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# LUNCH AND LEARN

**“Streamline Your Simulation Debriefing:  
A Standardized Script and Best  
Practice Approach”**

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*Simulation Medical Training and Education Council of LA*



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# Disclosures

No financial relationships with ineligible companies reported by either the planners or presenters of this program.

# Presentation Objectives

By the end of this presentation, the learner will be able to...

1. Gain insight into addressing challenges in implementing healthcare simulation standards and methods for effective debriefing
2. Acquire skills to implement a terminology-specific script, utilizing Plus-Delta and the GAS method for consistent adherence to standards
3. Recognize the impact of scripted debriefing on student satisfaction in simulation

# Background



TIME CONSTRAINTS



ESTABLISHING  
SIMULATION  
EXPERTISE



ENTHUSIASM AND  
INTENSITY



RESISTANCE TO  
FEEDBACK



CULTURAL  
CONSIDERATIONS



# Literature Review

## Choosing an Evidence-Based Debriefing (EBD) Tool

Selection based on INACSL criterion and suggested frameworks <sup>2</sup>

- Gather-Analyze-Summarize (GAS)
- Debriefing with Good Judgment
- PEARLS
- Debriefing for Meaningful Learning (DML)
- Plus-Delta
- 3D Model of Debriefing
- OPT Model of Clinical Reasoning



# Debriefing Tool: Gather, Analyze, Summarize (GAS)

Design = 3 phases <sup>3</sup>

- **Gather:** recap events of simulation
- **Analyze:** learner reflection and event analysis
- **Summarize:** review of simulation and lessons learned

## Benefits

- Creates brief, focused, guided debriefings <sup>3</sup>
- Provides space for students to decompress immediately after simulation <sup>3</sup>

## Challenges

- Can limit student participation opportunities

# Debriefing Tool: Plus-Delta

Design = 2 columns <sup>1</sup>

- **Plus:** list good behaviors or actions
- **Delta:** list behaviors or actions that need improvement or could be changed in future

Benefits <sup>1</sup>

- Easy-to-use for facilitator of any expertise level
- Straightforward

Challenges <sup>1</sup>

- Not structured
- Does not ask “Why?”
- Facilitator closes gaps in learning





# Design: EBD-GAS & Plus-Delta

## First Phase: **Gather**

- From GAS – “blow off steam”
- From Plus-Delta – student self-reflection and observer feedback

## Second Phase: **Analyze** <sup>2</sup>

- From GAS – open-ended questioning

## Third Phase: **Summarize**

- From GAS – key takeaways and summary

Evidence-Based Debriefing – GAS and +/-Δ	
<b>Gather</b> <i>(All students talk and share)</i> <b>+/-Δ</b>  <i>Please <b>defer</b> all faculty feedback until 'Analyze'</i>  <i>Faculty should 'take notes' for discussion points in 'Analyze'</i>	<ol style="list-style-type: none"><li>1. <i>To group: “How do you think that went?”</i></li><li>2. <i>To group: “Ok. First, we will hear from our participants, and then we will get feedback from our observers.”</i></li><li>3. <i>To participant: “Tell us one thing that went well for YOU and one thing that YOU would do differently.”</i></li><li>4. Thank each participant after their contribution.</li><li>5. <i>To OBSERVER: “From your observation sheet, tell us one thing that went well and one thing that you would do differently.”</i></li><li>6. Thank each OBSERVER after their contribution.</li></ol>
<b>Analyze</b>  <i>Faculty support clarification of competencies</i>	<ol style="list-style-type: none"><li>1. Tell me more about ____?</li><li>2. Why do you think ____ happened?</li><li>3. What do we know about ____?</li><li>4. What are some reasons why ____?</li><li>5. Focus on SIM <b>objectives OR student input.</b></li><li>6. <b>OR</b> use teaching points in SIM document.</li></ol>
<b>Summarize</b>  <i>Faculty lead review of lessons learned</i>	<ol style="list-style-type: none"><li>1. <i>To group: “What was your takeaway today?”</i></li><li>2. <i>To group: “How do you think this learning experience might help you in clinical practice?”</i></li><li>3. <b>Summarize events</b><ul style="list-style-type: none"><li>- Client presentation</li><li>- Precipitating factors</li><li>- Treatment priorities</li><li>- Expected course</li><li>- Discharge planning</li></ul></li></ol>



# Use of EBD-GAS & Plus-Delta Debriefing Tool

## Roles

- Faculty Facilitator
- Simulation Specialist

## Implementation <sup>2</sup>

- Basic Assumption/shared mental model
- Private debriefing rooms
- Wait time
- Majority of time spent in Analyze
- Analyze questions based on learning objectives

Evidence-Based Debriefing – GAS and +/-Δ	
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## **Activity: Practicing the Use of EBD-GAS & Plus-Delta Debriefing Tool**

### **Breakout Groups**

- In groups of 5, assign roles: **Facilitator, Participant 1, Participant 2, Participant 3, and an Observer.**
- As you watch the video, imagine yourself in the role you were assigned.
- After the video, the facilitator will lead debriefing on the simulation using the EBD – GAS & Plus-Delta Debriefing Tool.







Facilitator begins with  
Gather–Question #1...

## Gather

(All students talk and share)

+/ $\Delta$

Please **defer** all faculty  
feedback until 'Analyze'

Faculty should 'take notes' for  
discussion points in 'Analyze'

1. To group: "How do you think that went?"
2. To group: "Ok. First, we will hear from our participants, and then we will get feedback from our observers."
3. To participant: "Tell us one thing that went well for YOU and one thing that YOU would do differently."
4. Thank each participant after their contribution.
5. To OBSERVER: "From your observation sheet, tell us one thing that went well and one thing that you would do differently."
6. Thank each OBSERVER after their contribution.

## Analyze

Faculty support clarification  
of competencies

1. Tell me more about \_\_\_\_\_?
2. Why do you think \_\_\_\_ happened?
3. What do we know about \_\_\_\_\_?
4. What are some reasons why \_\_\_\_\_?
5. Focus on SIM **objectives OR student input.**
6. **OR** use teaching points in SIM document.

## Summarize

Faculty lead review  
of lessons learned

1. To group: "What was your takeaway today?"
2. To group: "How do you think this learning experience might help you in clinical practice?"
3. **Summarize events**
  - Client presentation
  - Precipitating factors
  - Treatment priorities
  - Expected course
  - Discharge planning

After debriefing  
concludes, discuss what  
went well with the tool,  
and any challenges you  
encountered.

# Group Discussion on the Use of EBD-GAS & Plus-Delta Debriefing Tool

- **Group Discussion Questions:**
  1. What worked well when using the tool?
  2. What were some benefits to using the tool?
  3. What were some challenges to using the tool?

# Benefits

- Enhanced learning
- Improved team dynamics
- Promotion of critical thinking
- Learner satisfaction and psychological safety
- Alignment with Healthcare Simulation Standards of Best Practice



# Scale - Content Validity Index

- Five content validation criteria – *Likert Scale rating 1-4 with 1 being lowest*
- Seven experts surveyed – 2 CHSE/CHSOS, 3 CHSE, all > than 5 years

Expert #	Overall tool rating
1	0.85
2	0.7
3	0.9
4	1.00
5	1.00
6	1.00
7	0.7
<b>Average</b>	<b>0.878</b>

Criteria	Item CVI
Relevance	0.96
Clarity	0.89
Comprehensiveness	0.82
Practicality	0.92
Effectiveness	0.78
<b>Average</b>	<b>0.874</b>

# Next Steps →

- Continue to support faculty and facilitator adherence
- Improve the tool based on Content Validity data
- Publish and disseminate



# Summary

- Utilized a scripted debriefing method combining Plus-Delta and the GAS method to address challenges in achieving consistent simulation outcomes
- Applied an evidence-based method to address challenges in ensuring healthcare simulation standards are consistently met
- Recognize the impact of scripted debriefing on student satisfaction in simulation

# References

- <sup>1</sup> Abulebda K, Auerbach M, Limaïem F. Debriefing Techniques Utilized in Medical Simulation. [Updated 2022 Sep 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546660/>
- <sup>2</sup> INACSL Standards Committee (2016, December). INACSL standards of best practice: Simulation<sup>SM</sup> Debriefing. Clinical Simulation in Nursing, 12(S) S21-25. <http://dx.doi.org/10.1016/j.ecns.2016.09.008>.
- <sup>3</sup> Sawyer, Taylor DO, MEd; Eppich, Walter MD, MEd; Brett-Fleegler, Marisa MD; Grant, Vincent MD; Cheng, Adam MD. 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):p 209-217, June 2016. | DOI: 10.1097/SIH.0000000000000148

# Questions & Contact Information



For resources discussed in this presentation, please use the QR code below to complete the survey.

