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Perceptions of Higher Education Health Science Faculty on Debriefing After Simulation-Based Activities



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FOR HEALTH SCIENCES

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Abstract

Health science faculty striving to be academically competitive can adopt debriefing after simulation-based activities to help transition occupational therapy and physical therapy students from classroom skills to clinical competence. The purpose of this qualitative study was to discover the perceptions and experiences of health science faculty during and after their adoption of debriefing after simulation-based activities. The theory of diffusion and experiential learning theory were used as a conceptual framework. The research questions related to the perceptions and experiences of faculty from their training sessions and implementing debriefing sessions after simulation-based activities in their courses and how these experiences related to their adoption of debriefing. A university-wide e-mail was used to recruit participants. Twelve participants who met the selection criteria of current employee, received debriefing training, and utilized debriefing in their courses volunteered. Virtual interviews, memo notes, and reflexive journaling were collected, analyzed, and coded to identify themes. The faculty's perceptions and experiences of learning were initially critical and skeptical; for trialing, faculty were nervous and awkward; for adopting and experimenting, faculty were curious to learn different techniques; and for overall perceptions, faculty felt debriefing was a valuable teaching style that increased student learning and performance. This study helps fill the gap and contributes to positive social change in health science academia by providing insights to innovative teaching strategies that promote improved clinical competence in health science students.

Introduction

From the review of the literature, the use of debriefing in occupational therapy and physical therapy education is in its infancy; therefore, little research has been published on the perceptions and experiences among occupational therapy and physical therapy faculty who have had to undergo training and adjust their teaching delivery to include effective debriefing sessions. ¹



Debriefing: vital component of simulation

(Decker et al., 2013; Peterson, Haukedal, Hedeman, & Bjork, 2017)

Debriefing in OT/PT education in its infancy

(Peterson, Castillo, & Harvison, 2014; Sabus & Macaulay, 2016)

Little research on OT/PT faculty who debrief

Purpose

The purpose of this basic qualitative study was to explore the perceptions and experiences of higher education health science faculty during and after their adoption of debriefing after simulation-based activities.



More competent faculty promote more competent students which promote safer interactions between students and patients.

Methodology

1. University wide email with informed consent attached
2. Participants reply "I consent" to email
3. Participants emailed questionnaire
4. Virtual interviews scheduled and conducted
5. Memo notes & reflexively journal throughout process
6. Member check for accuracy

Emergent Themes

Research Questions	Emerging Themes
RQ1: What are the perceptions of higher education health science faculty trained in effective debriefing strategies when they incorporate debriefing sessions after simulation-based activities?	<ol style="list-style-type: none"> 1. Valuable 2. Immersive experience 3. Self-reflections increase learning and performance
RQ2: What are the perceptions of higher education health science faculty during their experiential training on how to conduct effective debriefing sessions?	<ol style="list-style-type: none"> 1. Critical/surprised of lack of direct instruction 2. Create safe space 3. Deliberate, open-ended questions
RQ3: What do higher education health science faculty experience when putting their training of conducting debriefing sessions into practice?	<ol style="list-style-type: none"> 1. Nervous 2. Hard not to teach or jump in to fix 3. Awkward silence
RQ4: How did the experiences of learning how to effectively debrief and initial trials of conducting debriefing sessions relate to faculty's adoption of incorporating debriefing sessions after simulation-based activities?	<ol style="list-style-type: none"> 1. Facilitate and guide without teaching 2. Student self-reflections 3. Trying different debriefing techniques

RQ 1: Faculty's Overall Perceptions on Debriefing



"Debriefing is probably the most effective way for me to ensure the students are meeting the objectives and more importantly are able to effectively utilize their skills as clinicians with patients."

"the value of this immersive experience is the student putting the whole picture together..those higher-level learning objectives of multi-tasking and combining numerous skills in the patient care communication..all the other stuff that goes with therapy that is not mobilizing the joints."

"For me that ability for them to self-reflect and take in all of that information and figure out how to use it or how that is going to drive their treatment or interventions is huge for the class where I am utilizing simulation and debriefing right now."

"we [faculty] have to grasp that it is in reflection that learning takes place."



Results

- 12 interviews
- 10 Female Faculty and 2 Male Faculty
- 6 Occupational Therapy Faculty
- 6 Physical Therapy Faculty
- 3 Higher Education Campuses- California, Florida, and Texas

RQ 2: Faculty's Thoughts During Debriefing Training

"How in the world is this going to work?"
"I remember thinking: This is never going to work."
"The most significant challenge was the teaching methodology – *Guide on the side*"



"And how most of the learning takes place during debriefing (in the safe space) not during the actual scenario."

"What resonated most with me was when we discussed the principles of psychological safety not only for the student but also for the actors"

RQ 3: Faculty's Early Experiences on Debriefing

"it was kind of nerve-racking"

"I was fairly nervous as an instructor because it was a new technique and it was a different way of approaching talking to the class."

"At first it is always a little awkward because I don't need to jump right in and say something"

"It was hard for me not to jump in and tell them what they did wrong."

RQ 4: Faculty's Adoption on Using Debriefing

"I think of my objectives much more. I have the objectives in my mind, not just what I want to get out of the actual simulation but from my debriefing."

"In the debriefing is where you see the wheels turning and clicking."

"I have a cheat sheet of phrases that will get the students to talk more because they don't always come naturally to me."



Conclusion

This study found that after the initial learning curve and shifting of faculty mindset, the faculty research participants praised the surprising improvements in problem-solving and critical thinking skills of students that is required as they transition from classroom into clinical practice.

The research participants graciously shared their experiential learning and adoption progression that potential health science faculty can learn from as they are considering acquiring the skill of debriefing after simulation-based activities.

This research found that although the participants were initially uncertain and critical during the learning training process, all 12 participants have integrated the use of debriefing after simulation-based activities as a teaching paradigm for their students to meet their course objectives.

Each participant described the serendipitous benefits of this teaching tool and their desires to learn additional methods and strategies to debrief.



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