



Nurse simulation facilitator experiences learning open dialogue techniques to encourage self-reflection in debriefing

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ABSTRACT

Objectives: Simulation debriefing skills are inadequate. Barriers to effective debriefing include a lack of understanding of the meaning of debriefing and time to learn necessary skills. In nursing, students have reported simulation debriefs are used for assessment purposes, with little opportunity or time for reflection, affecting their learning. This study reports on an intervention to support nursing simulation facilitators to develop and learn self-reflective learning skills to use when facilitating simulation debriefs.

Design: The authors designed and developed a six-hour workshop. The published simulation literature and Open Dialogue techniques informed the skill set included in the workshop. Open Dialogue is a therapeutic approach used in mental health care.

Participants: Twelve ($N = 16$, $n = 12$) female nurses who regularly facilitate simulations for nursing students were purposively recruited to the study.

Methods: This evaluation study utilised a modified version of a previously validated self-reported reflective learning questionnaire for participants to rate their experiences of the workshop. The modified questionnaire comprised 17 items across four subsets and utilised a five point Likert scale. Open-ended questions were also included.

Results: Eight questionnaires were returned. High scores indicated the participant's positive evaluation of the workshop in developing a skill set to promote self-reflective learning, together with analysing emotions in everyday professional situations and in communication skills.

Conclusions: Participants reported the intervention was beneficial to their professional development and in helping them to develop their own self-reflective learning skills. The skill set included in the workshop was helpful to nursing simulation facilitators and could be one way to enhance nursing simulation facilitators debriefing skill set.

1. Introduction

Simulation learning experiences are favoured in health disciplines for supporting staff and students to learn and practice skills safely. The INACSL Standards of Best Practice in Simulation Design (INACSL Standards Committee, 2016) attest to purposeful and systematic, yet flexible simulation-based experiences. Developing skill competency and confidence enhances patient safety and quality of care (Seaton et al., 2018). Simulation research has long reported that participant learning takes place during the debriefing phase of the simulation pedagogy because this is when learners are encouraged to reflect on performance and to learn what is required for future improvement (Mariani et al., 2013). Recently, learners discussed that they were often reluctant to participate in debriefing because they were fearful of facilitator and

peer assessment judgements and that they had little time for reflection (Andersen et al., 2018). This confirmed other findings that nursing simulation facilitators do not facilitate debriefs well (Hall and Tori, 2017). A lack of debriefing models to guide nursing simulation facilitators (Dufrene and Young, 2014), scant opportunity to learn essential skills and no sanctioned time to practice (Levett-Jones and Lapkin, 2014) and a misunderstanding of the intended meaning of debriefing (Lavoie et al., 2017) have been cited as barriers to effective debriefing. This raises concerns because simulation learning features heavily in global contemporary nursing curricula (Cant and Cooper, 2017). Recent literature reviews undertaken by Dufrene and Young (2014) found few nursing studies to evidence simulation debriefing arguments. Other research reviewing simulation debrief confirmed effective debriefing must include opportunity to reflect (Garden et al., 2015). Dreifuerster

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(2015) recommended simulation facilitators search for strategies to engage learners in meaningful, self-reflective learning. Explicating different methods of reflection results in higher quality debriefing and participants reported learning is more meaningful to them on these occasions. Dufrene and Young (2014) went on to argue that it is now time to explore options to guide nurses in undertaking effective simulation debriefing with particular attention to understanding and encouraging participant reflection during debriefing.

In a discussion on nurses' understanding of the intended meaning of reflection, Rolfe (2014) claimed the true meaning of reflective practices in nursing has long been misunderstood. The practice of thinking about past practice to correct technical errors was found to be commonplace. However, the practice of deep thoughtful reflection, undertaken by individuals and mentors together, to inform improved practice pathways and devise solutions to disciplinary problems was less common (Rolfe, 2014). Reflective models improve student clinical practice through enhanced skills development, improved confidence levels, critical reasoning, problem-solving ability and increased feelings of empowerment (Tuticci et al., 2016). The advantages of reflection as an essential feature of simulation debriefing are also not well evidenced in the simulation literature (Jaye et al., 2015; Dufrene and Young, 2014). In medicine, Jaye et al. (2015) observed debrief facilitators struggle to structure a reflective debrief and reverted to didactic teaching methods and use of factual questions that do not promote critical thinking or self-reflection.

Despite a lack of representation in the simulation literature, debriefing to focus on reflective practices has some enthusiasts. Cassum et al. (2015) argued that educator ability to question and promote self-reflection are crucial to facilitate student's critical thinking and to develop deeper learning. Lambert and Watkins (2013) claimed debriefing that promotes reflective practices assists learners to make sense of the gap between theory and practice. Self-reflective practices have been described as the relationship between knowledge, practice and human experience (Colomer et al., 2013). In Colomer et al.'s (2013) study, students enjoyed a more meaningful learning experience when they were taught self-reflective practices in order to examine and understand their emotions, attitudes to self and others, and reactions to everyday professional situations. Understanding and analysing individual strengths and weaknesses and setting learning goals were improved with self-reflection (Colomer et al., 2013).

Learning self-reflective skills is not easy. Colomer et al. (2013) suggested learners must learn and practice self-reflection. Sawyer et al. (2016) and others (Dreifuerst, 2015; Jaye et al., 2015) reported particular conversational skills such as creating space, using silence, enquiring questions; circular questions and open-ended questions promote self-reflection. Sawyer et al. (2016) recommended simulation facilitators need to draw from a variety of skill sets and to adapt their practice according to simulation scenario contexts, and participants' needs. One method, not from general nursing that could be explored for its skill set in promoting reflective conversations is Open Dialogue.

Open Dialogue was developed as an approach in Finland in the 1980's to assist people with mental health issues and their families to feel respected, validated and heard (Seikkula and Olson, 2003). Piippo and MacGabhann (2016) discussed that dialogue reveals incoherence in thoughts and the opening of dialogue allows a genuine collective consciousness to awaken. Open Dialogue differs from other therapeutic approaches because the facilitator focuses on the present moment and responds to the dialogue as it unfolds in socratic, gentle and enquiring ways (Bakhtin, 1990). Seikkula and Olson (2003) offered ways to facilitate a transformative dialogue that included; a facilitator who is present and attentive to the present moment; is without a preconceived agenda and is not an expert with answers. This shift from expert therapist to therapist who promotes client agency through conversations that value time and space and means clients are encouraged and supported to explore the meaning of the situation as it applies to their experiences (Seikkula and Olson, 2003). The authors had previously

undertaken training in this approach and thought to design an intervention, informed by the literature and their own experiences learning open dialogue. The intervention would support nursing simulation facilitators in developing a skill set that would; enable a focus on facilitating reflective conversations; encourage meaningful learning through self-reflective and reflective practices; and develop methods to situate reflection as a key feature of the simulation debrief. The aim then, of this study was to evaluate an intervention designed for nurse simulation facilitators to learn and practice skills to enhance self-reflection and reflective practices.

2. The intervention

The research question was; how do participants evaluate learning open dialogue principles to enhance their own self-reflective practice? To answer the research question a workshop was designed for participants to learn and practice a skill set designed to assist nursing simulation facilitators in enabling participant reflection during simulation debrief. The face-to-face, six hour workshop for nursing simulation facilitators drew on two tenets. Firstly, 16 nurse simulation facilitators, 15 female and one male, expressed interest in learning skills observed during a previous simulation debrief. During this particular simulation debrief the authors had utilised the skills taught to them during the aforementioned training. Secondly, the literature review presented in this paper informed the final skill set taught to the participants. Table 1 describes the final set of skills included in the workshop presented in this paper. Due to word count, readers are invited to contact the authors for full workshop details.

3. The evaluation

Ethical clearance was sought and approved from the university Human Research Ethics Committee (HREC 20946). The authors gained permission to modify the self-reported reflective learning questionnaire for this study (Colomer et al., 2013). The questionnaire returned a Cronbach alpha of 0.90. The questionnaire comprised of two sections. The first consisted of four subsets designed to capture participant evaluations of skills for promoting self-reflective learning. A five point Likert scales anchored by 1 = disagree to 5 = strongly agree was used in section 1. The four subsets included 17 items and were interested in; 1) knowledge of oneself; 2) relating experience to knowledge 3) self-reflective learning and 4) self-directed learning. The second section asked for participant comments. Participants completed the questionnaire on conclusion of the workshop. The items and subsets are shown in Table 2. Twelve female nurse simulation facilitators participated. One invited male participant was not able to attend on the day. Participants' ages ranged from 30 to 65 years. Experience in facilitating simulations was minimal; only three participants had worked for more than two years with clinical simulation.

4. Results

Eight (67%) participants returned completed questionnaires (see results section for a copy of the questionnaire). Simple descriptive analysis was performed using Microsoft excel spreadsheets which is considered suitable for basic statistical analysis (Quintela-del-Río and Francisco-Fernández, 2018). Analysis revealed high scoring means across all items and all four subsets ($M = 3.25$ to $M = 4.50$). All items were explored individually. There were no missing data. The mean of all scores was ($M = 4.04$, $SD = 0.85$). The lowest scoring items were from subset 4) *self-regulation of learning* ($M = 3.53$, $SD = 0.80$). Highest scoring items were Q2 -Subset 1) ($M = 4.5$ $SD = 0.5$) and Q6 - Subset 3 ($M = 4.5$, $SD = 0.76$). Subset 1) evaluated the skill set for promoting participant ability to analyse emotions impacting professional situations. Q2 was *Analyse my emotions in some depth regarding every day and professional situations*. Subset 3) evaluated the effectiveness of workshop

Table 1
Skills included in the workshop.

Dialogical techniques	Description and explanation
Beehive icebreaker	This activity derives its name from the buzzing noise of multiple conversations. In pairs participants two questions Why are you here? What do you think this workshop might be about? Following this each pair introduces their partner.
Use of silence – 10 second rule	Silence gives people time to process their thoughts and is effective in prompting self-reflective practices (Sawyer et al., 2016). Participants cannot utter responses during a dyadic conversation before first counting to 10.
Open-ended questions	Participants were encouraged to always ask open-ended questions in this workshop to promote learner self – assessment and deter yes/no answers (Sawyer et al., 2016).
Five (5) minute conversation	In pairs, each person takes 5 min to speak. The partner listens, without responding. After listening for 5 min the partner is invited to respond for 5 min. This skill emphasises the use of silence, responsive listening and intentional dialogue (Sawyer et al., 2016; Bakhtin, 1990)
Circular questions	These are questions asked of people to prompt their thinking about how another person may have interpreted an action or an event to encourage empathy and self-reflective learning (Sawyer et al., 2016). Examples include “how do you think your mother would feel hearing you say that?” In simulation debrief the question might be “how do you think the relatives of the patient (manikin) might have interpreted your actions if they had been present?”
Responsive listening	Responsive listening encourages listeners to listen for the purposes of listening rather than listening to respond to the conversation. Also known as double or deep listening the listener learns to be present, to concentrate on listening to another person's feelings, concerns, fears without judgement and intention to offer solutions. Listening in this way encourages meaningful learning, reflection and removes the expert from the conversation (Seikkula and Olson, 2003).
Socratic, enquiring questions	Socratic questions promote self-reflection and thoughtful analysis of feelings and situations to improve one's self-understanding (Griffith and Frieden, 2000).
Open dialogue principles	Described here related to self-reflection
Third person reflections	A reflective conversation that takes place between the open dialogue therapists in front of the clients that is gentle, tentative and reflective. A time for the therapists to reflect together about what they have heard, to pose more questions about those points in the conversations they do not understand. This is a time not to provide solutions or interventions but to give voice to the client's experiences in an attempt to promote agency (Seikkula and Olson, 2003)
Dialogism	Dialogism refers to the process of deep listening to understand an individual's own truths. Derived from the work of Bakhtin, it is central to open dialogue because it emphasises that each person's contribution to the conversation deserves a response making the conversation dialogical rather than monological (Seikkula and Olson, 2003).
Tolerating uncertainty	This open dialogue principle requires the therapist to acknowledge their position of not knowing rather than the position of expert (Seikkula and Olson, 2003). The client is the expert in understanding their own experiences and the meaning of these experiences, as it applies to them.
Polyphony	This principle provides for all people to be heard. All voices are respected. All persons present and not (see circular questions) are invited to contribute. Multiple voices generate multiple understandings so that experiences are shared to arrive at multiple truths (Seikkula and Olson, 2003). This promotes self-reflection.

skills for promoting the self-reflective learning process in particular; communication, attitudes to learning and ability to identify skills and knowledge deficits. Q6 was Improve my oral communication skills. Table 2 indicates the mean and standard deviation for each item.

5. Findings

Few comments were received in the questionnaire. Verbatim data are presented here. One respondent summed the experience;

 this workshop has been very good for assisting in learning reflection and effective communication skills. More than a one-day workshop

 would help me consolidate the skills I have learnt today.

 Another participant wrote the skill set was relevant to both personal and professional situations;

 I found the day to be relevant to my work practice and my personal experiences. I can definitely see opportunities to practice the skills at work and at home.

 These comments echoed the conversations and verbal feedback offered to the authors throughout the workshop.

Table 2
Modified self-reflective learning questionnaire.
Modified from Colomer et al. (2013) – with permission.

Section	Item	Mean	Standard deviation
Subset 1	1. Analyse the depth of my reaction to everyday and professional situations	4.25	0.71
Knowledge of oneself	2. Analyse my emotions in some depth regarding every day and professional situations.	4.50	0.50
Subset 2	3. Relate knowledge to my own experiences, emotions and attitudes	4.12	1.13
Relating experience to knowledge	4. Select relevant information and data in a given situation	4.12	0.64
	5. Reason and argue decisions in a given situation	3.87	1.36
Subset 3	6. Improve my oral communication skills	4.50	0.76
Self-reflection on the learning process	7. Improve my self-reflective learning skills	4.37	1.06
	8. Identify positive aspects of my knowledge and skill	4.00	0.92
	9. Identify constructive aspects of my knowledge and skills for improvement	4.37	0.74
	10. Identify positive aspects of my attitudes	4.12	0.83
	11. Identify constructive aspects of my attitudes and areas for improvement	4.00	0.76
	12. Be aware of what and how I learn	4.37	0.74
	13. Understand that what I learn and how I learn it is meaningful to me	4.00	1.07
Subset 4	14. Plan my learning: the steps to follow to organize material and time	3.25	1.03
Self-regulation of learning	15. Determine who or what I need to assist me with my continued learning	3.50	0.93
	16. Regulate my learning, analyse the difficulties I have and solve the problems I found	3.75	0.71
	17. Evaluate the planning of my learning, its results and what I need to do to improve them	3.62	0.52

6. Discussion

Overall high scoring means indicated participants' positively evaluated the workshop for developing a skill set to promote self-reflective learning. Because self-reflection is linked to improved student clinical practice; enhanced skill development, and to improved confidence and problem solving (Rolfe, 2014), and is an essential component of the simulation debriefing experience. Participants in this study rated the workshop highly for introducing them to skills that have been reported as key to successful simulation debriefing (Sawyer et al., 2016). Skills taught enabled participants to self-reflect, analyse emotions in everyday professional situations and improve oral communication skills. This is important because valuing and understanding one's own emotions contributes to effective debriefing (Garden et al., 2015). Ability to facilitate a debrief focussing on non-technical skills such as the ones reported here are lacking in many simulation debriefers skill sets (Jaye et al., 2015). Additionally, participants in this study valued this workshop for assisting them to understand their emotions and improve oral communication and non-technical skills. Opportunities to learn and practice a skill set essential for facilitating a debrief are not widespread (Levett-Jones and Lapkin, 2014; Garden et al., 2015).

Participants also appreciated the opportunity of having time to learn and practice the skills taught to them. Skilled debriefers with opportunity to learn and practice a variety of skills are able to strengthen student ability to think critically and to think deeply (Sawyer et al., 2016; Cassum et al., 2015), and link theory to practice (Lambert and Watkins, 2013). Participants who valued learning and practicing the skills for themselves may utilise the same skill set to influence learners to analyse practice and to explore their emotional responses and their attitude to professional environments (Colomer et al., 2013). Rolfe (2014) previously urged nurses to understand reflective practices and possible applications to nursing practice. Learning to reflect on individual knowledge deficits and relating known knowledge to practice was one positive outcome for participants in this study.

The workshop presented in this study drew upon skills from open dialogue therapy (Seikkula and Olson, 2003) to support participant developing reflective practices. Participants in the workshop rated open dialogue techniques as relevant to their everyday work and life situations and valuable for improving self-reflection and communication skills. Looking to other models and disciplines has been recommended to inform simulation debriefers skill base (Dufrene and Young, 2014). Open Dialogue principles and skills like those introduced in the workshop (see Table 1) were highly valued by participants. This result confirms the results reported in the study by Dreifuerst (2015). Dreifuerst (2015) and others found that creating space, allowing time for deep listening and using advanced communication skills offered learners a more meaningful debrief. When simulation debriefers support learners in this way, learners report experiencing enhanced self-reflection and enhanced learning.

If learners positively valued a six hour workshop for learning self-reflective skills, it is hoped with more practice and exposure these skills will become an integral part of the debriefing phase of simulations. Developing clinical reasoning and reflective thinking are cornerstones of simulation learning (Cassum et al., 2015). Results shown in this data set are promising because participants acknowledged the skill set assisted them to relate experience to knowledge, select and apply learnings appropriately which is related to developing clinical reasoning and self-reflection skills (Cassum et al., 2015). An interesting result is that participants did not feel the workshop assisted them to self-regulate future learnings. Self-reflection on knowledge, skills attitudes and emotions informs individual's future learning (Colomer et al., 2013). The workshop rated highly for helping participants to understand individual knowledge and attitudes to learning and for isolating knowledge and skills for improvement. With this in mind, it is not clear from the study results why self-regulation of learning was not an outcome of the workshop for this group of participants. The workshop did not

include resources or referrals to further assist with individual knowledge and skills development. This could be a limitation. The handouts provided were to explain the skills taught and practiced in the workshop.

Other limitations are acknowledged. The small number of participants and the small number of respondents to the questionnaire may be a further limitation and a larger cohort may provide a more conclusive understanding of participant experiences. The modified questionnaire was not tested for relevance to the participant group and therefore it is not clear whether the constructs that were measured were valid. Additionally, the external validity needs to be further examined to consider whether the effects of self-reflection are used beyond the workshop context. Purposive recruitment of participants may pose a limitation. Participants had previously requested a workshop to learn the skills demonstrated to them and this is a consideration in the positive evaluation. Pre and post-testing of participants for changes in knowledge and understanding around reflection and self-reflective practices could strengthen future workshop evaluations. So too could participant interviews and open-ended questions in the evaluation questionnaire.

7. Recommendations

Clinical simulation is a favoured pedagogy in nursing with most learning taking place in the debrief. Despite this, simulation nursing facilitators are neither trained in effective debriefing skills nor supported in developing the skills required. It is recommended schools of nursing and other healthcare organisations develop and offer workshops such as the one evaluated here to teach and support simulation facilitators the necessary skills in effective debriefing. Further evaluation on such professional development is now required. Understanding the applicability and relevance to a wider population of simulation debrief facilitators is the next step. Additionally it is recommended workshop developers search widely to include a varied skill set for simulation facilitators to learn, practice and draw upon.

8. Conclusion

Nurse simulation facilitators have positively evaluated a skill set informed by Open Dialogue principles for enhancing self-reflective learning. There is limited information on self-reflective practices as a core component of the simulation debriefing experience, however the studies that were found indicated self-reflective practice is an essential component of student skill development, creating opportunities for strong linkages between theory and practice, problem solving and identifying individual knowledge and skills requiring development. There are few opportunities for nurse simulation facilitators to learn self-reflection skills and even fewer opportunities for them to practice these skills. This study showed that the workshop introduced clinical facilitators to key skills in simulation debriefing, enabling participants to develop self-reflective practices in exploring their emotions, communication and non-technical skills, essential to stimulate student abilities to think critically. The results and findings from this study have informed a successful grant application to further advance this pilot study. This funded study, due to commence early 2019, will showcase simulation debriefing approaches utilising the skills referred to in this paper as well as additional techniques, informed by the Open Dialogue approach. Simulation facilitators and undergraduate learners from nursing and paramedicine will be the study participants.

Disclaimer

The views expressed in the submitted article are our own and not an official position of the institution or funder.

Declaration of Competing Interest

None to report.

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