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Debriefing with PEARLS & Watson's Caritas

By

Heather Anne Uccello

DNP Scholarly Project Committee

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Dr. Erin Vitale

Submitted in partial fulfillment of the Requirements for the degree of

Doctor of Nursing Practice

Seton Hall University

2021

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College of Nursing  
Graduate Department

## APPROVAL FOR SUCCESSFUL DEFENSE

Heather Uccello has successfully defended and made the required modifications to the text of the DNP Final Scholarly Project for the Doctor of Nursing Practice during this Fall, 2021

### Final Scholarly Project COMMITTEE

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Dr. Mary Ellen Roberts

Date

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Dr. Beverly Kass

Date

---

Dr. Erin Vitale

Date

## **Dedication**

To my husband Franco, thank you for always supporting me and for helping turn all my dreams into reality. I love you.

To my biggest fans, my four beautiful and selfless children, thank you for being ever so patient when mommy had homework - you all make me proud every day.

To my tenacious mother who continues to remind us of all that you can do absolutely anything you put your mind to.

For you dad, I know you are so very proud.

## **Acknowledgements**

I would like to thank my doctoral committee, Dr. Roberts for her support and guidance and Dr. Kass for her gracious grammatical and structural guidance, both greatly appreciated. Dr. Erin Vitale whom I knew from our very first encounter, she was the mentor for me. I'd like to express my gratitude to Dr. Vitale for assisting me in focusing my ideas and expanding my thinking in ways I never imagined possible, for never saying "No" to me, and for assisting me in meeting objectives on time.

My sincerest gratitude goes out to Dr. Sabratha Thomas and Christine Lawrence, my Director of Nursing Services and Director of Nursing Academics respectively. Thank you for taking part in and supporting my project; we have grown into such a loving group; you are both so very important to me. I would also like to thank Dr. Patricia Davis who assisted me with ANCC accreditation for the training program. Last, but certainly not least, thank you to all faculty that participated in the training.

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**Abstract**

Debriefing, an important aspect of students' clinical experience, is a reflective, critical thinking analysis and communication strategy that provides rapid feedback after either a simulated or genuine clinical event. To teach this higher-level critical thinking skill throughout the learning process, nursing programs require specific methodology and faculty expertise. The National League for Nursing supports nurse educators having a theory-based strategy, formal training, and ongoing competency evaluation. Informed by Jean Watson's Theory and the Promoting Excellence and Reflective Learning in Simulation standardized debriefing tool methodology, this project outlines a framework that nursing schools can use to potentially improve the debriefing process and, moreover, highlights the role of clinical nursing faculty educators as facilitators of this approach.

*Keywords:* debriefing, critical thinking, implementation

## **Section I: Background**

### **Definition of Terms**

Caritas: Processes to help guide nurses implementing the theoretical framework of Caring Theory into their own professional practice. The caritas processes are to embrace, inspire, trust, nurture, forgive, deepen, balance, co-create, minister and open. (Watson, 2008)

Debrief (Debriefing): This facilitator-led exercise follows a simulation experience. While reviewing different parts of the finished simulation, participants' introspective thinking is encouraged by the facilitator, and comments regarding their performance are offered. Facilitators encourage participants to express their emotions, ask questions, reflect, and give each other feedback. The goal of debriefing is to progress toward assimilation and accommodation so that participants can apply what they have learned in the past to new situations (Nehring & Lashley, 2010).

Guided Reflection: During debriefing, the facilitator uses a process—guided reflection—that highlights key parts of the experience and fosters in-depth learning, allowing participants to integrate theory, practice, and research to affect future actions (INACSL, 2016).

Promoting Excellence and Reflective Learning in Simulation (PEARLS) Tool: Depending on the method chosen, the PEARLS application contains scripted language to assist the debriefing (Eppich & Cheng, 2015).

Pedagogy: This is the study of teaching techniques and of the educational goals and methods for achieving them (INACSL Board of Directors, 2011).

Program Attendee: This term refers to undergraduate clinical faculty members.

**Reflective Thinking:** As a method for assisting learners in discovering knowledge gaps and displaying areas where they may need to improve, reflective thinking necessitates active participation in the simulation as well as facilitator assistance (Decker et al., 2013).

**Safe Learning Environment:** Open communication and mutual respect for thought and action are encouraged by the facilitator and practiced by both the facilitator and students in a learning environment where leaders and learners share mutual regard, support, and courteous communication (Lioce & Lopreiato, 2016).

**Simulation:** This refers to the method of creating a setting or atmosphere in which people may experience a simulation of a genuine event for the purposes of practicing, learning, assessing, testing, or gaining a better understanding of systems or human activities (Lioce & Lopreiato, 2016).

**Watson's Caring Theory:** Caring as a human-to-human activity exhibited via therapeutic interpersonal encounters. (Watson, 2008)

### **Description of the Project**

Debriefing is integral to a student's clinical experience and occurs after all in-person, virtual, and simulated clinical experiences. The hybrid accelerated bachelors nursing (ABSN) program did not follow any one debriefing model; instead, each clinical instructor debriefed using their own pedagogical approach. However, the initiation of this debriefing policy streamlined the framework of all clinical debriefings. To promote a nurturing and effective learning environment for the students, Jean Watson's Caring Theory (2008) served as the foundation of the debriefing policy.

**Purpose of the Project**

Debriefing provides immediate feedback after the simulated or live clinical experience and is a reflective critical thinking analysis and communication tool for participants in clinical experiences. During a debriefing, participants are afforded time to reflect on their performance and receive constructive feedback from clinical instructors and/or peers. Debriefings should be facilitated by the clinical instructor in a psychologically safe learning environment as evidenced by the acceptance and forgiveness of positive and negative feelings, authentic listening, and balanced teaching in addition to addressing each student's needs (readiness and learning style), nurturing individual beliefs and personal growth and practices, and inspiring faith, hope, and honor.

The purpose of this Debriefing Policy project was to introduce and implement a debriefing framework utilizing the PEARLS debriefing tool and Watson's Theory of Caring to promote an effective learning environment in an undergraduate nursing education program. This project included an educational component for all clinical instructors and follow-up evaluations of implementation. Descriptive statistics for instructor educational pre- and posttests, student postimplementation surveys, and direct observations were utilized by the project lead to assess the project.

**Goals and Objectives**

One focus of the project was to create a debriefing policy using the PEARLS standardized debriefing tool with Watson's Theory Caritas as the foundation. The second focus was to educate all clinical nursing faculty members on this new policy and debriefing tool. The project benefits all clinical nursing students by developing their critical reflective thinking skills in a psychosocially safe environment.

The major goals of this project were to enhance the debriefing process for students and to educate the faculty on the new standardized debriefing process. The training program within this project identifies the need for the debriefing tool in accordance with International Nursing Association Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation and the National League for Nursing (NLN) and identifies the need and benefit of Watson's Caring Theory as a foundation for debriefing. Program attendees discuss the use of the PEARLS debriefing pocket tool in simulations and in-person clinicals and identify open-ended questions to ask during debriefing that align with PEARLS and Watson's Caritas.

All clinical nursing faculty members who attend the training program should be able to successfully implement the PEARLS debriefing tool during clinical debriefing sessions. Additionally, all program attendees will be able to infuse Watson's Caritas during the clinical debriefing sessions.

### **Significance of the Project**

The significance of this project is to create a debriefing policy and faculty training program that makes each clinical debriefing environment psychologically safe, thereby increasing students' confidence and introspective decision-making. Ideally, this creates confident nursing graduates with the ability to think critically and provide optimal patient care while also allowing for best patient outcomes. The project incorporated Jean Watson's caring model in the debriefing training with the aim to exemplify the compassion and caring elements that are essential to the nursing profession.

This project supports the best practice of debriefing in accordance with INACSL and the Center for Medical Simulation (INACSL Standards Committee, 2016). The combination of experience and reflection is necessary for learning. Reflection is optimally achieved in a safe and

nurturing environment, and it is considered best practice for a trained individual to facilitate debriefing in a safe environment using a standardized method rooted in a theoretical framework. In the development of the project, a synthesis of existing knowledge on debriefing—as well as recognized ideas that help and hinder the debriefing process—was conducted by the project lead via an extensive literature search. This project noted the importance of debriefing and the topic of debriefing. The knowledge generated from the literature search was used to create the debriefing policy and faculty education program.

Quality and Safety Education for Nurses (QSEN) is a quality improvement initiative created to meet the challenge of equipping future nurses with the knowledge, skills, and attitudes they will need to improve the quality and safety of the health care systems in which they work (Baily, 2021). The six categories of QSEN competencies are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Cronenwett et. al, 2007). QSEN competencies are addressed and intertwined within each debriefing experience when following the debriefing policy of this project. During the debriefing, students are guided by their clinical instructor to think about and examine patient-centered care, safety, opportunities for quality improvement, informatics, teamwork, and collaboration.

## **Section II: Review of the Literature**

An extensive literature review regarding debriefing was executed. Multiple themes were noted during the review that relate to this project. The following themes were identified: (a) debriefing is essential for learning because it offers students an opportunity for critical reflection, thus bridging previous learning with current simulation and clinical experience; (b) students experience self-doubt in their clinical skills and heightened anxiety levels during simulations and

clinical experiences; (c) self-doubt and heightened anxiety may make critical thinking problematic, thus interfering with a student's ability to meaningfully participate in the debriefing; and (d) the INACSL and NLN support incorporating debriefing across the nursing education curriculum (NLN, 2015).

NLN publications such as the *Agenda for Health Care Reform* (NLN, 1991), the *Excellence in Nursing Education Model* (NLN, 2006), and *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators* (Halstead, 2012) call for advancing techniques and faculty expertise to teach higher-level reasoning skills throughout the program of learning. Debriefing is one essential method for fully promoting critical thinking. The Next Generation NCLEX (NGN) will be moving away from predominantly content focus to significant emphasis on clinical judgment (Caputi, 2019).

INACSL Standards of Best Practice: Simulation<sup>SM</sup>, Standard IV, states debriefing must be planned and structured in a purposeful way based on theoretical frameworks and/or evidenced-based concepts" (2016). This project used the PEARLS debriefing tool as the standardization. The PEARLS debriefing framework and script represent a blended approach designed to promote effective debriefing by integrating three educational strategies to promote learning during debriefings. These strategies include stage 1) learner self-assessment, stage 2) focused facilitation to explore learners' perspectives, and stage 3) directive feedback and teaching (Eppich & Cheng, 2015).

According to the NLN (2015), "It is critical for nurse educators to have: a chosen theory-based method; formal training; and on-going assessment of competence" for debriefing (p. 5). Fey (2014) reported that 31% of schools used a theory or model to guide debriefing, and fewer than half of all facilitators had any training. Therefore, it was imperative in this project to not

only choose a theory-based debriefing model but also to train all faculty members prior to implementation of the debriefing policy. Watson's Theory of Caring was chosen for this project.

Students learn a professional way of being when they perceive the nursing education environment to be caring. Faculty members' caring practices are subtly conveyed within the set curriculum through their teaching styles, priorities and strategies, and interactions with students. Watson (2008) placed a high value on the subjectivity and intersubjectivity of relationships, as evidenced by perceptions between the nurse and others. Caring interactions between faculty and students reflect the very nature of the professional–client relationship. To date, there is no literature reporting an undergraduate nursing program utilizing Watson' Caritas and PEARLS debriefing tool. This DNP project has provided a unique contribution to nursing.

Many articles have reported the importance and correlation between the presence of trained faculty in standardized debriefing and a decrease in students' stress levels:

Clinical instructors are the fundamental important agents in programming and acquiring clinical experiences because they can also establish the discipline and be a supportive agent for building students' effective communication, students' accountability and effective acquisition of scientific and clinical skills and reducing their fear and anxiety through providing students with suitable corrective feedback and active presence as a source of reassurance and confidence. (Hosseini et al., 2018, p. 33).

The preeminent document that was most impactful for this project was *Debriefing Across the Curriculum a Living Document*, created by the NLN and INACSL (National League of Nurses, 2015), for its descriptions of best practice and integration of debriefings across the entire nursing curriculum.

Decker et al. (2013) discussed INACSL's Standard VI in detail, breaking down the five specific criteria of debriefing:

1. facilitated by person(s) competent in the process of debriefing.
2. conducted in an environment that supports confidentiality, trust, open communication, self-analysis, and reflection.
3. facilitated by a person(s) who observes the simulated experience.
4. based on a structured framework for debriefing; and
5. congruent with the participants' objectives and outcomes of the simulation-based learning experience.

All five criteria were addressed by the project lead during the creation of the hybrid ABSN debriefing policy.

Clinical experiential learning necessitates a certain level of difficulty and anxiety. Through reviewing, reflecting, and reframing, the clinical debriefing converts the experience into new knowledge. Anxiety has a powerful impact on learning because the activation of anxiety hormones targets related receptors in the working memory (Al-Ghareeb et al., 2019). Therefore, to reduce anxiety levels, the teacher must create a psychosocially safe environment for the students during debriefing. Utilizing the PEARLS debriefing tool with Watson's Caritas as the foundation creates a psychosocially safe environment.

### **Section III: Project Methodology**

#### **Theoretical Framework**

Dr. Jean Watson's Caring Theory was chosen as the foundation of this project because of the appropriateness for underpinning a debriefing policy designed to alleviate student anxiety. Love and compassion are universal concepts of Watson's (2008) theory; they are practiced

interpersonally, and they transcend time, space, culture, and language. At the center of Watson's Caring Theory are the 10 caritas processes that provide the framework for debriefing with PEARLS (see Appendix H). The caritive factors are embrace, inspire, trust, nurture, forgive, deepen, balance, cocreate, minister, and open. Watson's Theory assists in orienting the debriefing process to include all who are involved. Additionally, the theory encourages loving, sensitive relationships.

Everyday nursing is not the same as Caritas nursing, "There is a difference between ordinary nursing and Caritas Nursing. The difference lies in the evolution of heart-centered consciousness and working from this evolved awareness" (Watson, 2008, p. 218). The goal of this project was for the conscious effort to infuse the caritive factors into the PEARLS debriefing to foster a psychologically safe environment. The Society for Simulation in Healthcare defined *psychological safety* as "a feeling (explicit or implicit) within a simulation-based activity that participants are comfortable participating, speaking up, sharing thoughts, and asking for help as needed without concern for retribution or embarrassment" (Lioce & Lopreiato, 2016, p.29). When psychological safety is present, learners are more likely to seek assistance, admit faults, and discuss problems (Stephen, Kostovich, & Orourke, 2020). These actions lead to an enriched learning experience.

Furthermore, faculty members must build a welcoming atmosphere through both verbal and nonverbal communication. Debriefing should occur in a nonjudgmental learning environment where errors are tolerated, and confidentiality is upheld. Faculty and students are expected to work together in a respectful manner. Faculty should provide a detailed description of what will occur during their debriefing experience as well as what the students should expect. Moreover, faculty must demonstrate true mutual respect, reduce fear of negative outcomes,

admit to making mistakes, express consideration for participants by exploring their specific experiences, and reinforce positive behaviors.

### **Risk Analysis**

This Doctor of Nursing Practice (DNP) project was aimed at creating a policy for debriefing in an undergraduate hybrid ABSN program through using the PEARLS debriefing tool infused with Dr. Jean Watson's caritative factors. The project lead who has expertise in health care education conducted the project to provide an education plan on new policy directed at undergraduate clinical instructors. This project included the use of the strengths, weakness, opportunities, and threats analysis (SWOT) (see Appendix C), which identified the strengths, weaknesses, opportunities, and threats to the project.

The initial step in the SWOT analysis recognized several strengths. It considered the use of PEARLS a strength because it is a widely used tool: "The PEARLS offers a structured framework adaptable for debriefing simulations with a variety in goals, including clinical decision making, improving technical skills, teamwork training, and interprofessional collaboration" (Eppich & Cheng, 2015, p.1). A second strength of the project was the preapproval from the director of nursing services (DNS) to create the policy and perform a study. The sample population of clinical instructors was readily available, and there was potential for the education of the new policy to be mandatory. The faculty educational component of this project was 1.5 continuing education (CE) hours from the American Nurses Credentialing Center.

Consequently, the SWOT analysis identified multiple threats and weaknesses. There was a threat that the policy would not receive approval from the DNS upon completion. Additionally, there was the threat of the project lead appearing to influence the sample population. If the threat

was apparent, there would have been a need for a proxy to offer education on the new policy as well as the potential for policy revision to gain DNS approval. The project received approval and project lead facilitated the education without any evidence of influence. Several weaknesses were revealed during the SWOT analysis. The most prominent weakness of the project was the potential of a small number of participants. Other weaknesses identified were the limited number of clinical instructors; the undergraduate hybrid ABSN program had 36 clinical instructors at the time of this project. Environmental conditions posed another limitation as large in-person gatherings were not allowed. Training of the new policy was offered virtually and recorded for on demand self-paced learning.

A refinement of the literature review by way of adding delimitations was one opportunity for improvement within this project. Refining the literature review presented subthemes and aided with the alignment of Watson's theoretical framework. The creation of this policy and the training of clinical instructors had to happen; prior to the launch of this project's policy, the hybrid ABSN program was holding simulations with no policies in place. Wazonis (2015) found that there were gaps "in training, confidentiality, student engagement, prebrief, and evaluation of debriefing" and recommended "steps should be taken to lessen gaps between practice and the best practice standard for debriefing" (p. 110).

### **Implementation Timeline**

The initial phase of this project began with networking. The project lead met with multiple clinical instructors, the DNS, and program director to discuss and identify potential needs—one of which was a debriefing policy. A literature review identified the PEARLS tool coupled with Watson's Caring Theory as the foundation for this project.

The planning and development phase commenced with the formation of the debriefing policy and the creation of faculty in-service/education. Policy approval was acquired by the project lead from the DNS. Additionally, the faculty educational materials were submitted by the project lead for approval from the DNS and DNP preceptor.

Implementation began at the end of the spring 2021 semester. Faculty education commenced with the goal that faculty members receive education about the new policy prior to the start of the summer 2021 semester. Instructor education was offered virtually; synchronously and asynchronously. The project lead evaluated faculty knowledge retention with a posttest and with a student survey administered midway through the summer semester. Policy implementation began following completion of faculty/instructor education. Appendix D provides the timeline of the project.

The project lead collected and synthesized data via the pre- and post-clinical instructor tests (see Appendix E) and student surveys (see Appendix F) postimplementation. Sustainability was monitored through the instructor/faculty debriefing evaluation tool (see Appendix G).

### **Budget**

The presented budget was an estimation of total costs (see Appendix A & B). The initial startup costs of the project included the potential hourly compensation of the project lead, and the cost of marketing and printing materials. The implementation phase included hourly compensation of the nurse educator, clinical faculty, and faculty members. Last, the hourly compensation of a statistician and the project lead was budgeted for the evaluation phase.

The project lead earns \$62 per hour as the lead clinical lab instructor for the hybrid ABSN program. The creation and implementation of a debriefing policy and instructor training using the PEARLS Debriefing Tool & Watson's Theory of Caring as the foundation comprise

the implementation project for the DNP program at Seton Hall University. The project lead provides training for all current and incoming clinical instructors of the hybrid ABSN program.

The nursing educator facilitated the instructor educational in-service to remove any potential for biased responses on the instructor pretests and posttests/evaluations. The educator offered 2-hour in-services twice a week for 1 month and a pre-recorded voice-over for the PowerPoint presentation for instructors to attend the training asynchronously. The nursing educator earns \$80 for contract adjunct pay and was required for 16 hours of instructional time.

Attendance of the debriefing educational in-service was mandatory for all clinical faculty and faculty of the hybrid ABSN program. The in-service ran approximately 2 hours. Clinical faculty members earn \$80 per hour. The total amount of this category varied slightly because there are full-time faculty members earning at a different rate (which is undisclosed to the project lead). The project lead did not receive compensation and did not have access to all in-service attendee's compensation rate. Therefore \$5,440 was the estimated budget.

The printed materials required for this project included laminated PEARLS pocket cards for all faculty participants and surveys for student. Fifty pocket cards and 320 student surveys were needed to distribute to participants. Pricing was retrieved from FedEx printing services. Marketing items acquired from the Watson Caring Science Institute included pens and retractable badge holders containing Watson's Theory of Caring descriptive terms—*Compassion, Wisdom, Love, Caring*. These items were provided to all educational in-service attendees and program facilitators.

Upon completion of the instructor training, the evaluation phase required analysis by a statistician. A statistician was hired to synthesize and analyze the findings of the pretest and

posttests. Statisticians earn an estimated \$130 per hour. The project was estimated at 4–8 hours for completion.

### **Marketing Plan**

The stakeholders and marketing targets of the project were the following: all nursing clinical faculty, the DNS, the hybrid ABSN program director, clinical lab instructors, the clinical coordinator, and hybrid ABSN students. All these individuals were involved in the project. As key stakeholders, the DNS and hybrid ABSN program director oversaw and approved all educational aspects of the hybrid ABSN program. The clinical lab instructors and clinical coordinator were the immediate supervisors who oversaw all clinical faculty. Other stakeholders included the hybrid ABSN nursing students because they were the recipients of this project's results.

The project lead submitted the project policy and educational components for institutional review to the DNS and program director. Submission of the policy, and the policy components were done through electronic communication and hand-delivered hard copies. After approval was received from the DNS and program director, electronic communication of the program commencement was sent to all hybrid nursing clinical faculty.

In an effort to encourage faculty participation and compliance with the new policy, the project lead shared findings from the literature review that were used to create the policy and instructor education program with all marketing targets. The presentation of literature review findings aided in increasing stakeholder knowledge base and thus potentiated buy-in. Additionally, policy and program goals were shared with the projected timeline of events.

### **Section IV: Project Outcomes**

The faculty educational component of this project began in March 2021. Due to the turbulent environment of world health at the time of this project, the faculty education transpired via online synchronous sessions. The pandemic of COVID-19 blocked the opportunity for face-to-face meetings. Despite this impediment, faculty members responded favorably upon completion of their training, embracing the mindfulness meditation opener to the pacing of thoughtfulness, and pausing to allow for presence in the moment. The faculty education program exemplified the expectations of the faculty.

All faculty completed the education program by June 2021. Implementation of the debriefing policy began immediately following the initial faculty training. Thirty-six faculty members and 198 undergraduate nursing students participated in this quality initiative. Students expressed an appreciation of the shift in formalizing debriefing and the new openness expressed by their instructors.

Faculty pre- and posttests revealed an increase in knowledge after receiving education about the new policy and the PEARLS debriefing tool infusing caritas. The faculty reported outcomes measured were as follows:

- Outcome 1: “An increase in knowledge about the debriefing policy and program goals”
- Outcome 2: “An increase in knowledge about applying Watson’s Theory of Caring to PEARLS debriefing sessions”
- Outcome 3: “Intent to change practice.”

Table 1 displays the descriptive analysis of each outcome.

#### **Table 1**

*Faculty Outcome Response to Policy Education Descriptive Statistics*

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
O1	36	3.00	5.00	4.8333	.50709
O2	36	3.00	5.00	4.7500	.60356
O3	36	3.00	5.00	4.7222	.61464
Valid N (listwise)	36				

A bar chart was generated for visual inspection of the distribution of scores for each of the faculty outcome responses (Figures 1-3). The majority (94.5%) of faculty strongly agreed or agreed they had an increase in knowledge about the debriefing policy and program goals upon completion of the debriefing education. Most (91.6%) faculty strongly agreed or agreed they gained an increase in knowledge about applying Watson’s Theory of Caring to PEARLS debriefing sessions. Most (91.7%) faculty strongly agreed or agreed they had an intent to change their practice after gaining new knowledge from the debriefing course. There were no reported disagree nor strongly disagree for any of the three faulty outcome response questions.

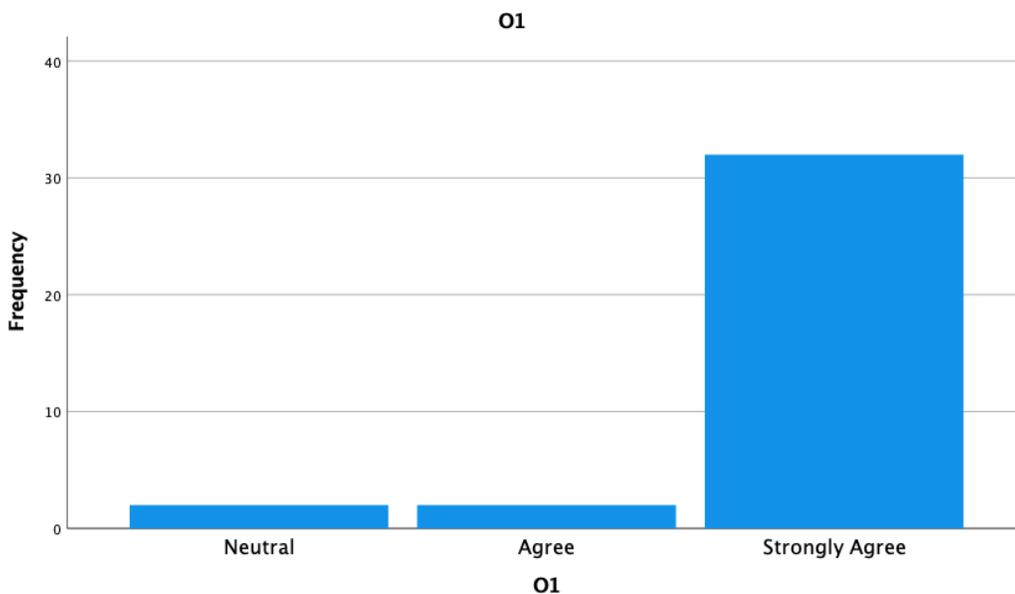


Figure 1. Faculty Outcome Response 1

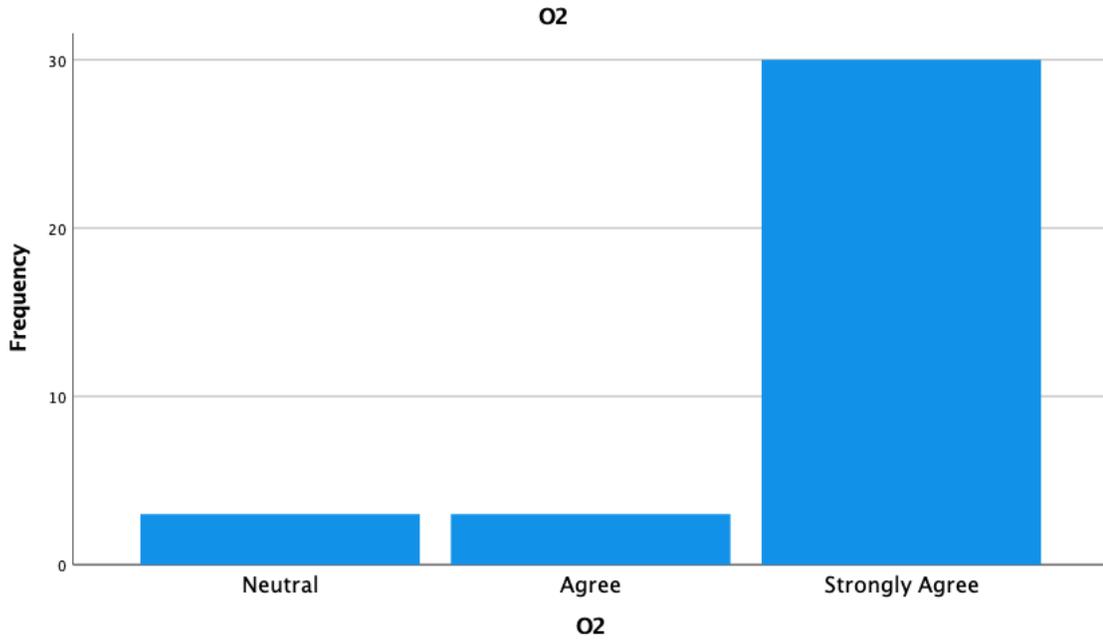


Figure 2. Faculty Outcome Response 2

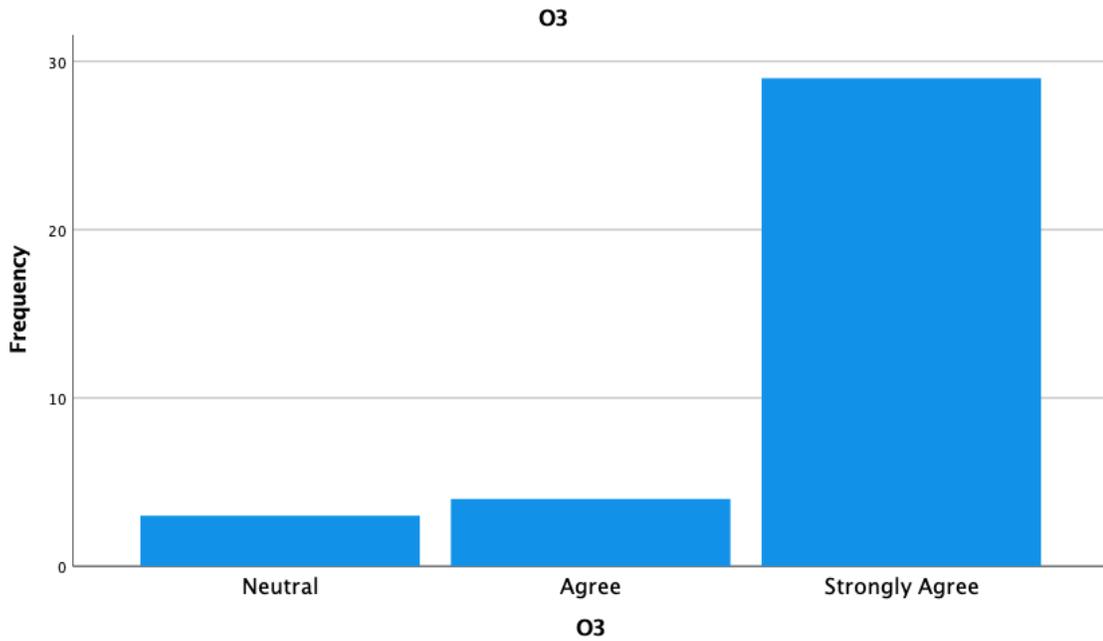


Figure 3. Faculty Outcome Response 3

Upon completion of the training, faculty identified the following actions to be taken:

- demonstrate compassion for everyone
- provide structured debriefing
- encourage reflection
- pay attention to our presence
- integrate PEARLS into post clinical conference

Overall, there was a positive response to the mandatory training. Faculty members comments included the following: “Very informative and helpful at a personal as well as professional level,” “Excellent choice of topic that is truly helpful in the current situation of healthcare. Jean Watson is one of the modern-day theorists who has had a great impact in the field of nursing,” “I believe this educational activity was informative and engaging,” and “Highly recommended webinar!”

Student evaluations of their debriefing experience began in April after the first round of faculty training. Only the students of faculty members who attended training were offered surveys to prevent any bias. Student surveys (see Appendix F) were measured using a Likert scale. Likert average scores ranged from 3.9 to 4.5 out of the 5 attainable points. Table 2 depicts descriptive analysis of the student responses to each question.

**Table 2**

*Student Debriefing Evaluation Summary Descriptive Statistics*

<b>Descriptive Statistics</b>					
	N	Minimum	Maximum	Mean	Std. Deviation
Q1	198	2.00	5.00	3.9545	.86262
Q2	198	2.00	5.00	4.3283	.84199
Q3	198	2.00	5.00	4.5101	.63518
Q4	198	1.00	5.00	3.8687	1.09123
Q5	198	1.00	5.00	3.9848	1.02495
Valid N (listwise)	198				

A histogram was generated for visual inspection of the distribution of the scores (Table 2, Figures 4-8).

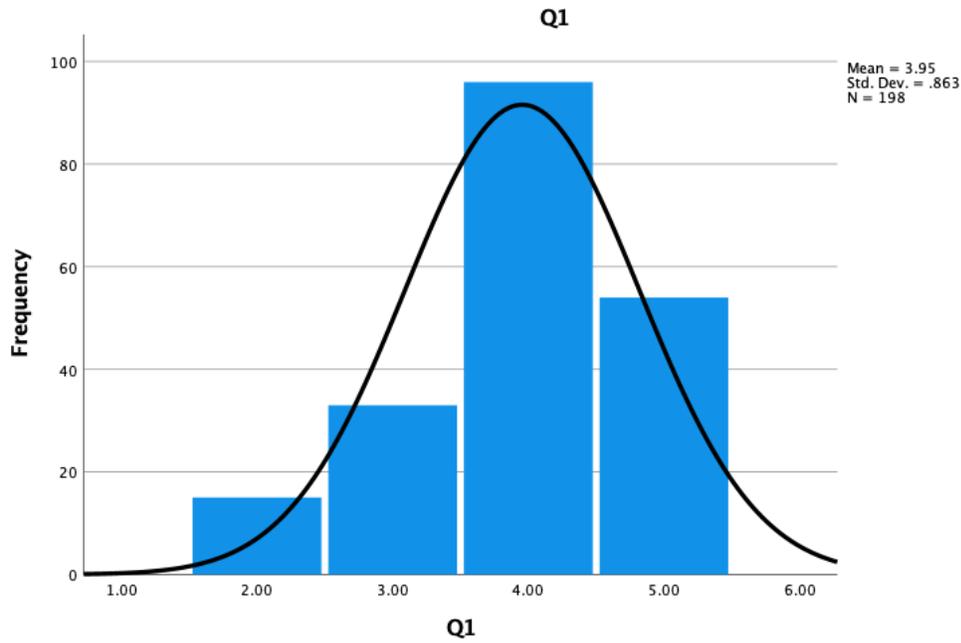


Figure 4. Student Debriefing Evaluation Response to Question 1

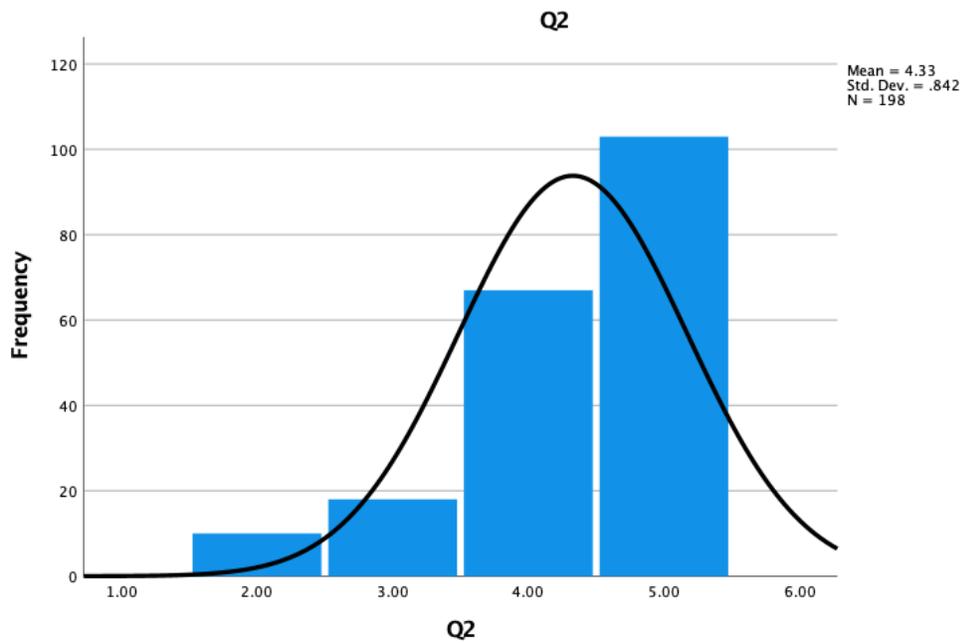


Figure 5. Student Debriefing Evaluation Response to Question 2

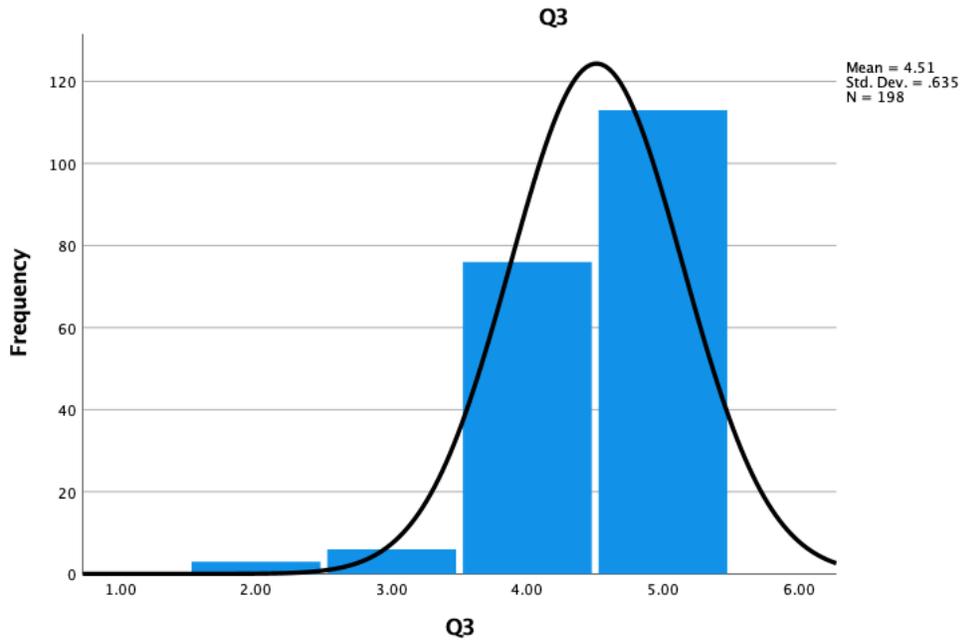


Figure 6. Student Debriefing Evaluation Response to Question 3

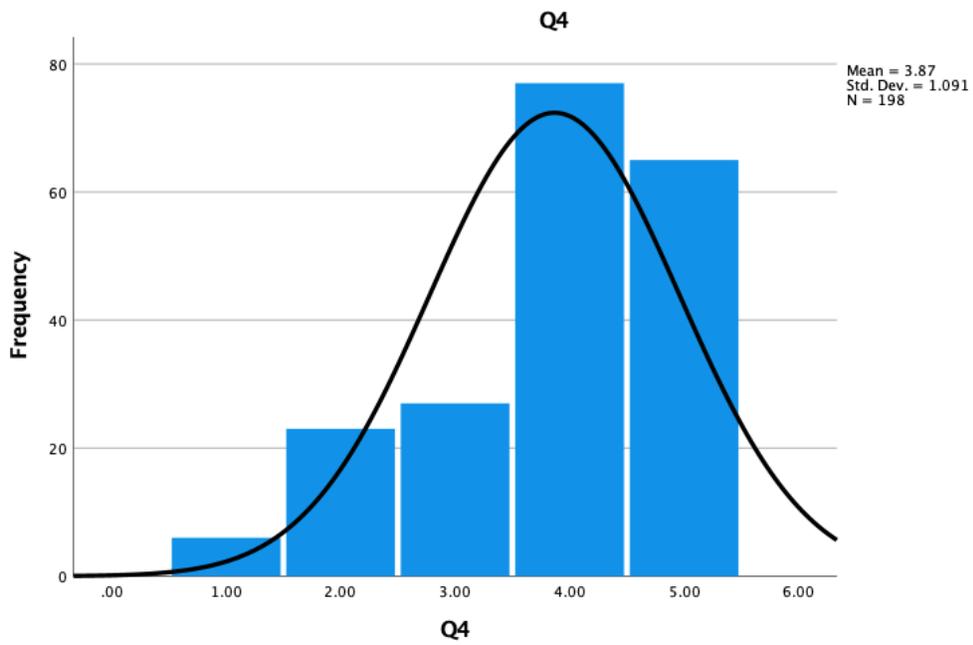


Figure 7. Student Debriefing Evaluation Response to Question 4

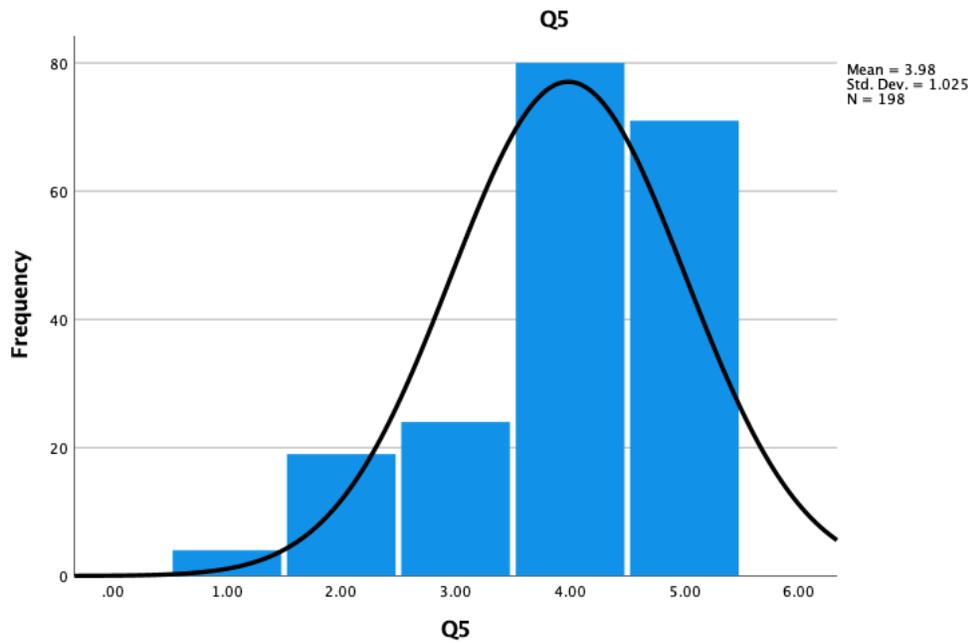


Figure 8. Student Debriefing Evaluation Response to Question 5

The distribution of the student response to the new debriefing were assessed for normality and included the range of scores. A histogram was generated for visual inspection of the distribution of the scores (Table 2, Figures 4-8). The results were not evenly distributed, because most (75.8%) of students strongly agreed or agreed the debriefing environment was safe, free of judgment and nurturing. The majority (85.8%) of students strongly agreed or agreed positive and negative feelings were discussed, instructor authentically listened. Most (71.7%) of students strongly agreed or agreed the discussion of the clinical day expanded upon your scientific knowledge, problem solving and caring decision-making abilities. Most (76.3%) students strongly agreed or agreed their individual beliefs, personal growth, practices, faith, hope, and honor were addressed/taken into consideration when applicable. Overall, students

responded positively the faculty members' efforts to create a caring environment to enhance their learning.

### **Section V: Summary, Recommendations, and Conclusion**

The purpose of this initiative was to create a debriefing policy and introduce the PEARLS debrief tool with caritas concepts and best practices to clinical debriefing of student experiences. Overall, short-term goals were met. The project lead educated clinical faculty on the new standardized debriefing process. Furthermore, the clinical faculty enhanced the debriefing process for students, allowing for more contemplation and learning within a psychologically safe environment. Subsequently, the debriefing policy created for this project was added to the *Hybrid ABSN Clinical Policy and Procedure Manual*.

#### **Sustainability**

The DNS, director of academics, faculty, and students enthusiastically backed and appreciated this DNP project. As a result of this quality initiative's resounding success, the debriefing training program is currently under review to be offered at several other academic institutions. As new best practices emerge, it is predicted that this policy and tool may require revision.

Ongoing training, faculty evaluations, and remediation will be necessary to sustain this initiative. Initial training will be provided as new faculty members join the program. Faculty evaluations (see Appendix G) will occur biannually, facilitated by the clinical lab instructor, DNS, and/or clinical coordinator. Remediation training will occur at the discretion of the DNS.

To date, this initiative is currently under review for potential implementation at over twenty hybrid ABSN programs. The addition of a student survey pre-implementation is suggested as future considerations for other academic institutions contemplating the utilization of

this debriefing initiative. Future studies are suggested for the current hybrid ABSN program based upon faculty evaluations (see Appendix G).

### **Conclusion**

This DNP quality initiative project was a resounding success. The DNS, director of academics, and faculty of the hybrid ABSN program in New Jersey have completely embraced the debriefing policy and faculty education activity. At the center of this initiative are Jean Watson's caritive factors that connect the faculty to the framework's caring values of nursing. Furthermore, combining the PEARLS debriefing tool with the caritive factors, aiding faculty with a standardized instrument, and implementing faculty training had a positive impact on this transformative accomplishment.

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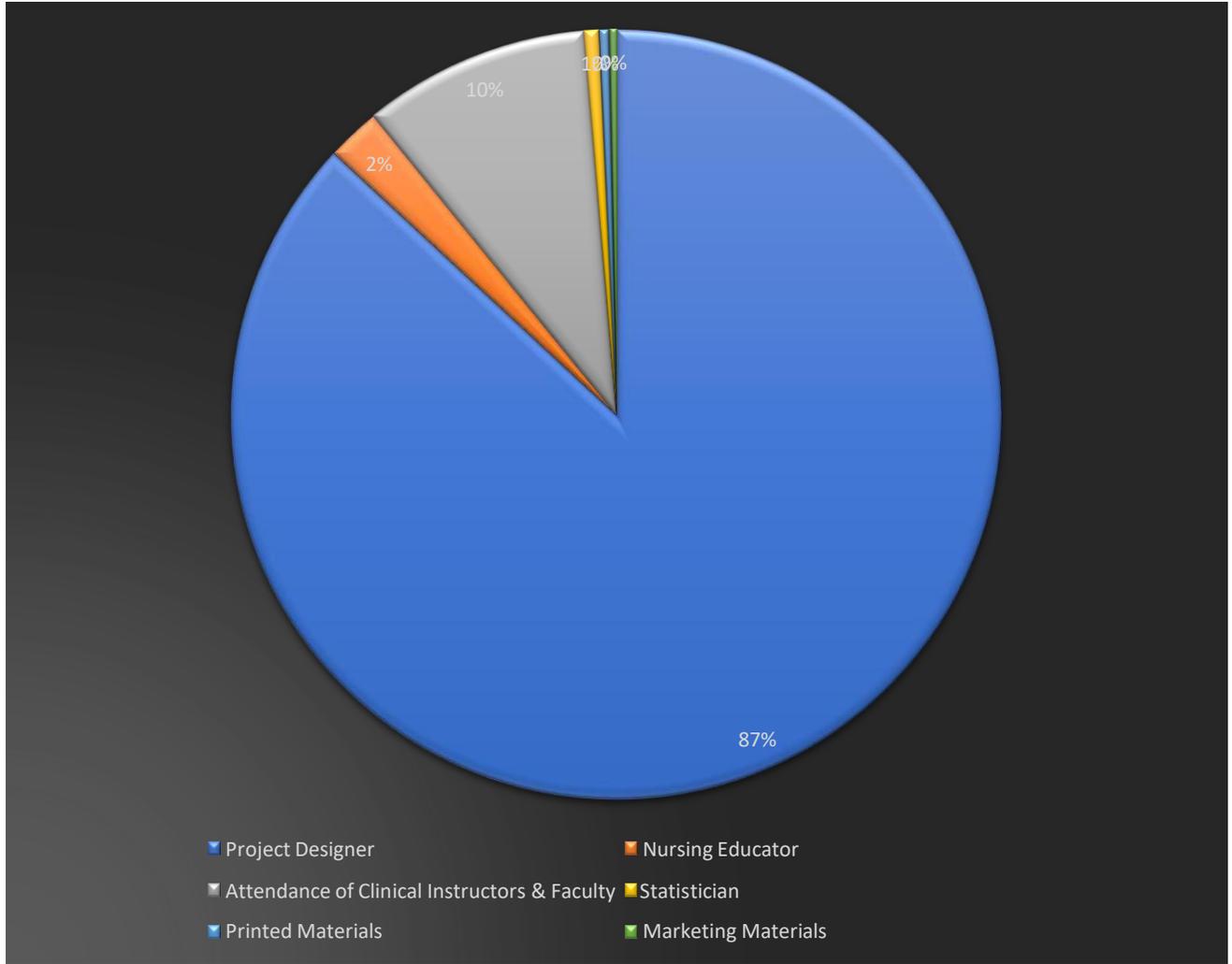
## Appendix A

**Debriefing Policy and Instructor Training Budget**

<b>Individual</b>	<b>Hourly Rate</b>	<b>X Amount Hours</b>	<b>Total Cost</b>
Project Designer	\$62	800	\$49,600
Nursing Educator	\$80	16	\$1,280
Attendance of Clinical Instructors and Faculty	\$80	2 hours x 34 faculty members= 68	\$5440
Statistician	\$44.25	4-8 hours	\$177 - \$354
Printed Materials (Laminated PEARLS pocket card, student surveys) <i>Instructor pretests and posttests will be electronic.</i>	PEARLS card \$65.99 (50 count)  Student surveys \$0.49 (each)	PEARLS card= \$65.99  Student surveys \$0.49 x 320 = \$156.80	\$222.79
Watson Caring Science Institute Pens	\$8 per 5 pk.	Need 50 count	\$80.00
Watson Caring Science Institute Retractable Badge Holder	\$50 per 25 pk.	Need 50 count	\$100.00
		<b>TOTAL</b>	\$57,076.79

Appendix B

**Percentage of Budgetary Allocation**



Appendix C

	Positive	Negative
Intern	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Readily available sample population</li> <li>• Verbal approval from DNAS to create policy and hold study</li> <li>• Potential mandate for policy education</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Not yet fully connected to theoretical framework</li> <li>• Project administrator new to developing academia policy</li> <li>• Potential for low participation</li> </ul>
Extern	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Literature almost complete, to be refined</li> <li>• Policy needs to be created for the program, fulfilling the need</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Policy may not receive approval from DNS</li> <li>• Participants may feel influenced by project administrator</li> </ul>

## Appendix D

***Project implementation Timeline.***

## Month 1 – 2

- Select preceptor
- Identify scholarly project.
- Assess institutional readiness
- Request approval from DNS (Director of Clinical Nursing Services)
- Perform literature review on proposed subject.

## Month 3 - 5

- Meet with preceptor
- Marketing plan - meeting with DNS and ABSN program Director (Director of Nursing Academics)
- Create a budget for the project.
- IRB determination
- Develop Debriefing Policy, instructor educational materials and power point presentation

## Month 6 – 7

- Present educational materials and proposed education calendar to DNS for approval
- Commence clinical instructor education, administer pre and post tests
- Commence implementation of policy
- Monitor student surveys post policy implementation.
- Reeducate instructors accordingly.
- Continue implementation and observation via student survey responses and direct visualization of clinical debriefing.

## Month 8 - 11

- Collect & synthesize data: Pre and post clinical instructor tests, Student surveys post implementation.
- Monitor sustainability

## Appendix E

**Debriefing Instructor Training Program Pre-test**

1. The following institutions have recognized the need for structured framework for debriefing:
  - a. The International Nursing Association for Clinical Simulation and Learning (INACSL)
  - b. National League for Nursing (NLN)
  - c. American Heart Association (AHA)
  - d. All of the above
  
2. Which of the following Caritas of Jean Watson's Theory of Caring can be integrated with debriefing? (Select all that apply)
  - a. Nurture, helping, trusting relationships
  - b. Balance teaching to meet group needs and group beliefs
  - c. Authentically listen
  - d. Forgive and accept positive and negative feelings
  
3. Within the PEARLS analysis phase there are \_\_\_\_\_ performance domains that can be examined during the debrief.
  - a. Five
  - b. Six
  - c. Seven
  - d. Eight
  
4. It is policy that debriefing sessions will be monitored throughout each semester by: (select all that apply)
  - a. Adjunct faculty members
  - b. Students
  - c. Clinical Coordinator
  - d. DNS
  
5. Please provide one open ended question that aligns with the PEARLS debriefing tool using Watson's Theory of Caring as a foundation:

1. d, 2. a, c, d, 3. c, 4. b, c, d,

## Appendix E (cont.)

**Debriefing Instructor Training Program Posttest**

1. The following institutions have recognized the need for structured framework for debriefing:
  - a. The International Nursing Association for Clinical Simulation and Learning (INACSL)
  - b. National League for Nursing (NLN)
  - c. American Heart Association (AHA)
  - d. All of the above
  
2. Which of the following Caritas of Jean Watson's Theory of Caring can be integrated with debriefing:
  - a. Nurture, helping, trusting relationships
  - b. Forgive and accept positive and negative feelings
  - c. Balance teaching to meet group needs and group beliefs
  - d. Authentically listen
  
3. Within the PEARLS analysis phase there are \_\_\_\_\_ performance domains that can be examined during the debrief.
  - a. Five
  - b. Six
  - c. Seven
  - d. Eight
  
4. It is policy that debriefing sessions will be monitored throughout each semester by: (select all that apply)
  - a. Adjunct faculty members
  - b. Students
  - c. Clinical Coordinator
  - d. DNS

5. Please provide one open ended question that aligns with the PEARLS debriefing tool using Watson's Theory of Caring as a foundation:

Appendix E (cont.)

6. Will your teaching practice change as a result of this knowledge?

5	4	3	2	1
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

1.d, 2. a, b, d, 3. c, 4. b, c, d,

## Appendix F

**Student Debriefing Evaluation**

Date: \_\_\_\_\_ Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

At the conclusion of your day, please evaluate your experience by answering the following:

5	4	3	2	1
Strongly	Agree	Neutral	Disagree	Strongly
Agree				Disagree

\_\_\_\_\_ 1. The debriefing environment was safe, nurturing, and free of judgement.

\_\_\_\_\_ 2. Positive and negative feelings were discussed, instructor authentically listened.

\_\_\_\_\_ 3. The discussion of the clinical day expanded upon your scientific knowledge, problem solving and caring decision-making abilities.

\_\_\_\_\_ 4. Your individual needs/learning gaps were addressed.

\_\_\_\_\_ 5. Your individual beliefs, personal growth, practices, faith, hope, and honor were addressed/taken into consideration when applicable.

If you marked strongly disagree on any of the items above, please list the number and then give rationales for this rating on the back of this paper.

Please offer any suggestions you may have to improve how we utilize the patient simulator in the future or any other comments you would like to share with us:

## Appendix G

**Instructor/Faculty Debriefing Evaluation**

Instructor/Faculty Member: \_\_\_\_\_

Course: \_\_\_\_\_

Semester: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator/Credentials: \_\_\_\_\_

1. Was a safe environment created? (*Nurture Helping, Trusting, Caring Relationships*) Y/N  
Comments:
  
2. Were students' feelings explored? (*Forgive and Accept Positive and Negative Feelings – Authentically Listen to Another's Story*) Y/N  
Comments:
  
3. Were facts clarified? Students' display shared understanding of case. (*Deepen Scientific Problem-Solving Methods for Caring Decision Making*) Y/N  
Comments:
  
4. Aspects of performance domains/gaps? (*Balance Teaching and Learning to Address the Individual Needs, Readiness and Learning Style*) Y/N  
Comments:
  
5. Were key points/takeaways discussed? (*Nurturing Individual beliefs, Personal Growth and Practices; Inspire Faith and Hope and Honor Others*) Y/N  
Comments:

This Instructor/Faculty Debriefing Evaluation tool is to be used by the Evaluator (Clinical Lab Instructor, Director of Nursing Services, Clinical Coordinator)

