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

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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 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.

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 objectives 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.”

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 is required as they transition form classroom into clinical practice.”

“...and what 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-wracking”

“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 was always a little awkward because I don’t need to jump in 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.”

References


