ORIGINAL RESEARCH

# Community, population, and public health nurse educators use of clinical debriefing

Priscella Correa*[1], Megan Gross[2], Teresa Darnall[3], Christina Hernández[4]

[1]Department of Nursing, West Texas A&M University, Canyon, TX, USA
[2]Department of Nursing, Messiah University, Mechanicsburg, PA, USA
[3]Department of Nursing, West Virginia Junior College, Morgantown, WV, USA
[4]Ila Faye Miller School of Nursing, University of the Incarnate Word, San Antonio, TX, USA

## ABSTRACT

**Objective:** The Next Generation NCLEX licensing examination is used to assess entry-level nurses' ability to use clinical judgment in the care of individuals, families, and populations. An approach in developing clinical judgment is using a standardized debriefing process after a clinical experience. The purpose of this research was to examine whether community, population, and public health (CPPH) baccalaureate nurse educators received education on the use of clinical debriefing with their students and to describe the type of debriefing approaches used to transfer nursing theory into clinical practice.

**Methods:** This study used a mixed method approach. Convenience sampling was used to conduct a descriptive survey of CPPH educators use of clinical debriefing using SurveyMonkey ®. Three focus group sessions were held with participants representing a variety of BSN degree formats in nursing programs across the continental United States. These virtual meetings used the Zoom® conference platform. Each focus group was recorded with a transcription of the session. Transcriptions were evaluated using NVivo® and placed into five themes with additional subthemes.

**Results:** The analysis indicated that CPPH BSN nurse educators lack formal training in the use of post-clinical debriefing. Educators' debriefing approaches are not formalized or standardized across nursing programs and do not meet current best practices. Nurse educators identified barriers to debriefing with students, including geographic location, variety of clinical placements, and large numbers of students. Some nurse educators use debriefing techniques developed in non-nursing disciplines and for non-clinical debriefing situations. Focus group participants expressed interest in the development of a clinical debriefing tool for CPPH courses.

**Conclusions:** The research demonstrates that CPPH nurse educators do not feel experientially prepared to lead debriefing. The lack of formalized education has resulted in nurse educators using debriefing methods that do not meet best practices. This could result in ineffective student development of clinical judgment.

**Key Words:** Debriefing, Community, Population, Public, Clinical judgment

## 1. INTRODUCTION

Clinical debriefing is an essential strategy used in nursing education to facilitate student learning, advance clinical judgment skills, improve communication, promote safety, and increase a student's reflective ability and resiliency.[1–3] The National Council of State Boards of Nursing (NCSBN) has recognized the importance of developing clinical judgment skills to ensure public safety in professional practice.[4] Research has demonstrated that clinical debriefing is an important education tool to help students develop clinical judg-

ment.[5, 6] There is a dearth of evidence concerning clinical debriefing for community/population/public health nursing (CPPH) clinical experiences at the baccalaureate level. Additionally, no evidence was identified describing how CPPH nurse educators help students integrate theory and CPPH clinical experiences to facilitate clinical judgment.

Debriefing in its most basic form may be defined as two or more individuals discussing the cognitive and affective states that took place while providing client care.[7] Debriefing has been used in a variety of contexts outside of nursing for decades,[8] and debriefing in the simulation learning environment is prevalent in nursing literature. However, there is less literature on using debriefing in the acute clinical setting,[9, 10] and virtually no literature on debriefing in CPPH clinical environments. There is an increasing focus on the development of clinical judgment in nursing students and debriefing is recognized as one tool to promote clinical judgment.[5] However, it is uncertain how or if CPPH nurse educators are using debriefing tools and approaches to help students make sense of what they are learning in the clinical environment. The purpose of this research was to explore whether CPPH nurse educators have received education on clinical debriefing and utilize debriefing with students in CPPH clinical experiences.

## 2. METHODS

Due to the deficit of knowledge on how CPPH nurse educators use debriefing, a descriptive 12 question survey was developed by the researchers to gain an understanding of how and when clinical debriefing is used in baccalaureate CPPH nursing courses. Due to disruptions caused by the SARS-CoV-2 virus, the researchers were aware that CPPH nurse educators were using a variety of methods to meet clinical hours required for graduation requirements. Several questions asked survey respondents to focus on the current 2021-2022 academic year when speaking to virtual learning. The research proposal was approved by the lead author's university Institutional Review Board. The descriptive survey, hosted on SurveyMonkey® was accessible by a link embedded in the email sent through the Association of Community Nurse Health Educators (ACHNE) listserv. The ACHNE listserv and nursing social media sites were used to recruit participants. Inclusion criteria in the descriptive survey included having taught in a baccalaureate community health nursing course or clinical within the previous two years. If the respondent answered "No," the survey concluded. An informed consent was provided to potential respondents prior to entering the survey. No personal identifying data was collected and all participants were assigned a number. The data was exported and stored on an encrypted external digital drive. The descriptive multiple choice/multiple response sur-

vey included questions on the type of program delivery, the number of times CPPH courses are offered to students, the number of CPPH clinical hours, format of clinical delivery, and if virtual learning experiences are included as part of the clinical hours. A definition of virtual learning was included. CPPH nurse educators were asked to identify any approaches used to conduct clinical debriefing. Demographic questions identified the level of teaching experience of respondents, gender identity, and race/ethnicity.

A total of 58 nurse educators responded to the survey (40% of surveys distributed); of those, eight respondents did not meet inclusion criteria and were excluded. Another eight respondents who met inclusion criteria did not complete the survey and were excluded from analysis, leaving an N of 42 respondents. No personal identifying data was collected on the survey. Responses were entered into an MS Excel® spreadsheet and results were analyzed using the descriptive statistical techniques of means and percentages to summarize the findings. Prior to data analysis the researchers tallied the data individually and compared findings to verify results.

The second phase of this research was conducted in the spring of 2022. There were two aims of this phase: First, to further examine the descriptive survey results in relation to the experiences of the focus group participants; second, to explore the understanding and use of clinical debriefing by CPPH nurse educators. Prior to the focus groups, the focus group questions were examined by an expert panel of CPPH educators in January 2022. Revisions were made to the questions based on the recommendations by the panel members (see Table 1). In the March 2022 call for participants, the research proposal and how the data would be used were described. The ACHNE listserv and nursing social media sites were used to recruit participants. The only requirement for inclusion was that participants were currently teaching CPPH in a baccalaureate prelicensure nursing program (traditional BSN, accelerated BSN, RN-BSN). Consent forms were distributed to the participants prior to the focus groups using email and a signed document was returned to the designated researcher before the participant was able to participate in the focus group. Focus group sessions were held at the end of March 2022 and recorded on Zoom® with a digital transcription capturing the sessions. All content identifying the participants was removed from the transcripts and participants were assigned a number for future identification. The transcripts were reviewed against the voiced recording, and modifications were made to adjust for punctuation. The researchers reviewed the transcripts and field notes and identified five specific themes using Colaizzi's method of data analysis.[11] Two researchers completed an interrater reliability test with 90% of the selected transcripts coded into the same themes.

The transcripts and field notes were uploaded into NVivo® (version 1.6.1) software to identify thematic content. Credibility of the data was ensured through researcher's discussion and field notes. As the respondents were validating each other's verbal and non-verbal cues throughout the focus group interviews, follow-up with the respondents about the thematic content was deemed unnecessary. Besides the five main themes, three sub-themes were identified. After coding was completed, all researchers reviewed the coding and agreed the data from the focus groups was coded into the appropriate themes. Original recording and transcripts of the focus group sessions are stored on an encrypted external drive.

## 3. RESULTS

There were two phases to this research. First, the descriptive survey that was distributed to ACHNE members and second, the focus group sessions. Second, the focus group discussions helped elucidate the findings from the survey on the varied community health clinical experiences provided to students, and the education and use of debriefing in the CPPH clinical environments. Five themes were identified from the analysis of the focus group sessions, and two of those themes each had two additional subthemes.

**Table 1.** Focus group questions

| Focus Group Session Questions |
|---|
| 1) Describe how you help students reflect on their learning during or after the clinical activity. |
| 2) What is your perspective of clinical debriefing for undergraduate nursing students in community health nursing |
| 3) Tell me about any training/education you received on clinical debriefing. Did it meet your needs as an educator? If you did not receive training/education, what kind of training/education would you like to have (if any at all)? |
| 4) Describe how undergraduate nurse educators can use debriefing to help nursing students to translate what they are learning in class into clinical judgment (recognize, analyze, generate hypothesis, take action, evaluate outcomes). |
| 5) What would be your ideal clinical debriefing tool to use with your baccalaureate nursing students? |
| 6) If a standardized tool was provided to you, what would you recommend as standard training on debriefing in community health clinical rotations? |

### 3.1 Quantitative findings

The 12-question descriptive survey provided researchers an opportunity to understand current community health clinical practices including clinical debriefing. Survey respondents were primarily female (95.2%), Caucasian (76.2%), and taught in a traditional baccalaureate nursing program (80.9%) although 35.7% reported teaching in more than one program (BSN, accelerated BSN, RN-BSN). The respondents' teaching experience ranged from 1 to 40 years and the number of hours students completed for the community health clinical practicum varied, both of which are highlighted in Table 2. Additionally, 38 (90%) of the respondents indicated that the community healthy clinical practicum was a combination of RN precepted experiences and faculty-led clinicals. One respondent noted that "many experiences are virtual or completed independently following COVID.

The practice of debriefing was explored in the survey and results found a debriefing process was used by 33 respondents for virtual learning experiences. Clinical practicums that were conducted in a clinical or community setting varied along with the multiple debriefing approaches being used by faculty (see Table 3). Of note, nearly half of the respondents reported that they had not received instruction or education on how to debrief students (45.2%) or had received informal education (35.7%). Only one-fifth of survey respondents had formal education (presentation, modules) on how to debrief students (19%).

**Table 2.** Faculty experience and required clinical hours

| Respondents in Study | N = 42 | N (%) |
|---|---|---|
| Teaching Experience | 1-5 years | 9 (21.4) |
| | 6-10 years | 17 (40.4) |
| | 11-15 years | 8 (19) |
| | 16-20 years | 2 (5) |
| | >20 years | 6 (14.2) |
| Number of clinical hours required | Up to 25 hours | 1 (2.4) |
| | 26-50 hours | 4 (9.5) |
| | 51-75 hours | 13 (31) |
| | 76-100 hours | 17 (50.4) |
| | 101-125 hours | 3 (7.2) |
| | >126 hours | 4 (9.5) |

### 3.2 Qualitative findings

There were three focus group sessions involving 2 or 3 participants in each with a total of eight participants. The participants were CPPH nurses employed as faculty from locations across the contiguous United States. The participants affirmed that they taught in a variety of baccalaureate nursing programs. Questions revised from the expert panel sessions were used for all sessions and follow up questions developed

in the first focus group session were utilized in the second and third sessions for consistency. The transcripts and researcher notes were coded using NVivo® (version 1.6.1). Five themes emerged from the nurse educator focus groups: Validation of work; integration of theory and clinical judgment; barriers to debriefing; life experiences; and suggestions for tools and education. For two of the themes, additional sub themes were identified. Through analysis of the data, researchers identified that the SARS-CoV-2 pandemic had a significant impact on CPPH clinical placements and faculty roles due to restrictions on in-person opportunities.

**Table 3.** Clinical practicum setting and debriefing approaches used (Non-Simulation)

| Respondents in Study | N = 42 | n (%) |
|---|---|---|
| Clinical/Community Setting Practicum* | 0-25% | 1 (2) |
| | 26%-50% | 6 (14) |
| | 51%-75% | 9 (22) |
| | 76%-100% | 26 (62) |
| Debriefing Approaches Used** | Face-to-Face | 27 (76) |
| | Synchronously via video conference platform | 27 (64) |
| | Asynchronously | 5 (12) |
| | Combination of asynchronous and synchronous assignments | 29 (69) |
| | No debriefing | 3 (7) |
| | Other | 1 (2) |

*Portion of clinical practicum conducted in clinical/community setting (not simulation)
**Faculty were able to select multiple debriefing approaches

### 3.2.1 *Validation of work*

In the Validation of Work theme, participants were eager to show how hard they are working to even find clinical placements as COVID-19 has changed the CPPH availability of clinical placements. Although the focus group sessions began with the planned research questions, interestingly, the participants wanted to justify how their clinical experiences enhanced the baccalaureate nursing students' knowledge and equipped them with new skills to carry on into practice. Because of the need for participants to "share their stories," this content became an unexpected theme in the analysis of the data. Researchers noted that during the focus groups and discussion, the participants felt that they needed validation of their work within the community setting. This was a common theme discussed in the field notes taken by the researchers during the focus groups. Non-verbal cues were also recognized and recorded such as head nodding and facial expressions in agreement. The theme of Validation of Work was thoroughly described by participants as they spoke to the effort taken to provide students with various and meaningful clinical experiences. In addition, participants said that they felt that they were not doing enough as educators. Many of the participants provided great details about the experiences that their students had to validate the learning experiences within their courses. "One participant described, "So I've been at like libraries, I've done community centers... one of the things... and senior high rises, so one of the things I do to help the students engage with population" (Participant #7).

The reflections provided by the participants on the multiple formats that clinical experiences are offered, matched the descriptive survey data demonstrating that CPPH clinical experiences range from group rotations to RN-precepted arrangements. Participants described the various online and in-person clinical experiences that they have had the opportunity to introduce the students to throughout COVID to allow baccalaureate nursing students to engage with the community. Participant #2 stated:

> So, we had to get creative to looking at, for me, was case studies and just to vary it up because I think you know the students have been shut away from the med-surg, and COVID, and then because our clinical and they couldn't do it, so they lost that, you know, person to person.

From online simulations to health departments, nurse educators described how they found benefit to their clinical experiences for the students.

### 3.2.2 *Integration of theory and clinical judgment*
Clinical debriefing takes the challenging work of real-life nursing and helps the student make sense of what they have experienced that day in providing nursing care to a community or population. This is done using not only the cognitive domain, but also the affective domain by providing a safe environment for students to explore their reactions and responses to clinical care throughout the day. To facilitate effective reflection, faculty must be confident in their skills

to use higher level questions to help students translate theory and experience into clinical judgment.[9, 10]

The focus group participants identified that they focus on a wide range of practices to help integrate theory into clinical judgment. Primarily, the emphasis was on the use of formative evaluation techniques (feedback, provide anticipatory guidance, ask students to think about social determinants of health).

> And so, then when they're debriefing and then I tell them as you're thinking about your day, think about in that first column, did you do any of these things or do any of these apply to look you're learning and if you don't like the domain that you got, traded with a friend if you're not tied to it. And so, then when they're coming through and they're talking about their experience for the day at the end I'll ask them, so how did how what clinical what competencies you pick and how does it apply. (Participant #6)

The participants asserted that they ask students to reflect on what they have learned and ask Socratic questions to help students make the connections between theory and practice. Many faculty members reported that they do not utilize clinical debriefing as a formalized method to help students develop clinical reasoning skills but focus on the American Association of Colleges of Nursing (AACN) Essentials[12] as a guiding format, or other formative and summative assessment tools.

> I think just this type of clinical and you know there's no, did they meet this criteria, did they meet... did they meet this objective and goal, you know it's typically more done through grades, and through... You know, maybe bigger projects and things like that, but in clinical debriefing there's just... I don't think that there's really a good way that I have found yet (Participant #7).

### 1) Current Education and Experience
In this subtheme, the faculty discussed their own abilities to perform clinical debriefing. The participant reporting in this sub-theme supported the results from the survey that faculty members either receive no formalized education in debriefing or only informal education. This corresponds with the descriptive survey data, where 45.2% of participants stated they had not received either formal or informal education in debriefing. Some faculty members were trained in performing simulations, specifically poverty simulations.

The participants mentioned that clinical debriefing was not a topic covered in their graduate nursing education courses and that they were just handed the syllabus and told to go teach. For those faculty using virtual simulation experiences, they rely upon the debriefing tools provided by the publishers, but do not evaluate those tools prior to using them with students. *"Training for me, I would you know I always enjoy new sessions going to conferences and hearing new ideas about it so I'm open to any type training or educational sessions about the debriefing that will be available"* (Participant #4).

### 2) Types of Debriefing
Faculty used a variety of tools to promote integration of theory into clinical judgment. Journaling is a common tool and students are asked to reflect on their clinical experience. However, the purpose of the reflection was not standardized with a framework and may be used more by the faculty to demonstrate that program or course learning objectives were met, or AACN Essentials[12] competencies were addressed. Other debriefing strategies faculty used were feedback techniques, asking students to utilize data gathered from the area, provide activities, or questioning students how they would problem solve.

### 3.2.3 *Barriers to debriefing*
The wide range of clinical experiences within coursework provided many challenges and barriers to providing adequate clinical debriefing within the courses. Study participants described the varying number of experiences within their clinical groups. In fact, barriers to debriefing resonated differently for each participant. Many of the participants stated that due to the wide range of clinical experiences, they had concerns about the timing of the debriefing for their students. The clinical debriefing also varied from formal to informal opportunities given the barriers of time, distance, and clinical sites.

> So, it wasn't really anything formal but yeah it was something that I did with each one of them every week, and it was a way for me, because I, I have my you know you have six to 10 students and they all have three patients apiece it's hard to keep track of what each one was doing. (Participant #1)

The varying clinical experiences allow nurse educators the opportunity to integrate baccalaureate nursing students into a wide range of unique placements. However, clinical debriefing for a CPPH course cannot be the same style and approach as in a traditional medical-surgical baccalaureate clinical course. Participants recognized that CPPH nurse educators need to modify their approach to debriefing to optimize the learning across a wide range of clinical experiences.

> So, when you're in the community, you actually have a bigger chance to make a difference, but you have to use a different tool, because you don't get to tell them what to do. You have to collaborate with them and empower them and understand what is going to motivate them to make a change in their behavior or their actions. (Participant #2)

Unfortunately, nurse educators felt that time, distance, and travel were all limiting factors to providing clinical debriefing to their students.

**Concerns About Doing Enough**
In this subtheme of Barriers to Debriefing, faculty felt that they personally were struggling to prepare students for a challenging professional practice as nurses. Time, distance and travel were not the only barriers to clinical debriefing that the nurse educators described within the focus groups. Participants described that they felt that they were not doing enough for their baccalaureate nursing students. The variation in clinical debriefing prompted participants to want to know what other CPPH nurse educators were doing to adequately debrief with their baccalaureate nursing students. They described concerns that they were not doing enough to prepare students to pass their licensing exams. A participant stated,

> I'd like to know what other community health - what is specific to community health what debriefing techniques would work best and if I'm doing enough, I mean that's always my worry, am I doing enough to help my students learn what they need to learn to be good nurses into passing NCLEX. (Participant #3)

In many schools of nursing, CPPH clinical experiences may be spread across multiple clinical settings and locations, requiring the nurse educator to think outside the box for debriefing.

**3.2.4 *Life experiences***
The fourth theme identified by the authors encompassed participants' prior work life experiences and skills as a foundation for their debriefing practices with students. As identified in the literature review, nurse educators are provided little direction or education on debriefing.[13] This finding was supported in the descriptive survey findings as less than 20% of participants received any formalized education in debriefing. The lack of debriefing education for nurse educators may lead faculty to rely on non-nursing debriefing methods, which has been reported in the literature.[9] For example, participants reported drawing on debriefing processes used in a non-nursing setting as well as skills and academic knowledge attained during graduate education. "But I think my project management training gave me a very good understanding of how to manage... like how to facilitate groups and understand the different personalities and team dynamics" (Participant #6). Additionally, participants reported incorporating models such as PDSA and Six Sigma® team development tools into the debriefing time. While these debriefing methods may be appropriate for the workplace, these may not be useful in helping students transfer clinical experiences into clinical decision making or clinical judgment.

**3.2.5 *Tools and education***
The final theme is Suggestions for Tool and Education. The participants recommended that a framework or model be developed that reflects the principles of CPPH nursing. As identified in the descriptive survey and the focus group discussion, CPPH clinical education is provided in multiple formats; thus, the format of the tool needs to be broad enough to capture the type of clinical setting experienced by the student. There were suggestions of having a digital tool for students to use and not requiring the faculty to debrief the students synchronously. Faculty commonly referred to needing a structured tool for a systematic approach to facilitate and accommodate the variety of clinical experiences and environments that faculty and students encounter in community health. Faculty recommended having education either through a virtual session or at conferences to help orient faculty to the use of the tool to help students transfer theory to clinical judgment as evidenced by participant comments, "...So like four to six questions or a one pager, that sort of tool..." (Participant #3). "I want training. I mean if it's a tool..." (Participant #1). "I would want training on how to use a new tool...to get the basics..." (Participant #2). It was evident that educators were open to a tool and training for clinical debriefing.

## 4. DISCUSSION
Debriefing may be used to facilitate student critical thinking and to connect theory and clinical experiences to formulate clinical judgment in the care of individuals, communities, and populations. The International Nursing Association for Clinical Simulation and Learning[15] recommends that faculty should have formal education to develop adequate skills to competently lead student debriefing ensuring the best learning outcomes. The data in the descriptive survey on the use of debriefing in CPPH health baccalaureate nursing courses, identified that nurse educators have minimal formal (19%) or informal (35.7%) education in debriefing. The lack of formal education is of concern as debriefing is used to understand the student's decision making and clinical actions

at the time. Debriefing, using a validated tool, accentuates the students' clinical experiences and improves affective, cognitive, and psychomotor skills.[16]

When the opening question was asked to the focus groups, the researchers were struck by the need for the participants to share their stories. Each focus group had a similar response in that they had a need to discuss the challenges that they were experiencing in securing clinical experiences for their students during the SARS-CoV-2 pandemic. Reflected in the researchers' field notes, were the needs by participants for validation by their peers that the work they were doing as educators was important and difficult to accomplish. Additionally, the work of securing enough clinical spaces due to clinical site closures to students and competing nursing schools appears to be a high priority to the participants and presented as an obstacle to effective student learning.

When describing methods used to develop critical thinking, the participants primarily discussed ways of providing feedback. Many participants utilize the AACN Essentials[12] competencies to evaluate whether students are demonstrating nursing knowledge, skills, and attitudes. Very few of the participants are utilizing a structured debriefing process. Many describe journaling as their primary source of reviewing the clinical experience, but do not have a process for students that would guide them from translating the clinical experience into clinical judgment. Guided reflection as part of debriefing during post-conference could help nursing students to meaningfully explore cues and prioritize findings to determine what achieves the desired outcomes for the population.[14]

The barriers that participants described from implementing a debriefing process were lack of time, students at multiple sites at significant distances from each other, students having a variety of clinical experiences, and lack of education on how to perform debriefing. The barriers to debriefing left several participants feeling that they were not providing enough direction and feedback to their students and concerned that students were not being prepared for nursing licensing examination. Several participants discussed the requirements by school nursing leadership to focus on the AACN Essen-tials[12] and that faculty created targeted clinical experiences to demonstrate for accreditation that the AACN Essentials are incorporated into the curriculum.

Both the descriptive survey and phenomenological data demonstrated that CPPH nurse educators have limited opportunities to receive education on debriefing techniques. The lack of formalized education has resulted in some nurse educators using other techniques designed for non-nursing or quality improvement such as Six Sigma® or PDSA. While these methods may be appropriate for the purpose in which they were designed, they are not designed to drive clinical reasoning and clinical judgment in a nursing education setting. To develop a debriefing tool that would be effective for CPPH nursing courses, participants identified the barriers of time, distance, and various clinical settings that must be considered. Participants identified students would need to be able to perform their debriefing asynchronously using broad guiding questions capturing a wide variety of clinical experiences. The participants identified that they would want education on how to utilize and adapt a debriefing tool into their CPPH course.

## 5. CONCLUSION

CPPH nurse educators have varied definitions of what clinical debriefing is, how or if they conduct debriefing, and the use of debriefing to effectively transfer theory to clinical judgment. The participants in this research expressed their concerns that they may not be doing enough to help their students advance in the clinical judgment process. The qualitative and quantitative research demonstrates that CPPH nurse educators do not feel experientially prepared to lead debriefing. CPPH nurse educators are relying upon self-reflection activities, but these may not meet best practices for students to improve their clinical judgment skills. With the changes to Next Gen NCLEX and evolving accreditation expectations, CPPH nurse educators need a specific, appropriate and effective CPPH clinical debriefing tool to assist them in facilitating student clinical judgment.

### CONFLICTS OF INTEREST DISCLOSURE
The authors declare that there is no conflict of interest.

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