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Jordan J. West

Indiana State University, jwest30@sycamores.indstate.edu

Kara L. Kraus

Indiana State University, kkraus1@sycamores.indstate.edu

Kirk J. Armstrong

James Madison University, armst2kj@jmu.edu

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Preceptor Facilitated Debriefing Improves Athletic Training Student's Clinical Performance and Work Efficacy

Jordan J. West, BS, LAT, ATC*; Kara L. Kraus, BS, LAT, ATC*; Kirk J. Armstrong, EdD, LAT‡

*Indiana State University, ‡James Madison University

ABSTRACT

Debriefing is an essential part of healthcare training that utilizes a planned conversation to allow clinicians to analyze their actions, thought processes, and emotions with the goal of improving patient care and outcomes. Debriefing requires two-way communications between the athletic training student and facilitating preceptor. The process is more than providing feedback on clinical performance, but a communication process that fosters reflective insight into of behaviors and decisions. Debriefing after patient care encounters has been shown to increase critical thinking, confidence, clinical skills and clinical reasoning. With this enhancement in cognition and behavior, debriefing allows the student to strengthen their own capabilities and efficacy, better preparing themselves for real time clinical practice. Facilitating effective debriefing is challenging for seasoned educators, as well as untrained practitioners.

INTRODUCTION

Debriefing is an essential part of healthcare training, that consists of a facilitated planned conversation where students and clinicians analyze their actions, thought processes, and emotions with the goal of improving patient care and outcomes.¹⁻³ Debriefing requires two-way communications between the learner and facilitating preceptor or supervisor. The process is of debriefing is more than just providing feedback on a student's clinical performance, but a communication process that fosters insight into behaviors and decisions.⁴⁻⁷ During clinical education, the preceptor is expected to provide quality feedback regarding the student's patient care behaviors.³ Feedback is characterized by the preceptor's input of the situation on what they feel is most important.² This feedback is provided either as praise for things that student did well, or constructive criticism suggesting things the students can improve upon in the future. For example, after a patient evaluation, athletic training students often receive pointed feedback from a preceptor that the history questions were appropriate and adequate, but that certain diagnostic tests should also be included to rule in or rule out specific pathologies. Rather than providing input, debriefing utilizes deliberately planned questions that allow

students and clinicians to analyze their actions⁵⁻⁷, reflect on their thought processes⁷, and assimilate improved behaviors into clinical practice.⁴ Rather than providing feedback on an athletic training students' performance during patient care, facilitating debriefing requires the preceptor to ask questions that require the students to reflect on his/her performance during patient care. See table 1 for sample debriefing questions. The goal of clinical education is to allow students the opportunity to apply knowledge and skills from the classroom in patient care, master those skills for their profession, and gain real world atmosphere of the culture of their chosen profession.¹ Therefore, debriefing after patient encounters during clinical education is important for student's growth⁷ as debriefing allows the student to critically reflect on aspects that went well or where improvements in patient care are needed.

Debriefing should take place following a number of educational and patient care contexts. Simulation-based encounters provide an opportunity for debriefing following a controlled patient encounter in a nonthreatening environment.⁶ Similarly, debriefing should occur daily during clinical

education after athletic training students engage with patients in real-time. Successful debriefing can be useful after patient's with difficult diagnoses, difficult patients, as well as follow critical patient care incidents, such as initiation of emergency action plan or death of a patient.⁷ These events involve highly stressful situations that allow for an insightful debriefing session to reflect on patient care behaviors and actions.⁷ Debriefing after these types of patient encounters also allows for the preceptor (or educator) to understand the thought processes behind action and clinical decisions the student made. It is important that debriefing not compare an observed behavior to a performance standard, but to foster critical reflection.⁷⁻⁸ Despite the benefits, few preceptors in athletic training utilize debriefing as facilitating effective debriefing can be challenging.^{6,7}

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| <ol style="list-style-type: none"> 1. How did you feel during patient care or when interacting with the patient? 2. What went well during patient care or when interacting with the patient? 3. What did not go well during patient care or when interacting with the patient? 4. What did you expect to happen during patient care or when interacting with the patient? 5. What did happen during patient care or when interacting with the patient? 6. What did you find helpful about engaging with this patient? 7. How do you feel now that we had time to process and discuss the patient further? 8. How will this impact your patient care in the future? |
|--|

Table 1. Questions Used During Effective Debriefing

IMPORTANCE OF DEBRIEFING

The importance of debriefing during professional education has been researched in medicine, nursing and other disciplines. Researchers have debriefing after patient care encounters (during education and patient care) have improved critical thinking⁹⁻¹⁰, improved confidence¹⁰⁻¹³, improved clinical skills^{10,12-15}, and improved clinical reasoning skills.^{10,16-17} Facilitating effective debriefing requires planning.¹⁶ Questions used in debriefing sessions often include what aspects

of the encounter resulted in positive or negative outcomes, or what could have been done differently.¹⁸ The goal is to ask questions that require the athletic training students to critically think about what happened during patient care, insofar as why certain actions or steps were taken or avoided. The preceptor should refrain during debrief sessions from providing feedback about specific actions that were appropriate or should be considered in future patient care. Effective debriefing should be structured to allow the student to self-identify and address areas where improvement are needed, identify steps for improving their skills in clinical practice, and reflect on the emotional aspect of their profession, as well as help promote self-confidence.¹⁸

Facilitated debriefing sessions provide emotional and social support for students after patient care situations, specifically difficult patients.¹⁹ Debriefing allows the learners to reflect on their actions (or inactions) and develop strategies that can be applied in subsequent patient encounters.²⁰ Rather than identifying specific steps or actions that should be taken with future patients (ie, feedback), asking questions that allows the student to identify new patient care strategies is more beneficial to personal and professional growth while also reducing cognitive fatigue.²¹

Debriefing is valued as a positive experience²², as students often described debrief sessions were as supportive, honest, and non-judgmental.^{19,22} Debriefing offered guidance that was partnered with constructive and concurrent feedback to the learner.²³ Effective debriefing sessions have been shown to enhance metacognition, changes in attitudes, and improvements in patient care behaviors.⁸

IMPLICATIONS

Athletic training preceptors should facilitate debriefing with athletic training students regularly. Specifically, debriefing sessions should be initiated daily after patient care, but

are essential following critical events such as the initiation of the emergency action plan or difficult patient situations. Best practice strategies suggest that students learn by performing patient care skills, and then reflecting on those patient interactions. Preceptor facilitated debrief will allow students to reflect on the patient care they provide. However, it is imperative that preceptors distinguish the difference between providing feedback and facilitating debriefing. Facilitated debriefing is more beneficial than providing feedback, as debriefing utilizes planned questions emphasizing increased critical thinking and clinical reasoning, confidence, and clinical skills. The frequency of debriefing sessions can vary depending on the preceptor, setting, and nature of the patient encounters. Effective debriefing can pose as a challenge for the untrained practitioner, as well as the seasoned educator. Therefore, it is important for athletic training educators to include facilitating debriefing during preceptor development and training. By providing example questions used during debriefing, preceptors will be better equipped to facilitate these sessions effectively. Facilitated debriefing sessions have a profound effect on novice and experienced clinicians, and should be incorporated into clinical practice.

REFERENCES

1. Healy S, Tyrrell M. Importance of debriefing following critical incidents. *Emerg Nurse*. 2013;20(10):32-37. DOI. 10.7748/en2013.03.20.10.32.s8.
2. Voyer S, Hatala R. Debriefing and feedback: two sides of the same coin? *Sim Healthcare*. 2015;10(2):67-68. DOI. 10.1097/sih.0000000000000075.
3. Cheng A, Palaganas J, Eppich W, Rudolph J, Robinson T, Grant V. Co-debriefing for simulation-based education: a primer for facilitators. *Sim Healthcare*. 2015;10(2):69-75. DOI. 10.1097/sih.0000000000000077.
4. Dreifuerst KT. Using Debriefing for meaningful learning to foster development of clinical reasoning in simulation. *J Nurs Ed*. 2012;51 (6): 326-333. DOI. 10.3928/01484834-20120409-02.
5. Kessler DO, Cheng A, Mullan PC. Debriefing in the emergency department after clinical events: a practical guide. *Ann Emerg Med*. 2015;65(6)690-698. DOI. 10.1016/j.annemergmed.2014.10.019.
6. Roh YS, Kelly M, Ha EH. Comparison of instructor-led versus peer-led debriefing in nursing students. *Nurs Health Sci*. 2016;18:238-245. DOI. 10.1111/nhs.12259.
7. Palaganas JC, Fey M, Simon R. Structured debriefing in simulation-based education. *AACN Adv Crit Care*. 2016;27(1):78-85. DOI. 10.4037/aacnacc2016328.
8. International Conference on Residency Education. Debriefing: from simulation to the clinical setting. Available at: http://www.royalcollege.ca/portal/page/portal/rc/comm on/documents/events/icre/2014proceedings/slides/Faculty_Development/Debriefing_From_simulation_to_clinical_setting.pdf. Accessed June 7, 2016.
9. Morrison AM, Catanzaro AM. High-fidelity simulation and emergency preparedness. *Pub Health Nurs*. 2010;27(2):164-173. DOI.10.1111/j.1525-1446.2010.00838.x.
10. Zapko KA, Ferranto ML, Brady C, Corbisello A, Hill D, Mullen R, DeFiore-Golden PJ, Martin L. Interdisciplinary disaster drill simulation: laying the groundwork. *Nurs Educ Perspect*. 2015;36(6):379-382. DOI. 10.5480/14-1544.
11. Fisher JM, Rudd MP, Walker RW, Stewart J. Training tomorrow's doctors to safeguard the patients of today: using medical simulation training to explore barriers to recognition of elder abuse. *J Am Geriatr Soc*. 2016;64(1):168-173. DOI. 10.1111/jgs.13875.
12. DeCaporale-Ryan LN, Dadiz R, Peyre SE. Simulation-based learning: from theory to practice. *Fam, Syst, Health: J Collab Fam Healthcare*. 2016;34(2):159-162.
13. Mould J, White H, Gallagher R. Evaluation of a critical care simulation series for undergraduate nursing students. *Contemp Nuse: J Austr Nurs Prof*. 2011;38:180-190. DOI. 10.5172/conu.2011.38.1-2.180.
14. Abellsson A, Rystedt I, Suserud B, Lindwall L. Learning by simulation in prehospital emergency care- an integrative literature review. *Scand J Caring Sci*. 2016;30(2):234-240. DOI. 10.1111/scs.12252.
15. McLeod R, Mires G, Ker J. Direct observed procedural skills assessment in an undergraduate setting. *Clin Teach*. 2012;9(4):228-232. DOI. 10.1111/j.1743-498x.2012.00582.x.
16. Forneris S, Neal DO, Tiffany J, Kuehn MB, Meyer HM, Blazovich LM, Holland AE, Smerillo M. Enhancing clinical reasoning through simulation debriefing: a multisite study. *Nurs Educ Perspect*. 2015;35(5):304-310. DOI. 10.5480/15-1672.
17. Driefuerst KT. The essentials of debriefing in simulation learning: a concept analysis. *Nurs Educ Perspect*. 2009;30(2):109-114.
18. Leff V, Klement A, Galanos A. A successful debrief program for house staff. *J Soc Work End Life Palliat Care*. 2017; 13(2-3): 87-90. DOI. 10.1080/15524256.2017.1314234.
19. Gunasingam N, Burns K, Edwards J, Dinh M, Walton M. Reducing stress and burnout in junior doctors: the impact of debriefing sessions. *Postgrad Med J*. 2015; 91(1074): 182-187. DOI. 10.1136/postgradmedj-

2014-132847.

20. Schmidt M, Haglund K. Debrief in emergency departments to improve compassion fatigue and promote resiliency. *J Trauma Nurs.* 2017; 24(5): 317-322. DOI. 10.1097/jtn.0000000000000320.
21. Regehr C, Glancy D, Pitts A, LeBlanc VR. Interventions to reduce the consequences of stress in physicians: a review and meta-analysis. *J Nerv Ment Dis.* 2014; 202(5): 353-359. 10.1097/nmd.0000000000000130.
22. Lightowers SV, Thompson MK, Hunt SL. Not all interventions for burnout cost money: the value of debrief groups. *BMJ.* 2017; 358. DOI. doi.org/10.1136/bmj.j4377.
23. Hunter LA. Debriefing and feedback in the current healthcare environment. *J Perinat Neonatal Nurs.* 2016; 30(3): 174-178. DOI. doi.org/10.1097/jpn.0000000000000173.