilitators used questioning to draw out the quiet students but have not received training on proper methods to guide a session.

Summary

The lived experiences of faculty conducting post-simulation debriefings in NP programs were examined in this study. Data saturation was reached after interviewing 10 participants. The themes of (a) structure of the debriefing session, (b) during the debriefing session, and (c) facilitator training was developed from data analysis. Participants addressed the importance of having a structured debriefing session, the desire for and importance of facilitator training, and the student learning and facilitator role during the debriefing session. The next chapter will address the discussion of results, their implications, limitations, and delimitations.

CHAPTER FIVE: CONCLUSION

Overview

This transcendental phenomenological study sought to describe the lived experiences of faculty who conduct post-simulation debriefings in NP programs. There is a dearth of research literature on the topic of simulation education in NP education. Debriefing is the most important part of the simulation experience for the learner, so this study sought to address that area of NP simulation education (INACSL Standards Committee et al., 2021). This chapter summarizes the research findings, discusses those findings, explains the limitations and delimitations of the study, outlines the implications for practice, and makes recommendations for future research.

Summary of Findings

The research question for this study asked, "What are the lived experiences of faculty who conduct post-simulation debriefings in nurse practitioner programs in the United States?" Ten participants were interviewed using open-ended questions in unstructured interviews. Four participants had follow-up interviews to expand on the data collection and to reach data saturation. Three themes developed during data analysis: Structure of the Debriefing Session, During the Debriefing Session, and Facilitator Training. This section will summarize the findings of the data analysis for each theme.

Structure of the Debriefing Session

The participants spoke of how they valued the simulation team's structured questions. The questions asked of participants were related to how they structured their debriefing sessions. All the participants spoke about using the structured questions provided by the simulation team. Some participants were able to name the questions as the DASH method, while others were not. The INACSL Standards Committee et al. (2021) stated that all debriefing sessions should be

structured and should have an organized framework. The data collected from the participants in this study are consistent with the findings in the literature stating that debriefings should be structured to be most effective (INACSL Standards Committee et al., 2021). The participants talked about the well-organized simulation experiences, and the questions provided a good launching point for discussion. They emphasized that the questions did not feel confining, and they felt they could ask other questions as the discussion flowed. The INACSL has not recommended a particular method or framework to use, but states the method used should be based on research.

Secondly, the participants spoke of the role of the facilitator as the guide. The facilitator is there to assist in keeping the conversation on the topic. If the conversation goes off-topic, the facilitator redirects without being dismissive of feelings. The facilitator also uses open-ended questions to assist students through the self-reflection and critical thinking process. Self-reflection is critical to the learning process during the debriefing session (Alhaj Ali et al., 2021; Johnston et al., 2019). Facilitators do not give students an answer; rather, they guide the students to reflect on their strengths and weaknesses. By doing this, students are better able to develop critical thinking and learn what to do in a future practice situation. The debriefing session is a time of self-reflection and developing critical thinking skills by bringing context to the simulation scenario (Yeun et al., 2020). The participants in this study all mentioned the importance of student self-reflection and peer learning during debriefing. Only one participant mentioned critical thinking, but all seemed to understand learning occurs during the debriefing session. Some participants understood debriefing was the most important learning time during the simulation experience, but all agreed learning occurred during the debriefing session.

During the Debriefing Session

Self-reflection and the development of critical thinking are what occurs during the debriefing process so learning occurs. Student engagement in the learning process was emphasized during the debriefing session. The participants discussed how students learn by self-reflection and peer learning. All the participants saw the value in debriefing as part of the simulation learning process. They spoke about how the students use the session to self-reflect and collaborate with their peers to learn. These findings are consistent with the scoping review results of El Hussein and Favell (2022), which found debriefing increased self-confidence, improved clinical skills, and increased critical thinking.

Some of the participants spoke of a decrease in anxiety after debriefing, but only one participant spoke specifically about an increase in critical thinking skills. None mentioned debriefing as having a direct influence on improved clinical skills. The open-ended questions assist the students in this process of self-reflection and peer learning. Through this process students can see their strengths and weaknesses, and how they will apply what they have learned to their future practice. All the participants seemed to mention debriefing focused on students' gaining an understanding of their strengths and weaknesses. Debriefing sessions should focus on the reflection of the simulation experience to learn and improve critical thinking and clinical reasoning skills (INACSL Standards Committee et al., 2021). The debriefing session should include a structured analysis, and the strengths and weaknesses of the students should be explicitly discussed (Secheresse et al., 2021; Yeun et al., 2020). The participants in this study described their debriefing sessions in this way. The participants also spoke about the facilitator as guide. The debriefing sessions should be student-led, and the facilitator should only speak to assist the student in the critical thinking process. The facilitator should not lecture, criticize, or

give them the answers. Students also responded positively to the debriefing sessions, which is consistent with the literature and indicates that students place a high value on debriefing (Nunes & Harder, 2019; Rossignol, 2017; Verkuyl et al., 2018).

In addition, obstacles to debriefing were discussed. Engaging quiet students in the debriefing session was a frequently mentioned obstacle by the participants. When asked how they dealt with the quietness, most participants said they would directly ask the quiet student a question to draw them into the conversation. One participant mentioned the layout of the room as impeding the flow of the discussion. She felt it was better if the group was seated at an oval table so they could face each other, so it would help prompt discussion. Another participant said the lack of facilitator training was the biggest obstacle she observed in debriefing. She talked about how the session cannot be well done if they do not understand the importance of debriefing to the learning process.

Finally, the definition of a quality session was addressed by the participants. Most of the participants said that student understanding of their strengths and weaknesses was indicative of a good session. Some mentioned that meeting the learning outcomes was important. One mentioned that they should feel good about themselves and have increased confidence. All seemed to agree the session should involve the student learning what to take away from the scenario regarding application to future NP practice.

Facilitator Training

The INACSL Standards Committee et al. (2021) stated that a high-quality debriefing session should be led by a person who is trained in debriefing. Most of the participants spoke of receiving a brief overview of how to use the structured DASH questions during the debriefing sessions. Some had received more formal training in debriefing. Several of the participants spoke

of their desire to receive more training so they could conduct more quality sessions. Many spoke of how they valued having the questions, but wished they had more training on debriefing. Untrained facilitators have been associated with negative learning outcomes (Na & Roh, 2021; Roh, 2021). However, there is no clear evidence on what facilitator training should include (Bradley, 2019; Hardie & Lioce, 2020). The participants also spoke of receiving student evaluations on their performance but had not received evaluations from the simulation team on how well they debrief and what they should improve upon. Most could not describe what they felt the ideal training would be but said they would like to have more training. One participant thought having an example video of a good debriefing session would be helpful. Another participant thought having a toolkit with all the correct answers for the simulation scenario would be good to assist the student during the learning process. NONPF (2020) recommended that facilitators be trained and receive continual training on proper debriefing. While all participants had received some training, more training was desired. Many seemed unsure of how to handle certain scenarios, such as quiet students, and more training may give them the tools they need to overcome these issues.

Discussion

This study sought to address a gap in the literature where there was a lack of research in NP simulation education. The INACSL Standards Committee et al. (2021) stated that debriefing is the most important part of the simulation experience for the student because it is where learning takes place. This study examined the experiences of faculty debriefing facilitators for NP students after participating in a simulation scenario. The INACSL Standards Committee et al. (2021) stated that a debriefing experience should be planned, use a structured framework, be led by a trained facilitator, and promote student self-reflection in a psychologically safe environment

(INACSL Standards Committee et al., 2021). The INACSL stated that the psychological safety of students is an important component of a quality debriefing session. The participants explained no specific phrasing was used at the beginning of the debriefing regarding psychological safety. However, all participants were attuned to the room's atmosphere, should there be an emotional issue. None felt a student's well-being was ever in jeopardy. Some did speak to the fact that student fear of giving criticism or being in a session with strangers may lead to reticence in giving peer feedback. The participants felt the students had a good experience during the sessions, and a few stated the students verbalized the sessions were valuable for their learning. Many spoke about quiet students being an obstacle to debriefing and that this may be an issue for students who have anxiety or feel intimidated about sharing in a group setting. This can be an opportunity where self-debriefing may be a more beneficial tool (Rueda-Medina et al., 2021; Verkuyl et al., 2020).

The participants spoke of having structured open-ended questions to use to guide the debriefing session. Some could name the framework DASH, while others could not. The participants spoke of receiving training for using the DASH method, but the only training involved a list of questions to be used during the session for quality and consistency. The INACSL has not specified a framework to use or outlined a specific methodology to train facilitators. However, it recommends that a framework should be used and that facilitators should be trained to conduct the debriefing session. The literature states untrained facilitators can conduct lower quality sessions (Na & Roh, 2021; Roh, 2021). Further training in debriefing may benefit the participants in this study. One participant spoke of how debriefers could become too rigid if they use the questions like a checklist. This supports one study found during the literature review which said learning in debriefing could be impeded if the structure was too rigid

(Frandsen & Lehn-Christiansen, 2020). There were some instances in which the participants seemed unsure of the purpose of debriefing or how to engage quieter students. Samantha could not verbalize how objectives were met during debriefing, but instead, read the program's overall simulation objectives. Madeline seemed very unsure of how to get quiet students to speak and how to lengthen her debriefing sessions. More training for the facilitators may help address these situations.

The participants' views of learning seem to confirm the findings in the literature. The participants felt the students valued debriefing and that the process of self-reflection and peer learning is crucial to the learning process. While psychological safety was not overtly addressed in the debriefing sessions, the facilitators stayed attuned to the feelings of the students by addressing and validating emotions throughout the process. However, one participant brought up the concept of the students "martyring themselves" during the debriefing session. Some students may be too critical of themselves, so psychological safety is crucial in this context. A facilitator must be trained to understand how to guide students to self-reflect in a positive way.

Implications

Several implications can be gleaned from this study that applies to nursing education. The implications will be discussed from a theoretical, practical, and empirical standpoint. The Christian worldview of the implications will also be discussed. Understanding how the results can be applied to nursing education and how future research should proceed is an important concept to be determined after any study. This phenomenological study sought to understand participants' lived experiences conducting post-simulation debriefing in NP education. Understanding these experiences can help gain insight into the practices of the debriefing process for all NP educators.

Theoretical Implications

Husserl believed an individual's lived experience was the best way to gain insight into a phenomenon (Moustakas, 1994). This study used Husserl's phenomenology through the lens of Moustakas to better understand how NP faculty conduct the post-simulation debriefing. This study spoke directly to participants who experienced the phenomenon, which in this research, was being a NP debriefing facilitator. The participants were able to give their unique viewpoints about the process as they perceived it. There are few studies that examine NP simulation education and no studies to date that look at the experiences of NP debriefing facilitators. In this way, this study contributed to the body of knowledge and allowed these participants to tell their stories as simulation educators.

During this study I examined the lived experience of participants who use simulation debriefing in NP education as a phenomenon. This research process mirrored the lived experience of phenomenology. My lived experience was occurring as the participants spoke about their own lived experiences. The concept of noema and noesis in phenomenology refers to the understanding or perception of the phenomenon by the person who experiences it (Moustakas, 1994). I realized during this study that conducting interviews as a researcher was very similar to the practice of debriefing for facilitators. The participants spoke of giving the students an opportunity to reflect on the experience and to do most of the talking during a debriefing session while allowing the students to discover their own strengths and weaknesses. Similarly, I had to allow the participants to reflect on the debriefing experience and to use their own words about the experience without leading or inserting bias into the questions. The participants also talked about the challenges of encouraging quiet students to speak during debriefing sessions. I also experienced challenges during the interviewing process when

participants became quiet or would answer questions very briefly. My interviewing experience was similar in many ways to those of the participants, because I also desired more training in the process of qualitative interviewing, just as they desire more training in debriefing facilitation. This realization of simultaneous lived experiences occurred to me after reading through the participant transcripts and field notes and writing up the results of the analysis. The phenomenon of debriefing is reflecting about the simulation experience. I similarly had to reflect on the qualitative interviewing experience through field notes and through bracketing out any bias that may be experienced. This resulted in a change to my perception when I realized I was in one phenomenon while studying another one. It made me understand that true knowledge does indeed come from the lived experience because my experience could not be measured by any research tool other than my own perception or understanding of the experience. No one could perceive or understand my own consciousness but myself.

Empirical Implications

This study found that debriefing was a valued component to the simulation experience for the participants. As discovered in the literature, NP simulation educators can create cases unique to students, cases that they may not see in their clinical rotations. This provides the opportunity for students to reflect on and develop clinical reasoning on these diagnoses. The National Organization of Nurse Practitioner Faculties (NONPF, 2020) stated that continual training is needed for faculty to conduct debriefing sessions competently. The statements by many participants regarding the need for more training confirmed this as a crucial component for facilitators to feel competent in the debriefing process. Facilitators may avoid debriefing due to lacking training (Kang & Yu, 2018). Analysis, correction, and reflection must be explicitly discussed during debriefing to increase knowledge, confidence, and self-efficacy, and it seemed

that most participants strive to achieve these explicit conversations during debriefing (Secheresse et al., 2021). Some students may feel facilitator-led group debriefings are intimidating and judgmental, which may be one reason for quiet students, as some of the participants mentioned (Rueda-Medina et al., Verkuyl et al., 2020). Perhaps self-debriefing could be more beneficial in some of these cases, but more research is needed. Coggins et al. (2022) recommended that facilitators should ensure they do not talk too much during the debriefing session, and, if needed, use a timer to ensure their talking time is brief. The participants in this study all seemed to feel that debriefing should be student-led, and the facilitator should not talk as much.

Students value debriefing and say facilitators are a large factor in the quality of the session (Nunes & Harder, 2019). The participants in this study spoke about how highly the students valued debriefing, and some students requested more debriefing sessions. Psychological safety should be attended to by setting guidelines about confidentiality and conduct at the onset of the debriefing session (INACSL Standards Committee et al., 2021). While many of the participants did not have a specific phrase they used, many of them spoke about telling students about debriefing being a safe place or talked about how they stayed in tune to the vibe of the room to ensure all students felt safe. The INACSL Standards Committee et al. (2021) also stated that debriefing sessions should be structured to meet learning outcomes. Many of the participants in this study spoke about ensuring that the simulation learning objectives were met in the debriefing session. Finally, reflection is considered a key element of learning transfer, and reflective practitioners are correlated with safer nurses (Alhaj Ali et al., 2021; Johnston et al., 2019; MacKenna et al., 2021). All the participants spoke about the importance of student self-reflection in the learning process of the debriefing experience.

Practical Implications

The importance of having a structured session was emphasized by all the participants and is validated by the literature. While a specific framework is not recommended by the INACSL, having a set of open-ended questions ready for facilitators helps them feel more confident and prepared in leading a session, even with a lack of formal training. Next, more training in debriefing methods should be done to encourage debriefing facilitators' confidence and ensure students are engaged and learning outcomes are met. Several participants mentioned quiet students as an obstacle to debriefing, and more training may be key to assisting the facilitator in having strategies to overcome this situation. The INACSL does not have a best practices policy for facilitator training, and this needs to be remedied for better debriefing quality to occur. In addition, exploring self-debriefing may be an option for instances where anxiety may impede learning in a group debriefing setting. Also, training can help the facilitator understand how the simulation learning outcomes are addressed in the debriefing session. Finally, the transfer of learning through student self-reflection and peer learning was confirmed by the participants in this study as well as through the current literature on debriefing. Students can self-reflect through the guidance of the facilitator and through the discussion with their peers. Through this process they can see the strengths and weaknesses of their practice and how they can apply this to their future practice. Overall, the participants confirmed the findings of the current literature and, besides needing more training, seemed to align with the best practices set forth by the INACSL. Facilitator training should be an area of more research and training among NP educators.

Christian Worldview

This study was conducted through the framework of Husserl's transcendental phenomenology, but within the confines of a Christian worldview. Jesus Christ's ministry

included healing the sick. This was important to him, and it should be important to us as Christians. We often hear the statement that nurses are the hands and feet of Jesus. If being a nurse or an NP is our ministry, we must do it to the glory of God. Determining the best educational methods for NP students ensures a high-quality education will be obtained and patients will receive the best care. Thus, this study sought to add to the body of knowledge of NP simulation education so NP educators can train the very best NPs to be the hands and feet of Jesus Christ.

Limitations and Delimitations

The limitations of this study include the research design. A phenomenological, qualitative study involves the researcher bracketing out bias, which can never be fully achieved (Creswell, 2018; Patton, 2015). Next, qualitative data analysis can become subjective if not done carefully, and the results are not usually considered generalizable. This study was focused on one research site, so results would not be generalizable. Also, due to the nature of the phenomenon, a purposive sample was used. This limits the participant sample to those available to the researcher who have experienced the phenomenon. As I conducted this study in a setting where the participants were known to me, the participants may not have answered in a natural way or in a way they would have to someone they did not know. Finally, qualitative data collection is dependent on the skill of the interviewer, and as a novice researcher, I had to learn the skill of interviewing as the study progressed (Patton, 2015). One barrier to participant recruitment was the misunderstanding of the phrase “lived experiences” among eligible participants. Many participants did not initially reach out because they did not understand the phrase or needed further clarification of the study’s purpose. This should be noted in future studies because “lived

experiences" is a phrase very specific to phenomenology that research participants may not understand.

Delimitations of this study include using only one research site for sampling participants. This was done for convenience as I work at the institution and the participants were easily accessible for the study. However, since this site was my place of employment, this also introduces the possibility of bias. It is possible the participants were not completely forthcoming in the answers to their questions due to being my co-workers. Using a phenomenology approach versus a quantitative approach was chosen because of the limited amount of research on the topic of debriefing in NP simulation education. However, phenomenology allowed the participants to share the experience as they perceived it. This method was chosen to gain insight into the phenomenon as data were limited to the topic. Using an unstructured interview process was a delimitation as it did cause some variability in the data collected, so I had to conduct follow-up interviews. There was an imposed time constraint due to the nature of the research. This study was for a dissertation, so it was limited to data collection within one academic semester. The sample size was also limited because participants were only selected from one site, and only a few people met the inclusion criteria. Many participants had less experience in debriefing which could affect the depth of the knowledge gathered.

Recommendations for Future Research

Future research should focus on debriefing experiences of NP faculty from different settings. This study was limited to one setting, which affects the transferability of findings. Conducting a follow-up study with the same research question but recruiting participants from a larger pool and using a larger sample will increase the transferability of the findings. More research in all areas of NP simulation education needs to be done. This includes best methods to

debrief NP students after traditional in-person simulation and virtual simulation. More research also needs to be done on the various methods of debriefing such as facilitator-led, peer-led, synchronous, asynchronous, and video guided. Another major opportunity for additional research that was highlighted in this study is the training of debriefing facilitators. All the participants seemed to understand simulation education is important, but not all seemed to understand how to debrief properly. There was a large reliance on structured questions, but many did not know the framework or philosophy on which the questions were based. There is a lack of research on best practices or methods in training debriefing facilitators. This needs to be explored further, especially as the research supports the finding that a quality debriefing is correlated with a trained facilitator. There is still more to understand about how simulation education transfers to practice after a student graduates. Technological advances are creating new types of simulation, including virtual reality and gaming. These methods and the best way to debrief need to be researched. The question remains regarding the effect of NP simulation education on patient outcomes. NPs are trained to care for patients competently; thus, patient outcomes should be the priority. Understanding the benefits of simulation education on new graduate NP practice would be most beneficial. Most current research on simulation focuses on undergraduate nursing education, so conducting research in all areas of simulation in NP education will ensure best practices occur for quality NP preparation.

Summary

In conclusion, this study sought to describe the lived experiences of faculty who conduct post-simulation debriefings for NP programs. Ten participants were included, and three themes were developed which included (a) Structure of the Debriefing session, (b) During the Debriefing Session, and (c) Facilitator Training. This study found that the participants value a

structured debriefing process, self-reflection and peer learning are key elements in the debriefing session, and facilitator training is key so facilitators can correctly understand students' strengths and weaknesses. The findings of this study are consistent with the current findings in the literature, but more research needs to be done. Future research should focus on best practices in NP simulation education debriefing, the effects of simulation education on patient outcomes, and all areas of NP simulation education to ensure that the highest quality of NP education is occurring.

REFERENCES

Aebersold, M. (2018). Simulation-based learning: No longer a novelty in undergraduate education. *The Online Journal of Issues in Nursing*, *23*(2). https://doi.org/10.3912/ojin.vol23no02ppt39

Alexander, M., Durham, C. F., Hooper, J. I., Jeffries, P. R., Goldman, N., Kardong-Edgren, S. S., Kesten, K. S., Spector, N., Tagliareni, E., Radtke, B., & Tillman, C. (2015b). NCSBN simulation guidelines for prelicensure nursing programs. *Journal of Nursing Regulation*, *6*(3), 39–42. https://doi.org/10.1016/s2155-8256(15)30783-3

Alhaj Ali, A., Miller, E., Ballman, K., Bakas, T., Geis, G., & Ying, J. (2020). The impact of debriefing modalities on nurse practitioner students' knowledge and leadership skills in managing fatal dysrhythmias: A pilot study. *Nurse Education in Practice*, *42*, 102687. https://doi.org/10.1016/j.nepr.2019.102687

Alhaj Ali, A., Miller, E., Musallam, E., & Ballman, K. (2021). Acute care nurse practitioner students' perceptions of a debriefing experience after a cardiac emergency high-fidelity simulation: A qualitative study. *AACN Advanced Critical Care, 32*(3), 264–274. https://doi.org/10.4037/aacnacc2021376

American Association of Nurse Practitioners. (2022). *NP fact sheet*. https://www.aanp.org/about/all-about-nps/np-fact-sheet

American Nurse. (2019, June 28). *Primary care shortages and the role of family nurse practitioners*. https://www.myamericannurse.com/primary-care-shortages-and-the-role-of-family-nurse-practitioners/

Anderson, M., Campbell, S. H., Nye, C., Diaz, D., & Boyd, T. (2019). Simulation in advanced practice education: Let's dialogue!! *Clinical Simulation in Nursing, 26*, 81–85. https://doi.org/10.1016/j.ecns.2018.10.011

Atthill, S., Witmer, D., Luctkar-Flude, M., & Tyerman, J. (2021). Exploring the impact of a virtual asynchronous debriefing method after a virtual simulation game to support clinical decision-making. *Clinical Simulation in Nursing, 50,* 10–18. https://doi.org/10.1016/j.ecns.2020.06.008

Badowski, D., & Wells-Beede, E. (2022). State of prebriefing and debriefing in virtual simulation. *Clinical Simulation in Nursing*, *62*, 42–51. https://doi.org/10.1016/j.ecns.2021.10.006

Bae, J., Lee, J., Jang, Y., & Lee, Y. (2019). Development of simulation education debriefing protocol with faculty guide for enhancement clinical reasoning. *BMC Medical Education, 19*(1), 197. https://doi.org/10.1186/s12909-019-1633-8

Bajaj, K., Meguerdichian, M., Thoma, B., Huang, S., Eppich, W., & Cheng, A. (2018). The PEARLS healthcare debriefing tool. *Academic Medicine, 93*(2), 336. https://doi.org/10.1097/ACM.0000000000002035

Bradley, C. S. (2019, July). Impact of training on use of debriefing for meaningful learning. *Clinical Simulation in Nursing, 32*(C), 13–19. https://doi.org/10.1016/j.ecns.2019.04.003

Bradley, C. S., Johnson, B. K., & Dreifuerst, K. T. (2021). Psychometric properties of the revised DML evaluation scale: A new instrument for assessing debriefers. *Clinical Simulation in Nursing*, *56*, 99–107. https://doi.org/10.1016/j.ecns.2021.04.008

Claxton, B. L., & Dolan, C. L. (2022). *A step-by-step guide to writing a literature review for doctoral research*. Kendall Hunt Publishing.

Coggins, A., Hong, S. S., Baliga, K., & Halamek, L. P. (2022). Immediate faculty feedback using debriefing timing data and conversational diagrams. *Advances in Simulation*, *7*, Article 7. https://doi.org/10.1186/s41077-022-00203-6

Creswell, J. W. (2018). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson.

Creswell, J. W., & Creswell, D. J. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches.* Sage.

Creswell, J. W., & Poth, C. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

Díaz, D. A., Gonzalez, L., Anderson, M., MacKenna, V., Hoyt, E., & Hill, P. P. (2020). Implications of subject matter expertise as a requirement for debriefing: A randomized control trial. Simulation & Gaming, 51(6), 770-784. https://doi.org/10.1177/1046878120945743

Dreifuerst, K. T. (2015). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, *11*(5), 268–275. https://doi.org/10.1016/j.ecns.2015.01.005

Dudas, K., & Wheeler, J. (2020). Faculty re-enactment videos as a tool in simulation debriefing. *Clinical Simulation in Nursing*, *40*, 2530. https://doi.org/10.1016/j.ecns.2019.11.007

Edwards, J. J., Wexner, S., & Nichols, A. (2019, September 8). *Debriefing for clinical learning*. PSNet. https://psnet.ahrq.gov/primer/debriefing-clinical-learning

El Hussein, M. T., & Favell, D. (2022). Simulation-based learning in nurse practitioner programs: A scoping review. *The Journal for Nurse Practitioners, 18*(8), 876–885. https://doi.org/10.1016/j.nurpra.2022.04.005

English Standard Bible. (2001). ESV Online. https://esv.literalword.com/

Frandsen, A., & Lehn-Christiansen, S. (2020). Into the black-box of learning in simulation debriefing: A qualitative research study. *Nurse Education Today*, *88*, 104373. https://doi.org/10.1016/j.nedt.2020.104373

Ha, E.-H. (2021). Effects of hot and cold debriefing in simulation with case-based learning. *Japan Journal of Nursing Science, 18*(3), 1–10. https://doi.org/10.1111/jjns.12410

Ha, E.-H., & Lim, E. J. (2018). Peer-led written debriefing versus instructor-led oral debriefing: using multimode simulation. *Clinical Simulation in Nursing*, *18*, 38–46. https://doi.org/10.1016/j.ecns.2018.02.002

Hardie, L., & Lioce, L. (2020). A scoping review and analysis of simulation facilitator essential elements. *Nursing & Primary Care*, *4*(5). https://doi.org/10.33425/2639-9474.1152

Husserl, E. (1931). *Ideas*. George Allen and Unwin.

INACSL Standards Committee, Decker, S., Alinier, G., Crawford, S. B., Gordon, R. M., & Wilson, C. (2021). Healthcare Simulation Standards of Best Practice ™: The debriefing process. *Clinical Simulation in Nursing, 58*, 27–32. https://doi.org/10.1016/j.ecns.2021.08.011

Janicas, R., & Narchi, N. Z. (2019). Evaluation of nursing students' learning using realistic scenarios with and without debriefing. *Revista Latino-Americana de Enfermagem*, *27*, e3187. https://doi.org/10.1590/1518-8345.2936.3187

Jeffries, P. R., Bigley, M. B., McNelis, A. M., Cartier, J. M., Pintz, C., Slaven-Lee, P. W., & Zychowicz, M. E. (2019). A call to action: Building evidence for use of simulation in nurse practitioner education. *Journal of the American Association of Nurse Practitioners*, *31*(11), 627–632. https://doi.org/10.1097/jxx.0000000000000335

Johnston, S., Coyer, F., & Nash, R. (2017). Simulation debriefing based on principles of transfer of learning: A pilot study. *Nurse Education in Practice*, *26*, 102–108. https://doi.org/10.1016/j.nepr.2017.08.002

Johnston, S., Nash, R., & Coyer, F. (2019). An evaluation of simulation debriefings on student nurses' perceptions of clinical reasoning and learning transfer: A mixed methods study. *International Journal of Nursing Education Scholarship, 16*(1). https://doi.org/10.1515/ijnes-2018-0045

Kang, K., & Yu, M. (2018). Comparison of student self-debriefing versus instructor debriefing in nursing simulation: A quasi-experimental study. *Nurse Education Today, 65*, 67–73. https://doi.org/10.1016/j.nedt.2018.02.030

Kim, Y., & Yoo, J. (2020). The utilization of debriefing for simulation in healthcare: A literature review. *Nurse Education in Practice, 43*, 102698. https://doi.org/10.1016/j.nepr.2020.102698

Ko, E., & Choi, Y. (2020). Debriefing model for psychological safety in nursing simulations: A qualitative study. *International Journal of Environmental Research and Public Health, 17*(8), 2826. https://doi.org/10.3390/ijerph17082826

Ku, B. S., & Druss, B. G. (2020). Associations between primary care provider shortage areas and county-level COVID-19 infection and mortality rates in the USA. *Journal of General Internal Medicine*, *35*(11), 3404–3405. https://doi.org/10.1007/s11606-020-06130-4

Lavoie, P., Pepin, J., & Cossette, S. (2017). Contribution of a reflective debriefing to nursing students' clinical judgment in patient deterioration simulations: A mixed-methods study. *Nurse Education Today*, *50*, 51–56. https://doi.org/10.1016/j.nedt.2016.12.002

Lavoie, P., Pepin, J., Cossette, S., & Clarke, S. P. (2019). Debriefing approaches for high-fidelity simulations and outcomes related to clinical judgment in baccalaureate nursing students. *Collegian, 26*(5), 514–521. https://doi.org/10.1016/j.colegn.2019.01.001

Lee, J., Lee, H., Kim, S., Choi, M., Ko, I. S., Bae, J., & Kim, S. H. (2020). Debriefing methods and learning outcomes in simulation nursing education: A systematic review and meta-analysis. *Nurse Education Today*, *87*, 104345. https://doi.org/10.1016/j.nedt.2020.104345

Lindsley, J. (n.d.). *About INACSL*. International Nursing Association for Clinical Simulation and Learning. https://www.inacsl.org/about-inacsl

Loomis, A., Dreifuerst, K. T., & Bradley, C. S. (2022). Acquiring, applying and retaining knowledge through debriefing for meaningful learning. *Clinical Simulation in Nursing*, *68*, 28–33. https://doi.org/10.1016/j.ecns.2022.04.002

MacKenna, V., Díaz, D. A., Chase, S. K., Boden, C. J., & Loerzel, V. (2021). Self-debriefing after virtual simulation: Measuring depth of reflection. *Clinical Simulation in Nursing, 52*, 59–67. https://doi.org/10.1016/j.ecns.2021.01.002

McGee, K., Bell, L., Guilamo-Ramos, V., Knettel, B. A., Randolph, S. D., & Relf, M. V. (2022). HIV clinician workforce shortage: Nurse practitioners filling the gap. *The Journal for Nurse Practitioners*, *18*(1), 58–61. https://doi.org/10.1016/j.nurpra.2021.08.013

McInnis, A., Schlemmer, T., & Chapman, B. (2021b). The significance of the NP preceptorship. *The Online Journal of Issues in Nursing*, *26*(1). https://doi.org/10.3912/ojin.vol26no01man05

McNutt, R., Tews, M., & Kleinheksel, A. J. (2021). Student performance during a simulated patient encounter has no impact on debriefer adherence to PEARLS debriefing model.

Medical Science Educator, *31*(3), 1141–1148. https://doi.org/10.1007/s40670-021-01290-2

Microsoft. (n.d.). *Microsoft Teams*. https://www.microsoft.com/en-us/microsoft-teams/group-chat-software

Miles, M. B., Huberman, A. M., & Saldana, J. (2020). *Qualitative data analysis: A methods sourcebook*. Sage.

Moustakas, C. (1994). *Phenomenological research methods.* Sage.

Mulvogue, J., Ryan, C., & Cesare, P. (2019). Nurse simulation facilitator experiences learning open dialogue techniques to encourage self-reflection in debriefing. *Nurse Education Today*, *79*, 142–146. https://doi.org/10.1016/j.nedt.2019.05.021

Na, Y. H., & Roh, Y. S. (2021). Effects of peer-led debriefing on cognitive load, achievement emotions, and nursing performance. *Clinical Simulation in Nursing, 55*, 1–9. https://doi.org/10.1016/j.ecns.2021.03.008

National Organization of Nurse Practitioner Faculties. (2020). *Simulation guidelines and best practices for nurse practitioner programs.* https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/docs/simulationnewfolder/20201022_sobp_final.pdf

Neprash, H., Smith, L., Sheridan, B., Hempstead, K., & Kozhimannil, K. (2020). Practice patterns of physicians and nurse practitioners in primary care. *Medical Care, 58*(10), 934–941. https://doi.org/10.1097/MLR.0000000000001404

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, *8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Nunes, S., & Harder, N. (2019). Debriefing and palliative care simulation. *Journal of Nursing Education, 58*(10), 569–576. https://doi.org/10.3928/01484834-20190923-03

Nye, C., Campbell, S. H., Hebert, S. H., Short, C., & Thomas, M. (2019). Simulation in advanced practice nursing programs: A North-American survey. *Clinical Simulation in Nursing*, *26*, 3–10.

Odreman, H., & Clyens, D. (2020). Concept mapping during simulation debriefing to encourage active learning, critical thinking, and connections to clinical concepts. *Nursing Education Perspectives, 41*(1), 37-38. https://doi.org/10.1097/01.NEP.0000000000000445

O'Sullivan, B., McGrail, M., Gurney, T., & Martin, P. (2020). A realist evaluation of theory about triggers for doctors choosing a generalist or specialist medical career. *International Journal of Environmental Research and Public Health*, *17*(22), 8566. https://doi.org/10.3390/ijerph17228566

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. SAGE.

Penchev, V. (2021). "Noema" and "noesis" by information after Husserl's phenomenology interpreted formally. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3943811

Poleschuk, S., & Riopelle, K. (2022, November 7). *The qualitative data analysis & research software*. ATLAS.ti. https://atlasti.com/

Polit, D. F., & Beck, C. T. (2020). *Essentials of nursing research: Appraising evidence for nursing practice.* Wolters Kluwer.

Rassi, R., & Shahabi, Z. (2015). Husserl's phenomenology and two terms of noema and noesis. *International Letters of Social and Humanistic Sciences*, *53*, 29–34. https://doi.org/10.18052/www.scipress.com/ILSHS.53.29

Rivière, E., Jaffrelot, M., Jouquan, J., & Chiniara, G. (2019). Debriefing for the transfer of learning. *Academic Medicine*, *94*(6), 796–803. https://doi.org/10.1097/acm.0000000000002612

Robeznieks, A. (2022, April 13). *Doctor shortages are here—And they'll get worse if we don't act fast*. American Medical Association. https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act

Roh, Y. S. (2021). Effects of a debriefing workshop for simulation educators in nursing. *CIN: Computers, Informatics, Nursing*, *39*(11), 780–785. https://doi.org/10.1097/cin.0000000000000743

Rojas, D. E., Parker, C. G., Schams, K. A., & McNeill, J. A. (2017). Implementation of best practices in simulation debriefing. *Nursing Education Perspectives, 38*(3), 154-156. https://doi.org/10.1097/01.NEP.0000000000000111

Rossignol, M. (2017). Effects of video-assisted debriefing compared with standard oral debriefing. *Clinical Simulation in Nursing, 13*(4), 145–153. https://doi.org/10.1016/j.ecns.2016.12.001

Rueda-Medina, B., Schmidt-RíoValle, J., González-Jiménez, E., Fernández-Aparicio, Á., Aguilar-Ferrándiz, M. E., & Correa-Rodríguez, M. (2021). Peer debriefing versus instructor-led debriefing for nursing simulation. *Journal of Nursing Education, 60*(2), 90–95. https://doi.org/10.3928/01484834-20210120-06

Sawyer, T., Eppich, W., Brett-Fleegler, M., Grant, V., & Cheng, A. (2016). More than one way to debrief: A critical review of healthcare simulation debriefing methods. *Simulation in*

Healthcare: The Journal of the Society for Simulation in Healthcare, 11(3), 209–217. https://doi.org/10.1097/SIH.0000000000000148

Saylor, J., Wainwright, S. F., Herge, E. A., & Pohlig, R. T. (2016). Development of an instrument to assess the clinical effectiveness of the debriefer in simulation education. *Journal of Allied Health, 45*(3), 191–198.

Secheresse, T., Lima, L., & Pansu, P. (2021). Focusing on explicit debriefing for novice learners in healthcare simulations: A randomized prospective study. *Nurse Education in Practice*, *51*, 102914. https://doi.org/10.1016/j.nepr.2020.102914

Simon, R., Raemer, D. B., & Rudolph, J. W. (2010). *Debriefing Assessment for Simulation in Healthcare (DASH)© rater's handbook.* Center for Medical Simulation. https://harvardmedsim.org/wp-content/uploads/2017/01/DASH.handbook.2010.Final.Rev.2.pdf

Sittner, B. J., Aebersold, M. L., Paige, J. B., Graham, L. L. M., Schram, A. P., Decker, S. I., & Lioce, L. (2015). INACSL standards of best practice for simulation: Past, present, and future. *Nursing Education Perspectives*, *36*(5), 294–298. https://doi.org/10.5480/15-1670

Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, *45*(6), 204–211. https://doi.org/10.3928/01484834-20060601-04

Verkuyl, M., Atack, L., McCulloch, T., Liu, L., Betts, L., Lapum, J. L., Hughes, M., Mastrilli, P., & Romaniuk, D. (2018). Comparison of debriefing methods after a virtual simulation: An experiment. *Clinical Simulation in Nursing, 19,* 1–7. https://doi.org/10.1016/j.ecns.2018.03.002

Verkuyl, M., Hughes, M., Atack, L., McCulloch, T., Lapum, J. L., Romaniuk, D., & St-Amant, O. (2019). Comparison of self-debriefing alone or in combination with group debrief. *Clinical Simulation in Nursing*, *37*, 32–39. https://doi.org/10.1016/j.ecns.2019.08.005

Verkuyl, M., Richie, S., Cahuas, D., Rowland, C., Ndondo, M., Larcina, T., & Mack, K. (2020). Exploring self-debriefing plus group-debriefing: A focus group study. *Clinical Simulation in Nursing*, *43*, 3–9. https://doi.org/10.1016/j.ecns.2020.03.007

White, H., Hayes, C., Axisa, C., & Power, T. (2021). On the other side of simulation: Evaluating faculty debriefing styles. *Clinical Simulation in Nursing*, *61*, 96–106. https://doi.org/10.1016/j.ecns.2021.08.004

Wilbanks, B. A., McMullan, S., Watts, P. I., White, T., & Moss, J. (2020). Comparison of video-facilitated reflective practice and faculty-led debriefings. *Clinical Simulation in Nursing, 42,* 1–7. https://doi.org/10.1016/j.ecns.2019.12.007

Yang, S. Y., & Oh, Y. H. (2021). Effectiveness of debriefing for meaningful learning-based simulation training on high-risk neonatal care: A randomized controlled simulation study. *Clinical Simulation in Nursing*, *61*, 42–53. https://doi.org/10.1016/j.ecns.2021.08.024

Yeun, E. J., Chon, M. Y., & An, J. H. (2020). Perceptions of video-facilitated debriefing in simulation education among nursing students: Findings from a q-methodology study. *Journal of Professional Nursing*, *36*(2), 62–69. https://doi.org/10.1016/j.profnurs.2019.08.009

Zhang, H., Goh, S., Wu, X., Wang, W., & Mörelius, E. (2019). Prelicensure nursing students' perspectives on video-assisted debriefing following high fidelity simulation: A qualitative study. *Nurse Education Today*, *79*, 1–7. https://doi.org/10.1016/j.nedt.2019.05.001

Zhang, H., Wang, W., Goh, S. H. L., Wu, X. V., & Mörelius, E. (2020). The impact of a three-phase video-assisted debriefing on nursing students' debriefing experiences, perceived stress and facilitators' practices: A mixed methods study. *Nurse Education Today, 90*. https://doi.org/10.1016/j.nedt.2020.104460

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. https://doi.org/10.1053/j.semperi.2011.01.003

APPENDICES

Appendix A: IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

January 12, 2023

Jodi Duncan
Cynthia Goodrich

Re: IRB Exemption - IRB-FY22-23-702 THE LIVED EXPERIENCES OF FACULTY CONDUCTING POST-SIMULATION DEBRIEFING IN NURSE PRACTITIONER PROGRAMS

Dear Jodi Duncan, Cynthia Goodrich,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Informed Consent

Consent

Title of the Project: The Lived Experiences of Faculty Conducting Post-Simulation Debriefing in Nurse Practitioner Programs
Principal Investigator: Jodi Duncan, Ph.D. Candidate, Liberty University School of Nursing

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a Liberty University School of Nursing faculty member who has conducted a minimum of three debriefing sessions with Nurse Practitioner students. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the lived experiences of Nurse Practitioner faculty who conduct post-simulation debriefings.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an audio-recorded interview over Microsoft Teams. It is anticipated that the interview will take 45 minutes to 1.5 hours.
2. If clarification is needed during data analysis, I may ask you to review your interview transcripts along with the themes that I have developed to check for accuracy. This may take approximately 2 hours.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include understanding current debriefing practice in nurse practitioner simulation practice which can inform best practices and advance nursing simulation science.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include psychological stress from recalling traumatic events in debriefing sessions. To reduce risk, I will provide referral information for counseling services.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer, and hardcopy data will be kept in a locked desk drawer. After three years, all electronic records will be deleted.
- Recordings will be stored on a password-locked computer for three years and then deleted. Only the researcher will have access to these recordings. Members of the researcher's doctoral committee will only have access to the transcripts, for confidentiality purposes.

How will you be compensated for being part of the study?

At the conclusion of the interview, participants will receive a $25 Amazon gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jodi Duncan. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted]. You may also contact the researcher's faculty sponsor, Dr. Cynthia Goodrich, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name _____

Signature & Date_____