

Instructor versus peer-led debriefing in simulation-based interprofessional education in undergraduate health professions students

Submission date 12/11/2025	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 16/11/2025	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 18/05/2026	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Healthcare students often train together using realistic simulations to learn how to work as a team. After these simulations, a discussion called “debriefing” helps students reflect and improve. Traditionally, these debriefings are led by instructors, which is considered the best approach but requires a lot of staff and resources. This study will explore whether debriefings led by students themselves (peer-led) can be as effective as instructor-led sessions. The goal is to compare the quality of the two methods and see how they affect teamwork skills and professional identity.

Who can participate?

Senior students from health-related colleges in Qatar who are 18 years or older, speak English, and have completed at least one clinical placement.

What does the study involve?

Participants will take part in a full simulation experience, including a briefing before the simulation, the simulation itself, and then a debriefing session. After the simulation, participants will be randomly assigned to either an instructor-led or peer-led debriefing group. They will also complete questionnaires about their experience and learning.

What are the possible benefits and risks of participating?

Benefits include gaining experience in realistic clinical scenarios, improving teamwork skills, and contributing to research that could improve healthcare education. Risks are minimal and mainly involve the time commitment required for the simulation and surveys.

Where is the study run from?

The study will take place at the Tamayuz Simulation Center at Qatar University.

When is the study starting and how long is it expected to run for?

January 2026 to December 2026

Who is funding the study?

The study is funded by internal grants from Qatar University (QUCG-CPH-25/26-826)

Who is the main contact?

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Contact information

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Additional identifiers

Protocol serial number

QUCG-CPH-25/26-826

Study information

Scientific Title

Peer-led versus instructor-led debriefing in simulation-based interprofessional education (Sim-IPE): a single-centre, parallel-group, non-inferiority randomised controlled trial.

Acronym

Sim-IPE

Study objectives

Current study objectives as of 13/04/2026:

Primary: Determine whether PL debriefing is non-inferior to IL debriefing in perceived debriefing quality among students using DASH-S immediately post-debriefing.

Secondary:

1. To compare the perceived quality of PL versus IL debriefing from the perspective of student and instructor debriefers using the DASH–Instructor Version (DASH-I) tool.
2. To compare students' satisfaction with the simulation and debriefing experience following PL versus IL debriefing using the Satisfaction with Simulation Experience (SSE) tool.
3. To compare the overall team performance based on interprofessional competencies after PL versus IL debriefing, as perceived by students and debriefers, using the Modified McMaster Ottawa scale for teams (MMOS-T).
4. To compare changes in students' interprofessional identity before simulation and following PL debriefing versus IL debriefing, using the Extended Professional Identity scale (EPIS).

Previous study objectives:

Primary: Determine whether PL debriefing is non-inferior to IL debriefing in perceived debriefing quality among students using DASH-S immediately post-debriefing.

Secondary:

1. To compare the perceived quality of PL versus IL debriefing from the perspective of student and instructor debriefers using the DASH–Instructor Version (DASH-I) tool.
2. To compare students' satisfaction with the simulation and debriefing experience following PL versus IL debriefing using the Satisfaction with Simulation Experience (SSE) tool.
3. To compare the overall team performance based on interprofessional competencies after PL versus IL debriefing, as perceived by students and debriefers, using the Modified McMaster Ottawa scale for teams (MMOS-T).
4. To compare individual students' performance within a team based on interprofessional competencies after PL versus IL debriefing, as perceived by debriefers, using the Modified McMaster Ottawa scale for individuals (MMOS-I).
5. To compare changes in students' interprofessional identity before simulation and following PL debriefing versus IL debriefing, using the Extended Professional Identity scale (EPIS).

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 10/12/2025, IRBNet (Qatar, Doha, 2713, Qatar; +974 4403 7906; qu-irb@qu.edu.qa), ref: QU-IRB 237/2025-EA

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Open (masking not used)

Control

Active

Assignment

Single

Purpose

Education

Study type(s)

Efficacy

Health condition(s) or problem(s) studied

Debriefing, debriefing frameworks

Interventions

Peer-led (PL) post-simulation debriefing (intervention): Peer-led post-simulation debriefing involves a facilitated discussion between two or more peers in which participants review and reflect on their performance to gain insights, enhance learning outcomes, and improve future performance.

Instructor-led (IL) post-simulation debriefing (Comparison): Instructor-led post-simulation debriefing involves a facilitated discussion between participants and instructors in which participants review and reflect on their performance to gain insights, enhance learning outcomes, and improve future performance.

The duration of intervention and debriefing for both study arms is around 90 minutes.

After debriefing, students and debriefers will solve some questionnaires. There will be no follow-up for either study arm, and the intervention will only last for one day. Participants will be voluntarily invited to participate in an interview/focus group discussion afterwards.

The randomization process will be conducted through a computerized randomization tool, and the codes for group assignments will be given to students in sealed envelopes.

Intervention Type

Behavioural

Primary outcome(s)

1. Quality of debriefing in both comparative arms measured using the Debriefing Assessment for Simulation in Healthcare (DASH) Instructor version and the DASH student version at immediately after the intervention (after debriefing)

Key secondary outcome(s)

1. Student satisfaction with the simulation and debriefing measured using the Satisfaction with Simulation Experience tool (SSE) at immediately after the intervention (after debriefing)
2. Students' interprofessional identity measured using the Extended Professional Identity scale (EPIS) at pre-intervention and immediately after the intervention (before simulation and after debriefing)
3. Students' interprofessional competencies as perceived by students and instructors measured using measured using the Modified McMaster Ottawa scale at immediately after the intervention (after debriefing)

Previous key secondary outcome(s):

1. Student satisfaction with the simulation and debriefing measured using the Satisfaction with Simulation Experience tool (SSE) at immediately after the intervention (after debriefing)
2. Students' interprofessional identity measured using the Extended Professional Identity scale (EPIS) at pre-intervention and immediately after the intervention (before simulation and after debriefing)
3. Students' interprofessional competencies as perceived by students and instructors measured using measured using the Modified McMaster Ottawa scale for individuals and teams at immediately after the intervention (after debriefing)

Completion date

31/12/2026

Eligibility

Key inclusion criteria

Current key inclusion criteria as of 13/04/2026:

1. Senior health profession students
2. Aged 18 years or older
3. From health colleges across Qatar
4. Have completed at least one clinical placement
5. Able to speak English

Previous key inclusion criteria:

1. Senior health profession students
2. Aged 18 years or older
3. From health colleges across Qatar
4. Have completed at least one clinical placement
5. Able to speak English

Participants include:

- Medical students from Qatar University (QU) who are in their fourth, fifth, or sixth year of study

- Pharmacy students from QU who are in their fourth or fifth year of study
- Nursing students from QU who are in their third or fourth year of study
- Physical therapy students from QU who are in their third or fourth year of study

Participant type(s)

Healthy volunteer, Learner/student

Healthy volunteers allowed

Yes

Age group

Mixed

Lower age limit

18 years

Upper age limit

99 years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Students from non-health colleges or universities
2. Under 18 years of age

Date of first enrolment

01/02/2026

Date of final enrolment

31/12/2026

Locations**Countries of recruitment**

Qatar

Study participating centre

Qatar University Simulation Center (Tamayuz)

Qatar

Doha

Qatar

2713

Sponsor information

Organisation

Qatar University

Funder(s)

Funder type

Not defined

Funder Name

Qatar University

Alternative Name(s)

QU

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

Qatar

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		14/05/2026	18/05/2026	Yes	No