

## UPDATES TO THE INTERNATIONAL NURSING ASSOCIATION FOR CLINICAL SIMULATION AND LEARNING SIMULATION DEBRIEFING STANDARD OF BEST PRACTICE

Guillaume Alinier<sup>1,2</sup>, Sharon Decker<sup>3</sup>, Scott Crawford<sup>3</sup>, Deborah Jenkins<sup>4</sup>, Randy Gordon<sup>5</sup>, Cheryl Wilson<sup>6</sup>; <sup>1</sup>Hamad Medical Corporation Ambulance Service & Weill Cornell Medicine-Qatar, Doha, Qatar; <sup>2</sup>University of Hertfordshire, Hatfield, UK; <sup>3</sup>Texas Tech University Health Sciences Center, School of Nursing, El Paso, USA; <sup>4</sup>Excela Health, Nursing Professional Development, Greenburg, USA; <sup>5</sup>Chamberlain University, College of Nursing, Chicago, USA; <sup>6</sup>Shadow Health Inc., Tampa, USA

10.54531/KMRA2674

**Background:** Debriefing is a key component of all simulation-based educational (SBE) activities and is an activity for which a multitude of approaches and models have been developed and implemented (Oriot & Alinier, 2016). To improve SBE practice in general, the International Nursing Association for Clinical Simulation and Learning (INACSL) has outlined a set of Simulation Standards of Best Practice first published in 2013. Revisions to these standards have occurred every few years, including expanding the topics covered as developments in this domain have occurred and the use of simulation has expanded.

**Aim:** The aim of this study was to present the changes in the Simulation Debriefing Standard in comparison to those last published (INACSL Standards Committee, 2016).

**Method:** From 2019 to 2021, a group of simulation educators and researchers, the authors of this abstract, representing multiple specialities, simulation societies and geographic areas began meeting to review and revise the Simulation Debriefing Standard based on the latest literature. This group identified several items that would benefit from being updated, including expanding the terminology of this Standard to encompass Feedback, Debriefing and Guided reflection as distinct but integral components of this key phase of simulation-based experiences.

**Results:** An updated version of the Simulation Debriefing Standard of Best Practice will soon be published by INACSL in Clinical Simulation in Nursing. Some of the updates include expansion to understand and allow electronic systems to be recognized as components of the debriefing process and emphasizing the need for practice and review of the skill of facilitators in the techniques of debriefing. The new Simulation Debriefing Standard provides clear information and guidance to the simulationists. It includes four as opposed to the five criteria in the 2016 version (INACSL Standards Committee, 2016). The updated criteria can still be matched to those from the previous edition (see colour coding in Table 1) but are now more detailed and inclusive to be applicable to various simulation modalities.

**Implications for practice:** It is expected that the revised Simulation Debriefing Standard of Best Practice will be welcomed by the simulation community, which includes the healthcare educators and simulation technology developers, but also the learners. It has been designed as a guide to help educators in all the key aspects of debriefing, providing feedback and facilitating guided reflection conversations that will ultimately benefit learners. It includes an updated list of useful references readers can consult to find additional information.

**Table 1:** Criteria of the 2016 and 2021 INACSL debriefing standards of best practice

INACSL simulation debriefing standard	2016	2021
Criterion 1	The debrief is facilitated by a person(s) competent in the process of debriefing.	The debriefing process is planned and incorporated into the simulation-based experience in an appropriate manner to guide the learner(s) in achieving the desired learning outcomes.
Criterion 2	The debrief is conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback and reflection.	The debriefing process is constructed, designed and/or facilitated by a person(s) or technology-enhanced system capable and/or competent in providing appropriate feedback, debriefing and/or guided reflection.
Criterion 3	The debrief is facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience.	The debriefing process is conducted in a manner that promotes self, team and/or systems analysis. This process should encourage reflection, exploration of knowledge and resolution of performance/system gaps while maintaining psychological safety and confidentiality.
Criterion 4	The debrief is based on a theoretical framework for debriefing that is structured purposefully.	The debriefing process is planned and structured purposefully based on theoretical frameworks and/or evidenced-based concepts.
Criterion 5	The debrief is congruent with the objectives and outcomes of the simulation-based experience.	

## REFERENCES

1. INACSL Standards Committee. INACSL standards of best practice: simulation debriefing. *Clin Simul Nurs*. 2016;12:S21–S15.
2. Oriot D, Alinier G, Alinier G. Pocket book for simulation debriefing in healthcare. Cham, Switzerland: Springer International Publishing; 2018.

## COMPARING ONLINE AND FACE-TO-FACE SIMULATION FOR MEDICAL STUDENTS DURING THEIR HEALTHCARE OF LATER LIFE PLACEMENT

Anna Ludvigsen<sup>1</sup>, Josh Bachra<sup>1</sup>, Kehinde Junaid<sup>1</sup>; <sup>1</sup>Nottinghamshire Healthcare NHS FT, Nottingham, UK

10.54531/QJZN1847

**Background:** As part of their Healthcare of Later Life placement medical students take part in a simulation-based learning (SBL) programme delivered by the Nottinghamshire Healthcare Simulation Centre. Since face-to-face teaching was not possible during the COVID-19 pandemic the programme was instead delivered online.