

Briefing and Debriefing

Briefing

Briefing can be defined as orientating a person to an experience, which includes the instructions, goals and rules within which participants in the activity can achieve their goals (Pearson & Smith, 1986). It can also be a valuable opportunity for the clinical educator to gauge the student's individual strengths and needs prior to completing the learning task.

Common student concerns to consider during briefing sessions

- The unknown expectations of them as students (role, setting, knowledge)
- Lack of knowledge of and confidence with clients
- Concerns about their own ability to cope (reactions, powerlessness, fear, being evaluated, being overwhelmed)
- Perceptions of the nature of therapy work
- Relationships with supervisor/s
- Practical and logistic concerns
- Need for meaningful activities as a student
- Maintaining enthusiasm for a long placement
- Confidence about previous learning
- Other academic demands
- Meeting expectations of self and supervisor
- Looming career concerns

Adapted from Mackenzie, 2002, cited in Geddie (date unknown)

Consider asking about these concerns prior to exposing students to clinical situations, which alleviates stress and can enhance their quality of service provision for a client.

Debriefing

Active learning based on immersive experience (real or simulated) that includes frequent opportunities for reflection is both engaging and effective for a broad spectrum of students (Oblinger, 2006). Debriefing can be highly structured, as in formal supervision sessions, or unstructured, including on the way back to the office from a home visit, in the lift heading towards the ward or just after a session in the gym with the clients.

Seven common structural elements are involved in the debriefing process:

- (i) The Debriefing;
- (ii) Participants to debrief;
- (iii) An experience;
- (iv) The impact of the experience;
- (v) recollection;
- (vi) report;
- (vii) time;

(Lederman, 1992, cited in Fanning & Gaba, 2007).

Debriefing Content

Generally, the content of debriefing sessions involves the following broad questions:

- (i) What happened?
- (ii) How did the participants feel during their experience?
- (iii) What does it mean?

(Pearson & Smith, 1986).

Allowing time to go through these questions with the student provides an opportunity for reflection, closure and consolidating learning that can be crossed over into the next practical session.

Debriefing Style

Clinical educator's need to ensure they are tailoring the debriefing style to the needs of the student/s, allowing for three levels of facilitation:

High

- The facilitator outlines the debriefing process and assist by gently guiding the discussion when necessary.
- Acts as a resource to ensure learning objectives are met.
- Offers 'realness' (is genuine in their interactions), acceptance (ensuring the learner feels valued), and empathy (aims to understand the student's viewpoint and has a sensitivity towards it).

Intermediate

- Increased level of involvement – assist to help analyse the experience more deeply
- Rewords or rephrases rather than giving answers
- Asks questions in a number of ways and changing the tone of the questions
- Asking the learner/s for comments and input

Low

- Guides the student through the debriefing stages, using strong directions and many questions.
- Answers for students, confirming statements, recapping, reinforcing thoughts, active listening, and expanding on statements.

Adapted from Fanning & Gaba, 2007)

Reflection: Think back to a time within your own work that you felt you could have been briefed and/or required debriefing after the experience? Who would have been a good person to undertake the process with? How would it have helped you? Consider some examples from your workplace where you might need to brief and debrief with a student.

References

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