

# **Being a facilitator: Debriefing after simulation**

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## Abstract

This study aimed to gain insight into what it is like to facilitate debriefing following an experience of simulated learning. A simulated learning experience is most often structured in three stages: prebrief, the simulation scenario and the debrief. The context of this research is the health care setting. The nature of simulation was high fidelity, most often situated in a simulation suite.

Hermeneutic phenomenology, influenced by Heidegger [1889-1976] and Gadamer [1900-2002], was used to discover what it is like to be a facilitator. Heidegger's phenomenological approach is interested in uncovering that which is hidden. van Manen highlighted the everydayness of the phenomenon under study. He described how in phenomenology the researcher wonders about what the everyday phenomenon is like (van Manen, 1990). In this study, I sought to uncover that which tends to be unspoken about the everyday experience of debriefing.

Ten participants were interviewed to seek understanding into what it is like to facilitate a debrief following a high fidelity simulation exercise. The facilitators shared experiences of how they conducted different debriefing scenarios. Data was also collected from two participants who were recipients of the debrief experience. Findings are revealed in three chapters which, together, tell the story of the beginning, the unfolding and how the debrief ends, yet continues.

This study reveals that facilitating the debrief is to stay focused on learning. Learning is the all-embracing driver. Learning is what facilitators are always working toward. Facilitating can be fraught with moments of silence or a mood of participants not-wanting-to-be there. To establish a space of trust that encourages thinking, facilitators begin by sharing expectations and setting ground rules. Throughout the time allocated they are alongside

participants; guiding, supporting and encouraging learning. They gently nurture conversation through the 'woods' into a space or 'clearing' where participants can dwell in thinking.

Facilitators' own learning does not finish when the debrief ends, rather it is cyclical. One debrief informs the next. When they start the next simulated learning experience they bring their experience-based knowing with them. Ending brings with it a new possibility of beginning, for both facilitators and participants who go back to their practice with fresh insights.

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## Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed



Date 6.3.18

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## Chapter One: Introduction

This study seeks to gain insight and understanding into the phenomenon of facilitating debriefing after a high fidelity simulated learning experience within the health care context. Debriefing is regarded as an essential component of simulation to maximise learning (Levett-Jones & Lapkin, 2013; Neill & Wotton, 2011; Shinnick, Woo, Horwich, & Steadman, 2011). It has been defined by the International Nursing Association of Clinical Simulation Learning (INACSL) as:

An activity that follows a simulation experience and is led by a facilitator. Participants' reflective thinking is encouraged, and feedback is provided regarding the participants performance while various aspects of the simulation are discussed. Participants' are to explore emotions and question, reflect and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations. (Meakim et al., 2013, p. S5)

Debriefing is a time where a group of participants reflect on their performance and consider what happened during the simulation experience. It is the facilitator who enables participants to reflect. It is their role to encourage discussion and offer guided reflection to further individuals' examination of their practice (Dreifuerst, 2012).

In this study, I use hermeneutic phenomenology to explore facilitators' experiences of debriefing. My research question is: How do health practitioners experience facilitating simulation debriefing in the clinical setting?

This study aims to further understand the experience of debriefing by listening to practitioners describe their experiences. I am interested in discovering what it is like to debrief and what influences debriefing in the clinical setting, that is the health care context. This study also aims to find out how facilitators help health practitioners develop their practice in ways that benefit patients. Another aim is to uncover key practices facilitators use to debrief. This study seeks, therefore, to understand

facilitator insights that may enhance future debriefing facilitation. Importantly, as a researcher, I am always open to the unexpected insights that arise from participants' stories.

I made a deliberate choice to examine high fidelity simulated learning within the clinical environment as opposed to my own educational context. Potentially, debriefing in the clinical setting is influenced by different contextual characteristics compared with debriefing undertaken in the educational setting where perhaps the real world of practice feels a step removed. Debriefing in the educational setting is driven by the prescribed curriculum. As such, learning objectives developed for each simulated learning experience are underpinned by the educational outcomes for the paper. Furthermore, it is likely that the educational outcomes are also part of a planned simulation curriculum. However, in the New Zealand clinical setting there is no prescribed curriculum for simulated learning. It is left to the facilitator to decide what learning matters in each given situation. This opens opportunity for expertise to develop and grow.

Hermeneutic phenomenology is an interpretive approach influenced by Heidegger [1889-1976] and Gadamer [1900-2002], that seeks to “describe and interpret” the meaning of peoples' lived experiences (van Manen, 1990, p. 11). In doing hermeneutic phenomenology, I seek to examine what facilitating debriefing is “really like” (van Manen, 1990, p. 42), in the hope of discovering the meaning of the experience for the participant (van Manen, 1984). Heidegger suggested that phenomenology aims to uncover “something that is concealed or hidden” (van Manen, 2014, p. 28) in an attempt to understand the wonder of everyday experience. Gadamer's philosophy stresses the importance of dialogue, and understanding through

interpretation. Over the course of this research, other philosophers, such as Dewey and Aristotle, also influenced my thinking.

In this study, I want to uncover that which is hidden or unknown about the everyday experience of debriefing. As such, the view I present will always be ‘my’ interpretation of the experience of facilitating debriefing. Gadamer suggested “when we interpret the meaning of something we actually interpret an interpretation” (cited in van Manen, 1990, p. 26). Each participant interprets his/her experience in the telling of a story; I then interpret that story through my own lens of understanding; the reader then brings yet another layer of interpretation.

This chapter will now describe how I came to do this study. The origins of debriefing are then presented. As debriefing is the final component of simulated learning, the full process of simulation-based learning is explored.

## **How Did I Arrive Here?**

This research began within the papers of the Doctor of Health Science programme, in which I undertook a journey to discover what is known about simulation. Initially, because of my role as a lecturer of nursing students, I broadly considered teaching with simulation. Next, I moved to considering simulated learning as experienced by undergraduate students. However, in my review of the literature I found nursing students’ perspectives had been previously explored. I also considered studying academics’ use of simulation. Somewhere in the midst of this reading I recognised that I wanted to move away from studying my everyday world of undergraduate teaching, to acknowledge the important work health practitioners were doing with simulation in the clinical environment. On reflection, I realised my held assumption that facilitating debriefing was the most difficult and yet, most valuable part of simulation. I decided

that understanding others' experiences of facilitating debriefing might lead to greater understanding of how to best facilitate debriefing.

My decision to undertake qualitative research arises from my interest in people and my understanding that people have multiple realities. My view is coloured by my own pre-understandings, background and experience; in particular, I am interested in people's viewpoints and day-to-day lived experience. I have taught nursing students for many years, in the classroom, the clinical setting and in simulation settings. My interest in facilitating debriefing comes first from my love of teaching nursing; and second, my enjoyment in encouraging others to learn, in particular, pathophysiology and its practice implications. Learning about others' experiences fits with my love of teaching and enjoyment of engaging students in an 'aha' moment.

## **Pre-understandings**

I began teaching nursing in 1995 and get pleasure from fostering students' enjoyment of nursing. My favourite part of teaching is working with students in small groups, enabling me to have a chance to get to know them. I particularly enjoy clinical teaching and helping students to develop ways of problem solving. One concern I have teaching clinically is the tension of teaching in front of patients, essentially using people for practice. Simulated teaching offers a place for me to teach students without causing offence or harm to patients.

My most memorable teaching moment was after a group of three students had finished a respiratory scenario, in which I told one student that she had counted the respiratory rate (of the manikin) incorrectly. She was horrified when she realised her mistake, and recognised that if it had happened in reality she may have significantly harmed the patient. Taking the role of facilitator, I chose to quietly talk to her about her miscount with the group. This is how I generally debrief; I share any immediate

concerns with students straight away after the scenario. In this way they are not singled out in the bigger group. Afterwards with the larger group the student chose to share her mistake and horror with her peer group. Sharing her learning led to an open discussion and insightful reflection, I hoped this powerful learning remained with the students as significant.

I also bring experience of taking part in a simulation in an emergency department as a registered nurse (RN). I took part in a scenario which mimicked a trauma resuscitation. I enjoyed learning in the workplace with the realism of the setting and being able to ask questions; in contrast to practice where the urgency of the situation means there is no time to stop to ask questions. I valued being provided with time to reflect on my actions and compare my actions with others, without the consequence of harming the patient.

I come from the understanding that learning is enjoyable and learning with others even more so. Hence, one of my assumptions is that others appreciate learning and feel comfortable sharing their thinking, reflecting on their performance and critiquing their practice (such as debriefing). I have facilitated debriefing following simulation for many years and recognise that debriefing can be a time where students gain insight into their clinical decision making skills. Nevertheless, although I have acted in the facilitator role many times, I continue to experience moments when the debrief does not go well. Once the debrief concludes I am left feeling remorseful and concerned that perhaps it was my fault students did not learn as much they could have. My experiences have led me to want to discover more about debriefing and to gain insight into others' experiences of facilitating debriefing, with the aim of benefitting future students.

## **Background of Debriefing**

Merriam Webster has defined the term debrief as 1: to interrogate (as a pilot) usually upon return (as from a mission) in order to obtain useful information; 2: to carefully review upon completion debrief the flight ("Debrief," n.d.). Both of these meanings specify debriefing occurs after an experience with the intention of obtaining information about the experience.

The term debrief was first used in 1944 and originated in the military in World War Two. Brigadier General Marshall (a US army historian), used the term historical group debriefing (HGD) to describe soldiers discussing together what happened to them in combat (Fanning & Gaba, 2007; Overstreet, 2009). The purpose of the HGD was to gather historical data (MacDonald, 2003), to gain insight into what happened and enable new strategies to be developed for future combat (Pearson & Smith, 1985). The HGD took place on the soldiers return, whereupon soldiers of all ranks were casually put into groups and asked to give a recount of their experiences, their feelings, and the decisions they made (MacDonald, 2003). Notably, each soldier's narrative was accepted unconditionally (MacDonald, 2003), and soldiers described feeling better afterwards; suggesting that talking about what happened helped soldiers to process the event. Marshall (1947) likened this to a "spiritual purge" (cited in MacDonald, 2003, p. 962).

Debriefing is well known in the aviation industry. Gardner (2013) stated that it began as "cockpit resource management" delivered to pilots with the aim of reducing error and preventing accidents. By 1910, aviator training included simulation training, and by 1970 full-flight simulators were developed by Northwest Airlines (Gardner, 2013). Now relabelled as 'crew resource management', this training still includes feedback and debriefing (Gardner, 2013).



## **Different types of debriefing**

There are three identified types of debriefing; Critical Incident Stress Debriefing (CISD), process debriefing (Dyregrov, 1997; MacDonald, 2003) and experimental debriefing (Lederman, 1992). Mitchell developed CISD with the aim of supporting emergency workers following a critical incident (Fanning & Gaba, 2007; MacDonald, 2003). As a regional emergency medical services (EMS) coordinator, Mitchell (1998) began to develop the CISD framework in 1974. It took him nine years to develop, and he presented it in 1983. Mitchell (1998) stated the key influences on the model were military experiences, police psychology, EMS and disasters. The CISD framework is facilitator-led, consists of three stages and is part of a comprehensive Critical Incident Management Programme (Fanning & Gaba, 2007; MacDonald, 2003). Also known as psychological debriefing, CISD is planned in advance and takes place after a critical incident. The group includes those who experienced the event to review the “facts, thoughts, impressions and reactions” to prevent long-term consequences “and accelerate normal recovery” (Fanning & Gaba, 2007, p. 116), from stressful events.

In 1989, Dyregrov developed process debriefing, based on the structure of CISD. Process debriefing takes place 48-72 hours after the event (Fanning & Gaba, 2007) and focuses on the group process, a review of the facts, leadership implications and group characteristics (Dyregrov, 1997; MacDonald, 2003). Similar to psychological debriefing in structure, there are five phases: “fact-phase, thought-phase, and a reactions-symptoms phase, before a normalisation and re-entry phase” to finish (Dyregrov, 1997, p. 591). In contrast to CISD, key components of process debriefing are being flexible about meeting times and the length of time for the debrief (Dyregrov, 1997; MacDonald, 2003).

Another model of debriefing derives from experimental psychology, where participants who were deceived in the study are informed of the deception (Fanning & Gaba, 2007). The intention is ethical in its purpose as an attempt to “reverse any negative effects the experience may have had” (Fanning & Gaba, 2007, p. 116).

All three debriefing models have enabled the development of debriefing in the education area (Fanning & Gaba, 2007). For instance, educational debriefing occurs after an “experiential activity, such as a simulation or a game” (Lederman, 1992, p. 147), encourages reflection and involves facilitators helping learners to effectively process their experiences (Fanning & Gaba, 2007; Lederman, 1992).

### **Debriefing used by different disciplines**

In the late 1980s, David Gaba, an anaesthetist, adapted the ‘crew resource management’ approach to medical emergencies. He later changed this to “crisis resource management” (CRM) (Gardner, 2013, p. 618) and introduced a “fully interactive human patient” manikin (p.165) to help trainee anaesthetists learn what to do in crises. Gaba “highly valued debriefing” after simulation and saw it as “integral part of the process of any experiential learning technique” (Gardner, 2013, p. 165). The use of CRM simulation based learning has been adopted by many health care disciplines and debriefing remains a fundamental part of the learning (Gardner, 2013).

There is evidence of CISD being adopted by nursing during the 1990s (O'Connor & Jeavons, 2003). In 1988, Australian nurses working in emergency departments were surveyed about debriefing using a tool based on Mitchell’s CISD model (O'Connor & Jeavons, 2003). In 1993, Martin, a bereavement counsellor, at a hospital in Pennsylvania, considered nurses benefitted from the use of ‘critical incident stress management’ programmes following a traumatic event. In a descriptive study, Appleton (1994) found that 84% of Canadian nurses would have liked to participate in

debriefing following critical incidents. Together these findings suggest nurses' benefit from talking together after experiencing a critical event.

### **Debriefing as part of being-human**

In everyday life, conversations take place after an event and involve talking over and thinking about what happened. Often the event or experience is surprising, startling and unexpected. This causes us to want to talk to someone else about it – share our concerns, thoughts and feelings about what happened. In some conversations, we might consider what we already know and how this event compared to one similar.

While debriefing is a relatively recent phenomenon in the literature, perhaps by nature it has always been part of human experience. In going back to consider some of the earliest stories of humans' experience, the Bible offers a possibility of debriefing. In the excerpt, two disciples, puzzled and saddened after the crucifixion of Jesus, are walking along the road back to Emmaus:

As they talked and discussed these things with each other, Jesus himself came up and walked along with them; but they were kept from recognizing him.

He asked them, "What are you discussing together as you walk along?"

They stood still, their faces downcast. One of them, named Cleopas, asked him, "Are you the only one visiting Jerusalem who does not know the things that have happened there in these days?"

"What things?" he asked ...

They go back over everything that had happened. (Luke 24:13-19 New International Version)

In this verse from Luke, two people discuss the event they have witnessed. Jesus asks "what are you discussing together?" After a distressing event, people talk together to ruminate and contemplate what happened to try and make sense of things. Mulling things over helps us to understand what has happened. Often this examination

occurs with others. We ask them what they thought. We are interested in their perspective. In a sense, we check in with others to make sure how we interpreted the event was similar to their interpretation. Indeed, if our interpretation was different this gives us further call to consider and contemplate. This contrast may call us to ask ‘why did they think that or why did I not think that?’

In the Road to Emmaus story, Jesus helps the disciples debrief when “they go back over everything that happened”. But is every conversation following an event a debrief? What is the difference between a debrief and a reflective conversation? Debriefing most often occurs after something that took place, an experience or a traumatic event. Similarly, in everyday life we are involved with many experiences. Sometimes, as suggested by Pearson and Smith (1985), we are too busy or perhaps too involved in the experience to step back and share the experience with someone else. We do not always debrief after every experience, but often we converse about it later. Gadamer (1975/1989) talked of conversation as:

something one gets caught up in, in which one gets involved. In a conversation one does not know beforehand what will come out of it, and one usually does not break it off unless forced to do so, because there is always something more you want to say. That is the measure of a real conversation. Each remark calls for another. (p. 59)

This description reveals we are not always looking to analyse the experience; we just get caught up in the back and forth of conversation. Indeed, if one considers the conversation or debrief with Jesus, it begins with a talking over, then it moves to Jesus sharing a story, where “they go back over everything” that happened.

Debriefing begins in this way but I think it goes further. Pearson and Smith (1985) recognised that debriefing is not just “having a chat” (p. 70), and argued educational experiences have a purposeful intention. After the planned educational experience, debriefing is deliberate (Pearson & Smith, 1985). After simulation,

debriefing is undertaken with professionals, where the intent is to help learners process the information from the experience and help them draw out the lessons learnt (Lederman, 1992).

Feasibly, intention is the difference between conversation and debriefing. Lederman (1992) believed debriefing is based on two assumptions: firstly that the experience was meaningful to the participants; and secondly that it is essential to discuss the experience to enable “insight into the experience and its impact” (p. 146). Going back to biblical text reminds us that the nature of a wise leader has long been to help followers understand the meaning of an experience, to extract insights that will help them in their onward experience. Jesus wanted his disciples to understand that all that had happened had been foretold, which transformed the experience into something ‘of God’. The point of this discussion on a biblical account is to remind ourselves that debriefing itself is nothing new. What is relatively recent is the formal recognition of the importance of debriefing, and therefore the time that needs to be set aside to enable debriefing to occur.

In this study, debriefing takes place after a planned simulated learning experience, and is not merely a conversation or a chat; rather it is intentional and purposeful. There is an intent that those involved will benefit from it, that it will stimulate further thinking and learning. Unlike informal conversation, as above, debriefing is facilitated to help learners interpret the learning. Lederman (1992), in a discussion of debriefing in simulation and gaming, suggested that debriefing is a process where people “are lead through a purposive discussion of experience” (p. 146).

### **Moving to simulation**

The term simulation first appeared in the 14<sup>th</sup> century. It descends from the Latin noun, ‘simulationem’ “an imitating, false show hypocrisy” (“Simulationem,” n.d). The

meaning “a model or mock-up for purposes of experiment or training” was accepted from 1954 ("Simulationem," n.d).

Commonly, authors have described flight simulators as the first simulators used by the aviation industry (Rosen, 2013; Wilford & Doyle, 2006). In medical education, plastic models were used to teach anatomy (Rosen, 2013). In the United Kingdom (UK), nursing students first used a manikin in 1950 to learn physical assessment (Wilford & Doyle, 2006); whereas medical students began to use a simulator in the late 1960s to auscultate heart and lung sounds (Rosen, 2013). But Owen (2012) disagreed with these authors and suggested simulators were made by a diverse range of creative individuals for students to practice on and gives evidence of simulators being around for centuries. He described the use of models in health based professions for many years and in many countries. Owen suggested the first carving of “human form” originates from 24,000 and 23,000 BC (p. 102). Egyptians created anatomic figures but Owen posited that these were “for display rather than education” (p. 102) and, although potentially not for learning, did demonstrate some knowledge of anatomy. Indeed, midwives have been using simulators for more than 300 years and some even leaked blood and amniotic fluid (Owen, 2012).

Notably, Owen (2012) described the reasons for introducing simulation to health care training as similar to that of today. Practicing on manikins or simulated models enabled students to practice repeatedly, if necessary, without harm. In summary, Owen noted that simulation in the 17<sup>th</sup>-20<sup>th</sup> century was more advanced than the 20<sup>th</sup> century; whereupon patients in the 20<sup>th</sup> century were used to practice on instead of simulators which often led to unfortunate outcomes for patients.

## **The Background of the Simulation Process**

Simulation is:

a technique, not technology, to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion. (Gaba, 2004, p. i2)

At its simplest, simulation is a technological teaching tool or an educational strategy (Jeffries, 2005). As a teaching strategy, simulation encourages participants to learn and develop knowledge and skills (Berragan, 2011; Cant & Cooper, 2010) in a replicated clinical environment that is safe, controlled, realistic and allows mistakes (Jeffries, 2005; Ogilvie, Cragg, & Foulds, 2011; Reed, Andrews, & Ravert, 2013; Seropian, Brown, Gavilanes, & Driggers, 2004; Shepherd, McCunnis, Brown, & Hair, 2010).

Teaching with simulation involves using simulation equipment that ranges from low to high fidelity. In simulated learning, fidelity describes the accuracy or realism of the simulation being used (Seropian et al., 2004). Simulated scenarios can involve a spectrum of physical fidelity, i.e. low, intermediate or high fidelity (Dreifuerst, 2012). Low fidelity or static trainers are two dimensional, lack detail and realism, and are used in skill based teaching (Seropian et al., 2004). Intermediate fidelity manikins are more authentic, and display signs and symptoms like heart rate and breath sounds without synchronised chest movement (Seropian et al., 2004). High fidelity manikins, are life-like plastic manikins that look like a person and can be programmed to imitate the physiological response appropriate to the scenario (Dreifuerst, 2012; Harder, 2010; Seropian et al., 2004).

There are two approaches to fidelity: physical and psychological (Kozlowski & DeShon, 2004). Physical fidelity is concerned with the environment, and that the equipment, reactions, behaviour and timings are as realistic as possible. Indeed, in high fidelity simulation, scenarios are often based on real clinical events to enhance the reality of the experience (Kozlowski & DeShon, 2004). Psychological fidelity covers whether the simulation setting looks real enough to prompt “the essential underlying

process relevant to the key performance characteristics” (Kozlowski & DeShon, 2004, p .4).

Recently, Tun, Alinier, Tang, and Kneebone (2015) conducted a review of the meaning of fidelity in simulation in an attempt to clarify the term because of the myriad of descriptions being used to define fidelity. In conclusion, they suggested fidelity should be recognised as “as the degree of accuracy to which a simulation, whether it is physical, mental, or both, represents a given frame of reality in terms of cues and stimuli, and permissible interactions” (Tun et al., 2015, p. 164).

Simulated learning is used to support practitioners’ transition into the clinical environment, where knowledge and skills required to work effectively within complex healthcare environments can be taught (Ironside, Jeffries, & Martin, 2009; Waters, Rochester, & McMillan, 2012). Learning experiences can be designed to enable participants to experience clinical practice as closely as possible to real life while meeting expected learning outcomes (Elfrink, Kirkpatrick, Nininger, & Schubert, 2010; Harder, 2010; Jeffries, 2006; Kelly, Hager, & Gallagher, 2014; Neill & Wotton, 2011). An added benefit is that clinical learning is enhanced without the participant’s action or inaction having a negative effect on patients’ health outcomes (Elfrink et al., 2010; Ironside et al., 2009).

It is increasingly common for hospital programmes to include simulation scenarios in orientation packages. These scenarios provide opportunity for socialisation to a new role, and time to practice role specific clinical skills in a safe environment (Olejniczak, Schmidt, & Brown, 2010). Moreover, simulated learning has potential to assist clinical staff to extend their scope of practice by developing leadership, effective communication and team work (Kelly et al., 2014). In the current health environment, the public demands healthcare that positively affects patient



outcomes, and health professionals are expected to know how to safely respond to clinical situations. Simulated clinical scenarios are suggested as an appropriate teaching/learning method to support development of clinical decision making (Benner, Sutphen, Leonard, & Day, 2010).

### **Simulation framework**

A well-known simulation framework developed in 2005, the Jeffries Simulation Model, identifies that effective simulation will have the following design features: objectives, fidelity, complexity, cues and debriefing (Jeffries, 2005). Simulated learning experiences are run in similar formats, and most commonly consist of three parts: 1) the prebrief, 2) the simulation scenario, and 3) debriefing (Al Sabei & Lasater, 2016; Cant & Cooper, 2010). But this approach negates the importance of planning a simulation scenario. In 2016, the INACSL has recently updated the standards of best practice in simulation. While no clear directives about the expected structure of a simulation experience are provided, the INACSL details expected criteria and elements of each component of simulation (see Appendix I).

### **Post registration clinical education**

Legally, medical practitioners, midwives and nurses all have to meet their individual council requirements to keep practicing (Medical Council of New Zealand, 2011; New Zealand College of Midwives, 2017; Nursing Council of New Zealand, n. d.). After graduating and becoming registered health professionals, health practitioners must complete a prescribed number of professional development hours to meet the ongoing requirements for registration. Accordingly, postgraduate in-service education in the clinical setting is often about the provision of time and a place for practitioners to practice specific skills and learning. In contrast to undergraduate simulation, postgraduate simulation is not part of a curriculum, and is instead guided by drivers

such as, providing opportunities for skill practice and practicing team response to emergencies scenarios. Other in-service education is determined by specific departmental learning needs, such as learning how to respond as a team to a common emergency.

### **Simulation within the clinical setting**

While simulation use is common in the clinical setting I found no evidence of when, how often or what it was used for. The information I have gathered about simulation is anecdotal and mainly gathered from study participants. Thus, there may be several other methods of simulated learning used in the clinical setting. Common uses of simulation included in this study:

- 1) A simulated learning session off site or in a simulation centre (a place specifically set up for simulation teaching). Often, this is an all-day event in which participants rotate through different scenarios common to their clinical department.
- 2) An in-situ simulation, where one room in a department is designated to simulation for a small window of time. This is dependent on the availability of staff and rooms and is constrained by numbers of patients and pressured workloads.
- 3) Regular staff updates, often skill based, such as Advanced Cardiac Life Support (ACLS) where staff rotate through skill stations to meet the requirements for certification.

### **Four steps of simulated learning in the clinical setting**

#### ***1. Planning and the set up***

In the clinical setting, facilitators plan simulation scenarios well in advance, for two reasons: 1) to enable rostered staff to attend, and 2) to negotiate access to the simulation

lab. Often this stage is not recognised in the literature but I believe it is essential. On the day before everyone arrives, facilitators take time to set up the room. They spend time checking the manikin making sure it is programmed correctly and meets fidelity requirements. If the debriefing room is separate, some take time to set up the physical space to make it welcoming for staff.

## ***2. The prebrief***

Prebriefing takes place before the simulation experience and is a time where the facilitator develops “an environment of trust” (Fanning & Gaba, 2007, p. 116). The prebrief begins with facilitators introducing themselves and their role to the staff. In this time, the purpose, the learning objectives, ground rules and expectations for the entire simulation experience, inclusive of debriefing, are established (Dreifuerst, 2012; Fanning & Gaba, 2007). Another of the facilitator’s responsibilities is to inform participants about expectations and how their behaviour will be measured – if at all (Fanning & Gaba, 2007). It is in the prebrief that the facilitator begins to consider the participants’ perceptions and their previous experiences with simulation (Fanning & Gaba, 2007).

Once the introduction is finished, the scenario is explained and participants are told what role they will take. Next, staff are introduced to the manikin and the equipment in the simulation suite. They are shown how the manikin works and any peculiarities. For example, in some manikins only one arm can be used for the insertion of intravenous fluids and the other arm is used to take the pulse and blood pressure.

## ***3. The scenario***

During the scenario, the facilitators observe staff perform the scenario. If the scenario is in a simulation centre, facilitators observe the scenario from behind one way glass.

In-situ simulation is different, there is no specially designed room with one way glass; instead, everyone (staff, technicians and facilitators) crowds into an unused bed space. An example of a scenario is a patient who develops ventricular fibrillation. The aim in this scenario is for staff to quickly respond in a deteriorating scenario. Facilitators might add further complexity by adding comorbidities to the patient's underlying medical history.

#### ***4. The debrief***

During the debrief the participants and facilitators gather in a prearranged space to discuss what happened in the simulation scenario. This space may be separate to the room in which the simulation took place or in-situ the same space is utilised.

Anecdotally, there is no one agreed length of time for debriefing. Participants suggest that it can take between 10-30 minutes.

### **The Process of Debriefing**

#### **Best practice standards**

In 2016, the INACSL updated the Standards of Best Practice Simulation<sup>SM</sup> debriefing in an attempt to standardise what is expected in a debrief (see Appendix I). Key criteria are identified as: 1) the person facilitating the debriefing is competent, 2) the environment needs to be/feel safe i.e. offers confidentiality, trust, open communication, self-analysis and reflection, 3) the facilitator of the debriefing needs to be able to “devote enough concentrated attention during the simulation to effectively debrief” (p. S 22), and 4) that debriefing is structured based on a theoretical framework (INACSL Standards Committee, 2016b). From a hermeneutic perspective, one could ask ‘what is the meaning of being competent, of being and feeling safe, of trusting?’ There are human elements within these standards that no framework in itself can ‘make’ happen. This thesis takes on the challenge of uncovering such meanings.

## **Models of debriefing**

This section briefly reviews common models of debriefing. A more in-depth critique of the most frequently used models is offered in Chapter Three. Known debriefing methods include Gather-Analyze-Summarize (GAS) (Phrampus & O'Donnell, 2013), Debriefing with Good Judgement (Rudolph, Simon, Dufresne, & Raemer, 2006), Debriefing for Meaningful Learning (Dreifuerst, 2010), EE-chats (Overstreet, 2010), and the 3D model (Zigmont, Kapuss, & Sudikoff, 2011).

Debriefing with Good Judgement, developed by Rudolph et al. (2006), is a three step model that uses an advocacy-inquiry approach. Critically, this approach appreciates both the facilitators' expert opinion while acknowledging the participants' outlook and aims to help participants make sense of their assumptions and knowledge (Rudolph et al., 2006). The authors highlighted this approach as promoting reflective practice. Another model, the 3D model of debriefing, also considers deepening thinking and identifies three separate parts to debriefing: defusing, discovering and deepening (Zigmont et al., 2011). The authors believed it is within the deepening component of the 3D model that new learning has the potential to change clinical practice (Zigmont et al., 2011).

Dreifuerst (2010) developed Debriefing for Meaningful Learning© (DML) to help students develop clinical reasoning skills. It includes six components: engage, explore, explain (decisions and actions), elaborate (thinking like a nurse), evaluate (the experience), and extend (inferential and analytical thinking). The author asserted that debriefing is an opportunity to nurture thinking and encourage the development of clinical reasoning (Dreifuerst, 2012). In summary, although these models differ in structure, promotion of reflection in which the simulation experience is reflected on, discussed with other participants and ideally absorbed into their future practice, is

common to them all (Fey, Scrandis, Daniels, & Haut, 2014). The question remains ‘how does one promote the kind of reflection that brings forth impactful insights that change practice?’

### **The approach to debriefing**

While debriefing is recognised as “the cornerstone of simulation learning” (Dreifuerst, 2012, p. 327), the approach towards debriefing can vary greatly (Neill & Wotton, 2011; Shinnick et al., 2011). Debriefing is usually facilitated and the facilitator is present from the beginning to the end of simulation. Facilitators encourage discussion and offer guided reflection to further the participants’ examination of their practice (Dreifuerst, 2012; Dufrene & Young, 2014). Debriefing can be structured (i.e. follow a framework) or unstructured. Whether or not a framework is used, debriefing should always include “a discussion of what went right, what went wrong, and what should be done differently” (Dreifuerst, Horton-Deutsch, & Henao, 2014, p. 45). Furthermore, Wazonis (2014) argued the framework that is used should be one that is known and evaluated. By reflecting on their performance, learners integrate new knowledge, skills and attitudes with their prior knowledge (Decker et al., 2013).

Lederman (1992) named the most important elements of debriefing as: 1) debriefer; 2) participants or debriefees; 3) an experience; 4) the impact of the experience; 5) recollection; 6) report; and 7) time. Notably, Lederman named people (the debriefer and the debriefee) and the scenario as structural elements of debriefing. One would expect that these elements were a necessary part of debriefing without which debriefing would not take place. However, by listing both the debriefee and debriefer, Lederman highlighted the difference in their expected roles, and that both need to be present.

More recently, Waznonis (2014) identified 12 key elements that make a difference to the effectiveness of debriefing: 1) length of debriefing time, 2) time in debrief compared to time in simulation, 3) physical environment, 4) the atmosphere, 5) faculty experience, 6) faculty role 7) student role, 8) methods and objectives of debriefing, 9) debriefing steps, 10) approaches, 11) tool for evaluation of debriefing, and 12) challenges encountered.

In a further study, Waznonis (2015) claimed current debriefing practices are many and complex. In summary, both Lederman and Waznonis identify essential elements they consider key to a successful debriefing. Nevertheless, both are constrained to listing elements that a new facilitator trying to learn how to debrief might find limited and confusing.

## **The Meaning of Facilitation**

The definition of a facilitator is “someone who helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision” (“Facilitator,” n.d.). Merriam Webster states the term arises from the French word facile which is derived from the Latin, facilis, meaning easy (“Facile,” n.d.-b). Facile used in late 15<sup>th</sup> century France means “easy,” from Latin facilis “easy to do” and, of persons “pliant, courteous, yielding” (“Facile,” n.d.-a). The word easy means something that is simple to do. In debriefing, the facilitator eases the conversation along. It is the facilitator’s role to be both the lube that greases a bicycle wheel and the glue that holds the conversation together.

## **The facilitator**

The importance of the facilitator’s role in the effectiveness of the debrief has been recognised by INACSL. In the Standard Simulation Facilitation, INACSL has clearly identified the key skills that facilitators should have (Decker et al., 2013; Fey et al.,

2014; INACSL Standards Committee, 2016a). This includes an understanding of best debriefing practice through formal debriefing education; however this can be provided by working with an experienced mentor. Additionally, they suggest the facilitator needs to regularly ask others to evaluate his/her debriefing practice, and needs to keep facilitating debriefing (Decker et al., 2013).

The facilitator's key role is to assist participants in learning how to examine their thinking, emotions and the events that occurred during simulation (Fey et al., 2014). Learning to critique their practice encourages participants to examine how they frame their clinical decision making (Fey et al., 2014). It seems inevitable tension occurs for facilitators trying to balance encouraging participants to be actively involved in their learning versus making sure the learning is maximised. Facilitators encourage practitioners to justify their thinking behind their practice, and to develop their critical thinking and clinical judgement skills with the hope of positively influencing future practice (Dreifuerst, 2012; Lasater, 2007; Lavoie, Pepin, & Cossette, 2015; Tanner, 2006).

Fanning and Gaba (2007) highlighted the ethical duty of facilitators as being to provide "a safe, confidential" space for facilitation (p. 118). Furthermore, if they want a successful debriefing, facilitators need to provide a space that feels supportive. This means participants need to feel able to openly and honestly discuss their experience and learning (Pearson & Smith, 1985). As such, Fanning and Gaba (2007) posited the skill of the facilitator "is paramount in ensuring the best possible learning experience" (p. 118). It seems reasonable to expect that the responsibility for helping practitioners to develop deeper reflective thinking lies on the shoulders of those leading the debriefing (Huesbo, Dieckmann, Rystedt, Soreide, & Friberg, 2013; Rudolph et al., 2006); suggesting facilitators need to positively facilitate the process and maintain



psychological safety (Fey et al., 2014). In summary, the role of the facilitator is seen as crucial to a successful debrief.

## **Summary**

This chapter has set the context for the study. It offers a background of simulation and debriefing and justifies why the study is important. I have also used this chapter to explore my pre-understandings and background experience to situate the study.

## **Overview of Chapters**

In Chapter One, I introduce the research question and contextualise debriefing as a component of simulation. Chapter Two further situates the study and explores reflection as essential teaching pedagogy relevant to debriefing. In Chapter Three, I review the literature relevant to debriefing; in particular, I explore literature relevant to the experience of debriefing.

Chapter Four describes the philosophical underpinnings of hermeneutic phenomenology and my understanding of this methodology. In Chapter Five, I tell the story of how I went about the research. Included in this chapter is an overview of conducting the research, selecting participants, gathering the data and undertaking the research with rigour.

Chapters Six, Seven and Eight are the findings chapters. These chapters focus on how facilitators experience debriefing and, as such, tell a story of the beginning, unfolding and the ending. Chapter Six uses Heidegger's notion of 'now' to consider the beginning of debriefing. In Chapter Seven, qualities of phronesis and tact are used to show how debriefing unfolds. Chapter Eight is about ending and what the facilitator and staff take away from the experience. The final chapter, Chapter Nine, the discussion, shares the importance of debriefing as a place to develop practice. In this

study, the voices of those that facilitate debriefing are shared. I learnt how vulnerable facilitators are at times and no matter how much they prepare, the debrief unfolds just as it does.

## Chapter Two: The Educational Underpinnings of Debriefing

We are most powerfully affected by deep and sustained experiences, which leave enduring imprints on our very constitution and consciousness. We not only know more but see differently and become another human being through transformative experiences. (Zajonc, 2010, p. 108)

### Introduction

Theoretical underpinnings of debriefing derive from experiential learning theory, which recognises and values learning from experience. Experiential learning theory draws on the work of several well-known educational scholars such as John Dewey, Kurt Lewin, Jean Piaget, William James, Carl Jung, Paulo Freire and Carl Rogers, all of whom recognise experience as central to learning (A. Y. Kolb & Kolb, 2005).

Adults benefit from experiential learning that encourages an exploration of concrete experiences (A. Y. Kolb & Kolb, 2005; Kolbe, Grande, & Spahn, 2015) such as simulation. Debriefing encourages reflection on an experience to help practitioners assimilate new knowledge to inform future practice (Rosser, Mooney, & Jasper, 2013). It involves looking back, considering and analysing what happened. Reflection is guided by a reflective framework in which practitioners evaluate their experience within a group (Lederman, 1992).

This chapter is in two parts. The first part begins with a definition of pedagogy, then discusses experiential learning and explores the most commonly cited theorists associated with debriefing: Dewey, Schön, Kolb, Boud, Keogh and Walker, and Vygotsky. The second part starts with andragogy and then considers other educational learning theories, including Meizrow's theory of transformative learning, Socratic questioning, situated learning and work based learning theory. Some of these theories are recent, however all fit with the notion of learning based on experience.

## **Pedagogy**

Pedagogy is an overarching term used to recognise the ‘way’ in which the teaching and learning encounter happens. In its most basic form it is thought of as the art and science of teaching children. Etymologically, the term pedagogy was first used in the 14<sup>th</sup> century and comes from the Greek “paidagogus” a word used to describe a slave that was responsible for taking children to school ("Pedagogue," n.d.).

van Manen (1990) claimed pedagogy has been “roughly equated with the act of teaching, instructional methodology, curriculum approach, or education in general” (p. 142). Conventionally, the teacher has been viewed as having all the knowledge and experience and thus has been thought of as “superior to the students” (Ironside, 2001, p. 75). Moreover this traditional pedagogical view has meant the teacher has been seen as being responsible for all decisions regarding learning – how, when, what and if anything has been learnt (Knowles, 1985; P. J. Palmer, 1998/2007).

Pedagogy is considered to be more than teaching; rather, it is “a way of thinking about and comportment within education (Ironside, 2001, p. 73). Waring (2014) agreed and views pedagogy as fundamental to teaching practice, suggesting it is “often ignored and misunderstood” and “means different things to different people” depending on their profession and perspective (p. 26). He disagreed with the notion of pedagogy as a craft, suggesting this view undermines the necessary reflection and examination of practice involved. Rather Waring argued teachers need to conceptualise a pedagogy that supports their own decisions and critical reflections. Waring claimed:

A teacher’s understanding of and stance in relation to pedagogy is fundamental to teaching how and where they position themselves as a professional and (re)frame their vision of education and its future, including the types of learning, learners and society that they want to promote as part of that. (p. 26)

Waring (2014) concluded “pedagogy and the way in which you interpret and operationalise it, plays a vital part in all dimensions of your teaching” (p. 26). For this study, pedagogy is the approach that each facilitator takes towards teaching, and the influence this brings to his/her teaching. Facilitators’ pedagogical approach is part of their everyday and is influenced by their beliefs, way of being, who they are and their experiences. In the next section, the theory underpinning experiential pedagogy is explored.

## **The Theoretical Underpinnings of Experiential Learning**

### **Cognitivism**

Experiential learning belongs to the cognitivist paradigm. Cognitivism developed out of a widespread dissatisfaction with the behaviourist model, which was known as being teacher-centred and focused on mastery of skills as directed by the teacher (in which the student performed the skills expected by the teacher) (Bates, 2016; Torre, Daley, Sebastian, & Elnicki, 2006). In contrast, within the cognitive framework, the teacher’s role is to help learners learn. Thus, the teacher focuses on developing the abilities of the learners and aims to help them become self-directed in their learning by helping students to understand “the structure of knowledge” (Torre et al., 2006, p. 904).

Indeed, cognitive learning theory aims to develop meanings or knowledge by linking new knowledge to what is already known. Consequently, knowledge and skills are taught that are applicable and adaptable to any situation; as such, teaching is more conceptual than factual. Torre et al. (2006) argued the development of critical thinking through reflection “is one of the most important components” of cognitivism (p. 904).

### **Dewey the philosopher**

Dewey [1859-1952], an early educational philosopher, was interested in experience.

He alleged that experience is the beginning of education, never the result; believing that

“all genuine education comes about through experience” (Dewey, 1938, p. 25).

Rodgers (2002) clarified Dewey’s meaning, suggesting an experience “involves interaction between the self and another person, the material world, and the natural world, an idea, or whatever constitutes the environment at hand” (p. 846).

Nevertheless, Dewey (1938) did not believe that “all experiences are educative” (p. 25), and surmised it is the quality of the experience that is essential. The quality of the experience relies on the experience being satisfactory and the potential for the experience to influence future experiences (Dewey, 1938). An experience that qualifies as educative is thought of as constructive and broadens the individual’s “experience and knowledge” (Rodgers, 2002, p. 848). Therefore, an experience becomes valued because of the meaning derived from it and the learning that one constructs from it (Rodgers, 2002). Dewey noted that experience is associated with the past and the future; hence, when we meet a new experience we consider our past experiences to make sense of the new experience (Rodgers, 2002).

Dewey (1916) linked the idea of experience with the idea of learning from it:

to ‘learn from experience’ is to make a backward and forward connection between what we do to things and what we enjoy or suffer from things in consequence. Under such conditions, doing becomes a trying; an experiment with the world to find out what it is like; the undergoing becomes instruction – discovery of the connection of things. (pp. 144-145)

The backward and forward approach is suggestive of reflection on an experience.

Dewey clarified that the aim of reflection “is to make meaning” (Rodgers, 2002, p. 848). Rodgers (2002), drawing on Dewey, stated that meaning happens when people make links “between that experience and the other experiences, between that experience and the knowledge that one carries and between that knowledge and the other knowledge produced by thinkers other than oneself” (p. 848). Moreover, “the creation of meaning out of experience is at the very heart of what it means to be human.

It is what enables us to make sense of and attribute value to the events of our lives” (Rodgers, 2002, p. 848). As such, sharing thinking with others in a group, such as debriefing, enables meaning. Thus, the facilitator helps people to make links between what they know and what they experience.

Dewey named three phases in the experiential learning cycle: reflective observation, abstract conceptualisation and active experimentation (Jeffries & Clochesy, 2012). Reflective observation involves “observation of surrounding conditions” (Dewey, 1938, p. 69). In abstract conceptualisation, one’s knowledge is compared to past experiences. Dewey (1938) suggested this knowledge comes from recollection of past experiences and “partly from the information, advice and warning of those whom have had a wider experience” (p. 69). Active experimentation is judgement of the experience, in which the individual aims to understand the significance of “what is observed and what is recalled” (Dewey, 1938, p. 69). This type of learning is best described as “experiential learning: learning by doing, thinking about and assimilation of lessons learned into everyday behaviours” (Fanning & Gaba, 2007, p. 115). Actively experiencing and participating in learning is thought to extend the length of the learning (Fanning & Gaba, 2007). In this study, the simulated scenario is the experiential learning experience, and debriefing is time where participants reflect on and make meaning of the experience.

### **The experiential learning cycle**

Educationalists, Schön (1983, 1987), Kolb (1984) and Boud, Keogh, and Walker (1985) further developed Dewey’s experiential learning theory into reflective cycles.

A. Y. Kolb and Kolb (2005) described experiential learning theory as:

an idealized learning cycle or spiral where the learner “touches all the bases” - experiencing, reflecting, thinking, and acting - in a recursive process that is responsive to the learning situation and what is being

learned. Immediate or concrete experiences are the basis for observations and reflections. These reflections are assimilated and distilled into abstract concepts from which new implications for action can be drawn. These implications can be actively tested and serve as guides in creating new experiences. (p. 194)

A. Y. Kolb and Kolb (2005) aligned experiential learning with the constructivist approach. This approach to learning believes knowledge is contextual and cannot be passed from the teacher to the learner. Instead, the learner constructs knowledge by creating new meanings from his/her experience within the context (Knowles, Holton, & Swanson, 2005; Parker & Myrick, 2009). Furthermore, learning from experience is cyclical and continuous, as knowledge continues to be gathered through new experiences (significant or insignificant) (Jeffries & Clochesy, 2012).

## **Schön**

Born in 1930, in the United States, Schön is considered an expert in the notion of reflective practice. He developed three key concepts of reflective practice: knowing-in-action, reflection-in-action and reflection-on-action.

## **Knowing-in-action**

Schön (1983) described knowing-in-action as the “spontaneous, intuitive performance of the actions of everyday life” (p. 49), such as walking, crawling or riding a bike. Furthermore, he recognised that “often we cannot say what it is that we know and when we try and describe it we find ourselves at a loss” (p. 49). Schön referred to this knowing as tacit: we know how to do something, and yet we do not know how we know. Development of tacit knowledge occurs without our awareness, whereby our experiences and interactions in the world are synthesised “into patterns” (Polkinghorne, 2004, p. 160). Schön (1987) viewed practitioner experience as knowledge-in-action, that which is used every day without giving too much thought to it. In summary,



“knowledge-in-action is a product of each practitioner’s unique history of personal experience” (Polkinghorne, 2004, p. 169).

### **Reflection-in-action and reflection-on-action**

Schön (1983) recognised two types of reflection; one that happens in the moment and the other that takes place once the action is finished, both are looking back. Reflection-in-action is one in which the practitioner recognises, reflects and acts on a situation whilst in the situation. Reflection-on-action occurs retrospectively, where practitioners’ consider how their knowledge and actions solved a particular situation and reflect on how they might have acted differently (Fitzgerald & Chapman, 2000). Schön’s notion of reflecting both in and on practice appeals to health practitioners because the approach encourages and values exploration of practice experiences (Fitzgerald & Chapman, 2000).

Reflection-in-action comes after knowing-in-action, and is reflecting on practice whilst in action (Newman, 1999). A practitioner who reflects in action considers what is before him and relies on his personal experience to solve the problem. Schön (1987) described reflection-in-action as similar to knowing-in-action, as a process in which the practitioner carries out an action but might not be able to say what they are doing. Aristotle, Polanyi and Schön proposed that knowledge learnt from books or ‘book wisdom’ may be learned by studying, but knowing while in action happens when we learn the task from the experience of performing it (Polkinghorne, 2004; Stegeman, Schoten, & Terpstra, 2013).

Reflection can take place in conversation, but does not mean that we stop to think what to say next, rather this thinking is fleeting (Polkinghorne, 2004).

Polkinghorne (2004) gave examples of this as “improvisations that make up a good conversation and practitioners sensible on-the-spot responses to unexpected questions”

(p. 169). Schön (1983) claimed reflection-in-action is common and may be “the core of practice” for some practitioners (p. 69). However, he noted not all people reflect; some may consider themselves “technical experts” and think admitting uncertainty “a sign of weakness” (Schön, p. 69).

Schön (1987) suggested that through reflection a practitioner can “criticise the tacit understandings” to make sense of situations in which she/he felt uncertain (p. 61). Practitioners “reflect on action, thinking back on what we have done in order to discover how our knowing in action may have contributed to an unexpected outcome” (Schön, 1987, p. 26). Reflective practitioners seek to understand the problem at hand to find a practical solution (Larrivee, 2008). Nevertheless, the dilemmas that health professionals face do not always “lend themselves to neat solutions” (Larrivee, 2008, p. 88). As such, these dilemmas require staff to first recognise there is a problem, and then inquire further. Recognition of a problem requires experience in judgement. It is one’s background knowledge that helps to identity a problem; whereas a novice practitioner may not recognise the problem or a potential problem.

Practitioners make clinical decisions quickly and spontaneously, in which they decide what to do whilst they are interacting with others. In the clinical setting there is no time to stop and consider the reasoning behind their decisions. The resulting action is often dependent on the ability of the health professional to be able to quickly reflect and manage uncertain situations (Schön, 1983). Furthermore, Schön (1983) asserted that while the reflective practitioner may reflect on and in his/her practice, this may vary. Schön suggested that practitioners may consider “the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behaviour” (p. 62). These reflections help the practitioner make sense of situations which are unexpected or out of the ordinary (Schön, 1983). Polkinghorne

(2004) suggested communal examination of clinical judgements can occur retrospectively, where practice decisions and alternative actions are considered in discussion with peers. This is reflection-on-action, reflection that takes place after the event.

Common to both reflective practice and experiential learning, is the reflection on the experience that leads to learning (Sawyer, Eppich, Brett-Fleegler, Grant, & Cheng, 2016). Indeed, debriefing resonates strongly with the concepts of reflection-in-action and on-action, where simulation participants reflect-in-action in the scenario, and then in the debrief reflect-on-action, critically think and possibly reframe their learning (Dreifuerst, 2009; Lasater, 2007; Tanner, 2006).

## **Kolb**

Kolb developed Dewey's theory of experiential learning into a four step learning cycle. Influenced by the educational theories of Lewin and Piaget, Kolb named it the experiential learning cycle to distinguish experience as central to the learning process (Knowles et al., 2005; D. A. Kolb, 1984). Kolb (1984) believed learning happens once people reflect and assimilate learning ready for future practice (Jeffries & Rogers, 2007). Consequently, he added a fourth step to the experiential learning cycle: testing implications of new concepts in new situations. He argued that "knowledge is created through the transformation of experience" (D. A. Kolb, 1984, p. 38). In summary, Kolb effectively advanced experiential learning by providing a framework, and firmly centred it as a practical and usable approach to adult learning (Knowles et al., 2005). Boud et al. (1985) noted that Kolb did not explain the last two stages of his cycle in-depth and argued that Kolb's cycle does not help to uncover the different steps in reflection. I agree with Boud et al., and surmise that without this detail Kolb's cycle does not add any further understanding of how the reflective process unfolds.

## **Boud, Keogh and Walker**

David Boud, a professor from the University of Sydney interested in adult learning, explored reflection for many years along with Rosemary Keogh and David Walker. Boud et al. (1985) considered reflection as a time: “in which people recapture their experience, think about it, mull over it and evaluate it” (p. 19). It consists of two components: 1) the experience, and 2) the learner’s reflection on the experience. In contrast to Schön and Kolb, these authors emphasised the importance of the learner in reflection and suggested that reflection is essentially “a form of response of the learner to the experience” (Boud et al., 1985, p. 18). This involves a “total response of the person to a situation or an event: what he or she thinks, feels, does and concludes at the time and immediately thereafter” (Boud et al., 1985, p. 18). Indeed, the stimulus to reflect can be positive or negative or it may be achievement of a task or skill that was previously thought of as difficult. As such, Boud et al. believe reflection can be an individual or group process, and can be “done well or badly, successfully or unsuccessfully” (p. 19).

The three steps of Boud et al.’s (1985) reflective process are returning to the experience, attending to feelings and reevaluating the experience. Returning to the experience is a chance for people to consider the experience again and notice all the nuances that evolved during the experience (Boud et al., 1985). Often, as the person shares his/her narrative, more details of the experience emerge, which helps to “examine afresh” (Boud et al., 1985, p. 27) what he/she was thinking and feeling, and why he/she acted in a particular manner. Replaying the experience helps the learners to clarify what happened from their perspective, which in turn provides the substance for further examination. Boud (1987) proposed that acknowledgment of feelings at this time is also important.

In the second stage, attending to feelings, Boud et al. (1985) claimed that feelings can become a barrier to learning and recommended setting negative feelings aside. Negative feelings can be shared with a group, but these feelings have the potential to negatively influence current and future learning. Recognising positive feelings becomes important because it helps individuals see themselves as able to cope in complex situations (Boud et al., 1985). Indeed positive feelings can be enhanced by examining how one responded in an adverse and challenging situation, and appreciating the actions undertaken as worthwhile and helpful. In debriefing, exploration of participants feelings is likely to be dependent on the facilitator's skill in facilitating such discussion.

The third stage consists of four parts: 1) association, where the learner compares new knowledge to old, 2) integration; they seek to discover the relationship between the two, 3) validation; they question whether their ideas and feelings are authentic, and 4) appropriation; they adopt and accept the new knowledge (Boud et al., 1985). Boud et al. (1985) do not see these four parts as being chronological; indeed they argued that they happen in no particular order, but are part of the third stage of reflection.

Interestingly, Boud et al. (1985) noted that although the process of reflection has been described, it remains difficult for teachers "to be precise about the nature of the process" (p. 21). In summary, Boud et al. offer more detail in their three stage reflective model but the description of the stages in the cycle are explained conceptually rather than offering specific techniques of how to reflect.

## **Vygotsky**

Another theory I consider relevant to debriefing is Vygotsky's [1896-1934] notion of learning being a social practice. Vygotsky developed the theory Zone of Proximal Development (ZPD) and argued learning is enhanced if one learns with others

(Chesters, 2012). Similar to experiential learning theory, Vygotsky's theory belongs in the constructive paradigm of learning, and focuses on the interaction between thought and language. He developed three main concepts: 1) ZPD, which is an area of social interaction; 2) Most Knowledgeable Others (MKO), people who are knowledgeable in the subject who can encourage others to learn; and 3) scaffolding, in which it is the teacher's role to support people's development and learning in the ZPD. Scaffolding involves breaking down the task into smaller pieces, role modelling, and keeping the learner engaged in the learning. This initial support and structure is then slowly removed as learners become more familiar with the subject by being and learning with the MKO (Bates, 2016). One could consider most simulation learning as social. In the clinical setting, simulated learning regularly occurs with a group of colleagues some of whom may be more knowledgeable than others. As such, the more knowledgeable participants may encourage and stimulate others to learn.

## **Learning as Adults**

Knowles [1968] developed a theory of learning for adults called andragogy (Knowles et al., 2005). In opposition to pedagogy, andragogy centres on the common characteristics of adult learners: being self-directed, prior experience, readiness to learn and application of knowledge (Knowles, 1985). Knowles (1985) believed adult learners enjoy problem centred learning as they can apply what they have learnt. Similarly, Fanning and Gaba (2007) suggested adults need to actively engage in the learning process to learn. Moreover, adults' motivation for learning will depend on such factors as to whether it is voluntary or not, and if the learning is linked to performance or job requirements (Fanning & Gaba, 2007). Being part of a simulated learning experience may motivate participants or not. This is likely to be dependent on the focus of the simulated learning. For example, simulated learning that is based on routine updates such as cardio pulmonary resuscitation (CPR) might be viewed

differently to practicing a ward-based scenario based on a similar event that happened on the ward.

Traditionally teaching involved a teacher telling students what they knew (Palmer, 1998/2007). Learners were seen as empty vessels that needed to be filled (van Manen, 1990). This manner of teaching assumed the teacher had all the knowledge and was gifting it to students. P. J. Palmer (1998/2007) suggested that teaching like this is simple because it prevents the teacher saying the same things twice, i.e. teachers teach once to a large group. In contrast, in student-centred pedagogy, the student is recognised as having the most knowledge and the teacher's role is to facilitate learning. Heidegger (1968) reminded us how difficult teaching is at times suggesting that "the teacher must be capable of being more teachable than the apprentices" (p. 15).

Zajonc (2010) recognised that experience by itself can open a door to learning, however, he argued "intellectual framing and reflection are required if meaning is to be made of the experience" (p. 108). Furthermore, he noted genuine conversation provides a place for rich learning and a chance for deep reflection (Zajonc, 2010). In the busy pace of clinical practice, practitioners do not always have time to reflect after a critical event. The role of the facilitator is necessary in debriefing to provide support, encouragement and guidance to enable learning.

### **Transformative learning theory**

Transformative learning theory continues to evolve and focuses on helping adults to adapt to change (Mezirow, 1996). Mezirow (1991) linked transformative theory to both Socrates, who was interested in self-reflection, and Habermas, who considered the idea of synthesis. As an educational approach, this theory promotes self-development through encouraging adults to question and critically reflect on their beliefs and assumptions (Mezirow & Taylor, 2009).

The three stages of transformative learning are a disorientating dilemma, critical reflection and perspective transformation (Mezirow, 2000). Similar to the other learning theories considered, transformative learning theory combines the notion of experience with reflection (Clapper, 2010). Mezirow suggested once adults are confronted with a dilemma, they are challenged to examine it by using their already known understandings of the situation. Mezirow refers to these understandings as ‘frames of reference’, in which, as adults we fall back on our past experiences of similar situations to make sense of what to do in the dilemma (Cranton, 2016). The term frame of reference is two dimensional and consists of both ‘habits of mind’ and ‘points of view’ (Cranton, 2016). Cranton (2016) describes habits of mind as “broad predispositions that we use to interpret experience. A point of view is a cluster of meaning schemes, and meaning schemes are habitual, implicit rules for interpreting experiences” (p. 18). Taking part in a simulation scenario may be disorientating for some people; others may experience contributing to the discussion in the debrief as a dilemma. Mezirow clarified that not all learners are able to adapt or transform their perspective through self-reflection, and suggested some learners may become stuck and not fully change their view (Morse, 2015).

### **Socratic questioning**

One method of teaching adults is Socratic questioning. Socrates introduced the idea of philosophy “being a process of critical inquiry” that involved argument, analysis, inquiry and collaboration (Chesters, 2012, p. 33). As an inquiry based approach, Socratic questioning involves agreement and disagreement and aims to develop the conversation into a reflective dialogue. In Socratic pedagogy, teachers support students to think for themselves, so they can improve their ability to contemplate common issues they encounter (Chesters, 2012). This method helps learners to retain knowledge and understanding as they actively develop their knowledge, rather than passively



absorbing told information (Paraskevas & Wickens, 2003). As an example, Brune (2004) suggested three levels of Socratic questions:

First order question: What is the character doing that is good?

Second order question: What is good behaviour?

Third order question: What is good? (p. 57)

Socratic questions develop from concrete to abstract and aim to develop reflection, critique and deepen the students' analytic thinking. In essence, Socratic questions support learners to move beyond the experience and consider how it might relate to practice. However, in debriefing practice in the clinical setting, there may not be enough time to enable this deeper level of thinking.

### **Situated learning**

Situated learning is described as having “legitimate peripheral participation” (p. 29) as a central characteristic (Lave & Wenger, 1991). Lave and Wenger (1991) explained further suggesting that “legitimate peripheral participation” considers the way relationships develop “between newcomers and old-timers, activities, identities, artifacts, and communities of knowledge and practice” (p. 29). They believed that by participating “in communities of practitioners” (p. 29), learning is inevitable and similar to apprenticeship-like learning.

Simulation provides a community of practice in which like-minded professionals learn together in a group and could be considered as situated learning. Simulated learning provides an opportunity for practitioners to legitimately learn requisite skills and tasks separately from the complex task, before having to put them all together in practice (Bradley & Postelthwaite, 2003).

Learning in such a group is socially negotiated (Lave & Wenger, 1991); as such it is the social aspect of relationships with others that add to the learning in debriefing.

It is important to learn within a community where people's observations and opinions are valued. Such a community has the potential to enable a rich discussion that includes both consensus and disagreement over what they experienced and the meaning of the experience (P. J. Palmer, 1987). This adds to the argument that learning in debriefing takes place both through shared reflections and by listening to others. Furthermore, the interaction and conversation that occurs within the group is an important aspect of learning.

### **Work based learning theory**

As this study is in the clinical setting, this next section explores work based learning theories, work based learning and informal learning. Stegeman et al. (2013) explored clinical workplace learning using theoretical and experiential approaches. The authors used the philosophies of Aristotle, Polanyi and Schön to “posit that the knowing *and* acting” underpinning day-to-day practice is personal and often implicit (p. 598). Aristotle described this as ‘theoretical and practical reasoning’; whereas Schön named it “reflection-in action” and “reflection-on-action”, and Polanyi referred to “the act of integration,” recognising the integration of knowing and understandings (Stegeman et al., 2013, p. 599).

Common to all these philosophies is “knowing” what action to take as a nurse, a midwife or doctor and an integration of the specific knowing with “types of knowing” (Stegeman et al., 2013, p. 599). For example, knowing as a nurse what observations to take for a particular patient and then synthesising the findings with the specific knowledge of the patient. The synthesis of this information leads to the nurse choosing the right action. Stegeman et al. (2013) believed “in order to act wisely and proficiently in each unique situation scientific knowledge needs to be integrated with these types of ‘knowing’” (p. 599). Learning how to respond in clinical practice comes

through practicing, and is reliant on interaction between more experienced staff and learners. This is similar to the apprenticeship model where the learner is immersed in practice and learns from more experienced staff (Stegeman et al., 2013).

Eraut (2004) proposed four types of work-based learning: 1) working with others, 2) involvement in group activities, 3) working with clients or patients, and 4) participating in challenging tasks. Eraut (2004) claimed learning at work is often unseen, unrecognised and taken for granted. Thus, the learner is unaware of the resulting knowledge and this new knowledge remains tacit (Eraut, 2000). Eraut (2004) argued that “tacit knowledge does not arise only from the implicit acquisition of knowledge but also from the implicit processing of knowledge (p. 253).

Taking it a step further, Eraut (2004) proposed the idea of informal learning in the workplace. Learning is categorised into three different types: implicit, deliberative and reactive (Eraut, 2000). Implicit learning happens all the time; deliberative learning occurs when time is set aside for learning; and reactive learning occurs in action and is the intentional thinking that happens on the spot (Eraut, 2004) – similar to Schön’s notion of reflection-in action.

Debriefing is deliberative work based learning. It often occurs with a team of people who know each other, such as a ward-based team. Often the simulation scenario replicates a recent adverse event, so that staff can revisit the experience and achieve a better outcome. Debriefing offers a chance for staff to explore their actions, compare these to actions they undertook in the real situation and examine what they could have done differently. It also enables staff to listen to how others made a decision in the moment. Group dialogue between participants encourages listening to what background knowledge influenced others’ decisions. This offers individuals a chance to uncover implicit knowledge, and share it with others. Dialogue in the debrief also

enables sharing of wisdom between those with more experience and novices, where participants talk about how they made their decisions which, in turn, enables others to hear the necessary steps of clinical decision making. Debriefing offers practitioners a chance to discover their tacit understandings with the aim of improving future practice.

## **Summary**

This chapter reviews educational theory associated with reflection, the key component of debriefing. All of the theories reviewed consider reflection following the experience as essential to learning. Schön clarified the importance of reflection both in action and on action, Kolb and Boud developed reflection into a cycle, added explanations and provided steps and frameworks for reflection. Indeed, without the thinking or interpretation of the experience, authors concurred there is no learning.

Debriefing takes place in a group, aims to transform future practice and is considered deliberative work based learning. The next chapter will explore the literature surrounding debriefing, and how it is known as the cornerstone of simulation.

## Chapter Three: Literature Review

### Introduction

This review of the literature seeks to reveal what is already known about debriefing. The hermeneutic perspective acknowledges that as ‘reviewer’ I come to this reading already-understanding. Smythe and Spence (2012) told us that our fore-having “allows us to make sense of that which we encounter” (p. 16). My own experience of debriefing informed my foresight, my ability to ‘see’ what authors were describing; and my fore-conception enabled me to grasp ideas. Heidegger (1962/2008) considered that it is these ‘fore’ understandings that enable interpretation. We cannot understand without them; yet by nature they are always infused with our own values, beliefs and opinions drawn from our life journey. This review of literature is how I see and understand.

Ontology is a key construct of Heidegger’s notion of being. “For Heidegger, philosophy is ontology, ontology by the same token, is phenomenology” (Crotty, 1998, p. 96). Crotty (1998) argued that “ontology is the study of being” and is concerned with “the nature of existence” (p. 10). Nevertheless, there is a difference between the ontic and the ontological. Harman (2007) noted Heidegger’s distinction between ontic as pertaining to “specific beings” and ontological as “anything that deals with being” (p. 58). Every phenomenon has two sides to its character – the ontic which is concrete in its essence and the ontological which is the essential nature of the phenomena (van Manen, 1984). Thus the ontological view seeks to uncover what is so often overlooked. For example, in debriefing there is a significant amount of literature that studies several different aspects of debriefing. Nevertheless, while literature has recognised debriefing as essential, there is very little understanding of what it is like to live the experience of being-a-facilitator. In this sense this chapter involves an

exploration of what is known about debriefing-the ontic, and an exploration of what is known about the ontological experience of debriefing.

### **The literature search**

The focus of this research is on facilitating debriefing in the clinical environment.

Initially I began the search within the simulation framework, then I narrowed the search further as described below. The search involved use of databases CINAHL, EBSCO, Scopus and Google Scholar. Literature was also found using commonly used citations, and reference lists of foundational studies. Search terms included nurs\*, simulation, practice learning, debriefing and post-simulation debriefing, facilitating debriefing and being debriefed, and phenomenol\*. Search filters included original research articles, published in the last 10 years, and published in English. The search included registered nurses, undergraduate nursing students, medical students, midwives and doctors. I uncovered many articles about how to debrief but did not locate any research about the experience of being a facilitator.

### **Debriefing is Known As**

I have explained the term debriefing in Chapter One, drawing on the definition accepted by INACSL which offers the key components as being: debriefing follows the simulation, it is led by a facilitator, it involves reflective thinking, explores emotions and has the purpose of equipping participants for ongoing practice (Meakim et al., 2013). In addition, others have described debriefing as being “intentional and vital” and one “that is designed to synergize, strengthen, and transfer learning from an experiential learning exercise” (Arafeh, Hansen, & Nichols, 2010, p. 302). As a vital component of the simulated experience debriefing cannot be understood without knowledge of the simulation scenario.

To begin, I consider two terms closely associated with the facilitator's role in debriefing; feedback and facilitation. Feedback is sometimes used in the literature to describe debriefing; facilitation is less common, but is the term I chose to use within this study. The prejudice I bring (Gadamer, 1975/1989) is that the role of the person who leads the debrief is about more than feeding back. Thus I situate myself with Meakim et al. (2013) in naming the person who leads 'the facilitator' and the process they seek to enact 'facilitation'. Furthermore, in this study, I have called the participants involved in the simulated learning experience as 'staff'. I settled on this term rather than trainees or learners, as I felt it recognised their dual role of being a registered health professional and a learner.

### **Debriefing as facilitation**

In choosing 'facilitation' over 'feedback' it is important to distinguish the difference. The limitation of the term feedback is that it is described as one-way, something that is told to the other e.g. the learner is told about the behaviour the teacher observed (Sawyer et al., 2016; Wazonis, 2014). Feedback is said to be specific, and about observed practice (Sawyer et al., 2016). Debriefing, on the other hand, is two-way in its intent. It is considered to be interactive and reflective, and involves guidance by a facilitator to enable reflection (Sawyer et al., 2016). Palaganas, Fey, and Simon (2016) view debriefing as

a conversation between 2 or more people to review a real or simulated event in which participants analyse their actions and reflect on the roles of the thought processes, psychomotor skills, and emotional states to improve or sustain performance in the future. (p. 78)

As such, debriefing is more like a conversation that takes place between facilitator and participants, facilitator and facilitator, and importantly, between participants (Eppich & Cheng, 2015; Sawyer et al., 2016).

Medical educators, Voyer and Hatala (2015), questioned whether debriefing and feedback are the same thing. They recognised both are an important aspect of clinical education. They suggested feedback given in the clinical setting could learn from debriefing research that recognises both the influence of context and the conditions in shaping meaningful feedback (Voyer & Hatala, 2015).

A successful debriefing is dependent on the ability of the facilitator to guide the session (Shinners, Africa, & Hawkes, 2016). Hence, facilitators need to understand the importance of having the necessary interpersonal and communication qualities such as openness and respect, and being non-judgemental, while also being aware that they are not the expert (Shinners et al., 2016). Not all learners reflect innately, and by guiding thinking and drawing out meaning, the facilitator helps all learners to get the greatest benefit from the experience (Dreifuerst, 2009). As such, in contrast to the busy clinical environment, debriefing provides time after the simulated events for review and exploration of practice (Parker & Myrick, 2009).

The role of the facilitator is crucial in enhancing learning, developing skills and helping participants to “explore clinical reasoning, clinical judgment, and apply their theoretical knowledge” (INACSL Standards Committee, 2016a, p. S16). Indeed INACSL asserts the facilitator “assumes responsibility and oversight for managing the entire simulation-based experience” (p. S16).

Facilitation theory arises from different backgrounds: psychological, physiological, educational, occupational and social (Burrows, 1997). Key educationalists involved in developing facilitation are Heron (1997), Rogers (1983), Brookfield (1986) and Townsend (1990) (Burrows, 1997). Educational facilitation has three key attributes: “genuine mutual respect, the development of a partnership in, a dynamic goal-orientated process, the practice of critical reflection” (Burrows, 1997, p.



400). Burrows (1997) defined facilitation as “a goal-orientated dynamic process, in which participants work together in an atmosphere of genuine mutual respect, in order to learn through critical reflection” (p. 401). In conclusion, Burrows recognised while educational facilitation has its roots in counselling, facilitation in education is undertaken differently.

To summarise, debriefing is more than feedback and is closely aligned with aspects of facilitation. In this study debriefing is considered to be two way in its intent, and is guided by a facilitator. Nonetheless, while debriefing practice is considered important, little is known about its nature (Wazonis, 2015); and while there is a plethora of ways for debriefing, no one method of debriefing has been adopted internationally. Additional investigation into the understanding of debriefing is warranted as it proves critical for productive reflective discussions (Fey et al., 2014), which suggests that the role of the facilitator influences the quality of the learning for the participant. The way to understanding is to go back to the experience itself; hence the phenomenological approach of this research.

## **What is Known About the Role of the Facilitator**

In this section, I explore the role of the facilitator including the how and the use of tools to debrief. The facilitator’s goal is to help the learners understand what happened in the simulated learning experience. In this way the facilitator does not tell the learners what they have learnt; rather the facilitator aims to discover what was learnt and the thinking behind this learning (Lederman, 1992). Shinnars et al. (2016) argued facilitators are essential to the success of the debriefing as they begin, sustain and close the discussion. Facilitators work to develop a relationship with all participants, only intervene if necessary and are described as accepting of silence (Shinnars et al., 2016). These are the views of authors who have observed and commented on the role of the facilitator

rather than offering insights from the experience of being a facilitator. Thus my study addresses a gap in the literature.

### **Facilitation as relational**

Several studies have discussed the importance of a safe and trusting setting for debriefing. Wickers (2010) felt it was the facilitator's role to "generate an atmosphere in which students' participation could thrive" (p. e84). This involved establishing a trusting relationship with students. Another way Wickers suggested trust could be established was the learner recognising the facilitator as someone he/she could trust. This was partly reliant on the learner perceiving the facilitator's knowledge as trustworthy (Wickers, 2010). Neill and Wotton (2011) reviewed nine articles within nursing education about simulation debriefing and argued that faculty was central in establishing an effective debriefing. In particular, it was the demeanour of the faculty that mattered to students. Qualities that were important to students were displaying an interest in their learning and enabling development of critical thinking by encouraging students to "answer their own questions" (Neill & Wotton, p. 167).

In her paper exploring student-teacher connection, Gillespie (2005) claimed that "knowing is foundational to trust, and mutuality is evident in the qualities of knowing, trust and respect" (p. 213). She talked of the importance of connection in the teaching relationship, suggesting that developing a connection between facilitators and learners is vital to learning. Her statement: "seeing honestly" takes "patience and commitment, and a willingness to see beyond" (Gillespie, 2005, p. 213) points to the complex nature of being a teacher.

One peculiarity of the debriefing context is the briefness of the relationship between the facilitator and participant. As such, although this is a dynamic relationship, it is also temporary, brief and uncertain.

## **Team work and debriefing**

A key objective in simulated learning is for staff to develop and extend their team work skills (Manser, 2009). Staff aim to work in collaboration with colleagues towards achieving patient wellness; yet learning to work with others takes time and is often not a taught skill. Working relationships are thought to be crucial to patient safety. One study suggested that “getting to know” other team members was vital to establishing trust and beginning a working relationship (Weller, Barrow, & Gasquoine, 2011, p. 485). In their study of the skills needed to establish collegial working relationships, Cowin and Edgar (2013) found that in the complexity of the clinical setting “open and respectful communication is essential” (p. 120). As such, simulation team work scenarios further enable the development of working relationships. Consequently, it seems that establishing debriefing as a place of exploration and reflection has the potential to benefit future working relationships.

## **How is facilitating learnt**

In 1992, Lederman recognised that “practitioners themselves learn to debrief by debriefing” (p. 143). New facilitators may have never been in a role where they have taught people in groups and are thus learning on the job how to teach and how to facilitate groups. The literature, in part from Lederman, seems not to reveal the way in which people learn how to facilitate post simulation events.

Some authors have argued that it is pulling everything together in the debriefing that is the most difficult (Dennehy, Sims, & Collins, 1998). In their editorial, Dismukes, Gaba, and Howard (2006) agreed that facilitating debriefing is challenging and argued it is unfortunate that facilitators are “rarely explicitly trained in the art of facilitation” (p. 24). Fanning and Gaba (2007) recognised the role creates tension for the facilitator, as he/she tries to balance the need to encourage involvement versus

addressing issues and ensuring optimal learning. Dieckmann, Molin Friis, Lippert, and Ostergaard (2009) agreed, claiming facilitators “need good facilitation skills to involve such ‘silent participants’, without pushing them too much” (p. e292). Dismukes et al. suggested six techniques to help facilitators:

the use of questions to elicit team participation, lead the team to topics and to deepen discussion; the strategic and tactical uses of silence; active listening (e.g. nonverbal, echoing, reflecting and expanding), and effective use of videos of team performance. (p. 24)

This is a useful guide but does not unpack ‘how’ to achieve such facilitated conversations.

Shinners et al. (2016) acknowledged the challenges in knowing how to approach difficult participants. Undoubtedly, difficult participants require skill in facilitation. Literature suggests facilitators should position themselves differently to classroom teachers and see themselves as co-learners rather than experts (Dreifuerst, 2009; Fanning & Gaba, 2007; Shinners et al., 2016). Some have argued it is essential that these skills are formally taught, rather than learnt through trial and error (Fanning & Gaba, 2007). Furthermore, the role of the participant differs. In some situations participants need to be prepared to critically analyse their own performance and actions, and share their thoughts with others (Fanning & Gaba, 2007). This research suggests such expectations may lead to some participants feeling vulnerable and worried, and concerned that their lack of knowledge may be exposed in front of others.

Fanning and Gaba (2007) noted the lack of research into the role of the facilitator, and summarised that the literature at that time did not reveal “how to debrief, how to teach or learn to debrief, what methods of debriefing exist and how effective they are at achieving learning objectives and goals” (p.115). Now, 10 years later, there still remains a paucity of literature about the experience of facilitating debriefing. Nonetheless, there is considerably more research being undertaken about

debriefing, and the benefit of talking about practice in the clinical setting (Eppich, Mullan, Brett-Fleegler, & Cheng, 2017; Sawyer et al., 2016).

### **Research about facilitating**

Three studies were located that considered the facilitator in debriefing (Dieckmann et al., 2009; Huesbo et al., 2013; Wazonis, 2015). A fourth study is also included in this section as it highlights the importance that students place on the role of the facilitator (Kelly et al., 2014). All of these studies, considered the way in which debriefing was undertaken, rather than the experience of actually doing the facilitating.

In a two stage Danish study, Dieckmann et al. (2009) wanted to know what simulation centre leaders saw as the ideal debriefing and what took place in debriefing. Methods involved a questionnaire and observation of facilitators during debriefings. Dieckmann et al. (2009) discovered facilitators were strongly involved in debriefing, but spoke to participants more than they questioned. Critically, they noted that debriefing practice may be “different from the ideal that is strived for” (Dieckmann et al., 2009, p. e293).

In a Norwegian study, Huesbo et al. (2013) explored the depth of reflection in facilitators’ questions and student responses. Findings indicated only 20% of the questions asked by facilitators were analytic in comparison to 35% of students’ responses. The authors agreed that debriefing is essential and see it is an opportunity for reflection, but concluded more work is needed to help facilitators develop a deeper level of questioning to promote deeper reflection.

In a mixed-methods study, Wazonis (2015) surveyed academics (n=293) from across the United States, to examine debriefing practices. Findings indicated that only 6% of faculty had not received training in debriefing, but that most training was informal, occurring through mentorship (Wazonis, 2015). The majority of

respondents (71%) had master's degrees and 40% used debriefing between one-to-four times a year with 43% using it greater than nine times a year. Notably only 44% of the participants described structuring their debriefing approach, and significantly 82% reported not using recognised debriefing frameworks (Wazonis, 2015). Participants found the biggest challenge to facilitators to be fatigue and recognised as the day went on it was more difficult to engage students. Other concerns were the lack of regular evaluation of facilitators' debriefing skills and that facilitators did not always facilitate the simulation experience, that is, were not involved in the 'whole' process (Wazonis, 2015).

In a recent Australian study, Kelly et al. (2014) asked 102 nursing students to rate 11 simulation components, to establish what part of simulation design and delivery mattered most to students. Facilitated debriefing was given the highest ranking by students. They enjoyed guidance in learning especially related to learning how to make sound clinical judgements. Guidance from the facilitator was rated third, with students valuing the interactions with academics, and the chance to be guided in clinical judgment by experienced academics (Kelly et al., 2014). Kelly et al. maintained these findings identify facilitated debriefing, reflection and facilitator guidance as what mattered the most for students in simulated learning experiences.

Together these studies add to the recognition that the role of the facilitator is essential, and key to the overall success of the simulated learning experience. These findings augment the argument that there is very little understanding of what actually occurs in debriefing practice, confirming the need for my research to further the understanding of facilitators' experiences of debriefing. Interestingly, all of the studies reviewed explored the 'how' of debriefing, but no studies were identified which explored the facilitator's experience of debriefing.

## Safety

Facilitating debriefing requires structure and planning inclusive of psychological safety (Fey et al., 2014). It is said that helping participants to feel safe within debriefing is an essential skill of the facilitator. Establishing ground rules for debriefing is recommended (Sawyer et al., 2016), and instrumental in establishing safety. Sawyer et al. (2016) recommended ground rules include expectations such as participation, maintaining confidentiality and reminding participants that learning is focused on improving participants' knowledge and future performance. They saw ground rules as establishing clarity about the expected performance and commitment, and argued that it is essential that ground rules apply to both the participants and the facilitator. Sawyer et al. gave the example that participants trust facilitators more if they sense that they 'do what they say,' and demonstrate integrity and professionalism. The authors recognise it takes courage to perform and analyse your actions in front of others. Established ground rules and a demonstrated commitment to learning is, therefore, seen as making it easier for participants who are unsure or ill at ease to commit to their learning.

Psychological safety refers to people feeling safe to speak without retribution (Sawyer et al., 2016) and is critical for learning (Palaganas et al., 2016). Sawyer et al. (2016) argued that facilitators need to establish psychological safety early on as participants need to know what and how they will be judged, and how (or if) these judgements will be shared. Others argued if participants feel safe, they are more likely to take risks and even if they make mistakes these will be viewed positively (Rudolph, Raemer, & Simon, 2014). Psychological safety is viewed as important as it helps to deter negative behaviours such as defensiveness, obstruction and withdrawal from interaction (Rudolph et al., 2014).

Rudolph et al. (2014) suggested four practices in the prebriefing that help to create psychological safety for learners. These are: identifying “clear boundaries, expectations and goals, establishing a fiction contract” (p. 341), attending to the logistics and conveying respect and interest in the learners’ perspective. A fiction contract is an overt agreement between facilitators and learners that lays out expectations and commitments expected of each other (Rudolph et al., 2014). These authors suggested that pre simulation briefing helps to set the learning up as safe, and furthermore helps learners to actively engage in the simulation scenario and participate in the debrief analysis. Palaganas et al. (2016) has added one more component “setting the scene for the clinical case” (p. 79). In this phase, they suggested the facilitator should share the information that participants need to know to enable them to perform in the simulation. Ground rules about expected behaviours can be established at the prebrief, and restated again at the beginning of the debrief. Consequently, they encourage facilitators to build a safe environment that enables participants to take risks and not be afraid to make mistakes, as they trust the facilitator not to shame them in front of their colleagues.

In summary, this literature describes the ontic constructs of debriefing. These findings hint at what participants may experience if facilitators do not set up guidelines to protect participants’ safety. The facilitators’ stories within this study reveal the lived experience of what happens between the facilitator and the participants in the post simulation discussion.

## **Tools used in debriefing**

### **The use of video in debriefing**

The impact of video recording on the effectiveness of debriefing has been studied by many authors. The use of video is thought to facilitate discussion and reflection and is centred on simulation learning objectives (Grant, Moss, Epps, & Watts, 2010). In their



systematic review, Levett-Jones and Lapkin (2013) identified six studies that compared debriefing with a video with other types of debriefing (Boet et al., 2011; Byrne et al., 2002; Chronister & Brown, 2012; Dreifuerst, 2012; Grant et al., 2010; Savoldelli et al., 2006). Chronister and Brown (2012) found that students' knowledge improved ( $p=0.008$ ) when debriefing occurred without the use of video compared to with video; however, the quality of student skills and their response times (speed) were enhanced by the use of video. In a comparison of three different types of feedback, Savoldelli et al. (2006) found that non-technical skills significantly improved for participants in both intervention groups (oral feedback or video feedback) ( $p<0.005$ ), but not in the control group. Boet et al. (2011) compared self-debriefing with video or instructor facilitated debriefing, and found that non-technical skill performance improved significantly in both groups. In conclusion, Savodelli et al. decided that simulation without instructor facilitated debriefing offers little benefit, in contrast to Boet et al. who concluded that some non-technical skills such as task management, team work, situational awareness and decision making can be taught effectively without an instructor present to debrief. Similarly, no differences were found between (a) video debriefing with a discussion of participants' performance and (b) multi-media debriefing using a standardised package that included a review of the learning objectives and scripted simulation videos (Welke et al., 2009).

In one study, nursing students ( $n=64$ ) were randomly assigned to debriefing alone or debriefing with a video to examine the effectiveness of video debriefing (Reed et al., 2013). Three items demonstrated statistically significant differences. First, students scored debriefing alone higher; second, students rated the facilitator as an expert in the content; and third, using a video to debrief had higher scores for enabling students to make connections between theory and practice, and for allowing students enough time to debrief thoroughly. In summary, Reed et al. (2013) concluded that

there was no clear evidence to support the use of a video in debriefing, although they acknowledged their study was underpowered.

Reed et al.'s (2013) conclusion is consistent with findings from Levett-Jones and Lapkin's (2013) systematic review – that is, the use of video in simulation debriefing is not superior to debriefing without video. The systematic review critiqued six studies that reviewed the use of video to debrief. While there were identified benefits, overall results concluded that the use of video was not necessary and was not significantly beneficial to participants. Levett-Jones and Lapkin (2013) concluded there was insufficient evidence to suggest using video in debrief over other types of debriefing. There was, however, strong support for debriefing compared to no debriefing. Another systematic review undertaken a year later (Cheng et al., 2014) offered four implications. First, the evidence surrounding the use of video in debriefing suggested there are “negligible benefits” to using video (Cheng et al., 2014, p. 662). Second, facilitators' role modelling the appropriate clinical responses with room for questions and answers had a positive effect (Cheng et al., 2014). The authors suggested that role modelling might be a possible adjunct to debriefing. Third, there is a lack of evidence regarding the appropriate timing for debriefing. The authors posited the length of time for debriefing is dependent on the topic, whether it is individual or team and the complexity of the task. Fourth, debriefing is not always used and is “most commonly used for resuscitation, communication and team skills, and anaesthesia based simulation” (Cheng et al., 2014, p. 664). In summary the authors recognised very few studies compared debriefing styles. Collectively these studies and reviews highlight the need for debriefing following simulation.

### **Other ways of debriefing**

Three American (Dine et al., 2008; Shinnick et al., 2011; Van Heukelom, Begaz, & Treat, 2010) and one Canadian study (Morgan et al., 2009) considered alternative ways

of debriefing: within-simulation, audio-visual, self-directed and guided-reflection debriefing, which demonstrated significant improvements in the intended learning. In all of the studies, debriefing followed the simulation scenarios, and groups of participants included undergraduate students (Shinnick et al., 2011; Van Heukelom et al., 2010) and registered health professionals (Dine et al., 2008; Morgan et al., 2009). Post simulation debriefing allowed participants to experience the consequences of their mistakes; whereas within-simulation debriefing could lead to negative learning as students could retain mistakes without knowing the correct actions (Van Heukelom et al., 2010). The combination of debriefing with audio-visual feedback markedly improved performance; however, performance improved in both verbal debriefing and audio-visual feedback alone (Dine et al., 2008). Anaesthetist critical event management improved for those who received debriefing in comparison to those who received none (Morgan et al., 2009). Participants' knowledge of heart failure increased following debriefing (Shinnick et al., 2011). It seems that the time spent in debriefing with a facilitator offers participants a chance for exploration, peer and facilitator feedback, hindsight and an opportunity to problem solve (Shinnick et al., 2011).

In studies where debriefing was compared with no debriefing, performance did not improve in those without debriefing. While there is evidence that debriefing makes a difference, there is no strong and consistent evidence that one manner of debriefing is better than another (Levett-Jones & Lapkin, 2013). There is now an excess of debriefing methodologies offered in the literature, which add to the confusion of choosing one method with which to debrief.

### **Public safety and debriefing**

Debriefing is thought to help health practitioners learn qualities and skills essential to collaboration and effective teamwork. Healthcare organisations are beginning to value

the importance of providing time for employees to practice teamwork and enable effective communication (Shinners et al., 2016; Weller et al., 2011). Time in debriefing is seen as an opportunity to reflect and discuss roles, behaviours and actions; in this way teams have a chance to practice communication without the pressure of potentially harming someone. As such, in the clinical environment, the essential focus of simulation scenarios is said to be to improve the quality of care and to keep patients safe. Structured and formal debriefing is described as helping graduates to understand how others make safe and adept clinical decisions as they “share responses and reactions to clinical situations in a safe environment” (Shinners et al., 2016, p. 217). This is said to offer practitioners time to foster and develop critical thinking and clinical reasoning skills (Dreifuerst, 2012; Rudolph et al., 2006).

Keeping patients safe is a key concern of the Health Quality and Safety Commission (2016) established in New Zealand in 2010. Their focus is to improve the quality of people and their families, and their role includes leadership, monitoring and quality improvement across the health sector (Health Quality and Safety Commission, 2016). In the quest for public safety within the healthcare system, there is a call for greater emphasis on the quality of patient care (Health Quality and Safety Commission, 2016; Institute of Medicine, 2010; Lavoie et al., 2015). The call is for health practitioners to be able to recognise and respond to threats to patient safety (Ironside et al., 2009), and to respond to acute events in an appropriate, timely and safe manner (Ironside et al., 2009; Lavoie et al., 2015; Waters et al., 2012). Key skills identified to work in this environment are the ability to communicate effectively within a team, clinical reasoning and clinical judgement skills.

## **Known phases of debriefing**

A common approach to structuring the debrief is the reaction, analysis and summary model (Arafeh et al., 2010; Kolbe et al., 2015). This approach has been adopted by the Institute of Medical Simulation, with a slight change, in that they term the second phase, ‘understanding’ (Palaganas et al., 2016).

In the reaction phase, facilitators encourage participants to share their reactions, both emotional and cognitive, to the simulation (Arafeh et al., 2010; Kolbe et al., 2015; Palaganas et al., 2016). This helps the facilitator establish what needs to be discussed in the debrief, and essentially refines the learning objectives. Palaganas et al. (2016) recommended that this phase is the place where the facilitator needs to listen to participants and discover what the most relevant issues are for participants. However, Arafeh et al. (2010) noted not too much time can be spent on unpacking emotional responses as the debrief needs to move to the next phase, the reflective dialogue.

In the analysis phase, the facilitator aims to promote in-depth thinking and analysis, encouraging participants to reflect on why they chose particular actions. It is in this phase that the “mental frameworks of the learner can be explored to provide insight into performance gaps” (Arafeh et al., 2010, p. 304). It is thought that the participants’ mental frameworks or background understanding guide their actions in the scenario. As such, it is these understandings that need to be unpacked so the participants can understand how they made decisions and then reframe these decisions for future practice (Arafeh et al., 2010).

In the summary phase, the facilitator attempts to wrap up and summarise key learning into take away messages for future practice (Arafeh et al., 2010; Kolbe et al., 2015; Palaganas et al., 2016). Palaganas et al. (2016) warned that facilitators need to be aware that they do not assume what was meaningful to participants, and suggested

participants could be asked what the important take home messages were. Closure, in which facilitators conclude the experience, is essential for participants (Lederman, 1992), so that they leave feeling as though their questions have been answered and the experience feels complete.

In summary, literature describes how the facilitators should facilitate, and offers three commonly used phases for facilitators to use. These phases are concrete in their explanations, which is common throughout debriefing literature, but do not describe the ontological experience of being a facilitator, or suggest how strategies can be employed to make the debrief a better experience. Such gaps further highlight the need for my study to discover what it is like to be a facilitator.

### **Debriefing Models**

As interest and recognition of the importance of debriefing grows, more debriefing methods are developed. These aim to help facilitators achieve the best outcomes, but do not necessarily help the facilitator to know what to do in the debrief. Waznonis (2014) found 22 methods of debriefing in her review of literature regarding debriefing. While many of the debriefing methods are based on similar theories, she recommended educators should strive for consistency; and that no matter what method facilitators choose, it needs to be evaluated (Waznonis, 2014). Notably she concluded that it was “impossible” to find all the current debriefing methods (Waznonis, 2014, p. 461). Eppich and Cheng (2015) suggested the difference in models is because of the type of simulation for which the debriefing model is planned. For example, they suggested the model, GAS (Phrampus & O'Donnell, 2013), was developed to use after ACLS and Paediatric Advanced Life Support (PALS) training. Furthermore they suggested some methods are developed for expediency whereas others are for facilitators with experience (Eppich & Cheng, 2015).

Huesbo, O'Regan, and Nestal (2015) compared five debriefing methods and aligned these against Gibbs' reflective framework. They found many debriefing methods to be somewhat aligned with Gibbs' six stage reflective model. They concluded that while reflective practice is important, facilitators need to also include empowerment and emancipation in the debriefing process. Nevertheless, Huesbo et al. (2015) did not suggest how this might be achieved. Together, the articles discussed here recognise the amount of literature available that examines the methods and structures of debriefing. Yet, the findings did not add to what is unknown about facilitating, or support the researcher to gain any insight into what facilitators do.

To give insight into some of the debriefing methods, I have presented five of them in Table 1 below. The stages and the aims of the different approaches are included.

**Table 1. Common Debriefing Methods**

<b>Name of Model</b>	<b>Authors</b>	<b>Stages</b>	<b>Aim</b>
PEARLS Promoting Excellence and Reflective Learning in Simulation	(Eppich & Cheng, 2015)	Reactions Descriptions Analysis Summary	This method offers a script as a "cognitive aid that may promote faculty development efforts" (Eppich & Cheng, 2015 p. 107).
Debriefing for Meaningful Learning	(Dreifuerst, 2012)	Engage Explore Explain Elaborate Evaluate Extend	To encourage the development of critical thinking in nursing students
Gather Analyze Summarise (GAS)	(Phrampus & O'Donnell, 2013)	Gather Analyze Summarise	For use after ACLS and PALS
Debriefing with Good Judgement	(Rudolph et al., 2006)	Uncover the trainees mental model Take a stance of genuine curiosity about the trainees frames	Aims to promote reflective practice by helping practitioners to uncover their tacit assumptions and understandings.

		Conversational technique pairing advocacy with inquiry	
The 3D model of debriefing	(Zigmont et al., 2011)	Defusing Discovering Deepening	This model aims to deepen participants thinking.

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Next I explore two common debriefing methods in further detail: Debriefing with Good Judgement (DGJ) and Debriefing for Meaningful Learning (DML). Both these models aim to increase patient safety by using a reflective framework to uncover participants' knowledge as to how they made clinical decisions.

### **Debriefing with Good Judgement**

DGJ was developed by Rudolph et al. (2006), after a 35 year research programme undertaken with business executives on “how to improve professional effectiveness through ‘reflective practice’” (p. 49). In this three stage approach, emphasis is placed on ensuring the feedback is positive rather than judgemental. The three stages include: uncovering the trainees' frame (or mental model) or their “knowledge, assumptions and feelings” (p. 49); taking a stance of genuine curiosity about the trainees' ‘frames’; and conversational technique where “advocacy is paired with inquiry” (Rudolph et al., 2006, p. 49). The authors claimed “advocacy is a type of speech that includes an objective observation and subjective judgement of the trainees' actions” (Rudolph et al., 2006, p. 49), and the frames or personal beliefs form the “actions people take” (Rudolph, Simon, P, Dufresne, & Raemer, 2007, p. 364).

In this model, the facilitator takes on the role of bringing these ‘frames’ “to the surface” to help people to learn to analyse the effect of their response and help them to develop new frames (Rudolph et al., 2007, p. 364). Rudolph et al. (2006) highlighted this approach as promoting reflective practice, as it aims to help participants make sense of their assumptions and knowledge. Facilitators are advised to share their



thoughts unequivocally, whether positive or negative (Rudolph et al., 2007). However, at times facilitators experience a dilemma when they need to voice their concerns but do not want to hurt or offend the learner, and “worry that criticism might lead to hurt feelings or defensiveness on the part of the trainee” (Rudolph et al., 2006, p. 49). Indeed, Rudolph et al. (2006) claimed it is important for facilitators to voice their concerns, especially as the learner’s mistakes or inaction could potentially cause harm in the real clinical setting. By not addressing mistakes the facilitator perpetuates the participant’s lack of knowledge. The authors supported facilitators sharing their concerns explicitly with participants, to enlighten participants as to why they might have acted and reacted the way they did (Rudolph et al. 2006).

DGJ is said to be rewarding as facilitators gain insight into how learners frame their beliefs, assumptions and actions, and these insights aid the facilitator to develop teaching and learning outcomes that seek to explore “frames, assumptions and knowledge” (Rudolph, Simon, Raemer, & Eppich, 2008, p. 369). In summary, Rudolph et al. (2008) clarified “this approach is not about talking nicely” rather it places the facilitators “thoughts, judgements and feelings front-and-centre” (p. 371). Nevertheless, this approach requires facilitators to share their thoughts wisely, caringly and honestly, whilst inquiring about the learners’ perspectives, which, may in turn, gain learners respect, and enhance learning (Rudolph et al., 2006). In summary, this approach shares the qualities and skills needed by facilitators to engage and encourage participants’ learning.

### **Debriefing for Meaningful Learning©**

In developing her method of debriefing, Dreifuerst (2010) was influenced by both educational theory (Schön, 1983) and nursing theory, centred on clinical reasoning (Lasater, 2007; Tanner, 2006). She argued student nurses need to learn clinical reasoning skills to cope with the complexity and demands of being a nurse. Educators

seek to encourage teaching and learning that promotes conceptual learning and “supports the development of clinical reasoning and guides the provision of patient care” (Dreifuerst, 2012, p. 326).

As a reflective model, DML aims to support learners to examine their practice and “translate their thinking, in the context of clinical experience, into actionable knowledge and decision making, thereby enhancing learning and fostering new reasoning and understanding” (Dreifuerst, 2012, p. 326). The six components (see Table 1) highlight the reflective cycle, particularly in the last three stages, which are linked with thinking like a nurse (elaborate), reflection-on-action (evaluate), in which learners are encouraged to think about their actions in the simulation, and finally “extend” in which students are encouraged to “extend” their existing thinking and develop their knowledge by “reflecting beyond-the-action” (Dreifuerst, 2012, p. 327).

In summary, DML is centred on teaching nursing students how to think like a nurse (Dreifuerst, 2015) and develop their clinical reasoning and future decision making skills. Dreifuerst purported that in developing skills in reflection, health practitioners are able to internally critique their practice, and integrate new practice decisions with existing knowledge to help themselves successfully negotiate and respond to complex and unfamiliar patient situations.

Two quasi-experimental studies were found that compared the effectiveness of structured (based on the DML framework) and unstructured debriefing on clinical reasoning (Dreifuerst, 2012; Mariani, Cantrell, Meakim, Prieto, & Dreifuerst, 2013). After developing the DML model, Dreifuerst (2012) evaluated the model herself asking three questions: 1) does DML positively affect the development of clinical reasoning skills? 2) do students’ perceive a difference in the quality of debriefing? and 3) is there

a correlation between the student's perceptions of the quality of the debriefing and their development of clinical reasoning skills?

Findings indicated that students who were debriefed using the DML method had statistically significantly higher post-test scores ( $p \leq 0.05$ ) in clinical reasoning. From this, Dreifuers (2012) concluded that structured debriefing helped students learn "how to think and reason within the context of the clinical environment" (p. 331). The study found a greater positive change in clinical reasoning skills (confirmed by pre- and post-test HRST scores) associated with students' perceptions of the structured debriefing being of a higher quality.

Mariani et al. (2013) used the DML method to examine the effect of structured debriefing versus unstructured debriefing on the clinical judgement of student nurses ( $n=86$ ). Using the Lasater Clinical Judgement Rubric (LCJR), based on Tanner's (2006) work, Mariani et al. found no statistically significant difference in clinical judgement skills between the groups. Focus group participants perceived structured debriefing as promoting student focused learning that helped students to develop skills in interpreting test results and checking doctors' orders. Notably, students thought unstructured debriefing was instructor focused rather than student focused. Research by Mariani et al. found that students perceived structured debriefing as learner focused, and preferred structured to unstructured debriefing.

These two studies offer contrasting results. Dreifuers (2012) found structured debriefing (DML) increased clinical reasoning skills; however Mariani et al. (2013) found no statistically significant difference in participants' clinical judgement abilities. While qualitative data reported students perceived structured debriefing as beneficial, only seven out of the 86 students attended focus groups (Mariani et al., 2013). The authors highlighted that there is no consistent evidence to support structured debriefing

above unstructured debriefing; however, recognise the difference in findings may have been because of several factors, such as the difference in sample size, and the use of different measurement instruments. This lack of clear evidence, of structured debriefing being better than unstructured debriefing, leaves room for facilitators to choose an approach to debriefing with little robust guidance.

In conclusion, this section gives an overview of debriefing methods. Whilst this review is limited to two methods, one can get the sense that these methods are similar to other debriefing methods. None of the studies mentioned what facilitators thought of debriefing or what their experiences of using the model were.

## **Being Debriefed**

Even though many authors have recognised debriefing as the cornerstone of simulation, I found only two studies that considered the experience of being debriefed from the perspective of wanting to gain insight into students' experiences. These studies, undertaken in the United States, used focus groups to explore nursing students' perceptions of debriefing (Cantrell, 2008; Fey et al., 2014).

In the first study, Cantrell (2008) examined 11 students' perceptions about whether debriefing helped increase their awareness of their skill level and performance, and whether structured debriefing enhanced students' perception of simulation as a teaching and learning experience. A quick verbal debriefing was undertaken immediately following simulation, but limited to 10 minutes due to restricted time and lab space (Cantrell, 2008). After a delay of two weeks, participants were offered structured debriefing in a focus group where the study investigator (as the facilitator) used videos to review their simulation performance, offered feedback and questioned students about the benefit of structured debriefing (Cantrell, 2008).

Three components were identified as critical in influencing student learning: adequate preparation, the demeanour of faculty and the debriefing immediately following simulation (Cantrell, 2008). Faculty with a positive demeanour supported students with humour, cueing and coaching. A positive demeanour lessened students' anxiety and stress which, in turn, enabled their learning. In comparison, faculty who did not have a positive demeanour or did not engage with students, negatively affected the student's learning (Cantrell, 2008). One student commented "Maybe instead of drilling us, they could have just like helped us get the assessment. Maybe they could have gone through exactly what you're supposed to do instead of asking us information we didn't know" (Cantrell, 2008, p. e21). Students wanted debriefing at the conclusion of simulation as the experience was "fresh in their mind" (Cantrell, 2008, p. e21). In summary, participants identified that they needed "direction and assistance" during both the simulation and debriefing as it helped them to "integrate the experience and their performance into their knowledge base" (Cantrell, 2008, p. e22). Students concluded that it was important that debriefing occurred immediately following simulation and it was the demeanour of the facilitator that mattered rather than the structure of the debriefing (Cantrell, 2008).

More recently, Fey et al. (2014) used a phenomenological approach to gain insight into nursing students' perspectives of debriefing. The authors sought to understand characteristics of debriefing that contributed to students' ability to learn. Twenty-eight nursing students completed a 20-25 minute simulation with simulated patients (actors who simulated the patient role), followed by a 45-60 minute debriefing. Participants then completed an evaluation of the facilitator's abilities in debriefing and joined one of eight focus groups.

Five themes were revealed: “(a) safe environment, (b) debriefing to explore thoughts, (c) feedback from multiple perspectives, (d) all in this together, and (e) facilitation” (Fey et al., 2014, p. e252). A safe environment meant that participants felt as though they could not harm the patient, and additionally that the participants felt safe when interacting with the facilitator. Students highlighted the need to feel safe as critical. This included time spent in simulation, where they felt safe because their actions were not assessed (Fey et al., 2014). Exploring their thinking was meaningful for participants as it helped to evaluate their practice and identify strengths and weaknesses. Immediate feedback and constructive peer feedback was recognised as important to participants, as peer support helped to normalise their reactions and validate their experiences without feeling intimidated. Listening to their peers helped students to learn “about their mistakes” from their peers at a similar “level” in the nursing program” (Fey et al., 2014, p. e 253). Feedback from the facilitator enabled them to explore the actions needed to remedy their mistakes.

Supportive facilitation was seen as important to participants in creating a supportive learning environment. The following quote from a student highlighted just how important it was for them to feel safe: “I felt really safe. I felt that I could admit a mistake and it wasn’t like you’re a bad person or you shouldn’t be a nurse now because you failed that” (Fey et al., 2014, p. e253). Students also highlighted the importance of faculty demeanour and agreed that the facilitator needed to have skills in facilitation and debriefing. Students described how they felt: “eye contact is huge. I feel like you’re talking to me and you’re listening to what I’m telling you” (Fey et al., 2014, p. e254).

The findings of both studies (Cantrell, 2008; Fey et al., 2014) concurred: debriefing and interaction with the facilitator should aim to benefit students learning.

The students' perceptions of debriefing in both studies were similar. Firstly, that debriefing needed to occur immediately after the simulation experience. Secondly, that faculty with a positive demeanour and supportive facilitation skills helped to create a positive learning environment. Skills that students perceived as important were: "empathising, demonstrating positive non-verbal communication, eye contact, allowing enough time to address all the questions, managing the conversation flow, encouraging participation of every student and being easy to talk to" (Fey et al., 2014, p. e252).

To summarise, students in both studies highly valued debriefing, recognising it as crucial. Additionally, students identified facilitator qualities that they appreciated as positively affecting their learning. Further, students recognised the feedback received as an important component of successful simulations and that it was the quality of the debriefing that mattered (Cantrell, 2008; Fey et al., 2014). Overall, these studies further highlight the need for my study to gain insight into facilitators' understanding of what matters in debriefing.

## **Summary**

The literature is in agreement that debriefing is an essential component of simulation. This chapter highlighted aspects of the known methods and structures of debriefs, in an attempt to demonstrate what is expected of the facilitator in debriefing. Recent literature published about debriefing remains focused on discussing the ontic notions of debriefing. To uncover what is known about the ontological understanding of facilitating, I explored the limited literature that offered insights from what simulation participants experienced. While this research was qualitative, it presented findings in a manner that highlighted positive characteristics rather than 'the experience itself'. The ontological perspective was thus only glimpsed. Students recognised that debriefing matters; they experienced the learning as adding value and, in particular, acknowledged

the importance of facilitator skills in keeping the debriefing safe. Keeping the participants feeling psychologically safe was considered key to achieving a good debriefing. In this way participants are able to contribute because they trust the facilitator. This relies on the participants experiencing the facilitator's demeanour as positive, supportive and encouraging.

In conclusion, how facilitators experience debriefing remains elusive. This current study aims to explore the experience of being a facilitator in a phenomenological manner to uncover the ontological understandings of being a facilitator.



## Chapter Four: Methodology

### Introduction

Hermeneutic phenomenology is used as the philosophical stance to gain insight into the experience of being a facilitator within the simulation context. In this chapter, I explore the philosophical theories of Heidegger and Gadamer, and the key notions relevant to this study. In regard to Heidegger's philosophy of phenomenology I explore Dasein, Being-in-the-World and Being-with Others, and the notions of time and attunement. With respect to Gadamer, I examine three central notions of hermeneutical circle, fusion of horizons and dialogue. Finally, I consider phronesis situated in practice, with reference to notion of having to make decisions in the moment.

### Phenomenology

Heidegger presents the term phenomenon as meaning "that which shows itself", and logos meaning "to let something be seen" (van Manen, 2014, p. 27). Heidegger's phenomenological approach is interested in uncovering that which is hidden (Heidegger, 1962/2008). van Manen highlighted the everydayness of the phenomenon under study. He described how in phenomenology the researcher wonders about the usual of everyday and suggested "wonder leads us to the pure acknowledgement of the unusualness of the usual. It is not the unusualness, but the usualness of the everyday common experience that is unusual" (van Manen, 2017, p. 816).

Husserl [1859-1938], an early German philosopher, is thought of as the forefather of phenomenology (van Manen, 2014). For Husserl, "phenomenology is the study of phenomena, and the phenomena are someone's experiences" (van Manen, 2014, p. 91). Husserl was most interested in the thing itself and is known for the saying "to the things themselves!" (Heidegger, 1962/2008, p. 28). He believed people's background understanding needed to be closeted or bracketed, so they did not influence

the researcher's thoughts. As a student of Husserl, Heidegger is known for his interest in interpreting people's lived experience. Heidegger adopted Husserl's philosophy of phenomenology but, in contrast to Husserl, Heidegger believed that background understandings cannot be ignored. He argued that the researcher brings his/her own pre-understandings and background understandings with him/her and that these need to be acknowledged as shaping understanding.

In phenomenological inquiry, the researcher seeks to "bring something into the light" (Heidegger, 1962/2008, p. 29), suggesting that what is unknown about the phenomena of interest lies hidden. Heidegger (1962/2008) referred to phenomenon as "the-showing-itself-in-itself" to give a sense of the way in which "something can be encountered" (Heidegger, 1962/2008, p. 31). He believed "every inquiry is a seeking" (p. 5), and the inquiry is guided by what is sought (Heidegger, 1962/2008); through inquiry the researcher seeks to uncover that which is hidden about the phenomena.

Initially when I first delved into Heidegger I turned to van Manen to help me understand Heidegger's philosophical notions. van Manen developed his interest in hermeneutic phenomenology whilst studying pedagogy in the 1960's (van Manen, 1990). His use of phenomenology to explore pedagogy resonated with me philosophically and influenced my understanding of phenomenology. Phenomenology is a philosophy with no defined way of doing research. van Manen (2014) suggested "phenomenology is primarily a philosophic method for questioning" and within the questioning "exist the possibilities and potentialities for experiencing, openings, understandings, insights" (p. 29). The researcher questions more than answers and wonders about the phenomenon under question. As such, no one answer may be discovered. Instead, "tentative suggestions, hints of possibilities" are uncovered (Smythe, Ironside, Sims, Swenson, & Spence, 2008, p. 1391). The approach to

phenomenology is complex as “every experience has layer upon layer of meaning embedded within it” (Smythe et al., 2008, p. 1391), and thus the researcher learns to listen to the nuances embedded within the stories to give voice to the participants’ experiences.

### **The phenomenological question**

The phenomenological question cannot be written down at the beginning of the study without telling the reader about the reasoning behind it. van Manen (1984) suggests the researcher needs to draw the readers into the question by telling them of the story behind the question. Indeed, he claimed “that a phenomenological questioning teaches the reader to wonder, to question deeply the very thing which is being questioned by the question” (van Manen, 1984, p. 46).

Often we do not have enough time to “reflect on our experiences at all” (p. 31), and “simply live our lives in a mode of ‘taken-for-grantedness’” (van Manen, 1984, p. 31). As such, the phenomenological question can arise from anywhere. Often it comes after having an experience and wondering about the experience (van Manen, 1984). For me, it was after experiencing a simulation debrief that did not go well. I had worked with a group of students undertaking simulated experiences all morning and afterwards, in the debrief, the students were very quiet. I tried several times to engage them in conversation but only one person talked. Eventually it absolved into silence with no-one contributing to the conversation, at which point I ended the debrief. Afterwards I spent time reflecting how I might have done better. I felt as though I was not facilitating learning for students in the way I wanted. This experience made me wonder how others experienced facilitating debriefing. I wanted to know more about their experiences. Did they have similar silences? What was it like for them?

Another time I debriefed three different groups of learners following a simulation of a child with bronchiolitis. Each time the debriefing differed depending on what had happened for the group in the simulation. One group in particular had wanted to practice paediatric cardio-pulmonary resuscitation (CPR) and thus in the debrief we discussed how this felt for them and what they had learnt. In each debrief I tried to pull the learning together whilst keeping the learners at the centre of the conversation. I came to understand that each debriefing experience is unique in terms of the people, content and flow; yet I wondered if there was ‘a way of being’ a facilitator that ran across experiences. As such, hermeneutic phenomenology offered a philosophy in which I could explore the ontological nature of being a facilitator, by conversing with facilitators about their experiences.

## **Hermeneutics**

Hermeneutics is known as interpretation and is crucial to both Heidegger’s and Gadamer’s philosophical stance on phenomenology. The term hermeneutics comes from the Greek – *hermeneuein* which is translated to mean “to interpret” (R. E. Palmer, 1969, p. 12). Gadamer (1975/1989) believed “the hermeneutic task” does not involve “covering up this tension” ... “between the text and the present” (p. 371); rather it involves showing the tension. As Gadamer (1975/1989) stated, “the horizon of the present cannot be formed without the past” (p. 318). And thus, “hermeneutics in practice is itself a conversation” (R. E. Palmer, 2001, p. 11) that involves an interpretive conversation with the text. And yet, our hermeneutic interpretation is always changing because how we read and see a text is in constant flux, similar to how our understandings change and develop (Jasper, 2004).

## Heidegger

### History

Heidegger is described as the most influential, “significant and gifted” philosopher of the 20<sup>th</sup> century” (van Manen, 2014, p. 104). He was born in 1896, in southern Germany in the small town of Messkirch. His interest in philosophy began at high school as he was being prepared for the priesthood (Inwood, 1997). However, by 1909, he had left the priesthood and was at Freiburg University studying theology and philosophy. It was at this time he met Husserl who was at the time recognised as the “leading figure in the phenomenological movement” (Inwood, 1997, p. 2).

In 1915, his academic career was temporarily halted when he was conscripted for military service, but he never undertook active duty and instead worked in the “postal and metrological services” (Inwood, 1997, p. 2). Over the next few years, between the wars, he became a well-known lecturer of phenomenology, and gained professorship at the University of Freiburg. Early in the 1930s, Heidegger was sympathetic to Nazism and joined The National Socialist German Workers’ Party (NSDAP), and on 27 May 1933 as the newly appointed rector of Freiburg University gave his rectoral address. At this time, he supported Hitler’s policies and voiced his support by referencing Nazi policies in lectures (Inwood, 1997; Krell, 1993). Heidegger went along with Hitler’s regime for a total of 10 months between 1933 and 1934, but after “conflicts with the faculty and with party officials” resigned from his post in April 1934 (Inwood, 1997, p. 5; Krell, 1993). After this time he took no active political action; indeed by 1936, he “was under surveillance by the Gestapo” (p. 5), and in 1944, was “drafted into Volkssturm (the ‘People’s Storm’...) to help dig anti-tank ditches” (Inwood, 1997, p. 6). Nevertheless, his support and involvement with the Nazi party was not forgotten and after the war he was banned from teaching from 1946 until

1949 (Krell, 1993). Over this time, Heidegger continued to publish works; often these were revisions of previous lectures (Inwood, 1997).

Heidegger's involvement with Nazism has caused much concern over the years. Many authors have sought to detail his involvement to make his political history transparent rather than hidden. Inwood (1997) noted if Heidegger was not a philosopher there might not have been as much interest in his past. Nonetheless, people remain upset and angry about his initial support of Hitler, but mostly about his silence about the atrocities "committed against Jews and other peoples of Europe" (Krell, 1993, p. 28).

For me it is difficult to put Heidegger's support of Hitler into context. I assume speaking out would have taken a lot of courage. From my view I cannot understand what post-war Germany would have been like. I am not convinced that not speaking out meant Heidegger was in support of Hitler. While I disapprove of Hitler's actions, I do not feel I can make a judgement one way or the other about Heidegger's stance, other than to agree that, like the rest of us, he was not infallible. I am reassured by authors who say there appears to be nothing fascist in his scholarly writings (Young, 1997). I have engaged with his writing open to any hints of 'uncomfortableness'. His writing has provoked and extended my thinking. This next section, explores Heidegger's essential notions relative to this study.

## **Dasein**

For Heidegger, Dasein is a key notion central to his philosophy, but while Dasein is well recognised it is difficult to explain. Put simply Dasein is "being there" or "existence" (Harman, 2007, p. 25). Another way of interpreting Dasein is "the mode of being human" (Lavery, 2003, p. 2) or "the situated meaning of a human in the world" (Annells, 1996, p. 706). Inwood (1997) explained Dasein is not a "definite actual

thing” (p. 23); instead, it is a possible way of being, and noted that as this is being-in-the-world, it “brings the whole world along with it” (p. 22). Heidegger (1962/2008) talked about Dasein as being part of everything, and suggested “everything we talk about, everything we have in view, everything towards which we comport ourselves in any way, is being; what we are is being, and so is how we are” (p. 7). Thus, Dasein is “how we are” as being part of our everyday world.

### **Being-in-the-world**

Heidegger located Dasein as being-in-the-world and recognised that being and the world do not interact separately to each other, rather they complement each other (Inwood, 1997). He considered being-in-the-world as “the open space where beings reveal themselves in sundry ways, coming out of concealments into their “truth” (*aletheia*) and withdrawing again into obscurity” (Krell, 1993, p. 20). Heidegger (1962/2008) viewed understanding as fundamental to the “basic mode of Dasein’s Being” (p. 144). As such, Heidegger emphasised understanding another’s being can be reached in the context of ‘being-in-the-world’ (Annells, 1996).

### **Being with others**

Heidegger (1962/2008) viewed “Being in the world as Being-with and Being-one’s-Self” (p. 41). Being-with-others belongs to “Being of Dasein” (Heidegger, p. 123), and that Being-with-others is “for the sake of Others” (Heidegger, p. 123). He names other beings as “Others”, and recognises that we encounter others “as what they are; they *are* what they do” (Heidegger, p. 126). In other words, in debriefing facilitators are what they do in response to the other people in the group. Debriefing always takes place with others, and so in this study I explore Being-with. Part of being a facilitator is being in a relationship, and as such their everydayness is influenced by being-with-others.

In the Heidegger Dictionary, Inwood (1999) noted that Heidegger differentiates between relationships “by using different propositions” (1999, p. 31), such as with, Being-with Others or Being-by one’s-Self. Essence is a word Heidegger uses to describe “what “makes” a being what it is” or what is the “beingness of beings” (Inwood, 1999, p. 53). In the context of this study, I aim to begin to uncover the essence of being a facilitator, recognising that understanding is never completely revealed.

## **Time**

Heidegger (1962/2008) talks of time “as a succession, as a ‘flowing stream’ of “now’s” (p. 422). He suggests that time is made up of a series of moments and recognises time as fleeting. Further, he talks of time being “endless ‘on both sides’” of the past and the future, and as such “time is infinite” (Heidegger, p. 424). He sees time or a moment of time being made up of all that has gone before. Closely linked is the notion that what is past contributes to what is now. And thus our present is informed by our past: “Lost in the making present of the ‘today’, it understands the ‘past’ in terms of the ‘Present’” (Heidegger, 1962/2008, p. 391). Hence, our decision making in the moment is influenced by decisions we made in the past and what happened afterwards as a result of our decisions. Indeed, as Guignon (1993) posited, “the present bears within in it the past and the future” (p. 156), suggesting each moment is made up of both. Within this study, facilitators in the moment of debriefing bring experiences from the past into the moment of facilitating.

## **Attunement**

In one of Heidegger’s (1968) later lectures he talks of learning. He uses the analogy of an apprentice cabinet maker learning to work with wood. By working the wood the apprentice understands the very essence of the wood. He spends time getting to know



the wood, relating to it and learning his craft. He gains not only insight into how to make furniture, but also deeper understanding of the intricacies of working with different woods. Heidegger suggested without this true understanding, “the hidden riches of its nature” of the wood does not take place (p. 14). In this way he called for the cabinet maker to truly know his craft by being attuned. By giving time to this knowing the apprentice continues to attune himself to the nuances, complexities and uniqueness of the wood.

And yet Heidegger (1968) concurred that it is the presence of a teacher, one who perhaps is more learn-ed, that helps the apprentice understand. Heidegger proposed teaching is more difficult than learning as it is the teacher who needs to always be-ready. Furthermore, “the real teacher, in fact, lets nothing else be learned than-learning” (Heidegger, 1968, p. 15). Hence, Heidegger distinguished the importance of the role of the teacher in learning. Further to this, Heidegger (1968) reflected on the attributes of the teacher suggesting that there is no place “for the authority of the know-it-all” (p. 15) in a genuine relationship between teacher and learner.

## **Gadamer**

### **History**

Gadamer, a student of both Husserl and Heidegger, is recognised as crucial to the development of philosophical hermeneutics (Koch, 1996). Born in Marburg in 1900, he lived for a century and died in 2002. Gadamer studied under Heidegger at Freiburg University, but felt paralyzed at times with the thought of Heidegger “reading over his shoulder” (van Manen, 2014, p. 132). After World War I, in a depressed German economy, he struggled to gain employment. Then with the arrival of Hitler it was mainly academics with allegiance to the Nazi party who were appointed to University

positions. Unlike Heidegger, Gadamer did not join the Nazi party and eventually was offered a position at Leipzig University in 1939. Once World War II was over he was offered, and accepted, the role of Head of Department at University of Heidelberg, where he remained until his retirement.

Gadamer explained his focus was on teaching rather than publications and it was not until he was 60, nearing the age of retirement, that *Truth and Method* was published (R. E. Palmer, 2001). In the years since the publication, Gadamer's focus remained on exploring the "role of language, the nature of questioning, the phenomenology of human conversation, the significance of prejudice, the meaning of truth in art, the human ontology of play, and the importance of tradition in the project of human understanding" (van Manen, 2014, p. 132).

### **Gadamer's philosophy**

Gadamer's philosophy extends Heidegger's hermeneutic phenomenology and is focused on understanding the lived experience, through dialogic engagement and interpretation with the text (Koch, 1996; Lavery, 2003). Gadamer believed that to gain understanding of the individual's experience or way of being, questioning is essential (Holroyd, 2008; Lavery, 2003). He argued that interpretation is constantly evolving, and thus a definitive interpretation is never reached (Annells, 1996; Lavery, 2003).

Like Heidegger, Gadamer opposed the idea of bracketing and believed that experience is always contextual and influenced by pre-understandings. By acknowledging pre-understandings the reader is offered insight into how the researcher's pre-understanding may have influenced his/her interpretations of lived experiences (Annells, 1996; van Manen, 1990). In the next section, three key elements of Gadamer's philosophy are explored: the hermeneutic circle, the fusion of horizons and dialogue.

## **Hermeneutic circle**

The hermeneutic circle, a notion coined by Heidegger, describes “the experience of moving dialectically between the part and the whole” (Koch, 1996, p. 176). Gadamer further developed the concept of the hermeneutic circle, recognising the circular notion of moving between the parts of the text and the whole of the text. Once the reader makes sense of “a fragment of text one is simultaneously interpreting the whole” (Lawn, 2006, p. 2). This circle is interpretive in its nature and is based on the inextricable relationships between “language, understanding, history and the lifeworld” (Lawn & Keane, 2011, p. 77).

## **Fusion of horizons**

The element ‘fusion of horizons’ is both understanding and the interpretation that occurs due to the constantly changing horizon. Gadamer believed that fusion of horizons happens continuously between the historical and present horizons (Annells, 1996). A horizon is seen as a “range of vision that includes everything seen from a particular vantage point” (Lavery, 2003, p. 3). Gadamer noted “horizons are not rigid but mobile; they are in motion because our prejudgements are constantly put to the test” (R. E. Palmer, 2001, p. 48). Interestingly, Gadamer contended that understanding other’s horizons “serves to enrich one’s own horizon” (R. E. Palmer, 2001, p. 11). Fusion occurs if the researcher demonstrates a willingness to hear others’ voices and scrutinise this influence. Interpreting others’ horizons also happens when the researcher considers the data (participant’s stories) as text. Furthermore, “reading a text it is understood not simply by making sense of the words on the page but by permitting the horizon of the text to fuse with the horizon of the reader” (Lawn, 2006, p. 69). To understand others’ horizons I will need to continuously listen and reflect in a circular, ruminating way to discover the participants’ meanings of what it is like to debrief.

## **Dialogue**

Gadamer played with three key words centred on talk: conversation, language and dialogue. Indeed, he often interchanges the terms dialogue and conversation. He viewed understanding as an essential part of dialogue and believed dialogue involves question and answer (Koch, 1996; Lawn, 2006). He distinguished dialogue as incomplete, and stated “a genuine conversation is never the one we wanted to conduct”, rather “we fall into a conversation”, in which conversation is unplanned, and often we become involved in it without knowing “in advance what will ‘come out’ of” it” (Gadamer, 1975/1989, p. 401). Gadamer equated language with dialogue, and as such “a dialogue is essentially spoken not written” (Lawn, 2006, p. 82). In hermeneutic interpretation there is a continuous dialogue “between the past and the present. The past does not have to be the distant past of inequity; it can be the recent past of a moment just gone” (Lawn, 2006, p. 69). Dialogue is led by the participants, and a “chance remark” can change the direction and tone of the conversation; thus dialogue can be thought of as unpredictable (Lawn, 2006, p. 71). Furthermore, this unpredictability can reveal unknown understandings about the conversation participants. In phenomenology the researcher relates to the text as dialogue. Instead of seeing text as language the researcher needs to engage with it as if one were having a conversation, making it come alive. In the next section, I explore background understandings, and the notion of phronesis as important components of facilitating in the clinical setting.

## **Background Understandings**

Background knowledge influences all of our decisions. It is the knowledge we bring to a situation, a summary of all our experiences and learning. Some call this implicit or tacit knowledge. Gadamer termed background understandings ‘horizon’, and stated “because we act within a horizon, in our initial encounter with a situation our actions

are informed by a prejudgement of what is salient” (Polkinghorne, 2004, p. 152). Our background understandings influence our actions. Gadamer suggested because we act within our understandings when approaching an unknown situation, the dialogue with another may influence and enable us to think about possible different responses to the situation (Polkinghorne, 2004).

People rely on their background understanding, prior experience and perceptive awareness, to decide how to respond in a particular situation (Polkinghorne, 2004). It is not always immediately obvious to know what to do. To make a decision, practitioners, in an unthinking kind of way, compare what is similar or different in this situation to what they have experienced before (Polkinghorne, 2004). Thus, practitioners do not have an agreed model or framework that tells them how to respond; instead, they need to rely on their personal judgement. As humans “we are always engaged with the world” because we are always in a situation (Polkinghorne, 2004, p. 156). Nevertheless, because we each arrive at the situation with our own background knowledge, “the right action for one person may not be the right action for someone else in a similar situation” (Polkinghorne, 2004, p. 119). Facilitators have experienced debriefing. They know what it is like, and so they arrive with background understandings of debriefing. But each facilitator will experience debriefing differently depending on their understandings. Also it is likely that their understandings will be different depending on the context in which they work. Nevertheless, there may be aspects of their understanding that relate to the nature of being-human-with-others that are shared.

## **Phronesis**

Phronesis refers to background understanding, knowing and know-how; ways of practical reasoning that are used by practitioners and teachers alike. Similar to the

concept of clinical decision-making, the notion of phronesis is one that calls for the person to decide how to respond whilst in the moment. Phronesis is described by Polkinghorne (2004) as “a different kind of knowledge: one that varies with situations is receptive to particulars, and has a quality of improvisation” (p. 115). Techne, on the other hand, is the knowledge or reasoning about something. For example it can be a set of learned rules about a task (Polkinghorne, 2004). Phronesis harks back to Aristotle, who thought of phronesis as “a kind of reasoning used in knowing of how to live well” (Polkinghorne, 2004, p. 115).

Phronetic deliberation is where practitioners use prior experiences to decide what action to take in the moment that will deliver the best outcome. Decisions are reliant on practitioners’ prior experience and background knowledge of similar situations. Gadamer “linked understanding with phronetic thinking” (Polkinghorne, 2004, p. 163), and “accepted the notion that people approach texts (or situations) out of their background understandings” (Polkinghorne, 2004, p. 163). Similar to facilitators approaching debriefing, Polkinghorne (2004) argued that “one learns from situations only by asking and answering questions about them” (p. 164). Overall, facilitators enter debriefing with background understandings, past experiences and information gathered from the simulated learning experience they have just witnessed. In the moment, experienced debriefers are likely to demonstrate phronesis. This study explores how facilitators experience deciding what to do in the moment of debriefing.

## **Summary**

This chapter has explored hermeneutic phenomenology as a way of gaining insight into the experience of facilitating debriefing. This study seeks to discover what it is like to facilitate debriefing. To do this I talk with facilitators who have experienced facilitating

debriefing. In the next chapter I explain how I undertook the study and the challenges I faced along the way.

## Chapter Five: Research Methods

### Introduction

This study considers the experience of facilitating debriefing. By selecting hermeneutic phenomenology I sought to examine what debriefing “is ‘really’ like? What is the nature of the lived experience?” (van Manen, 1990, p. 42). Gadamer (1975/1989) asserted that to question “one must want to know and that means knowing that one does not know” (p. 371). My desire to know of others’ experiences of debriefing came from my love of small group teaching and my keen interest in using simulation to teach nursing students. Thus, while I know of my own experiences I do not know of others’ experiences of debriefing.

Hermeneutic phenomenology is a way of questioning that explores “possibilities and potentialities for experiencing openings, understanding, insights”; moreover it “cannot be fitted to a rule book” (van Manen, 2014, p. 29), where a clear method is laid out for the researcher step by step. Choosing to use hermeneutic phenomenology meant at times I was unsure about which way to go; yet I learnt to just keep going and trust that the way would become clear. Smythe et al. (2008) recognised that “one must live the experience, drawing from who one is and becoming” (p. 1391). For me, I learnt to slow down, to listen and dwell with the data, in a circular, back and forth movement to allow the meanings to unfold. This chapter will explain how I undertook the research and issues that I met along the way.

### Approval

I first gained ethical approval in August 2015 from the Auckland University of Technology Ethics Committee (AUTEC) (see Appendix A). I approached two District Health Boards (DHBs) within the Auckland region for participants, which required locality agreements. This took longer than I had anticipated, as within each



DHB I needed approval from several departments because simulation was used throughout the clinical setting. While this was positive, as departments indicated their interest, it also made progress agonisingly slow and I found myself quite deflated. Nonetheless, the locality agreement process was of benefit to me as I was able to ask for the names of people associated with managing simulation centres.

## **Recruitment and Selection**

I began to recruit once I gained a locality agreement with one DHB. I planned to use intermediaries to place recruitment flyers in places such as tea rooms, staff notice boards, and to pass flyers onto potential participants. At this early stage I realised that by using intermediaries it meant that I personally missed out on speaking to clinical areas, and I also did not get a sense of how positively the research was viewed. Therefore I returned to AUTECH and amended my recruitment plan (see Appendix B) so that I could place the flyers myself.

Once the amendment was approved, I approached simulation centre managers to arrange a meeting to explain my research and talk to them about the best place to place the recruitment flyers (see appendix C). I then met with a charge nurse manager. She suggested that best way to inform staff about the study was to email the flyer to appropriate staff, which she offered to undertake. Other departments also suggested potential participants and gave me their email addresses.

It was through these initial steps I began to gather participants. Three potential participants offered their interest in the study and all said they would get back to me. However, when I followed up they were unable to commit time for an interview. During this time I felt perplexed and unsettled as I did not know whether to wait for these participants or move on and negotiate other places to post my flyers. At this time, my work significantly constrained my ability to approach

further participants and I decided to wait until after the busy Christmas period to try further recruitment. Another pressure that influenced participant recruitment was the busyness of the working year in the hospital setting.

After Christmas I had an email from a nurse who was interested. I was excited and very enthusiastic in my return email. Suddenly I had a steady stream of people emailing me indicating their interest in the study. I was thrilled that people were keen to participate. Some had heard of the study through the flyer and others from colleagues. Several participants asked if I wanted help in recruiting and offered to email the flyer to people they knew. I took them up on this offer.

## **Selection**

All participants met the inclusion criteria, which included being able to speak conversational English and have a relevant Annual Practising Certificate. One participant informed me she was a registered nurse but that she did not have a current practicing certificate, although planned to get one. She was included in the study. I decided to not limit the participants based on experience, as I felt novice facilitators would offer insight into the experience of beginning to facilitate.

As I was in undertaking the 10<sup>th</sup> interview I felt that insight into the experience of being debriefed was needed to gain further understanding of the experience of facilitating debriefing. I wondered if seeking the insights of those who had been debriefed might add to my understanding of the data from the facilitators (Adams & van Manen, 2017). I sought a further amendment to my ethics application to include health professionals who had been debriefed as participants in simulation (see Appendix D). Consequently, two health practitioners who had experienced being debriefed were interviewed. One was interviewed a second time to gain further insight into her experiences.

## **Participants**

Participants were all registered health practitioners (nurses, midwives and doctors) who facilitated or had experienced simulation debriefing in the clinical environment. Ten health practitioners who facilitated debriefing were recruited. These included three doctors, six registered nurses and one midwife. Further to this, two more registered nurses, who had experienced being debriefed, were also recruited (see Appendix E). Most study participants facilitated debriefing in a range of settings; including on-site, in-situ (within the clinical setting) and at simulation centres. Simulation centres were simulation rooms that were situated within the DHBs. These centres were used to run simulation scenarios for staff. Staff attend a study day in the simulation centre that might include several scenarios. Some might be facilitated by facilitators associated with the simulation centre, other simulated learning experiences might be facilitated by a clinical educator from the same department as the staff. Additionally, the doctors all taught ACLS skills. Debriefing was common to all of these settings.

## **Consent**

After participants indicated interest in the study I emailed them the flyer to read and answered any questions they had. Once they confirmed their desire to participate I sent them the participant letter (see Appendix F) and consent form (see Appendix G) and negotiated a convenient time and place for an interview. I was conscious of giving the participants choice about where the interview took place. Interviews most often took place in the workplace; three participants chose to be interviewed in their home and one at a café. One interview took place in the middle of a simulation day, in which the participant was the facilitator. This was rushed and it was hard to settle into the interview. Interestingly, I felt that often the conversation in the last five

minutes (once I had said the interview was over), but had still left the recorders on, was the high point of the interview.

At the beginning of each interview I gave participants the consent form and participant letter to read, just in case they had not had time to read the letter sent by email. Written consent was gained before each interview. Some participants chose their pseudonym, others asked me to choose. Additionally, I explained how each transcript would be used to develop stories, how these would be returned and also clarified how their stories may be used in the final thesis. All consent forms are stored in a locked cupboard in my supervisor's office. A confidentiality form was signed by the transcriber (see Appendix H).

## **Data Collection**

This study seeks to understand how the participants debrief to establish the “whatness” (van Manen, 1990) of the experience – to ascertain what simulation debriefing in the clinical environment is like. How do health practitioners approach facilitating? How do they do debriefing and what influences their debriefing? How do they know the debriefing worked? In this sense I wanted to gain insight into the everyday lived experience of debriefing as it unfolded within the clinical setting. Debriefing after simulation is an expected part of simulated learning experiences, in this sense it is the usual, the ‘everydayness’ rather than the infrequent experiences of facilitating in which I was interested (van Manen, 2017).

In hermeneutic phenomenology, data collection and analysis take place together. In this study, data were gathered through individual conversation-like interviews with participants. The interview is a place where existential experience of the phenomenon is shared and yet it is difficult for people to share an experience without reflection (van Manen, 2014). Focusing on peoples' experiences requires

the researcher to attend to key elements such as who, where, when, why and how, what and whatever (van Manen, 2014). To achieve this focus it is essential that the interviewer “should not be afraid of silences” (van Manen, 1990, p. 317), and that the conversation is led by the participant rather than the researcher (Koch, 1996).

### **Pre-understandings**

Prior to commencing participant interviews I undertook an interview with my supervisors to establish how my pre-understandings may have evolved. Koch and Harrington (1998) advised it is because we know about something that we can compare it to something else, and thus my background experience influenced every step of my decision making. Additionally I reflected on my pre-understandings throughout this study (Annells, 1996). My pre-understandings of simulation were simplistic in that I believed simulation was a good way to learn, and particularly suited to group learning. And yet for me facilitating the debrief is often the most difficult part.

### **Interviews**

I knew not to make the interview too structured; Smythe et al. (2008) recommended phenomenological interviewers need to “encourage an openness” in which the conversation “is neither too tight nor too loose” (p. 1392). In the first interview, I was nervous and yet determined to undertake the interview by questioning in a hermeneutic like manner. In some of the first few interviews I lost focus and found myself comparing what was said to other interviews. I learnt to consciously stop myself from doing this; instead I referred to my indicative questions, focused on listening intently and being present. Each interview started by asking participants to describe their role. Next I asked ‘how do you understand debriefing?’ to gain a

hermeneutic insight into what debriefing meant to them as an individual. Further indicative questions included:

Tell me about a debriefing moment that stands out for you.

How do you understand debriefing?

Tell me about a time you debriefed when you felt things went well.

Tell me about a time you debriefed when you felt things did not go so well.

Tell me how your debriefing experiences differ.

Describe what influences achieving 'good' debriefing?

Often I probed further or went back to a story to ask participants to tell me more about the experience. In each interview, I sought to listen intently and to follow where the conversation was going. I learnt that sometimes participants' stories flowed right from the beginning, for others it was not till near the end. I found that the conversation often carried on in a more relaxed fashion once the recorder was turned off. On one occasion I asked if I could turn the recorder back on to capture some of the participant's thoughts.

Most participants were interviewed once. One further interview was arranged with a participant who had experienced being debriefed, when I realised I had further questions. For all other participants if I needed further clarification, I asked when I returned the narrative stories. This happened with one participant in which I clarified whether the story was about a simulation or a real life scenario.

I noticed a difference in people's ability to tell stories. I found nurses and midwives were best at telling stories. I wondered if this was because they are essentially story tellers – they set the scene, share what happened, share their

emotions, pass on their knowledge and experience. I also learnt the importance of setting the scene for the interview. In one interview, the participant took me to her office. I realised during the interview that this felt wrong. Ethically I was concerned about her privacy as people could see in and the room felt too ‘officey’, not relaxed enough for genuine conversation. After this interview, if I had a choice I always tried to go to a private space. I took food or coffee to most interviews; some I just could not manage to make this happen. This set the scene and helped both of us feel more relaxed which enabled trust. I wondered if I should make the tape recorders less obvious, however I felt that it was important the recording was transparent.

I approached each interview like a conversation. Gadamer (1975/1989) suggested that “conversation presupposes a common language, or better, creates a common language” (p. 386). Gadamer clarified that to reach “an understanding on the subject matter” (p. 386) such as debriefing, a common language is negotiated. In placing debriefing at the centre of the conversation the participants and I shared a common language, yet one that was open to interpretive difference. I remember in one interview I was asking about a good debrief and the participant replied “oh, we call that an easy debrief”; from my stance ‘easy’ may not necessarily indicate significant learning had occurred.

### **Working with the data**

Caelli’s (2001) notion of “living with the data” and “having conversations” was loosely followed (p. 278). I spent time after each interview listening and reflecting on the transcribed data prior to undertaking subsequent interviews. I read the transcripts over to gather “a sense of the data” (Caelli, p. 278). Secondly, I highlighted sections that seemed relevant and moved these onto a new document so

they became their own story. Thirdly, I began to work with each individual story from that transcript and deleted data that did not relate to debriefing. Next, I deleted the questions I asked of participants (Caelli, 2001). Crowther, Ironside, Spence, and Smythe (2016) suggested removing all “extraneous detail” (p. 4), and so all colloquialisms such as ‘um’ were deleted. At the beginning I also removed colloquialisms such as ‘you know’; however I learnt that this was not a good idea as sometimes ‘you know’ had significant meaning. I learnt to always keep a pure record of the transcript as the more precise recording of the conversation. I was conscious of my respect for each participant and I wanted to get their stories ‘right’ (van Manen, 2017). To keep the process interpretive I questioned whether each crafted story highlighted the essential experience (Crowther et al., 2016). Additionally, I went back to the original transcript to make sure that I had captured the meaning of what the participant said (Adams & van Manen, 2017).

Adams and van Manen (2017) describe this as “drawing nearer” to the phenomenon under study (p. 789). To get closer to the phenomenon I worked with smaller vignettes. Data were recrafted into small vignettes, which meant sometimes I had several (as many as 10 vignettes) for each participant. I gave each story a title so I could find them easily (see Appendix I). Finally, the narratives (the small vignettes) were sent back to each participant to read. In the early stages of analysis, I found I often could not leave anything out, thus initially participants’ narratives were sent back as nearly complete transcripts. As I progressed with analysis I came to see more clearly the stories that were directly relevant to my question (Crowther et al., 2016). The narratives became tighter as I pruned distracting ‘padding’. I asked each participant to check that they were happy with the transcript and to inform me if they wanted changes. Two participants asked me to leave out some information as they felt it may identify someone.



## Uncovering the phenomenon

I used two of van Manen's (1990) approach to uncovering the phenomenon in text:

1) selective approach, and 2) the "line-by-line approach" (p. 93). My analysis seemed to be a mix between the selective and detailed line-by-line approach, similar to Gadamer's (1975/1989) and van Manen's (1990) idea of the play between the parts and the whole. The selective approach involves reading or listening several times with a view to considering what parts seemed to reveal the experience (van Manen, 1990). In the line-by-line approach the meaning of each sentence is considered (van Manen, 1990).

For the first interview I approached the data by writing up sections of the transcribed text as 6-8 line vignettes. Once I had completed the first analysis of several vignettes I printed them out and cut them up. Next I placed them onto a mind map on a larger piece of paper. This helped as I was able to move the pieces of paper around until they seemed to fit into a big picture. I wrote words and ideas next to each of the vignettes. This kept me closely attuned to what was offered by the participant (Adams & van Manen, 2017).

Using the line-by-line approach I questioned "what does this sentence or cluster reveal about the phenomenon or experience being described?" (van Manen, 1990, p. 93). In this approach it was often one sentence that centred my thinking (Adams & van Manen, 2017) (see Appendix J). During this stage I tried to keep in the moment by dwelling and thinking over the sentence in relation to the vignette I was analysing (van Manen, 1990). I constantly mind mapped about different things, i.e. sometimes to get the stories in a sense of order or to help me see them as a picture around one person's experience. These mind maps further opened up my thinking (see Appendix K).

## Dealing with the data

Each story told by a participant already brings a level of interpretation as he/she translates his/her experience into words. Likewise, the researcher's understanding of the experience influences "the interpretation" of the stories (Koch & Harrington, 1998, p. 888). Interpretation situates itself within Gadamer's hermeneutic circle, where both the participant and the researcher bring background understandings and experiences of debriefing (Koch & Harrington, 1998).

I thought about data constantly and would often hear something whilst in the car listening to the radio, words that would trigger my thinking. As I dwelt with the data I continued to read theses, theories, everything I could get my hands on, so I could remain open and seek out diverse ways of seeing the data. I read about notions such as play, phronesis, trust, dialogue, and about pedagogy and reflection. I remember at one stage reading *The Courage to Teach* by Parker Palmer (1998/2007) which inspired me to think afresh about my teaching. Often I found myself snow balling; I would read something of interest and relevance, find the reference and then track down that book or article. This circular pattern took place both between the thinking and reading and thinking and writing (Smythe et al., 2008). The flow that happens between the data, the researcher, his/her reading, thinking and re-reading is circular and continues until the lived experience of the phenomenon has been captured.

Writing as part of the analysis in hermeneutic phenomenological research encourages understanding as it is in the writing that understanding comes (van Manen, 1990). Crowther et al. (2016) highlights the purpose of data analysis is to "reveal that which lies in, between and beyond the words while staying close to the phenomenon of interest" (p. 4). Thus, as I became more immersed in writing I went

back to the initial analysis. I reviewed it again sentence-by-sentence to deeply focus my thinking by dwelling with data (Crowther et al., 2016). In this way I hoped to engage with data to seek deeper meanings and insights (van Manen, 1990). As such I sought to bring a sense of openness to my analysis. Thus, analysis was iterative with each layer bringing more clarity. Playing with data like this enabled further immersion and analysis.

van Manen (1990) suggests that in phenomenological writing one attunes to “what is said *in* and *through* the words” (p. 131-132). One example relates to the use of the word ‘tricky’ by Mary. Initially in playing with the story I thought of the word tricky negatively - thinking about it as confusing or unsureness. And yet after I shared this story with my supervisors they suggested I reviewed my thinking. I went back to the story and in a different light came to see the word ‘tricky’ as perplexing. Crowther et al. (2016) highlighted the importance of being receptive to nuances such as this, suggesting it reflected a “phenomenological stance” (p. 2).

In analysis I moved between the part and the whole. After the beginning level of analysis, I compared beginning notions by grouping ones that were similar to others. Dwelling with the data in this way, stories and notions began to settle into findings chapters. For example, several stories mentioned silence. Initially, all the stories of silence were put together in a chapter I called trust. Yet, as I began to gain further insight into the meaning of silence the stories did not all settle into the same chapter. And thus, the stories of silence became part of Chapter 5 - Beginning, and a different type of silence became part of unfolding in Chapter 6. Drawing upon Gadamer (1975/1989) it was only through the writing and rewriting that I was able to stand back and see how the stories fit as part and the whole.

## Trustworthiness

Trustworthiness in qualitative research is considered to reflect the quality of the methodological decision making undertaken by the researcher (Koch, 1996).

Commonly described concepts central to establishing trustworthiness in phenomenological research are: credibility, transferability, dependability and reflexivity (Koch, 1996). Several authors discuss evaluating trustworthiness in qualitative research and seek to define the essential concepts (Annells, 1999; Davies & Dodd, 2002; Koch, 1996; Rolfe, 2006; Whitehead, 2003). For this study, I have chosen to use Annells (1999) straight forward and direct approach. She identified four criteria to evaluate trustworthiness: a) the research output needs to be readable, worthy and of interest, b) a clear decision trail needs to be evident, c) the product needs to be useful i.e. beneficial to others, and finally d) the chosen phenomenological approach needs to suit the study. Each of these criteria will be considered in relation to this study.

### a) Research output is readable, worthy and of interest:

I have undertaken this research because I recognised there was no literature on the 'how' of debriefing. My hope is that the findings from this study will be of interest and value to people who are debriefing facilitators. To achieve this, the research needs to be readable. Smythe et al. (2008) suggested that resonance "is the hallmark of trustworthiness" and begins with the researchers "who test out their thinking by engaging in everyday conversations with those who share the interest" (p. 1396). In this sense, I met regularly with fellow students also using hermeneutic phenomenology, where we explored meanings of hermeneutic notions. Furthermore, I talked with colleagues both in the academic and clinical settings involved in facilitating simulation. Similarly, in a critique of how to best establish rigour in qualitative studies, Rolfe (2006) argued firstly that research should be judged on how well it is presented, and

secondly, that all research should be broadly judged by its quality independent of its quantitative or qualitative methodologies.

b) Decision trail

Annells (1999) confirmed that the decision trail is not about credibility, rather it is about making sure the decisions the researcher makes are transparent, and the research process is understandable to the reader. Likewise, Koch (1996) suggested that trustworthiness is demonstrated when the reader recognises the study as authentic or legitimate, and believes this is achieved when the research process is clearly described by the researcher.

The concept of reflexivity fits with the idea of an audit trail as reflexivity is thought of as the researcher being self-critical and self-aware in every step of the “theoretical, methodological and analytical” processes (Whitehead, 2003, p. 513). I wanted to approach each stage of this research ethically and with integrity. I was very aware that all participants were busy, and felt honoured that they had generously given up their time to support my research. By participating I sensed that they too loved simulation. In turn, I felt that by engaging in the study, participants felt it was a good research question. Often in conversation participants asked me if I had interviewed their colleagues involved in simulation. While ethically I knew I could not answer this question, I felt it reflected their interest in others’ experiences of debriefing.

Initially, I planned to ask questions and focus the conversation on debriefing. However the facilitator’s experience of debriefing did not start at the debrief; instead their experience of debriefing started at the beginning of the simulation scenario – the prebrief. It sets the scene. As such facilitators needed to include the simulation to situate the story of the debrief. Davies and Dodd (2002) believed it is unethical to expect participants to exclude their experience. In my study I would have undermined

and undervalued their participation if I had expected them to talk only of debriefing, and would have silenced some important stories. In this way, this study includes stories and experiences of all stages of a simulated learning experience: prebrief, the scenario and the debrief.

Essentially, reflexivity and the researchers' ability to rationalise their decision making belongs in their description of their methodological decision making throughout. To demonstrate reflexivity, I analysed and critiqued each decision I made and how this may have influenced my study. I learnt to be cognisant of where the interview took place, I often took food or coffee, as it began a relationship that encouraged openness and trust. After the interview I spent time reflecting on the interview. In addition, I kept a journal of my thoughts, mind maps, explorations of themes or notions and snippets from books of interest. These journals have been with me from the beginning of my doctoral journey. I find them helpful to review; I can see where my thinking began, I can review my thoughts and consider if they are relevant to my current thinking. This self-critique and analysis demonstrates my engagement with the research (see Appendix K).

#### c) The product needs to be useful

Annells (1999) third criterion purports the final product must be useful. Potentially this research will benefit patients, but firstly it will benefit those who facilitate simulation and those who learn with simulation. There is an indirect benefit for patients in the learning that results. My hope is that the findings from this study may offer insights to those facilitating simulation in the clinical and academic environments. I hope that these findings may support the development of debriefing as a significant stage within simulated learning experiences. In turn the findings may offer support and

encouragement to both novice and expert facilitators as they read of others' experiences.

d) The chosen phenomenological approach needs to suit the study

Recent studies have considered how to debrief and earlier research looked into how facilitators approached debriefing but I found no research about the experience of being the facilitator. This research question sought to gain insight into facilitators' experiences of debriefing. A phenomenological hermeneutic approach suited this study. The hermeneutic approach is interested in the meaning of the experience through an interpretive lens, along with the phenomenological quest to get as close to the lived experience as possible through the telling of stories. Additionally, in a hermeneutic phenomenological approach the pre-understandings of the researcher are talked of throughout. They are not bracketed or hidden, instead they are exposed. In this sense I found that participants would often ask about my debriefing (simulation) experiences. I found drawing attention to my past experience of debriefing seemed to develop "a certain way of sharing a world, of understanding and trusting the other, of experiencing a shared sphere, and each other's company" (van Manen, 2017, p. 817). In this way my interest in their experiences seemed ethical and perhaps more trustworthy.

## Summary

This chapter has developed the connection between the philosophy of hermeneutic phenomenology underlying this study and the way in which the inquiry developed. It described how I worked with the data and the importance of dwelling with the data for thinking and analysis. Throughout this study, I have tried to demonstrate trustworthiness by establishing a reflexive approach in which I make my decisions and

thinking transparent. This chapter shows a journey of learning as I went along; understanding the process as it unfolded. The next three chapters present the findings.



## Chapter Six: Beginning

### Introduction

Debriefing is the third phase of simulation, following the prebrief and the scenario.

Each stage is reliant on the other. They are interdependent, not anything of significance without each other as they are parts of a whole. As I came to appreciate this more fully the horizon of my study broadened.

Before I begin I want to explain how these chapters are situated. The prebrief sets up the simulated learning experience. Heidegger (1962/2008) stated what is past “is not something which *follows along* after Dasein, but something which already goes ahead of it” (p. 20). Thus, in considering the debrief, one also needs to recognise that the prebrief and simulation itself ‘go ahead’ to ‘be there’ within the debrief experience. The relationship between the facilitator and the participants comes to the debrief already engaged (or not) because of what has come (or gone) before. The simulation itself brings the dramas, the disappointments, the confusion and/or the glow of success as ‘already’ colouring the mood of the debrief. Inasmuch these three parts cannot be considered as separate entities for they always belong together.

Thus, in this chapter I begin with stories of the prebrief. I then include a participant’s story of a scenario to act as a ‘bridge between’ before moving on to the debrief itself. ‘Now’ is considered by Heidegger (1962/2008) to be a series of nows: “the “nows” *pass away* and those which have past make up the past. The “nows” *come along* and those which are coming along define the “future” (p. 423). Now is the beginning of simulation: it is present-at-hand, and that which has past is “now-no-longer”. The next part of simulation is already “coming along”, and thus: “in every “now” is now; in every now is already vanishing” (Heidegger, p. 423).

Overarching the three chapters is the impression of a beginning, unfolding and ending. This chapter centres on the experience of beginning. I start with ‘beginning the prebrief’ which includes the facilitators getting ready beforehand and beginning to build relationships. Next is ‘beginning the scenario’, where a participant shares her story of how the scenario begins. In the last part, ‘beginning the debrief’ includes facilitators’ stories of how they experience beginning the debrief.

## **Beginning the Prebrief**

Beginning the prebrief is where the facilitators often meet the staff for the first time. In this section, facilitators share what they do to get-ready and how they begin the prebrief.

## **Getting ready**

In this story, Ethan shares how he gets ready before everyone arrives:

*I refuse to do a scenario if I hadn't read it through and I always take my coffee to the lab to set it up to make sure it's all perfect. I'll always go through thinking am I happy? So if it's something I'm unfamiliar with, I might need to look that up again. I think preparation for the debrief is particularly important if someone's going to throw you a funny question. You can't know all the answers. I think being prepared actually makes you more secure as well. [Ethan]*

Ethan goes to the lab beforehand and spends time in the physical space of the simulation lab orientating himself both physically and mentally. Physically he checks the equipment and the manikin to make sure it is programmed correctly. Perhaps he rehearses the kinds of questions he might ask the staff, and considers the questions he might be asked.

One senses Ethan is giving himself the space and time to prepare. A sort of getting-ready to facilitate, so that when the teaching moment arrives he is present. His preparation tells of the significance he places on his role as a facilitator; he prepares well as he wants to do the best he can to facilitate learning. In running through in his

mind what might happen, he is preparing himself for whatever might unfold. It is likely he has learnt from past experience that if he is not in the ‘right’ mood to begin, the prebrief does not start as well.

Nick begins by arriving in a good mood:

*Just being sincere and if you’re upfront then people will stay. I try and be in a good mood, that sounds a little bit naff but I think if I’m not going into a debrief with I guess what I call a healthy mindset then you really can put yourself in a vulnerable position that you’re going to be honing in on things that perhaps are taking more of a negative slant. I think it’s just being quite disciplined with myself that I just put myself in that headspace, irrespective of what else is going on, so that I can give people my full attention so they feel that they are in a place where all of those things that we’ve been discussing come out rather than them thinking well, this is not very well organised. [Nick]*

Nick feels that it is more likely for the facilitator to end up in a vulnerable position if he/she arrives with a negative frame of mind. Not only does this influence the facilitator’s mood, he believes it influences the facilitator’s view, possibly causing him/her to be more critical in his/her questioning and feedback. Nick talks of being disciplined with himself – leaving his personal life behind so that he arrives being-ready to begin. It seems, as an experienced facilitator, he knows that there is a possibility the mood he is in might affect the debrief. He does not want this to happen; he wants the time together to start positively. This is why he gets ready. He explains further:

*You know people get cranky, if it’s not running smoothly or people are not feeling like you’re completely present. So if they meet people who are going to facilitate that have committed themselves to the day that helps to just wind that back a little bit for people. I guess knowing that everything that has been put in place has been well organised. So the case is well written, we know what we’re debriefing, we know who’s coming, we know what time we’re starting, so all of those things. [Nick]*

Facilitators and staff arrive with their own backgrounds, that “provide them with a pre-theoretical understanding that gives them a sense about others, the world, and themselves” (Polkinghorne, 2004, p. 152). Often facilitators and staff are unknown to

each other, their fore-understandings differ, thus making the beginning tentative.

Everyone is waiting expectantly for the start, there is an air of vulnerability about what-is-yet-to-come (Heidegger, 1962/2008).

Nick starts the day like he means to continue. He works to ensure things run smoothly, and that they follow the plan. This means being prepared and organised beforehand. For Nick these actions demonstrate his obligation to the staff. He indicates that he values the commitment staff have made to their learning.

Befindlichkeit, a Heideggerian notion, is described by Gendlin (1978-79) as an “aspect of these beings which makes for them having moods, feelings or affects” (Gendlin, 1978-79, p. 1). Gendlin (1978-79) tells us the term Befindlichkeit includes three views: “the reflexivity of finding oneself; feeling; and being situated” (p. 2). Even the most experienced facilitators talk of getting ready before they step into the role of being a facilitator. Ethan and Nick demonstrate commitment to preparing for the role of facilitator. In this sense they prepare themselves to be in the situation of facilitating. As such, Ethan and Nick get ready to facilitate by being “who they are”: committed, respectful and ready (P. J. Palmer, 1998/2007, p. 13). They have learnt being-ready helps them to ground themselves in the situation before they start teaching. All of this engenders a mood in the staff which makes a difference to how the experience plays out.

### **Getting to know people**

The prebrief is a place to begin building relationships with those who have come to participate. Jasmine tells us how she begins with a good icebreaker, it helps staff to get to know each other and remember each other's names:

*You need to have a good ice breaker in the morning so that they know each other and each other's names. It's really important as they're going to work with each other the whole day so get that groundwork*

*in. It will definitely work your way in being able to debrief them well afterwards. So doing your bit at the beginning, and having a group that wants to interact with you. Even before that we send them out pre-reading, so they have a little idea of what we would like them to be talking about. It definitely helps. The introductory bit's about three quarters of an hour long, we play a tennis ball game for the ice breaking thing. Then we explain the rules i.e. we're all here to learn, we don't make stupid suggestions because we're thick, it's just because sometimes there's learning opportunities that can be gained from them and we make sure that they feel that they can say anything and that there's a safe learning environment and it's not going to go back to anyone. [Jasmine]*

The icebreaker helps staff to relax in each other's company. While some may see this icebreaker as a waste of valuable time, Jasmine recognises it as the base on which the success of the day rests. Getting to know people helps the staff to connect with each other and begin to trust.

By sharing the readings with staff beforehand, Jasmine has encouraged staff to know about the topic of the simulated experience before it starts. Thus potentially helping them not look like a fool and relieving some vulnerability; she has helped them to be-ready. Jasmine is working to develop a trusting relationship to gain their respect and confidence. By trying to create trust she hopes that the staff feel confident in themselves to perform, knowing that they can rely on the facilitators to protect them and keep them safe. She has learnt the things that undermine trust, like people being unfairly judged for what they say, and makes a point of drawing the group into agreement that this is a space where 'anything' can be said, because this is a space of learning.

This is the beginning of developing a relationship of trust. Trust is essential as the staff are expected to perform, make clinical decisions, share their actions and their thinking. Any of these activities have the potential to expose staff in a way that leaves them feeling vulnerable. Trust is not won in one interaction, instead it needs to be established, "maintained, sometimes restored and continuously authenticated" (Flores

& Solomon, 1998, p. 206). Jasmine shares her commitment towards getting the beginning of this relationship right. In this way, perhaps staff implicitly sense that Jasmine is trustworthy; she sets up the mood of beginning-to-trust (Gendlin, 1978-79). She knows that prebriefing is worth the effort. Even if it takes time she has learnt that it helps later on. The success of the debrief is reliant on the attention paid to the prebrief.

### **Establishing ground rules and expectations**

Ground rules are important to Billy. He begins with them:

*I make sure that people understand that it's a safe learning environment. I begin my day with saying 'what stays on the day', I get everyone to sign the ground rules, this is a safe learning environment, these are the aspects that we're looking for, these are learning outcomes for the day we're looking at communication, team work, leadership, clear directions, working collaboratively. Preparation I think is very important. [Billy]*

Billy believes that establishing a safe learning environment is essential. He spends time establishing the ground rules and expectations in the prebrief and honours the importance of preparation. In addition to making the rules transparent, the time spent together (facilitator and staff) gives the staff a place to settle down into the day, it gives them a place to begin to focus and consider what is expected of them. Billy grounds this experience by asking staff to physically sign the confidentiality agreement. It is a very formal process. It seems that settling into a simulated experience does take time. Perhaps making this a formal process gathers more gravitas. By sharing his expectations with staff Billy is able to set the state of play that will continue through each part.

Ground rules are described by the Webster's New World College Dictionary as "the basic principles on which future action will be based" ("Ground Rules," 2014). Ground rules set the boundaries for the game which is being played. P. J. Palmer (1998/2007) added that ground rules "help us respect each other's vulnerability"

(p.156). By agreeing to keep something confidential people sense which parts are not to be talked about. It seems that in this story Billy expects stories of others' vulnerability would not be shared afterwards. But perhaps staff may share how they might have made a mistake. In other words staff are enabled to talk about what they did but not to share others' embarrassment. P. J. Palmer (1998/2007) illuminated further suggesting that "ground rules for dialogue" are needed to enable "us to be present to another person's problems in a quiet, receptive way...a way that does not presume to know what is right for the other" (p. 156). Setting up the manner of how this group will respect each other opens the way for trust to emerge in the debrief.

### **Introducing the equipment**

Nick shares how right from the beginning, he is upfront with staff. He shows staff how the manikin and equipment work:

*A big part of that is the introduction to the environment that it's taking place in, particularly if it's in the centre, and then quite a rigorous overview of what the manikin is capable of. I've learned over the years that if people don't have an understanding of that, people find it very difficult to buy-in and actually immerse themselves in what you're trying to create if they're not clear on where the goal posts are. The more we've integrated that, means the debrief is a lot richer because if you're not doing that scene setting at the beginning, often the first portion of your debrief can be around "well that wasn't very realistic". We found as we've got more explicit with our prebrief it just does not happen anymore. [Nick]*

One can sense that Nick believes it is essential to better prepare staff. He believes that it is important to let the staff know as much as he can about the simulation before they are expected to 'act'. The manikin is based in an artificial environment that works in a particular way. Unless staff understand 'how' to work with this equipment, they cannot act with confidence or proficiency. Therefore they are likely to appear hesitant through no fault of their own. Nick works hard at overcoming these obstacles by schooling them in a manner that ensures understanding and enables performance.

In getting the environment ready for the staff he sees the environment as including the equipment and the working of the manikin. There seems to be two sides to this: ready-to-hand and un-ready-to-hand (Heidegger, 1962/2008). Heidegger's notion of ready-to-hand regards equipment as useable for its intended purpose. Un-ready-to-hand relates to equipment that is not ready to be used. It would seem that if the manikin has broken parts then it will not work in the way both he and the staff are expecting it to work, throwing them all off. A broken manikin is unready-to-hand. The manikin is a technological representation of a person; it is not the real thing. Staff may need to first understand how the manikin works. If they are confused or uncertain it distracts them from the intended learning. Nick does not want this to happen. He wants the experience to flow without distraction, which will hopefully help his debriefing to be rich in conversation and learning. He has learnt that the better prepared staff are the more engaged they are in learning. Building relationships, expectations and a climate of trust needs to overarch the whole experience. Beginning in this way gives a place for everyone to start, it allows both facilitators and staff to settle and gather what is expected of them, as they prepare for learning.

## **Beginning the Scenario**

The scenario begins with staff responding to the simulation. For the staff involved in the simulation scenario their experience is quite different. In this section the focus changes to a story of being a participant in a scenario. Hannah shares what it feels like waiting for the scenario to begin:

*You're outside the room. There's one person in the room, with the manikin, they're at the bedside. So that person in the room is briefed on what's happening. They've been given some information, they then have to make an assessment, call for help and they've got to decide what sort of help they want and to what extent of help. They put out a call for help and the people waiting outside the room to go in, they know that one person is going to be the charge nurse, the doctor knows that they're the doctor of course. So the registrar and the charge nurse will usually go into the room as well. So then there's 3 people in the*



*room and then they make an assessment and they put an arrest call out then everyone else goes in. It is really difficult in that a whole lot of people go into the room and then they've got to work out their roles, what am I going to do? Who's going to do what? The person in charge will lead the arrest usually and the doctor will do the airway. Everyone has to take a role so someone will go okay I'll do compressions, I'll do the drugs, I'll do the writing, I'll do the running. And that is probably the most unsure time for people. The waiting and then going in blind and then deciding what role you're going to take and going into mode straight away. You would do that normally. So you know you do that every day. But!! But then it's the anticipation. You know it's the anticipation, so normally you don't anticipate. [Hannah]*

Beforehand, in 'being-with' each other, staff are waiting with anticipation for the scenario to begin, knowing that shortly they need to respond and contribute. There is an underlying mood of anticipation and vulnerability. Hannah waits unknowingly; she indicates that she does not like waiting, she is apprehensive. Perhaps she would rather know what role she is going to step into, so that like the facilitators she can get-ready.

Befindlichkeit "denotes how we sense ourselves", both in an "inward and outward" mood (Gendlin, 1978-79, p. 3). In other words these staff may not be able tell us the mood they are in, rather they sense it implicitly. Our mood is influenced by "living in a certain way *with others*" and being in different contexts (Gendlin, 1978-79, p. 2). Once the staff are in the scenario, the beginning is unsure and chaotic. It places the staff in a rushed unknowingness, they are thrown. In this story, it seems staff felt a lack of preparedness. They did not feel sure. First they found themselves in a mood of apprehension and anticipation, and next in a mood of chaos and unsureness. Perhaps if they were better prepared and knew which role they were stepping into, they might feel less thrown and feel more ready to engage.

Facilitators seek to prepare the way forward for staff. Knowing they can influence the mood, they focus on being-ready, showing staff the equipment and focusing on building positive relationships. In this way they hope for a mood that is conducive to learning. But the mood cannot be controlled. Facilitators rely on their

past experiences to foster a mood for learning. Once the scenario is over facilitators and staff gather to begin the debrief. The next stage, the debrief, is ‘coming along’; however, even though the simulation scenario is ‘now-no-longer’ it continues to influence the mood of the staff (Heidegger, 1962/2008). In this sense, staff look back at the simulation and yet, in this moment of now, are also possibly influenced by what lies ahead. Perhaps they dread the debrief and just want it over. Perhaps they are looking forward to returning to the ward, looking forward to the day ending.

## **Beginning the Debrief**

‘Now’ is always influenced in all that has been before and all that lies ahead (Heidegger, 1962/2008). The staff might arrive absorbed in the experience they just took part in, and remain thoughtful, still immersed in the mood of the scenario. The mood “is sensed or felt, rather than thought” (Gendlin, 1978-79, p. 3); yet always already there, colouring the experience. Possibly those experienced with simulation bring a ready-to-talk mood, while those who are inexperienced bring an exposed and uncertain mood. The mood may be discerned as a positive or negative mood. Potentially, a positive mood influences the confidence of the group which in turn makes it easier to inspire discussion. A negative mood is more likely to bring the feeling of apprehension, uncertainty and tension, which in turn might hamper learning. Neither facilitator nor staff can predict or control the mood that ‘is’. This section has three parts; beginning with a question, working with silence and beginning with what matters.

## **Beginning with a question**

Whatever the mood, the facilitator needs to begin a process with the group. Beginning a debrief with a question is common. Andy talks of feeling clunky:

*I’m one person. I do open it up to the group and I learned these words, ‘how do you feel?’ and they feel a bit clunky. It does feel clunky because*

*it's not normal for me and the other thing is you can use the word feel, but at the same time people respond to different words, think, feel, see, but we use that word, how does that feel for you? How do you think that went? I find it clunky.* [Andy]

Andy's experience of asking 'how do you feel' feels clunky to her ear. Perhaps she notices there is a slight pause after the question as staff digest what she means. It seems that the questions Andy uses make her doubt her ability to question well, she seems unsure. This uncertainty may cause the staff to wonder about her intent. Perhaps the words of the question are not the issue; it is more that people are expected to respond with an answer. Gadamer (1975/1989) spoke of the question that is floating, it is not limited by "this or that" (p. 372), and noted a "question can be asked "rightly or wrongly" (p. 372). He referred to a "slanted question" rather than a wrong question; the question is intended to be open but "it does not give any real direction and hence no answer to it is possible" (p. 372). It seems to me that the clunky question is neither right nor wrong but more about 'breaking the ice', getting the discussion warmed up and running along (P. J. Palmer, 1998/2007). "Some questions close down the space and keep students from thinking" (P. J. Palmer, 1998/2007, p. 137), and as such the wrong sort of question may cause staff to hesitate in their response as they try to interpret what the facilitator means. Or maybe it is the wrong tone, causing a mood of hesitation in the group, fearful of expressing a comment that may be judged unfavourably.

Learning to ask the right question in a manner that 'invites' takes time. Gadamer (1975/1989) noted "there is no such thing as a method of learning to ask questions, of learning what to see is questionable" (p. 374). As such, even though facilitators may be well prepared beforehand, asking a question is uncertain, as they do not know how it will play-out, and in turn how it will be interpreted by the staff. Thus, as a new facilitator, the opening question may be fraught with his/her own anxiety as

he/she seeks to ask to encourage staff to participate. Understanding comes with experience for the facilitator who is attuned to the nuances of ‘getting it right’ or ‘getting it wrong’ which is perhaps about being attuned to the mood of the group.

Oxo is tentative in her questioning:

*The trouble with ‘how do you think it went’ is that it’s so huge. I throw it out there to start and it’s just resounding silence. I leave it for a bit, and hope someone is going to start the ball rolling, which of course someone did. Our other senior nurse goes ‘no one seemed in charge and, I came and did the airway’. She took control in a way in at least she got to the first part but then she didn’t say, there’s no output, someone should start compressions. But then it would dry up. So then you’d ask, ‘how was the response time or how did it feel no one telling you what to do’. But it was just lots of foot shuffling going on. I was just thrown, basically I don’t know what I’m doing. So I asked some questions and hoped someone brings up something and then run with that bit and then run with something else. Anything that I noticed during the scenario that was glaring I’ll bring it up if no one else did. Or how to phrase questions so that it becomes more of a discussion rather than a ‘did you notice no one called for help in that first 4 minutes?!!’ [Oxo]*

Oxo, a beginning facilitator, throws a question out there to begin but the result is silence. She considers the question “how do you think it went?” huge. It feels as though this question is just too big. It is an open question, which is not addressed to anyone in particular. Perhaps each is aware that others might have a different view of how it went. Their first thought may be to feel embarrassed at their own lack of judgement, or perhaps they are very aware of others’ poor performance. Neither of these are safe to talk about in this tense silence. Oxo hears the reply of shuffling feet which perhaps speak of uncertainty.

When something goes wrong in the scenario maybe there is a sense that someone is to blame. No one wants to admit their mistake nor do they feel safe to point-the-finger at one another. The silence may speak loudly of their shared sense of guilt. Or perhaps by being silent the staff think that they can hide their indecision. Maybe they have the answers but do not want to be first to share their thoughts. When

staff do not feel comfortable to share their learning, they remain silent. The facilitator is left to interpret the meaning of that silence and find a way of breaking through.

This is a story of unplanned silence; it happens after a question that she hoped would open discussion. Oxo experiences hesitancy, she is not sure how to respond to the prolonged silence. It seems the silence deepens her uncertainty. P. J. Palmer (1998/2007) proposed that “silence gives us a chance to reflect on what we have said and heard, and silence itself can be a sort of speech” (p. 80). Furthermore, he believed that people can only live with a short amount of silence; as the silence gathers tension, it becomes a fear that something is wrong (P. J. Palmer, 1998/2007). In this story, Oxo was rescued by a colleague. Other times she just hopes that someone will start the ball rolling by beginning a conversation and breaking the silence.

Oxo recognises the significance of phrasing a question to inspire conversation rather than dampen conversation such as “did you notice no one called for help in that first 4 minutes?” P. J. Palmer (1998/2007) believed questions need to be “neither threatening nor demeaning” and responses need to be received in an open, attentive manner (p. 137). Gadamer (1975/1989) advised “to question is to bring into the open” (p. 371) as the answer is not yet determined. He recommended that questions have sense. Sense in the meaning of a sense of direction, whereby the facilitator directs and contextualises the question for the staff. In this way the question directs staff towards the answer. None of this is simple, or can be planned in advance. The facilitator must think ‘in the moment’ and leap in with a possible way forward.

### **Working with silence**

As a less experienced facilitator, Billy acknowledges that although he knows silence is a good thing he sometimes finds himself poorly equipped:

*Often there's a lot of silence and silence is not a bad thing, I know that. But sometimes it just does not kick on. I find it quite challenging and we want to get better at it, but it's not always easy to do. [Billy]*

Billy is learning how to be when there is silence. Part of his learning is to read the silence of the group. Billy recognises that 'silence is not a bad thing'. Rather than interpreting the silence as a bad thing Billy tries waiting in silence. Silence while waiting for others to think, possibly gives people a chance to think. A quiet time to think without interruption. Ollin (2008) suggested silence can be private time for thinking. Possibly, amidst the noise of conversation, staff may find it too noisy to gather their thoughts.

Silence can be sat out. Billy does not find this easy. He is just learning to wait and see. Perhaps this private time has caused Billy to doubt the silence. He is not sure that staff silence is a good thing this time. Doubt pervades his being and alters his mood from one of engagement to one of uncertainty. The danger of silence is that it can undermine the confidence of the facilitator.

Every silence has its mood. Facilitators need to attune to the silence, and ask themselves is the silence a good experience for staff or is the silence because the staff are disengaged, indifferent and unwilling to speak? The many variations of silence may include: not wanting to say anything because it would be too exposing, not knowing what to say, wanting to stop and think about what to say, not wanting to be the first to speak, feeling too junior, feeling embarrassed by one's performance and a host of other things.

For the newer facilitator, learning to interpret this silence takes time and practice. It is likely that it is difficult for the facilitator to respond to staff feeling vulnerable when it manifests as foot-shuffling, silence and not playing along. The experienced facilitators have learnt that it is important for the staff to speak out of that

mood rather than themselves leaping in with their own assumptions. The mood needs to be free to unfold its own anxieties and resolutions. Inasmuch, the facilitator learns to draw out the mood. Working with the mood that silence brings requires experience in moving the dialogue along and into a positive space for learning. It is an awakening to understanding that important learning can emerge through a mood of tension.

### **Beginning with what matters**

At the beginning of the debrief Nick asks staff to share what is important for them to discuss in the debrief:

*I've learned over time about opening a debrief up so that as a debriefer right at the beginning so I've got a sense what's important. [Nick]*

Each debriefing is unique in that although the plan (or path) may be the same, each has different staff, so every debriefing is an integration of uniqueness, knowledge and understanding. Every time Nick attends a debriefing he has to attune himself to the mood of the group; it is this feeling that influences his style the most. He talks of opening up the debrief suggesting that he encourages staff to share what learning they want from the debrief. Once he gets a sense of this he can gather it all together to include in his debrief.

Nick continues to describe how he begins:

*So straight up we'll just get that out in the open, "here's why the person had an arrest and this is what you were dealing with". Whereas if the debrief ends up trying to lead staff through why do you think this happened to the patient? It's not that you can't do that, but you have that as an objective and you want to be clear what it was you thought you were going to achieve with that. I often get the clinical stuff out of the way first, so that for the next 20 minutes staff don't wonder "but what was going on" because quite often for staff that's what their biggest thing was, "what was wrong with them?" What was wrong with them and they ask again what was wrong with them?! [Nick]*

After his many years of being a facilitator Nick has learnt that knowing what the simulation was about is uppermost on the staffs' minds. He does not question staff

about what they thought happened in the scenario as he does not want to catch staff out. He has learnt that sharing what happened opens up the debrief. Leaving behind the experience of the scenario influences the mood of the staff, they have a sense that the facilitator is being honest with them. This enables them to let go of the mood of the ‘drama’ of the simulation and move forward to focus on the learning that is about to be unpacked in the debrief. In this way the mood of the group is more ready-to-learn.

P. J. Palmer (1998/2007) talked of encouraging a learning space to be hospitable; it seems to me that Nick is being hospitable with staff. He is defining the boundaries of the debrief by reassuring staff that he is not going to demean or expose anyone’s mistakes. He is working to establish the mood for learning as “open, safe, and trustworthy as well as free” (P. J. Palmer, 1998/2007, p. 77).

It seems like Nick has learnt to nurture the space of debriefing. He initially sets the scene then he nurtures the space by displaying congruency between his manner, actions and words. Thus staff feel the mood as safe. Some may even find it exciting, a safe place to explore their thinking. Heidegger (1993) talked of building, not a building that houses people or equipment, but building as nurturing. In this sense, Nick works to nourish the space; he nourishes the space of debriefing so that staff can think. He tends the space and nourishes the soil (or groundwork) so that learning can begin (Heidegger, 1993). By building he is able to hold open a space for learning – he builds the space for learning right from the start.

## **Conclusion**

The stories in this chapter remind us how difficult it is to begin teaching. Facilitators get ready beforehand by preparing themselves and the environment for what-is-yet-to-come (Heidegger, 1962/2008). With experience comes the knowledge of the importance of preparation, sharing expectations and ground rules and getting to know



one another. Being prepared does not just refer to the rules governing behaviour, it is also apparent that questions need to have boundaries, direction and sense. Without these guidelines staff hesitate in answering as they are unsure of the frame of the answer.

Beginning the conversation sets the scene and tone of the debrief (P. J. Palmer, 1998/2007). Choosing how to begin the conversation is dependent on the skill and experience of the facilitator. More experienced facilitators realise the importance of the prebrief as preparing the way forward into learning. The beginning sets the way forward and starts the relationship of trust.

Thus the different phases of simulation have their beginning and involve a mixture of rules, preparation, getting to know and trusting each other. This sets up the mood for learning. However, this relationship between facilitators, staff and learning is brief, constrained by time. Facilitators learn to work within these boundaries and therefore the beginning needs to be efficient whilst appearing free. Thus the beginning of the debrief relies on the skills of the facilitator to attune to whatever mood the group brings, and seeks to engender a spirit of learning.

The next chapter will explore the unfolding of the debrief, where the facilitators share stories of how they hold the debrief as it plays out.

## Chapter Seven: Unfolding

In the previous chapter, facilitators shared stories of how they began each phase of the simulated learning experience, concluding with the beginning of the debrief. This current chapter explores how the facilitator connects with the debrief as it unfolds. In this sense, facilitators hold the debrief by balancing all the parts of the dialogue: conversation, mood, time, silence – all with a focus towards learning.

Simulation can be likened to play that involves people being part of a team, playing a named role, but with no pre-determined knowing of what is about to dynamically unfold. It involves a different group of people every time. Any one of those people will respond in a way even they cannot predict, each taking their cues from the emerging situation. The context, while it may involve the physical space, will always be unique depending on things like weather, time of day and wider events that impact on mood. No one can ever be sure how the conversation will unfold. When it comes time to debrief, everyone, including the facilitator, looks back on the simulation event that played out in a particular way. In reflecting on what happened, how it could have been better, and what can be learnt, the play continues. Gadamer's (1975/1989) notion of play relates to the movement of to-and-fro. He suggested that play "represents an order in which the to-and-fro motion of play follows itself" (Gadamer, p.109). Further, he proposed that the movement of play "happens as it were, by itself" (p.109), similar to the to-and-fro movement of dialogue that happens from beginning to the end of simulation.

In this chapter, the experiences of the facilitator responding to the to-and-fro are shared. Once the debriefing starts it is dependent on the players as to how to facilitate the play. It is not until the conversation commences that the to-and-fro of dialogue begins; yet already the mood of the exchange has been set (Heidegger, 1962/2008). It

is the mood and dialogue that happens in the debrief that has the potential to enable (or diminish) reflection.

This chapter is broken into four parts. In the first part, stories are revealed that introduce facilitators' knowing of how to connect. In the second part, more stories are shared of knowing silence, and leaping in. In the third part, the notion of phronesis is used to consider how 'know-how' create spaces for learning. In the last part, facilitators share their experience of knowing how to work with others. It seems that with experience in debriefing comes the wisdom and confidence to trust in oneself to let the debrief unfold.

## **Knowing How to Connect**

Facilitators arrive at the debrief possibly knowing ontically what to do (the theory of how to debrief), but when they are in the situation they respond ontologically to what is unfolding (attuned to the moment). Whilst it is the techne or method of debriefing that is most often recognised in literature, it is phronesis that facilitators rely on in the moment. As acknowledged in Chapter Four, techne is defined by Polkinghorne (2004) as "the reasoning used in making or producing things" whereas phronesis "is the reasoning used to deliberate about good actions" (p. 114). Polkinghorne (2000) explained that techne is reliant on "a blueprint, which lays out in advance what needs to be done in situations of a particular sort" (p. 475); thus a facilitator may be taught what questions to ask at the beginning of debriefing much like a lesson plan. Phronesis is often referred to as practical wisdom or the knowledge and wisdom of how to respond appropriately in a situation (Polkinghorne, 2004). Phronesis in this study presented itself as knowing what to do, and knowing how to be within a unique moment of time/place/people. Knowing what to do with people in any given moment involves tact. One cannot plan in advance to be tactful and although one can prepare

beforehand, it is always in the significance of the situation that a tactful approach is realised (van Manen, 1991b). In this section, empathy, presence, respect and tact are explored.

### **Being empathetic**

Jenny believes that to debrief well, facilitators need some basic skills, such as empathy and compassion. Empathy is defined by Merriam Webster as

the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner. ("Empathy," n.d.)

In this story, Jenny shares her thoughts about essential qualities needed to debrief:

*Debriefing is something that staff want to do more and more. But unless they've got some basic skills, it's not done well and can be quite detrimental. Not everyone is a good debriefer. I think the problem is not everyone is empathetic and compassionate when they're doing it (debriefing). Just because you're in the healthcare industry doesn't mean to say you've actually got those skills. I've seen a lot of clinicians who are more academic, the skills, and competence are paramount for them. Whereas I'm more about the emotional intelligence side of things. You need to see what makes them tick to make them work.*  
[Jenny]

Being empathetic towards staff in the debrief is likely to lead to a supportive and confident mood, and thus influence the mood of the group positively. Empathy and compassion are both about being focused on 'other', attuned to the mood, ready to respond in an emotionally congruent manner. Perhaps these skills build the trust that frees the group to speak up, to forget themselves as the conversation takes off and leads them on.

Empathy and compassion speak of tact and connectedness. Perhaps this connectedness is about the relationship between the staff and their learning, rather than the staff and the facilitator. van Manen (1991b) believed that "tactfulness can be thought of as a caring orientation towards others" (p. 145). Moreover, a tactful

facilitator is more likely to adjust to situations “surely, confidently and appropriately” (van Manen, 1991b, p. 125). By demonstrating empathy and compassion, facilitators tactfully encourage staff to step forward into learning. They read the moment ‘right’. Perhaps the most needed qualities and attributes of a facilitator are those that draw people out. Without tact it is likely that the conversation of the group does not develop; rather the staff are left feeling unsure of what they could be learning.

## **Being present**

Often facilitators work with another facilitator:

*A lot of the time we'll run cases with two people but you do have to do a little bit of planning. Because you don't want to have a tennis match between debriefers. When it feels like all you're doing is talking and suddenly your co debriefer is talking and your participants are just sitting there going these guys always do this!! All they do is backwards and forwards and backwards and forwards. So if I'm the secondary debriefer I quite often don't want to say anything. Because unless my primary debriefer needs me, often we'll have a thing where we're like okay so have you got anything else you'd like to add and then that's a judgement. I would never hop in there and say look guys we need to just rewind for a minute because this aspect that's not actually quite right. Often I'll just say I've got nothing else to add, and because I am just in the room as an extra kind of presence and support for people as opposed to it being people being hit from all angles, when it's not actually necessary. I think a huge part of debriefing is using your judgement from debrief to debrief about what you need to cover. Certainly don't set up situations where two debriefers end up undermining each other. [Nick]*

Nick explains that sometimes he is the second facilitator in the debrief. Taking time to plan the roles of the two facilitators is a priority as they do not want the conversation to be like a tennis match that shuts down opportunities for the staff to speak up. Consequently, Nick and the other facilitator have a “thing”, an agreed undertaking, where rather than jumping in ‘any time’, the lead facilitator offers Nick a place to leap into the conversation. Nick seldom adds comments; it feels to him that it undermines the other. He believes his role is to offer “extra kind of presence and support” both to the other facilitator and staff. By not turning this into a competition of

words, he has respectfully supported the debrief as a quiet, non-confrontational time for learning. Also he embodies being a good teacher, as he “possess (es) a capacity for connectedness” (P. J. Palmer, 1998/2007, p. 11), inasmuch as a “tactful person”, he “seems to sense what is the right thing to do” (van Manen, 1991a, p. 521) .

For Nick being present matters. As an experienced facilitator he sees his role as one of support – support of other facilitators and support of learning. He achieves this by listening and being attentive. Smythe, MacCulloch, and Charmley (2009) talked of listening as a gift, and add that “we cannot teach another how to listen” (p. 23). Fiumara (1990) told us that “the attitude towards listening implies a basic trust – almost a hope” (p. 162). Attentive listening portrays to staff that Nick is interested in them; he cares about what they think and tries to give space to their thinking. In this sense, possibly by being present, Nick is cherishing and protecting the time for thinking, enabling staff to dwell. On the other hand, perhaps Nick is present because if the debrief goes off track he can step in for the other. Perhaps in this role he is the quiet backstop. He only steps in if it is necessary, if the debrief does not play out in a positive way.

### **Feeling respected**

In this story, Hannah, a nurse that took part in a simulated learning experience, describes how the demeanour of the facilitator made her feel safe:

*There were other staff that you didn't feel safe with but with him you felt there were no judgements being made. From the start he had a lot of respect from the staff to start with. So going into the scenario, everyone respected him as a person because of the way he interacted with the nursing staff. They really enjoyed working with him, they felt safe with the way he communicated and in the simulation scenario there was nothing different. It was the same. So there was no difference, it was just like manikins were a person, we're in a room and we've got to get this person back to theatre al pronto how are we going to manage it. So his demeanour didn't change. [Hannah]*

One can sense how much impact the demeanour of the facilitator had on Hannah, it felt like she could trust him. It seems like his everyday demeanour gained the trust and respect of the staff. They in turn wanted to engage in the simulated scenario. It is likely that this facilitator's integrity enabled staff to engage and connect with him. He facilitated with passion, enthusiasm and goodwill which made him well liked and trusted by staff. For Hannah, the facilitator's effort made her feel as though she mattered. van Manen (1991b) believed that the teacher embodies "what is taught in a personal way. In a sense the teacher is what he or she teaches" (p. 77). It seems that Hannah recognised the generosity of this facilitator's spirit, his goodness.

Although perhaps he is unaware, it is likely that his humbleness and respect (his comportment) appeals to staff. Comporting ourselves is how we present and how we conduct ourselves in front of others. Comportment is part of our being. We care about how we are as a person in a relationship to the other. Heidegger (2001) suggested that comportment is about interconnection and our relationship with others. "Da-sein means being absorbed in that toward which I comport myself, being absorbed in the relationship to what is present, and being absorbed in what concerns me just now" (Heidegger, 2001, p. 161). In this story, the facilitator appears to be focused on how the debrief is for others. He indicated by his actions that he cares about who and how he is as a facilitator; it matters to him. As such staff appreciate his support and feel encouraged in their learning.

### **Being tactful and feeling good**

In this vignette, Hannah offers an insight into a debriefing experience that she remembers as funny:

*There was a scenario it was quite funny, I can't remember what was wrong with the manikin. I think it was an airway issue that we were having problems with. And myself and this doctor, were communicating with each other about what we were seeing and what*

*we were going to do about it. And the funny thing was that we were both talking to each other, nutting it out together, what was wrong with the patient. So we making a diagnosis of what was going on with the patient and what we were going to do about it and we were talking to each other. Someone else was doing something else but we weren't communicating that back to the leader who then needed to communicate back to the rest of the group. As far as the exercise went that was quite a good debriefing, because they said "we noticed that you two guys you knew what you were talking about and you knew what you were doing but you just forgot to tell everybody else what you were doing and you just went happily along and you got it all sorted. But you actually forgot to communicate, you just thought that everyone else realised what you were up to". It was quite good, you realised that you may be on the same wavelength as someone and you're nutting out a problem but you've also got to remember to communicate that back to the leader as they may not always know what you're thinking. You know what each other's thinking but no one else knows what you're thinking and you think that the person in charge knows what you're thinking but they don't. [Hannah]*

Hannah remembers this debriefing as good. The shared dialogue felt good to her. The facilitators picked up on what mattered most. Their tactful feedback enabled thinking. They created a space of respect. The way the feedback was framed made Hannah reflect for a time after the experience. One senses that Hannah felt as though she had learnt something that would make a difference to her practice.

It is possible the way in which facilitators gave feedback made a difference to everyone. It is likely that the facilitators tactfully nurture this conversation because they care about future practice. Being involved in this way with staff suggests tact. Tact is shown by being appropriate in a thoughtful and kind way; moreover, being tactful requires a certain candour that is responsive in the moment (van Manen, 1995). By paying close attention to how they undertook the conversation, it is possible that the facilitators influenced how the staff took up the learning. Their tactful demeanour radiated their interest in the staff and in their thinking. Importantly, "tact is always sincere and truthful, never deceitful or misleading" (van Manen, 1991a, p. 521). Being tactful encompasses being emotional, responsive and mindful in the moment (van Manen, 1995).



van Manen (2008) suggested being acknowledged means the other recognises their “existence, their very being”, moreover he asserted, “recognition is inextricably intertwined with selfhood and personal identity” (p. 3). He emphasised that being recognised plays a “powerful role in teaching and learning” (van Manen, p. 3). Being recognised can feel positive to the learner, who feels his/her opinion is valued. This recognition has the potential to draw the learner into the space of learning. Heidegger recognised the most difficult role of teaching is to let learn (Krell, 1993). Here the facilitators encouraged staff to think about different ways of practice.

P. J. Palmer (1987) believed “knowing and learning are communal acts. They require many eyes and ears, many observations and experiences. They require a continual cycle of discussion, disagreement and consensus over what has been seen and what it means” (p. 25). The conversation involves talking over, shared dialogue and reflection, potentially inspiring thinking. By being part of the conversation Hannah and the other staff sense belonging. They have all been part of this experience; it may transform some of their practice. Heidegger (1993) too talked of conversing:

to speak with one another means that together we say something about something, showing one another the sorts of things that are suggested by what is addressed in our discussion, showing one another what the addressed allows to radiate of itself. (p. 409)

As such, by sharing conversation together, staff experienced space for inquiry and considering other ways of thinking.

### **Knowing How to Hold the Debrief Together–Concern**

van Manen (1995) noted that when teachers are asked to describe what they do in the teaching moment they often cannot explain the intricacies of their decision making. These types of decisions are governed by an embodied know-how. They know what to do in the spur of the moment. Indeed, van Manen (1995) suggested that teachers

must constantly and immediately act with a certain degree of confidence. This confidence is already a kind of situated practical knowledge that inheres in the act of tact itself. Usually, the teacher does not have time to distance himself or herself from the particular moment in order to deliberate (rationally, morally, or critically) what he or she should do or say next. (p. 40)

As the debrief unfolds the facilitator responds to what is unfolding in front of him/her.

In this section, knowing how to be in silence and knowing when to leap in are explored.

## **Knowing silence**

Silence is common in debriefing. In the previous chapter I talked of silence of the staff.

In this section, I share stories of what Jasmine does to keep quiet and how Nick experiences silence. Being quiet in a debrief requires experience in working with silence. Sometimes it is difficult to be silent, it can feel uncomfortable. Jasmine describes how she reminds herself to be silent:

*I ask if anyone has any questions and you're meant to count to 10 seconds, I do try and do that in my head, otherwise I count 1000 and 2000 and one. And you're trying to because otherwise it's just so easy to say right off we go then, on to the next one! I count 1000, 2000, 3000, 4000, 5000, 6000 and you can guarantee I'll get to about 5 and somebody will say something. So it does work. You just need to count in your head. [Jasmine]*

Jasmine's intention in being silent is that it allows people time to think about what took place in the simulation. Jasmine shows the discipline she brings to her waiting. In this instance the silence is one of Jasmine's makings. She has held off from speaking using counting as a mechanism to keep herself silent. It can be difficult to be silent, and paradoxically very easy to become concerned that it is the wrong sort of silence (P. J. Palmer, 1998/2007). Instead of it being a reflective sort of silence it might be a "silence as a symptom of something gone wrong" (P. J. Palmer, 1998/2007, p. 85).

In Jasmine's experience silence has been beneficial in the past. Heidegger saw silence as a valuable part of discourse: "Silence is one of talk's ways of being and as

such it is a definite way of expressing oneself about something to others” (Inwood, 1999, p. 198). It seems Jasmine’s intent is to offer silence as a quiet space and time to think and ponder the question being asked. To her delight she finds that someone always speaks up. The biggest gift Jasmine can give to the group is her ability to wait. This silence is the right sort of silence it holds open the space for thinking over, a space for reflection.

Over the years Nick has learnt to be quiet and how to feel comfortable in a silence:

*When staff were quiet for a while, I learned to be comfortable with that silence. Because if you jump in there too soon as a debriefer, it’ll often tip that balance and then I end up talking all the time. Those were some of the biggest things that stood out for me, being comfortable with 40 seconds of silence. Then staff will pop in with something to get the ball rolling. I knew if I got in there too quickly because it was uncomfortable, staff don’t respond very well, then suddenly there have been 5, 6, 7 minutes where it’s just been me, and it ends up turning into a little mini lecture session. Whatever staff’s understanding of simulation is, it’s not being talked to. [Nick]*

It has taken Nick awhile to learn to be quiet in debriefs. He has learnt not to jump into too soon; he has to be comfortable with being quiet. It is difficult as an experienced teacher to not talk, to let the learners learn, to wait for others to fill that silence, to be comfortable with silence. As humans we often want to fill up uncomfortable spaces (Heidegger, 1968). If there is a quiet pause we have to be comfortable in it. In this story silence sits like tea brewing or coffee percolating; there is something to be gained by the wait. Being comfortable with silence was not a skill Nick came with to debriefing, rather it is a skill he has learnt. From taking over he has come to see that “talking extensively about something, covers it up” (Heidegger, 1962/2008, p. 165). It is only when Nick waits for the group members to respond that the learning begins to reveal its direction of thought.

Nick has learnt to not rush or push people's thinking; he promotes and protects the silence, as he knows this time is needed. Heidegger (1962/2008) believed "that the person that keeps silent can 'make one understand' (that is, he can develop an understanding), and he can do so more authentically than the person who is never short of words" (p. 165). Nevertheless to be silent authentically can only be possible if the intention to gain understanding is genuine (Heidegger, 1962/2008). In this mood of silence Nick is being quiet to encourage understanding. When staff are ready the conversation starts; the silence is broken, the dialogue rolls around the group gathering thoughts, discussion, dialogue. On this occasion silence has supported understanding.

### **Knowing when to leap in**

At times the dialogue may diverge to a place that is off track, incorrect or perhaps unsafe, and the facilitator needs to decide what to do. This story is about a facilitator leaping in to stop the simulation, before the debrief has begun. Margaret, an experienced facilitator, describes how she stops the simulation scenario when a mistake happens:

*I stop the simulation if something goes wrong so they don't get to the end of the simulation and it just goes to total crap. Some mistakes are fine but if things are just going completely terrible, I'm not sure that there's much learning there. If things are not going very well or they seem to be floundering, then I stop it. We sit down and talk about what's happened, what everybody's thinking could be going on, what do we need to do next, what structure they're using and then they go back with a plan so everybody knows what's going on. Then they have an opportunity to practice with that plan. It seems like that ends up being a much better educational experience than things going terrible for a scenario and then you walk into the next one feeling like that went so terribly. Some of these staff are experienced but they're being put in a situation that's unusual for them and I think the learning is difficult when you're feeling lousy or blaming yourself, or however staff deal with that feeling of inadequacy. [Margaret]*

Some mistakes in a simulation scenario are fine but other mistakes might upset the potential and intended learning. Margaret has observed and listened deeply to the conversation of the staff; as soon as she sees the staff struggling she stops the scenario

for a short time. She encourages staff to talk over what is going on. This is like a mini-debrief inserted into the simulation itself, because in this space there is still time for staff to ‘get it right’. She recognises that if staff are feeling lousy or inadequate that there is not much learning. While this is the right action for Margaret, other facilitators may not take the same course. Factors influencing her decision are making sure staff are kept safe and feeling positive about their practice. By leaping in and stopping the scenario she has prevented any untoward harm to staff. Stopping the scenario gives staff time and space to gather and regroup. In this space, she encourages staff to talk about their mistake, to plan their next move, and to communicate that plan with everyone. Once they have a plan in place, they step forward back into the scenario.

These actions demonstrate Margaret’s concern for others, she is expressing solicitude. Solicitude is considered by Heidegger (1962/2008) as being concerned for the other and can be viewed in two ways. Solicitude can “take away ‘care’” (Heidegger, p. 122) from another person when someone leaps in for the other. The other person is “thrown out of his own position”, as the person steps in (Heidegger, 1962/2008, p. 122). Afterwards when “the matter has been attended to” the person can choose to step back in or not (Heidegger, p. 122). On the other hand solicitude can also be when one leaps ahead for the other. This is not so much about taking away from the other, rather it is about giving it back authentically (Heidegger, 1962/2008). To demonstrate concern for others Margaret leaps ahead: she “leaps ahead and liberates” (Heidegger, 1962/2008, p. 123), and gives staff an alternative way of moving forward rather than letting them proceed into potentially negative and harmful learning. Moreover, Heidegger (1962/2008) considered that “solicitude is guided by *considerateness* and *forbearance*” (p. 123). Margaret appears considerate in her concern for the wellbeing of staff.

In the play of the dialogue, facilitators sense the mood and make a call whether to leap in and take charge or to leave it to continue hoping it will come right. In this story, Jasmine tells us how tricky it is at times to debrief:

*I find it quite a tricky skill. It's not easy and you're having to try and think ahead the whole time and trying not to fish at the same time. You want them to feel like you're part of this conversation and then there's learning by advocacy. And why isn't it working? I say to them, I wonder how that's going to go and at the same time thinking I wonder why they did that? "I noticed you did such and such", and I struggle sometimes with that I must admit. [Jasmine]*

Here Jasmine reflects on how difficult it is trying to hold a conversation whilst listening and observing the play between staff. When Jasmine finds herself talking over others or fishing for answers she knows that this is not the best way to go about debriefing. It is tricky. She wonders what to do.

Jasmine's story demonstrates her concern about what might happen to the other (Heidegger (1962/2008)). Jasmine has to decide whether to leap in and ask a question or whether to wait and see where the conversation might go. Here is the hidden and unknown of debriefing; making a choice between leaping in or staying quiet. She deliberates what to do, taking note of the mood of the group whilst reflecting on past experiences of similar situations (Polkinghorne, 2004). If she stays quiet staff might share their thinking. On the other hand, leaping in rescues the staff, and it is likely they all breathe a sigh of relief. Maybe they too recognised the conversation was going nowhere. Leaping in Jasmine brings her own direction to unpacking what happened. This time the quiet space is filled with the facilitator talking.

In this next story, Andy, a less experienced facilitator, manoeuvres and guides the conversation. She shares how hard she finds it to take it all in at times:

*I manoeuvre it. I bring the group together then I'll ask what did you learn, what did we know, or what could we have done or not done? Did anybody call for help? Afterwards I do it as a large group, where I ask about their learning and when they're really comfortable the stories*

*come out. Sometimes the stories are personal. I let those roll because I think stories are how staff remember. And then we bring that back so it's about joining up the learning. You know learning is an interesting word because how I do know what they learnt. All I know that it's out in the room and staff have heard it, and what they do with it is another matter. [Andy]*

Often as a new teacher you want to “manoeuvre” as many aspects of the teaching environment that you can. Andy is concentrating so hard that she believes she sometimes misses things, perhaps due to her inexperience. Yet while unsure, she is strong in her belief that sharing stories is beneficial for the staff. She believes sharing stories helps staff to relax and become more comfortable with each other. In turn this helps to establish the space as a safe place to share their learning. By leaping in Andy is trying to set up a supportive space for learning. van Manen (1991a) implied that it does not matter how prepared the teacher is, she/he must “constantly remain aware of how it is for the students” (p. 518). Thus it is likely that Andy, in thinking about how it is for staff, leaps in to offer help and support, to encourage staff to converse and engage in learning.

Andy wonders if staff have learnt. She raises a very important question about how she can know if they have learnt. While she is clear that fostering learning is her goal, how does she know if the answers she is receiving are new insights or what they already knew? Does it matter if it is not new learning? She reflects on how she might know if learning happened. This hints at the unknowingness of facilitating. Facilitators can only hope for learning to happen.

Debriefing does not always go as expected and sometimes staff remain, by choice, detached and disconnected. This makes the debrief difficult, the space for learning is threatened. In the following story, Jasmine shares how she decides to leap in and the consequences of this decision:

*It's that really closed off person who obviously doesn't feel that they're in a comfortable learning environment and you can just see them sitting in their chair, they've got their arms crossed, they're leaning back and you're trying desperately to engage them. But at some point you do have to think, well I'm just going to have to ignore you because the rest of the group are there as well, it's not just about you and I've tried to re-engage you, you're not re-engaging with me so therefore I might have to move on. We tried a few times to engage her but there was no real moving forward. In the end I think I just ignored it and we spoke about something else. [Jasmine]*

Jasmine worked “desperately” hard to engage the “really closed off person”.

She realised that it was taking too much time and she needed to keep the debrief moving otherwise the other staff in the room would miss out (or perhaps get bored), and the conversation would lose momentum. Both Jasmine and the other facilitator leapt into the situation and tried to engage the staff member by encouraging the individual to join in. She hoped that by leaping in she might be able to alter the mood of the debrief (Heidegger, 1962/2008).

In this situation, Jasmine, an experienced facilitator, is unable to alter the closed-off mood. She has to make a decision about whether to try to engage the staff member and how hard should she try? Even with previous experience, Jasmine was not able to fix the problem. It is likely she has had similar experiences, in which one person's mood can adversely affect the mood of the group. Polkinghorne (2004) reminded us that “choosing the correct action is only part of the formula: resourcefulness also requires that one act at the proper time” (p.109). In this scenario, Jasmine eventually chose to move the conversation on in an attempt to move past the pervasive mood of not-wanting-to-be-there.

## **Knowing How to Create Space**

Gadamer (1975/1989) described dialogue as spoken language, a back and forth movement of conversation. “Part of the movement involves a focus upon some subject matter. This conversational play has an aim - understanding the subject matter at hand”



(Hostetler, Macintyre Latta, & Saroub, 2007, p. 2). Undeniably, the dialogue between people does not necessarily mean people will agree, or understand each other, or be interested in each other's comments. Smythe et al. (2009) suggested it is this play of dialogue between people, "which guides and directs" (p. 21). This play has potential to create a space for learning.

Gadamer (1975/1989) talked of the space for play, and suggested the space for the game is "one that is specially marked out and reserved for the movement of the game" (p. 111). The space for debriefing is established by the players, facilitators and staff involved in the dialogue. The nature of the game is based on the to-and-fro of dialogue between the players. It is the facilitators who "create space for deliberation, exploration and speculation" (Latta, 2013, p. 104). This involves creating a mood conducive to learning. This section shares stories of know-how in four parts: knowing what, knowing to take hold, panning for gold, and knowing the roundabout route.

### **Knowing what**

Gadamer (1975/1989) talked of "the curious tension between a techne that can be taught and one acquired through experience" (p. 326). In the moment of facilitating an effective debrief it is phronesis that is used. Phronetic decisions are made in response to a unique situation, one that is unknown or unexpected – there is no "blueprint" for how one should respond. Facilitators drawing on phronesis can quickly improvise and adapt to different and changing situations (Polkinghorne, 2004).

As an experienced facilitator, Nick shares how he does not let the manikin die:

*I've learned over time that there are a number of things you can unpack in the debrief around those aspects of why manikins live or die based on actions, but you just cannot have a valuable discussion if these guys have walked into the room and the patient died, and the last patient died and the patient before that died. It just doesn't achieve anything. Some staff would argue that because they didn't give that shock for 5 minutes the patient is going to have to die. It's not actually clear to me*

*but the patient will come back to life on my watch, and in the debrief, we'll discuss, so guys take me through what was going on with the defibrillator. We've talked a bit about how time's quite critical and I noticed that it took 5 minutes for that first shock to begin. So let's track that back. Now if I'm trying to have that conversation and everyone's thinking oh cripes so the patient died because we took 5 minutes to give a shock, I'm just not going to get the value out of it. And it's not trying to mimic real life where patients possibly do die because it takes us 5 minutes to give a shock, the point is that everyone knows that. But if we're trying to look at why some teams take 5 minutes to give a shock, I find I can get better more in-depth understanding of that if the patient still lived, than if staff are constantly correlating it to actions. So I run all simulations with a move on button. So even if someone has missed a step, I can just move on and the patient is still going to survive. So for me personally unless you're running an end of life trace but then that's a specific objective or are running a simulation on how do teams handle a patient dying. Obviously you don't want the patient coming back from that one! This year we haven't run a single sim where a patient's died, for those very reasons because I think you just set yourself up and set everybody up to have a really difficult time and a lot of time when you're unpacking that if you want to look at human factors and team work I can just do that so much more successfully if patients are given some signs of life before we stop the case. [Nick]*

Over time Nick has learnt that debriefing discussion is much more valuable if the patient does not die. Rather than becoming distressed, staff can leave the simulated scenario behind and move on to focus on the learning that is being unpacked in the debrief. These staff are health professionals. In their everyday role they are dedicated to caring for others. One assumes that they usually want to do everything possible to save the patient; it is ingrained in their practice. If the simulated manikin dies, staff want to debrief about what happened and how they could have prevented it. This makes staff feel like failures, possibly making them feel uncomfortable. As such, making a phronetic decision is not about being briefed in procedures or trained how to teach, rather it is “the wisdom, imagination and flexibility that results from their own education, clarified and enlightened by philosophical reflection” (Wringe, 2015, p. 37).

In this situation, Nick leaps in and decides to not let them experience the grief of death again. It seems that Nick's experience and phronesis enable him to create an unhindered space for learning. Lawn and Keane (2011) argued that a “person of

*phronesis* will know how to proceed since custom and habits by their nature are both flexible and adaptable” (p.106). Thus Nick sets up the space for learning by enabling staff to enter the debrief positively. Using his know-how Nick chooses to change the outcome of the scenario, to benefit the staff’s learning.

## **Knowing to take hold**

Holding is defined by the Merriam Webster online dictionary as “a place where someone or something is kept for a time before being moved somewhere else”

("Holding," n.d.). In this next scenario, Billy describes how he takes hold of the conversation:

*Taking hold of it, so you’re narrowing the channel of communication so it’s less open for interpretation. That you’re talking clearly about that one thing rather than just trying to beat around the bush. Sometimes you’re on quite a tight timeframe. It’s not always easy when you’re doing the debrief, sometimes you need to take a hold of it and move it on otherwise you’ll never get to the next bit or the bit at the end. I’ve found my own way, but the first thing was that recognising that it’s okay not to talk, I don’t have to be the one that’s talking, that silence is a big part of it as well. Being able to just stop and let staff think and be, and wait for it. Sometimes the pregnant pauses can be uncomfortable, and you need to move it along somehow. But it is less about me, more about them really. Debriefs are really good when that entity, that you’re not in control of, all works out well in the end. But when it doesn’t go so well you think God I wish I’d just taken a hold a bit tighter and so that I could have then delivered the key points. [Billy]*

Billy is a novice facilitator and one can sense that he takes hold to be in control of the debrief. At this stage he is not prepared to let go too much he finds that it is better to move the debrief on if it is stuck. He is learning how to hold the debrief so that it is open and loose, not so tight that staff feel as though they cannot breathe and yet tight enough that everyone has room to think. Somewhere in the middle of tight and loose a space is created for learning. Gadamer talked of the play of loose and tight in his conversation with David Miller (Miller). He spoke of a bicycle wheel in which the nuts that tighten the bolts have to be just right neither too tight, not allowing the wheel to spin, nor too loose, risking the wheel falling off. He likens this to the German term

“Spielraum” or in his translation leeway. Just as Billy is learning about the just-rightness – where there is room for a “little play” or space in facilitating. Every time he debriefs he will need to attend to just how much leeway he gives to the unfolding conversation.

Facilitators attend to everything that takes place in debriefing, particularly anything that is different or new (Polkinghorne, 2004, p. 109). Here, as a newer facilitator, with expert clinical experience and beginning knowledge of how to facilitate debriefing, one can sense that Billy takes hold to be able to guide the debrief. He acknowledges the difficulty of silence and the importance of enabling staff to talk. He is developing his know-how. He is learning about the different parts of dialogue, the to-and-fro, silence and talking. Palmer (1998/2007) revealed that “in our experience we bring nothing to a close; we are constantly learning new things from our experiences” (p. 53). Billy believes it is his responsibility to take hold of the direction of thinking. He lets the conversation wander; however he knows if it goes too far off the path, he might not have the skills to recover the conversation.

Billy is learning from experience to listen and attune to the developing mood, so that he can create more learning opportunities. He values time for staff to think and be. Thinking does not just happen. Facilitators spend time preparing the space beforehand. Now by being silent they give the staff space to think. Thinking takes time. Staff need silence to think over what has happened and what has been said (P. J. Palmer, 1998/2007). Ollin (2008) put forward that silence can also offer freedom “from the intrusion of someone else’s ideas ... giving them the opportunity to develop ideas for themselves” (p. 271). In this way silence becomes an important part of the dialogue.

### **Panning for gold**

In this story, Margaret shares how she fosters others’ understanding of debriefing:

*I explain to my students that's where the gold is. That it's [debriefing] an opportunity for reflection and understanding what happened, an opportunity to find out what other people were thinking and what they were thinking happened. So often the students are surprised by what other people thought or why they did things. There's usually a reason why we do stuff, not just because we're nervous or we're stupid or whatever and that understanding those reasons or that way of thinking, then enables us to modify that. [Margaret]*

Margaret explains what takes place in debriefing when she is preparing students. She uses the metaphor of looking for gold. Panning for gold means sifting through the rubble to find the glimmer that could be gold. It takes time and patience. Some of what is discussed may be familiar, already known, but in the midst a surprise comes. When someone offers a thought that is new to one's thinking, everybody is drawn into new thinking. Margaret takes the group back to look for reasons; yes they may have been nervous but was what they did about something more? Did they have an idea that prompted the action? Margaret senses that understanding how and why brings rich learning – gold. Margaret delights in debriefing; she sees it as an opportunity for developing people's critical thinking and understanding. She hopes others too can appreciate the precious space of learning.

By making an effort to connect with staff, facilitators portray their belief in the staff's ability to think and learn (Rodgers & Raider-Roth, 2006). In this way facilitators enable thinking by guiding learners towards inquiry and reflection (Kleiman, 2009). Heidegger (1993) recognised the importance of nourishing the space for learning. He suggested that building is “preserving and nurturing” (Heidegger, p. 349). For Margaret it is building the thinking of clinical practice that she is working toward. She wants to nurture sharing of reasoning behind practice decisions.

Building thinking also evolves by working with a group. P. J. Palmer (1998/2007) recognised the role of the facilitator in lessening the tension between “the voice of the individual and the voice of the group” (p. 83). He suggested this involves

the teacher inviting and affirming the voice of each person. In this sense, by developing a positive space for learning, it is likely that Margaret enables the group to share their thinking. Moreover it is likely staff benefit by listening to others share their thoughts and their insights. Perhaps someone offers something of which they had not thought. And yet without the facilitator enabling this space perhaps staff would not be inclined to share.

### **Knowing the roundabout route**

Ethan, a more experienced debriefer, notices that when the conversation does not follow the normal path it is “much more interesting”:

*The roundabout route is quite interesting. Sometimes if the debrief has gone off the designated path, that makes debrief much more interesting. “Is there a reason why we chose this?” Then someone says “well I wanted to mention that” and then you can actually explore, why didn’t you? Well let’s say the two charge nurses were talking to one another at the end of the bed and I thought they knew what was going on. I didn’t mention it. Okay, so why didn’t you mention it? And you get the two charge nurses saying but I didn’t notice. So why didn’t you bring it up? Well, because you’d make a scene. And then you might say to the group okay so how could we have attracted the charge nurse’s attention? And staff say we could have told them. Is there any danger in that? I’ve never had this example but you could say is there a reason why we’re not treating the VT at the moment? Or I said that’s but that’s quite sarky isn’t it? I notice we’ve gone into VT, what, where do you think we should go now? But I think the answer is, sometimes have you stopped the scenario? Yes. Have staff noticed that it’s been stopped? Hope not sometimes. Or I have said we’ve got a lot here to work on, let’s have a look at that. As a person within a group of staff who run simulations I would say my simulations are shorter than most, because we tend to do more talk afterwards and I recognise the importance of timetables and sometimes it’s that whole thing when the group’s moving. [Ethan]*

Ethan is happy to let the debrief wander. He quite enjoys the looseness of not knowing where the dialogue might lead, as such he lets the debriefing meander. All the while he follows the conversation intently but with an air of casualness. He is the facilitator, his job is not to solve problems; it is to facilitate the thinking, the learning. This is the fun too, the play of loose and tight, knowing of when to leap into the

dialogue and when to wait and see what evolves. Over his many years of debriefing experience he knows the learning is in the discussion, the dialogue, his questions just turn the conversation back to staff.

Ethan brings humanity to debriefing as he lets the conversation evolve. It seems as though it is not about the teacher teaching. It is about the teacher listening to the conversation, listening for the emergent learning. In this sense Ethan's openness demonstrates his skill in letting the meandering debriefing evolve. Like a dialogue between people: "question and answer, giving and taking, talking at cross purposes and seeing each other's point" (Gadamer, 1975/1989, p. 376). Gadamer (1975/1989) saw this as the to and fro of dialogue. Like the flow of a river the conversation meanders, in places it is full and fast, in others it is slow and deep. In other parts it is like an eddy, where the water just circles slowly taking its time and lingering in some spots. This is similar to dialogue, where one compares what is being said to what we already know, listening, ruminating, considering. This story talks of Ethan's know-how. Without his courage, integrity, and a sense of identity perhaps he might not be open to experimenting with the unfolding. This quote summarises the importance of experience.

the truly experienced man is the one who is aware of this, who knows that he is master neither of time nor the future. The experienced man knows the limitedness of all prediction and the uncertainty of all plans. In him is realised the true value of experience. (Gadamer, 1975/1989, p. 320)

The stories in this section demonstrate the experience and know-how of facilitators and how they celebrate their wisdom by being open to more experiences. They flourish when the dialogue meanders, when the conversation unfolds in a way they did not expect; it is this unknowingness that they enjoy. They look forward to what the next debriefing brings.

## Knowing How to Work with Others

Interprofessional simulation involves health professionals from different clinical backgrounds such as nurses, doctors, midwives, and health care assistants. This section, considers working with others.

### Tricky

Interprofessional debriefing is where there may be a range of facilitators from different professions such as doctors and nurses. The intention is that each profession has a facilitator from their profession in the debrief. Mary describes interprofessional debriefing as tricky. This story talks of how it is tricky to make sure all the facilitators are on the same page before the simulation scenario begins:

*The other tricky thing is the interprofessional dance that you have to do when you're debriefing. Often the doctors are leading as they have written the scenario, because often the doctors have more non-clinical time than a lot of the nurse educators. We have the sheet that says what's going to happen and we email it around beforehand so we all know what's going to happen. Sometimes we talk about the stopping points or the issues we want discuss. We have to make sure that the nurse debriefers ask questions too and say to the nurses oh I noticed you were drawing up those drugs, and checking them and that was great that you were doing that and do you want to tell us how it happened? They'll often notice things, that as a doctor I probably wouldn't have noticed because I just expect the drugs to be there. But actually drawing up drugs is a real challenge sometimes depending on the infusion. I think that's something in doing an interprofessional debriefing there are the challenges in how do you make sure that the nurse debriefers have time to talk about the nursing issues and not just the issues that the doctors want to talk about. Because often the doctors want to talk about quite complex things whereas it's the problems that need to be talked about. How did you find that piece of equipment and where is it for the nurses? It can be quite tricky making sure that everyone's equally represented in the interprofessional debriefing.*  
[Mary]

In debriefing, Mary values the different perspectives, however finds it tricky to manage. Perhaps wanting all the health practitioners represented involves more negotiation so that all voices are heard in the debrief. One important facet of facilitating debriefing is making sure everyone has space to voice their thoughts. Mary



likes working with others; she has experience in knowing what others may bring to debriefing.

A good teacher is one who can listen to those voices even before they are spoken... What does it mean to listen to a voice before it is spoken? It means making space for the other, being aware of the other paying attention to the other, honouring the other. It means not rushing to fill our students' silences with fearful speech of our own and not try and coerce them into saying the things we want to hear. (P. J. Palmer, 1998/2007, p. 47)

To begin, Mary talked to the facilitators involved so they understood the learning objectives before they began the simulation. It is challenging to negotiate with different health professionals as they can have different agendas for the intended learning. In essence, Mary works to understand the facilitators' voices first, then knowing this she works to include everyone's voice in the dialogue.

It seems for Mary this group learning is where she sees simulation to be beneficial. She recognises that before learning can happen everyone needs to be in a place where they are ready to listen to others. In a sense the right mood-for-learning. When facilitators and staff converse together it is akin to Heidegger's (1993) notion "that together we say something, showing one another the sorts of things that are suggested by what is addressed in our discussion" (p. 409). The experience and the learning within it is shared. It is these experiences, as described above that enable facilitators to grow and further their understanding of facilitating. In this context it is important that facilitators remain open to new experiences and the learning that comes through working with others.

### **Building confidence**

Staff are frequently expected to attend emergency situations where they do not know what is wrong with the patient. Margaret is interested in how people respond in crisis.

*I'm fascinated by how our brains work in different contexts and situations, and how our brains don't work particularly well under very*

*stressful crisis situations. Until your brain settles down a little bit and then can access the information. I think in medicine, we are very good at chastising ourselves and each other and thinking we're not good doctors because we can't do this. If we're able to more fully understand the way our individual brains work under stress, and find ways around that and see that with compassion for ourselves rather than you know we're idiots or we're bad doctors. [Margaret]*

Margaret knows that it is important that in an emergency people are able to function. This is a skill that needs to be learnt. It matters that staff can respond safely in a crisis situation. Simulation offers a place for staff to practice their response in an emergency; debriefing offers a place for staff to reflect upon their response. Polt (1999) argued that “we cannot help caring about own Being and the Being of other entities, because we are such that beings *matter* to us, they make a difference to us” (p. 79). Helping others to feel more confident of their reactions in crisis is Margaret’s focus, it is one of the things that matters to her. Indeed Heidegger talked of care as in helping another to get back on their feet (Polt, 1999). Not only does Margaret care about the individuals she also cares about their future practice.

This story hints at Margaret’s desire to build a safe place for dialogue about practice. In being compassionate towards others, Margaret hopes health practitioners will be able to understand their response in a crisis. Sharing these reflections and understandings may enable a developing of confidence. It is possible sharing this personal dialogue may bring a togetherness that will add to their practice.

As facilitators become experienced they learn to “run with the punches”. They learn to accept the unknowingness of the debrief; they learn to let it unfold in its own way. This is achieved by enabling ripening – just like growing a plant, facilitators water, protect, feed and give the debrief space for it to ripen (Heidegger, 1993). However the debrief is just a thing, perhaps it is the essence of the debrief they are ripening, and it is the dialogue to which they tend. The dialogue matters, and it is the to

and from conversation that enables the purpose and the content of learning to take shape (Field & Macintyre Latta, 2001). Facilitators enable thinking to unfold by ripening: they do not under nourish or over talk the conversation, they listen deeply, gently nudge conversation along, and encourage the discourse. They walk alongside staff. Negative or unwelcome conversation is quietly shifted sideways out of the frame of conversation. Facilitators aim to make this space safe, protected, friendly, welcoming and embracing.

## **Conclusion**

This chapter has explored facilitators' experiences of debriefing. The facilitators' stories offer insight into how debriefings unfold, and how they hold onto the essence as it plays out. Silence can be part of the dialogue but is challenging to plan. The quietness that ensues is challenging to work with. Choosing what to do when the debrief falters requires insightful decisions based on the facilitators being closely attuned to the play of the conversation.

Tact is an important part of being a facilitator of a debrief. Tact is an inherent and unspoken quality of being a facilitator. Being tactful suggests that one is aware of one's approach both in manner and speech. Facilitating with *phronesis* are attributes of an experienced facilitator. This involves being tactful and acting with "moral intuitiveness" (van Manen, 1995, p. 9) to judge what approach to take, and when to leap in.

Facilitators hope to enable learning. It is their intention that this learning may change future practice. They work on developing a space for learning. They hope by building this learning space they offer people a chance to dwell in the situation. This reflective thinking comes with time, safety, and attentive listening and being enabled to dwell in thinking. Creating a positive space is tricky; it is the facilitator's role is to

enable this learning. This requires close attention to discussion. If staff feel the facilitator is interested in them as an individual, as well as a group, it is likely they will feel more attended. This attention or regard would possibly influence staff's desire to be involved in the learning. Thus, it is the skill and qualities of the facilitator that enables the learning in the debriefing.

It is the facilitators' hope that debriefing offers busy clinical staff space to reflect on their practice. The time together supports people from different disciplines to dialogue and examine their practice together. A shared dialogue might help their future practice. Heidegger (1993) suggested "only if we are capable of dwelling, only then can we build" (p. 363). Finally, it is the experience, wisdom and know-how of the facilitator that enables the space of learning to be held open. P. J. Palmer (1998/2007) believed it is vital to be compassionate towards one's self first, to find the place to teach from within.

Each time I walk into a classroom, I can choose the place I need not teach from a fearful place: I can teach from a place of curiosity or hope or empathy or honesty, places that are as real within me as are my fears. (P. J. Palmer, 1998/2007, p. 58)

This is a poem I wrote when I began to analyse stories of facilitators.

### ***Holding***

Hold on to it  
Do not let go  
Not too tight or  
too loose  
Just right

Hold it gently  
with care,  
treasure it  
because you have created  
space

Hold it calmly  
and wisely

Offer the space  
to open  
a place for  
learning

You are a part  
of the holding  
Your presence  
is essential  
nurture the holding

Hold it  
Do not drop it  
It is a chance  
for an a-ha!  
It might make a difference  
treasure that space  
Hold on to it  
it is a  
gift.

In the next chapter I discuss how facilitators experience ending the debrief.

## Chapter Eight: Ending: Looking Back and Thinking Ahead

The facilitator has an overview of all that goes on. It is his/her experience that enables him/her to decide how to support the play. As the debrief draws to a close, facilitators are reflexively going over what has been said, they are thinking of how to finish.

Ending in this sense involves ending the relationship and rounding off or ending the learning session. Their role ends when the staff walk out the door; yet the thinking, wondering, worrying and strategising keeps going, awaiting the next time they face a similar situation. They cannot themselves change the future practice of another; they can only hope for change.

Ending for facilitators involves looking back over what has unfolded, seeking to summarise the essential points. Moreover, ending involves looking ahead, discerning which learning points might be most valuable to take into practice. Looking forward involves reflecting about what they might take away from this experience for the next time. This chapter is about endings and learnings. The ending involves a quick summary of what has been discussed. Once everyone leaves the simulation experience has ended. However, it is only in the physical sense that staff are no longer there. Heidegger (1962/2008) reminded us “the sequence of ‘Nows’ is uninterrupted and has no gaps. No matter how ‘far’ we proceed in dividing up the ‘now’, it is always now” (p. 423). Thus the facilitators are always in the ‘now’ of learning about facilitating and, as such, always involved with looking back and thinking ahead. The ‘now’ of the vacated room still has the lingering memory of the participants. The stories within this thesis are all testament to how no session ever goes away. What happened, how it happened, what one did (or did not do) all play on in the remembering.

In this chapter, facilitators share what learning they take away from the debrief. They share stories of reflection, looking back and thinking over what happened to

gather into learning points that they then take forward. Stories are shared that explore how the time runs out, and how they know what questions to end with. Following this stories are shared of taking the learning back to practice, the after-work, and how facilitators look back to look ahead.

## **Time Runs Out; The End Comes**

In any debrief session there is a pre-given time by which it is expected the debrief session will be completed and participants free to leave. As this time draws near the facilitator has a sense of needing to make a strong ‘end’. Billy shares how he is not always sure how to pull all the learning points together for the take home messages:

*As the debrief is going on, you’re never really entirely sure of whether you’re going to be able to convey the right outcomes of the scenario. We summarise the key points at the end but often a lot of that changes through discussion or it gets covered. The winding up of the debrief if you like, the take home messages because I’m never entirely sure whether I’ve got all of that information across. [Billy]*

When Billy reflects on the debrief he wonders whether he covered the essential learning. He is still learning about how to finish. Finishing is important. It is the time when the facilitator identifies the most essential learning. Billy guides staff thinking by giving them “things to think about” when he summarises the learning (Kleiman, 2009, p. 35).

It seems as though Billy is questioning whether he has given the ‘right’ take home message. As a beginner, he is focused on the right way of ending. He wants to get this ‘right’. It is likely he has been taught a way of ending. Currently he finishes in ways that are more concrete, such as summarising the key points. Knowing a method of how to debrief is a good place to start and equips newer facilitators with a structured way of ending (van Manen, 1995). Billy has yet to discover the fluidity that comes with being more experienced, to understand that there is no one ‘right way of doing it’. It is likely, with more experience, Billy will learn to become more comfortable with

pulling the learning together in a manner that responds to the needs of ‘this’ particular group.

It seems that before one can experiment with finishing, facilitators need to practice using the learnt method. Polkinghorne (2004) suggested that “a person’s practical knowledge develops and changes as he or she engages in problem solving through intelligent inquiry” (p. 123). Sometimes known as trial and error, facilitators try different endings to discover “which ones work and which do not” (Polkinghorne, 2004, p. 123). This trial and error approach adds to the facilitators’ developing knowledge base of how to best end. It is this ever expanding pool of knowledge and experience that facilitators draw upon to develop their know-how in ending the debrief (Polkinghorne, 2004).

Jenny talks of debriefing being all about the take away message:

*What can they take away? It’s not just about telling them all what’s good and what’s bad and what you’d change. But what’s relevant to you. Because everyone in that room is coming from a different space and you can’t necessarily standardise a response for everyone. So okay, it didn’t go well, but for you it might have gone fabulously, everything went magically and it went exactly the way you expected but what are you going to take out of that?* [Jenny]

Jenny recognises that everyone one in the room would interpret the learning differently. Everyone arrives with different pre-understandings. As such, their horizon or view is influenced by their previous experience and background understandings (Gadamer, 1975/1989; Polkinghorne, 2004). Jenny does not believe the learning that staff take away can be standardised. Rather, the learning people take away is influenced by each person’s individual horizon. Each situation has a horizon “or a range of vision that includes everything that can be seen from a particular view point” (Gadamer, 1975/1989, p. 313). In this situation everyone’s horizon of what the experience meant



to them will be different (Gadamer, 1975/1989). Moreover the thinking and learning staff take away becomes part of their new horizon.

Nevertheless, each debrief is likely to have several take away learnings. Generalised learning is likely to be based on the intended learning outcomes. Individual learning is influenced by the understandings with which people arrive. And it is these understandings that influence their interpretation of the experience. Moreover, it is likely conversing with one another enables reflection and further broadening of their interpretation (Polkinghorne, 2004). Additionally, there is likely to be learning that is unknowingly absorbed. There is thus no standard take-away package of new insights.

This next story shares how a gentle facilitation led to a change in practice for a house officer who was clearly nervous:

*So she had this whole revelation and the consultant that was leading it he was so lovely and they had some great dialogue about feeding back. I've seen her in scenarios since and she has been in there and she's doing everything and she's very clear to feedback what's going on, it seems that she'd lost those inhibitions about not performing. [Karen]*

One senses that Karen was thrilled to observe the learning in practice. She reveals the house officer had what she calls revelation, similar to an 'aha moment'. An 'aha moment' is defined as "a point in time, event, or experience when one has a sudden insight or realization" ("aha moment," n.d.).

This sort of learning is just what Karen hoped for. Such learning will potentially make a difference in practice. Nonetheless, if the 'lovely consultant' had not given the feedback in such a tactful manner this might not have happened. It seems the gentle conversation enabled thinking. Tactful facilitating involved the facilitator sensing the significance of the moment. She/he knew how to leap in to enable thinking with gentle questions. Gentle questioning led the staff member to inquire and wonder

what happened and why. Possibly it was being given time to think that enabled her to come to the revelation. Heidegger (1962/2008) named such a moment of revelation as an *Augenblick*: a momentary clarity of vision. In this moment, thinking becomes clear, and in this story it seems the staff member suddenly realises what the facilitator is trying to show her.

Karen shares her joy of potentially enabling change in someone's practice. She sees the potential of debriefing. When the facilitator and staff "become absorbed in the unfolding" of thinking and figuring out what went on, it becomes similar to a shared "discovery or disclosure" (Alridge, 2015, p. 121). They are left with a shared sense of witnessing the evolving of learning (Alridge, 2015). The key to this story in regard to this chapter is that Karen had seen this person since, and seen the development of her learning. She knew that the simulation session had not ended with the conclusion of the session itself. It had rather planted seeds of understanding and confidence which went on to grow and flourish.

## **Knowing the Questions by Which to End**

Ending the debriefing involves the facilitator having a clear sense of where, what and how to finish. By not identifying a clear finish, staff may be left wondering what the intended learning was and if it has finished. In the last five minutes the facilitator must decide what the key questions are, to whom, that will bring the significant learning to the surface. In this story Ethan shares how he strategises the conversation right to the end:

*It was actually really nice because the registrar was being honest, it was a back to back phone call one and it was lovely. At the end it was really difficult because I actually could see his point of view. And, so I said in the end, 'were you happy with what you got out of it?' He said, 'yeah I really was. Nurse were you happy? Yeah. Do you see nurse manager were you happy with it? I suppose it was the best we could do. And the registrar decided: what we're going to do is I'm going to say do not resuscitate or refer to ICU overnight, as the patient at this*

*point has limited treatment options. I would like you to continue giving intravenous fluid, continue giving IV antibiotics, continue giving the high flow oxygen, I would like the nurse to continue to do hourly obs to highlight how sick this patient is. And the house officer said I would like you to write that down. I'd like you to say that if the patient suffers from cardiac arrest, we're not going to put out a cardiac arrest call and that its been suspended for 6 hours until further review of treatment options in the morning.*

*The best learning outcome was the house officer just looked at the nurses and they asked would you be happy for me to write all that down saying that I'd discussed it with you? I'm also going to write that you don't need to contact the consultant at home about this. He said I'm perfectly happy for you to write that down with my name on it. Please put my mobile phone next to it if there are any queries. And the house officer goes I never even thought about that before. I've never even thought about saying, are you happy for me to write down I've discussed this with you, and these are your decisions.*

*I asked what do you mean you've never thought about that? He goes I always write down over night not for resuscitation but I never record who made the decision. And I never ask their permission. The nurse was brilliant, the duty manager said actually this keeps us safe if the decision has been made at a senior level, and that person has the right to make that decision and that is documented we will follow it. But we aren't going to follow you as the house officer if you don't do this. And it was a really great learning for the house officer, you could see, the 'aha' moment. He's made the decision not me. I've just got to be very clear in my head and I said so what, actually we were doing so well I said what would have happened if you didn't think that is the right decision? And he's said well I've got some good people next to me I'd ask them. And if they agreed with me I suppose I'd have to go above the registrar's head. So if you're agreeing with the decision that's okay. The nurse said I think we're happy. And I thought that was really nice, I think we're happy, it's very grey, many shades of grey but actually that whole idea of an outcome is something that the people can work with. [Ethan]*

Ethan perceptively ended up by asking the nurse if she was happy with the outcome.

He was checking in making sure everyone felt the suggested solution to the problem was workable. One gets a sense of Ethan's skill in facilitating this learning. His expertise and know-how influenced this small but powerful learning moment. In this story, he tells us what questions he asked. van Manen (1995) talked to the "little victories" that demonstrate good teaching (p. 37). This is one of them. Notably, this demonstration of phronesis comes alive when one recognises the expertise of Ethan's

questions. By asking direct and bounded questions he kept the momentum of the conversation going (P. J. Palmer, 1998/2007).

Ethan's know-how is intuitive and tacit. He responds to what is unfolding in the moment. The conversation is going so well Ethan decides to ask the house surgeon what he would do if he did not agree with the registrar's instructions. Perhaps if we asked Ethan he might not be able to describe the skills he used (van Manen, 2008). This story shows Ethan's expertise at keeping the learning alive. He sensed the group was actively involved with the situation and thought to take it to another level.

It is likely that while Ethan attended to the evolving conversation, questions were running through his mind. Ethan indicates he was reflecting on his teaching practice at the same time as he sought to keep the conversation evolving. Reflecting in this sense is "constant and instant" demonstrating what van Manen (1995) named "thoughtful consideration" (p. 39). Moreover, this reflection-in-action is difficult, it requires the facilitator to think about what question to ask next, while attentively listening to the unfolding conversation. It is like being in two places at once.

This is letting learn. Ethan lets the dialogue unfold as he can sense the learning that will come. Yet without his guidance the learning might not have come. Ethan's experience and wisdom shine through. One can sense his joy in sharing this story. He seems thrilled that staff collaborated to put together a solution that is practical, simple and has the potential to make a difference. One senses Ethan's comfortableness in 'Being-with' others, his know-how and his experience makes this conversation seem fluid, effortless, and his delight tells of his joy in experiencing others' learning.

As both participants and Ethan, the facilitator, walk away from this session there was likely a real sense that valuable learning had been achieved. The house

officer had learnt how important clear documentation is, especially in the middle of the night. The nurses saw that speaking up has the potential to improve practice. The consultant had a reminder of what new house officers need to be explicitly told. There is a strong possibility that this learning would be enacted in practice. Something of value had been added. Yet, the ending does not always leave the facilitator feeling so positive.

### **The lingering worry**

A worry can arise for the facilitator in the midst of a session and linger into the future.

In this story, Andy shares her concern:

*I felt really bad about that because I felt like she knew she wasn't getting it. I knew she wasn't getting it. She was confused and you could feel that she was getting stressed about it. Now I think about it, it's upsetting me even now I think oh my god, I just felt really bad about it. I think we had an email conversation afterwards about it, and I can't remember what it was but we spoke about it to make sure she was okay. But I felt awful because I felt like I hadn't done something correctly, I didn't understand why she didn't get it. [Andy]*

In this story, the worry for Andy that she got it 'wrong' is evident. Andy was cognizant that the staff member was aware that she was not reacting as expected, nor was she able to resolve the concern. One is aware that after all this time Andy's worry is as real as it was at the time, maybe more so. This worry informs her current teaching. Even after some time she continues to worry about the wellbeing of the staff member. Perhaps it is both the missed connection and relationship that continues to concern her.

van Manen (2002) suggested "worry - rather than duty or obligation - keeps us in touch with one for whom we care" (p. 318). While van Manen related this to care of a child, for Andy her worry is about a staff member whom she is responsible for as an educator. Often in trying to connect with others as teachers we try and get to know them, leaving ourselves open and vulnerable (P. J. Palmer, 1998/2007). Andy tried to

make a connection and yet it was not reciprocated. She was left feeling a disconnect. This experience, while tough for Andy, is likely to inform her future facilitation roles.

It seems Andy is left with a feeling of doing a bad job. Perhaps she is concerned it may happen again. She is on the lookout for similar circumstances. It is likely this worry of what is 'passed-along' and of 'what-is-yet-to-come' influences her practice (Heidegger, 1962/2008). And thus her worry is about both the past and the future. It has a temporality to it. As Heidegger (1962/2008) informed us Dasein "is its past, whether explicitly or not" ... "and that Dasein possesses what is past as a property which is still present-at-hand and which sometimes has after-effects upon it" (p. 20). In this way, Andy remains caught up with this worry. She continues to mull over it and as such it becomes part of her Dasein. Perhaps this worry sits at the forefront of her mind as she goes forward into the next simulation. The worry influences her understanding of debriefing.

### **Feedback that comes later**

Every so often the facilitator gets given positive feedback about the impact of a simulation session. This lets them know how they are doing. Andy shares her story of getting good feedback:

*I've got such good feedback from people who said it that made a difference, which isn't sought. Literally they come and knock on my door and say 'oh let me tell you this happened to me the other day and I had just done your study day and I was really, really pleased because you taught...'. So those sorts of things mean that I think I'm taking it in the right direction. [Andy]*

Receiving positive feedback indicates to Andy that she is teaching the skills that staff need. Additionally, this positive feedback affirms her way of teaching. It is likely that it is both the content and the way of teaching that enable staff to learn. Perhaps this involved listening attentively and offering her genuine presence to the staff (Rodgers & Raider-Roth, 2006).

It seems that Andy's attentive way of facilitating has enabled staff to take their thinking back to practice. Thinking is not confined to the space of debriefing. In this story one senses that the learning might not have happened for this staff until sometime after. Perhaps this staff experienced a moment like Heidegger's 'augenblick' and it was not until that moment that the learning became clear. Andy indicates her pleasure that they returned to share how her teaching helped them in practice. There is a sense of excitement. They take the trouble to find her and tell her about their learning. This suggests the learning was not apparent within the debrief session itself. Staff did not know of their learning until it presented itself in practice. It needed to be announced later, when it had time to brew, to become clear, to be incorporated into the real world of practice.

These stories share different experiences of how these facilitators came to understand the ongoing nature of learning. A facilitator's impact does not finish at the end of the debrief. Further, there is the facilitator's own learning about how to debrief. By looking back over how a session went, facilitators then take the learning ahead, forward to next time.

## **Taking it Back to Practice**

In this section, stories are shared from the perspective of a staff member having been debriefed. Below Hannah shares a story of being part of a positive learning experience.

### **Calling by name**

In this story, Hannah shares how much she learnt from a debrief:

*One of the most beneficial things that we learnt was using people's names to get people to do things. Like Jane can you go and get the blood from the blood fridge and come back and tell me that you've got the blood? Yvonne can you do a blood gas and then bring the blood gas back to me and tell me? So instead of saying hey you, hey you, hey you because there's a lot of you's in the room. And for us that's*

*probably been the most useful thing out of debriefing and taking that back to the practice situation. People using names in an emergency situation so people do know exactly who's doing what. And it's the easiest way to get someone's attention. And then come back and tell me that you've done it or, put in an IV line and tell me that the IV line is in. So making it a two way thing. You do this and then feedback to me. [Hannah]*

Hannah describes how she learnt that calling people by their name was the best way to get someone's attention quickly in a crisis. Hannah has labelled this learning beneficial. Calling one another by name is likely to encourage participation and compels people to listen in a tense emergency. When one refers to others as 'hey you' it means no one person has to answer or assume responsibility for taking action. Without a name they are all anonymous, they do not need to be responsible. It is likely that some people in a crisis situation become bewildered and lose focus. This has obvious practice implications. Facilitators suggest using people names identifies and includes each staff member as part of the team. It creates a sense of belonging. Perhaps the facilitator's intention was for everyone to accept individual responsibility for their own practice. For a good outcome to be achieved this is about belonging, being part of a team and it identifies to everyone that they are a responsible, relied upon team member.

Hannah, an experienced practitioner, indicates that she is likely to take this learning back into practice. She can see the possibilities for making a difference in the next critical event she attends. Her story talks of the facilitator's experience in setting up a space for thinking. As discussed previously without this preparation there is a possibility that thinking might not happen. In this way these facilitators gave Hannah something to think about, setting her on the way to thinking (Kleiman, 2009).

Hannah continues to think about her experiences. This demonstrates that learning does not just happen in the moment of now. Perhaps it is not until she has



used these skills that, for her, the learning is cemented. For Hannah learning does not become truly beneficial until she is back in the clinical setting. Perhaps she found herself in a similar situation and tried to use people's names. It is the application of the learning that reinforces this as worthwhile and beneficial. In this way the significance of the learning for staff happens a long time after the end.

### **Trusting the Learning: The After-Work of the Facilitator**

Just as the participants go on to learn after the session is complete, so too do the facilitators. In this story, Ethan reveals the myriad of different things that need to be thought about after the session is over. He is concerned that often there is not sufficient time to achieve the thinking relevant to each scenario:

*It's just when you do one after another one on a study day. I sometimes wonder whether key elements of the debriefing which need to be explored don't get unpacked. Maybe it's that we concentrate on the voices that were good but actually some of the learning points are missed. I worry sometimes that people leave thinking I did alright. But actually we haven't picked up on something they can improve on just because of the shortness of time. We concentrate on the process and maybe that's how it is. Particularly when people do these scenarios rotating round the bed. Perhaps they won't get to be team leader again. Perhaps they won't get to be the drugs person or whatever. Or the person who only makes the one referral during the whole day and because that was peripheral, you didn't have time to target that and they're going to go away still being rubbish at referring people on the phone because we never addressed that. [Ethan]*

Ethan reflects that because debriefing is pressured by time, learning might not get drawn out both in terms of the participants and his own learning. He worries that without feedback the staff leave thinking that their practice is up to standard. Time is short; perhaps this makes him concerned. By not having the time to give everyone feedback perhaps Ethan feels staff may leave with poor practice or confused, unresolved thinking.

As part of a group the staff dialogue together, exchanging their thinking, ideas, reflections and know-how. Possibly this sharing leads to learning. P. J. Palmer

(1998/2007) reminded us that in this dialogue staff “are likely to hear something unexpected and insightful” (p. 25) from themselves and others. For some, thinking will evolve into learning ‘just-now’ (Heidegger, 1962/2008). For others, this learning may not be immediate. Rather they might realise some time afterwards, perhaps in the reality of the next phone referral, that they found it easier to communicate their concerns.

It concerns Ethan that some staff might leave with unanswered questions. He wonders how he could have done it differently. It seems this is an unresolved concern for him. One senses that it is important to him. Perhaps he considers what else he could do. In this way he keeps thinking back over what happened. This level of reflection demonstrates Ethan’s commitment to his facilitation practice. It highlights the deep thinking and reflection he brings. He states perhaps that this is how it is – but this hints at his dissatisfaction. He does not like it when debriefing ends with a sense that there was not enough time to cover the issues that arose.

In this story Ethan questions his practice. He wonders if perhaps by not experiencing a particular role staff might not experience learning. But does one have to experience a situation for learning to happen? In this way he can only hope that learning evolves from the interaction. This questioning gives us insight into the length of time Ethan remains involved with his teaching. He continues to think back over, wondering what to do. Perhaps wondering if he might have achieved a different end. Heidegger (1968) reflected on the role of the teacher: “the teacher is far less assured of his ground than those who learn are of theirs” (p. 15). Perhaps this thinking back over reflects Ethan’s expertise in teaching. He looks back over and examines the dialogue piece by piece to uncover how the debrief unfolded. By keeping his gaze focused he

continues to uncover more. On the other hand maybe the questions remain; left unsolved in a manner that keeps him thinking.

## Looking Back: Looking Forward

In this section, one story is shared of a mistake happening in the scenario. Mary reveals how they changed their facilitating practice after this scenario:

*When 10 times the dose has been given they're very valuable debriefs but they're very difficult for some of the staff, they were quite distressed. So I guess those were the difficult ones, if something dangerous happened. I have a group of people we discuss these things with. We thought that if it got to the point where someone had done something really dangerous, then we probably had to stop and talk about it rather than carry on through. That was partly because some of the staff felt so bad about letting that happen to the manikin worrying about, what would happen if it had been a real child that they couldn't kind of let that go. There were a few that just, you could tell that they were still upset about it and they talked about it afterwards. We did that scenario again not the same day but the next week. And when there was a possibility that the error would happen again, I nodded and gave permission to challenge it, you see, so the patient was saved that time. [Mary]*

Because of what happened in the scenario staff were distressed. In the debrief facilitators found that the staff could not let it go, they were thrown. Staff remained stuck, the event still raw in their mind. It seems the distress and grief caused by the potential harm to the child, threw staff so much that potential for practice learning was lost. After the debrief had ended, Mary continued to reflect, wondering what to do. She recognised that some staff were left feeling terrible.

Mary takes time to dwell. She dwells in thinking, contemplating what happened. She comes to the realisation that she wants to make it better. This stimulates new thinking. She questions what she could do to make it better. By dwelling, Mary was able to gain some perspective into what might help the staff the most. In wondering what to do, she talked with the team. Together they decided the best way forward was to do it again. Possibly a re-run might enable the participants to

move on. It worked. The patient was saved. There was a new beginning, new possibilities of learning.

Changing the outcome is not possible in real life. By endorsing a re-run the ending is played out again, the mistake is rectified and no-one is harmed. Gadamer (1975/1989) suggested that “true experiences” pull us up short (p. 364). Further he suggested “only through negative instances do we require new experiences” (Gadamer, p. 364). This negative experience is likely to have triggered Mary to mull over how it could have been done otherwise. Polkinghorne (2004) suggested “the richest opportunities for advancing practicing knowledge occur when one’s action fails to produce the desired result” (p. 121). In this sense, the mistake stimulates Mary to wonder what if they had done it differently? Would it have been the same result?

Following the re-run it is likely that Mary reflects again, spending time dwelling with the whole experience. Was it beneficial? van Manen (1995) talked of the “involved nature of the practice of teaching” (p. 37). This involvement tells of Mary’s reflective nature of teaching, and her desire to get this learning right for staff. Mary displayed dwelling, nurturing and building.

Going back over the initial ‘bad’ experience with other facilitators enabled them to collectively gather insight and understanding to ensure none of them repeat the mistake (Polkinghorne, 2004). Building a reflective culture means being able to converse about mistakes. Moreover, it seems Mary is building a culture where learning about a better way of doing things is accepted and desired. When fostering the learning of participants is a key goal, then the facilitators themselves must show that they too recognise their need to learn from lived experience.

## Conclusion

From the beginning to the end (of which there is no clear ‘end’ point) facilitators work to develop learning. Learning is the overarching reason for everything they do.

Significantly, the facilitators hope the learning is noteworthy. They want the simulation to be seen as helpful and relevant to clinical practice.

While these three chapters explore facilitating in three discreet parts: beginning, unfolding and ending, that is not how facilitators experience the process. It is likely that for them the experience melds into one. In this way teaching and learning is cyclical. Insights circle around. What happens in one phase goes ahead to colour the next.

In this chapter I have shared stories of ending. Teaching may end; however learning does not. “An end can never be found” (Heidegger, 1962/2008, p. 424). For facilitators who embrace learning the cycle of learning is “endless” (Heidegger, 1962/2008, p. 424). Heidegger situated endless in the series of ‘now’s’. Once a teaching moment has passed it is ‘no-longer-now’, but this does not mean the learning has ended. Rather this learning is being absorbed; it is already Dasein. The moment of ‘now’ Heidegger (1962/2008) described as ‘just-now’, and yet when we think of the ‘now’s’ ‘just-now’ has already past. ‘Not-yet-now’ is the future. Facilitators arrive in the moment of ‘now’ with everything they bring from the past. And thus the cycle of learning continues. Even though debriefing might be finished and everyone has left, the thinking and learning continue.

## Chapter Nine: Being a Facilitator

### Introduction

There is no one structure by which to debrief well. This study has shown that facilitators arrive at each debriefing with the intention of fostering learning.

Facilitators experience debriefing as part of the whole experience of the simulated learning experience. As such each part is influenced by the other. Debriefing is a time for conversation, a time for participants to talk their questions and learning out loud. Learning is fostered by the facilitator's integrity, respect and 'know-how'. It is the phronesis of the facilitator, the wise 'know-how' of the moment, that makes a good debrief.

van Manen (2014) re-introduced the notion of agogy, borrowing the term from Spiegelberg. Agogy is derived from Greek and means "leading or guiding" (van Manen, p. 19); "pointing out directions, providing support" (Adams & van Manen, 2017, p. 790). Agogy arises from the terms pedagogy and andragogy (van Manen, 2014). Agogy could be likened to the facilitators' role. Facilitators approach debriefing in an agogical manner; they guide, lead, offer support and show the way. Additionally, the facilitators' way-of-being offers quiet leadership, conversing rather than telling, to support the thinking and learning as it evolves. By being genuinely present staff experience facilitators as supportive. They sense their integrity and feel more enabled to share their learning. In this next section, the findings are discussed. The implications from the study for practice, education and research are considered. Finally, a conclusion is offered.

### Way-of-Being

This study establishes that for the facilitators learning is everything. All that they do as a facilitator is to enable learning. In the beginning of the relationship facilitators

establish their way-of-being as a facilitator. Being a facilitator means bringing their presence, respectful manner and tactful ‘know-how’ to the evolving conversation. It is the facilitator’s way of being that enables others to feel safe. Facilitators in this study begin by establishing boundaries, rules and guidelines to establish trust and a feeling of safety. The way facilitators prepare staff with information and expectations can lead to a feeling of being safe. Clear expectations lessen staffs’ concerns about performing and sharing their knowledge in front of others. For conversation to stimulate thinking there must be an atmosphere of respect.

Facilitators set up the way towards learning. To attune to the mood facilitators assume a stance of being present. Being present involves paying close attention to what each person says indicating to staff that each individual’s point of view matters. A good debrief is likely to evolve when the facilitator listens attentively to others. By bringing their full attention to the conversation facilitators hope to nurture dialogue that is positive and open in its nature.

To facilitate learning in a group, facilitators prioritise building relationships that are positive and respectful. They pay attention to how the relationships within the group unfold. Their focus is to encourage everyone to value what each other brings to the conversation. To disclose one’s thinking involves putting one’s self at risk, potentially making the staff member feel vulnerable. Indeed, risk-taking is unlikely to happen if staff do not judge the facilitator as trustworthy. By fostering a supportive learning space facilitators hope to enable staff to critically examine and evaluate their practice in front of their colleagues. In comporting themselves in this way, facilitators prioritise building relationships to enable staff to feel safe.

Facilitators aim for conversation that is two way; where both facilitators and staff enter into the to-and-fro of talking and listening. Without the to-and-fro there is

no dialogue, rather talk falls into talking-at or talking-over. Facilitators have learnt through experience that talking-over and telling does not enable thinking or openness. Talking at staff is a common difficulty for novice facilitators who often fall back into telling staff what they think rather than encouraging conversation. Talking over others suggests a space of disrespect. Staff do not feel their voice has been valued or that their opinion matters. Yet for some facilitators this may be their way, they may never learn to value the voice of others. As such, it is unlikely that these facilitators will enable deep thinking.

Facilitators foster a space of safety to encourage staff to talk together and reflect on what they might do differently. They hope talking enables staff to gain further insight into their clinical decision making. Talking about their practice requires staff to consider how their actions led to the outcome. This leads them to unpack their knowledge behind the actions they took. This means staff uncover some of their taken-for-granted knowledge and skills, which in turn may lead to staff developing new ways of practice. Additionally sharing dialogue about how decisions were made cultivates thinking. Such thinking is thought to be part of clinical reasoning.

Facilitators aimed to teach in a way that was good for the staff and their learning. Facilitating in an agogical manner brings meaning to being a facilitator. This study highlights the role of the facilitator as essential for drawing forth thinking. It is the facilitator who leads the dialogue beyond 'talk' and into 'discussion' that stimulates thinking. Holding the space open for learning takes skill. Phronesis comes with the experience of learning how to respond while maintaining the veracity of the debrief. The most important ingredient of the debrief is likely to be the facilitator. It is the way-of-being of the facilitator that is key.



## **Enabling a Good Debrief**

As the conversation unfolds facilitators experience being-with the learning. Heidegger talked of the clearing as a place “where the sunlight is unfiltered and everything is clearly seen” (Kirby & Graham, 2016, p. 10). Similar to a good debrief, the facilitators’ way-of-being has enabled a space that is safe for staff to share their thinking, like a clearing. Heidegger suggested “each Dasein is in effect its own clearing. That is understanding occurs when one steps into the clearing in which one’s surroundings are disclosed or illuminated” (Kirby & Graham, 2016, p. 10). In other words, the facilitators’ comportment enables the space for learning. Facilitators have brought staff into the clearing, where thinking is unhindered and hence staff feel encouraged to explore their tentative ideas. Kirby and Graham (2016) suggested this clearing could be likened to a space where there is “room enough for free play” or perhaps there is enough space for the to-and-fro of dialogue between staff. It is the Dasein of the facilitator that has brought the conversation into the light.

Facilitators in this study shared that they are not afraid to work with silence. They view silence as important for staff to gather their thinking, knowing it is better to wait for a participant to take the lead. At times the conversation unfolds in an unexpected direction. As the debriefing evolves the structure becomes clear, and the facilitator begins to see how to guide the play of conversation to inform the potential learning. The structure cannot be “pinned down” beforehand because no one knows how the play of conversation will unfold (Kirby & Graham, 2016, p. 13). Each time it is different. Each mix of learners, learning and facilitators, bring a different unfolding. With this knowledge, facilitators attune their input to gently balance the dialogue between talking and silence.

Learning to facilitate is cyclical in its nature. Experienced facilitators recognise what goes on before the beginning and after the ending. They value the to-and-fro of conversation recognising the back and forth of play brings forth important insights (Gadamer, 1975/1989). While they themselves can set some boundaries there is no knowing which way the play will unfold. For them the end of one session merges into the beginning of the next (Kirby & Graham, 2016). One thought leads to another, with the facilitators constantly in the play of learning. They are busy learning about themselves as facilitators, learning about staff, learning about the best way to facilitate conversation, learning of the joy that comes with being part of someone else's learning. Enabling thinking and learning is a continuous part of their agogy.

## **Everything Towards Learning**

Once the debrief is over, facilitators continue to think back over what happened. Understanding what has gone before is relevant to what is happening now, and the thinking that may happen in the future. Reflecting on their practice is intuitive. They step back to think over how it went, and gather their experiences, both the good and the bad, into their knowingness; knowing-how, knowing-what and knowing-when. One experience informs the next. In this way learning about how to best facilitate is continuous and evolving.

Facilitators also encourage staff to reflect. It is this play of conversation that fosters staff to uncover what is hidden in their everyday practice. Being enabled to think back over and unpack their experience highlights things that may otherwise remain hidden. One example was the simplicity of how to make a phone referral. This everyday knowledge has been uncovered by spending time unpacking a shared experience. A seemingly small conversation that might not happen without expert facilitation and time for conversation and understanding to unfold. Indeed without the

facilitator the essential learning moment may have been glossed over and the opportunity missed.

It is the facilitator's hope that staff leave the debrief with their thinking challenged in an on-going way. In ending the debrief session facilitators seek to share key take home messages with staff. Perhaps staff may take something forward into practice. Several facilitators questioned how did they know what has been learnt? Learning is more than thinking; yet how do we know that learning has happened? A shared and open space helped staff to dialogue and engage in thinking. Yet no one can be made to learn. For facilitators, it is knowing that the learning *may* make a difference. Possibly not this time and maybe not even the next. It may make a difference to future patient care; that is what facilitators *hope for*. Everything is towards learning. They send people away to keep on learning. The end is always a new possibility of beginning.

## **What this Research Offers**

This study affirms the role of the facilitator. It suggests that without a facilitator's guidance, thinking and inquiry might not happen at the same depth. Rather the debriefing may become a place of casual chat. Furthermore, these findings highlight the importance of the facilitator's skills in developing dialogue that is to-and-fro. Debriefing offers a place for interprofessional talk where, with the guidance of a facilitator, there is the possibility of helping practitioners to understand more about each other's practice. Moreover, this study hints that knowing the reasons why people respond the way they do in acute clinical events may lead practitioners to respond better. Eppich, Rethans, Teunissen, and Dornan (2016) argued that talk has become increasingly important in healthcare. They see talk among colleagues as a central part of practice in the clinical setting. Further, they suggested that learning that is

undertaken together in simulation has the potential to influence workplace talk positively (Eppich et al., 2016). Recently, Eppich et al. (2017) sought to consider the possibility of debriefing more regularly in the clinical setting. They noted that using strategies from simulated learning has the potential to develop “a supportive workplace culture” in which “the talk of learning” is fostered (Eppich et al., 2017, p. 209). In this sense it seems debriefing is influencing practice.

In an article intended to influence the development of facilitator training, Cheng et al. (2015) asked five key questions to establish what facilitators do:

1. Are we teaching the appropriate debriefing methods?; 2. Are we using the appropriate methods to teach debriefing skills?; 3. How can we best assess debriefing effectiveness?; 4. How can peer feedback of debriefing be used to improve debriefing quality within programs?; 5. How can we individualize debriefing training opportunities to the learning needs of our educators? (p. 218)

Cheng et al. (2015) recognised the complexity of facilitating debriefing and the amount of practice that is needed to be proficient. I believe the findings from my study offer a valuable contribution in first articulating the nature of the experience itself. It is only by first grasping what makes facilitation work that questions of evaluation become more meaningful. Cheng et al. (2015) summarised by falling back on suggesting yet another strategy, this time for the development of facilitators. Key suggestions are: 1) the development of a course to teach blended approaches to debriefing, 2) regular assessment of debriefing practice with recognised tools, 3) formative feedback by experts, 4) peer feedback and 5) structured self-assessment in a discussion with a group (Cheng et al., 2015). These suggestions offer the possibility for facilitators to discuss their practice together and yet no further exploration is provided of how facilitators should be taught about what to do in the moment of facilitating.

In a recent qualitative study, Krogh, Bearman, and Nestal (2016) completed semi-structured interviews with 24 peer-nominated expert debriefers to explore their

practice. The authors developed four key categories from the themes gained from the data; values, techniques, development and artistry. Of note, under the category artistry, four themes highlighted the fluidity of debriefing similar to the findings from my research. The themes; thinking on your feet, blended debriefing, strategising and personal touch, highlight the flexibility and adaptability facilitators bring. Facilitators in the study were found to work with a blended approach to debriefing taking bits from several different methods to develop their own individual and dynamic approaches. The authors also found the facilitators bring their own frame of reference and offered a strong awareness of their own stance such as addressing unsafe practice.

Similar to the flexibility and adaptability of which Krogh et al. (2016) talked, my research highlights the facilitator's know-how. Facilitators know how and when to respond to the unfolding conversation to guide the dialogue to a space of learning. While other studies have hinted of what qualities facilitators bring (Cantrell, 2008; Fey et al., 2014). This study adds detail of what facilitators *do* to draw out thinking.

As I could not locate any research in simulation literature that considered what facilitators brought to simulation, I looked towards other literature situated in education. P. J. Palmer (1998/2007), Rodgers and Raider-Roth (2006) and Dall'Alba and Barnacle (2007) highlighted what teachers bring to their practice. In essence it is who they are as a person that enables others to feel safe and then empowered to inquire. Being a teacher involves being aware of oneself and how others may see you. Yet as Dall'Alba and Barnacle suggested, "becoming is, by definition, never complete" (p. 687). Rather, being a teacher involves being who and how one is, and in this sense continues to evolve. The facilitators in my study found their teaching evolved through their ongoing self-awareness and recognition of what worked.

In conclusion, this study adds a realisation of how intertwined facilitators are involved with their teaching. These understandings tell of their immersion in teaching, and give insight into the cyclical nature of beginning and ending.

## **Implications for Practice**

This study took place in the clinical setting, thus these findings have the most relevance for health professionals working with simulation in the reality of clinical practice. The findings show that there is no one way of debriefing. Each facilitator brings his/her own personality, his/her own comportment. Each time he/she debriefs, it is with a new group of people, on a different day, time and place. Thus no one debrief is like another.

Importantly, simulated learning experiences, inclusive of debriefing, offer a place for learning that does not happen otherwise. Observing other experienced practitioners experience uncertainty can lead to staff understanding that no one is infallible. Furthermore for those with less experience understanding what others with more experience do in critical events potentially enables staff to feel more confident (Lasater, 2007). Communal learning allows staff to listen to people from different disciplines and gain insight into how others think and react in critical situations (Arafah et al., 2010). Potentially this shared discourse may offer insight into why different healthcare professionals respond the way they do. Being part of the shared dialogue enables staff to become immersed in looking back over and becoming more comfortable in discussing their practice. Talking about how clinical decisions are made contributes to staff sharing their experience in how to do things better and, furthermore, being part of shared discussion helps to build relationships within the team (Eppich et al., 2016).

Some facilitators work in isolation and in the busyness of the clinical setting might not have any time to talk over the debrief with a peer once it is finished. Being

isolated may leave facilitators feeling unsure about their teaching. Facilitators would benefit from sharing more of these experiences with one another. This would offer facilitators a chance to talk with each other and learn about how others manage in tricky situations. Hospital management could help facilitators to get together by supporting days/time for facilitators to do this.

Only a few of the participants in this study had attended debriefing study days. This situation could be rectified by making sure facilitators and potential facilitators have the chance to attend simulation courses focused on debriefing. To be cost effective these courses would need to be local and accessible. From a New Zealand perspective, currently some of these courses are ‘overseas’, perhaps prohibiting facilitators attending.

## **Implications for Education**

The findings of this study highlight the importance of the facilitators’ role. In this study facilitators shared their experiences of debriefing and offered insights into the complexities of being a facilitator. A suggestion for the education sector is to offer time for facilitators of simulation debriefing to get together to enable discourse. Postgraduate education could be such a place. A postgraduate course needs to be offered that enables facilitators to share their debriefing experiences and ways of teaching. An expert facilitator could lead such a conversation, role modelling their phronesis in the process. Dall’Alba and Barnacle (2007) suggested “higher education institutes are ideally situated.... to provide a forum challenging taking-for-granted assumptions ... to promote ways of being that integrate knowing, acting and being” (p. 689). Encouraging dialogue between facilitators would enable sharing of know-how (phronesis) and would support other facilitators and novices to share strategies of how to manage tricky debriefings.

Postgraduate education in facilitation may also indirectly support facilitators as it offers recognition to the importance of their role. Further recognition of the importance of the role may lead to increased funding of simulation and funding for facilitator education. By providing education and training, facilitation may improve. All these enhancements within postgraduate education are likely to spin off and impact undergraduate education of health professionals.

## **Implications for Research**

Being a facilitator is not well researched. I would suggest that researchers with interest in debriefing need to stop developing new methods or ways of debriefing and instead focus on highlighting what happens in debriefing situations. Greater insight into the difficulties of debriefing need to be heard. Cheng et al. (2015) noted that there are downsides to facilitators learning and using one specific debriefing method and suggested that facilitators might be better to explore several methods. Indeed, they noted that difference in context, learning, and time frame make a considerable difference to choosing a way of debriefing.

Facilitators in this study recognised the difference between a good and bad debrief. They could tell me stories about their experiences and what they tried to do to make the debrief better. Future research could uncover more of these experiences and stories. By sharing stories of debriefing experiences future facilitators might feel less pressure if they did not achieve everything they planned for the session.

Future research could include observational studies employing an ethnographical approach. This would enable the researcher to observe both the practice of the facilitator in action and the experience of the staff. Such a study would give insight into what actually took place in debriefing. Action research would enable facilitators to be co-participants. Perhaps facilitators could be recorded facilitating a



debrief. These recordings could then be used by the study participants to reflect on their teaching. In this way each participant would gain insight into his/her practice and potentially develop his/her facilitating by reflecting on practice in subsequent action cycles (Edwards-Groves, 2008).

Further research could usefully consider the experiences of those who have been debriefed. Potentially these findings would help facilitators to gain greater insight into what works. Research could also consider the difference between the experiences of undergraduate students compared to postgraduate learners.

## **My Reflections**

Coming to the end of this study has led me to reflect on the insights that have emerged. I feel as though I have come full circle. I feel privileged that others offered me their time and voice and wanted to share their perspectives with me. Facilitators who participated in this study see the role of facilitator as important. I felt that the essence of who they are as a person shone through in the stories they shared with me. They recognised that it did not always go well. Ultimately what mattered was their presence or way of teaching. All sensed how important debriefing could be to practice. In my conversation with facilitators it felt to me that we both already knew what we were talking about because we had similar understandings. It is being in the moment of teaching that holds us as teachers. That was the initial passion that led me into this study. That is the shining insight that emerges at the other end, freshly polished and valued.

## **Limitations**

While the findings cannot be generalised, they bring stories of these participants' experiences and offer insight into what it is like to debrief. While not a limitation of this research it does need to be recognised. What some may see as a limitation others

may see as a strength of a phenomenological study, recognising how this study seeks to provoke thinking.

The hermeneutic interpretation of these stories is influenced by who I am and my beliefs. By sharing my pre-understandings I also recognise how these are likely to have influenced my interpretation. As I have previously shared I came to this study with a positive view of teaching and debriefing, and an interest in simulation as a means of learning. I get great joy in teaching and getting to know others through facilitating a debrief.

Another limitation is that potentially some facilitators, who did not offer to participate, may have brought different stories. Perhaps as a newer or less frequent facilitator they may have felt they had nothing to share thus limiting insights of how hard it is to learn how to facilitate. There were no facilitators from non-Western cultures. It could be that facilitators from Maori or Pacific cultures, who have traditions around how a group gathers together, would have offered unique cultural perceptions.

## **Conclusion**

Debriefing has a long future in front of it. Helping others to unpack their thinking and reflections in the company of their peers has enormous potential to strengthen and enhance future practice. Being the facilitator in this situation is not easy. Nonetheless it is facilitators who draw forth thinking and learning. Without a facilitator the conversation is likely to wander off and become casual chat. Encouraging staff to share their thinking openly with peers has the potential to improve practice through building relationships, improving communication and teamwork. All of these potentially lead to improved patient care, with ultimately safer hospital environments. As such the role of the facilitator in creating a good debrief is essential.

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# Appendices

## Appendix A: Ethics Approval



**AUTECH Secretariat**

Auckland University of Technology  
 D-89, WA305F Level 3 WA Building City Campus  
 T: +64 9 921 9999 ext. 8316  
 E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)

12 August 2015

Shelaine Zambas  
 Faculty of Health and Environmental Sciences

Dear Shelaine

Ethics Application: 15/272 How do health practitioners experience facilitating simulation debriefing in the clinical setting?

Thank you for submitting your application for ethical review. I am pleased to confirm that the Auckland University of Technology Ethics Committee (AUTECH) has approved your ethics application for three years until 10 August 2018.

As part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 10 August 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 10 August 2018 or on completion of the project;

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz).

All the very best with your research,



Kate O'Connor  
 Executive Secretary  
 Auckland University of Technology Ethics Committee

Cc: Rachel Macdonald ; Valerie Wright-St Clair; Liz Smythe

## Appendix B: Amendment 1

**AUTEC Secretariat**

Auckland University of Technology  
 D-BS, WU406 Level 4 WU Building City Campus  
 T: +64 9 921 9999 ext. 8316  
 E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)



30 September 2015

Shelaine Zambas  
 Faculty of Health and Environmental Sciences

Dear Shelaine

Re: Ethics Application: 15/272 How do health practitioners experience facilitating simulation debriefing in the clinical setting?

Thank you for your request for approval of an amendment to your ethics application.

The amendment to your recruitment protocol has been approved.

I remind you that as part of the ethics approval process, you are required to submit the following to the Auckland University of Technology Ethics Committee (AUTC):

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 10 August 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 10 August 2018 or on completion of the project.

It is a condition of approval that AUTC is notified of any adverse events or if the research does not commence. AUTC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz).

All the very best with your research,

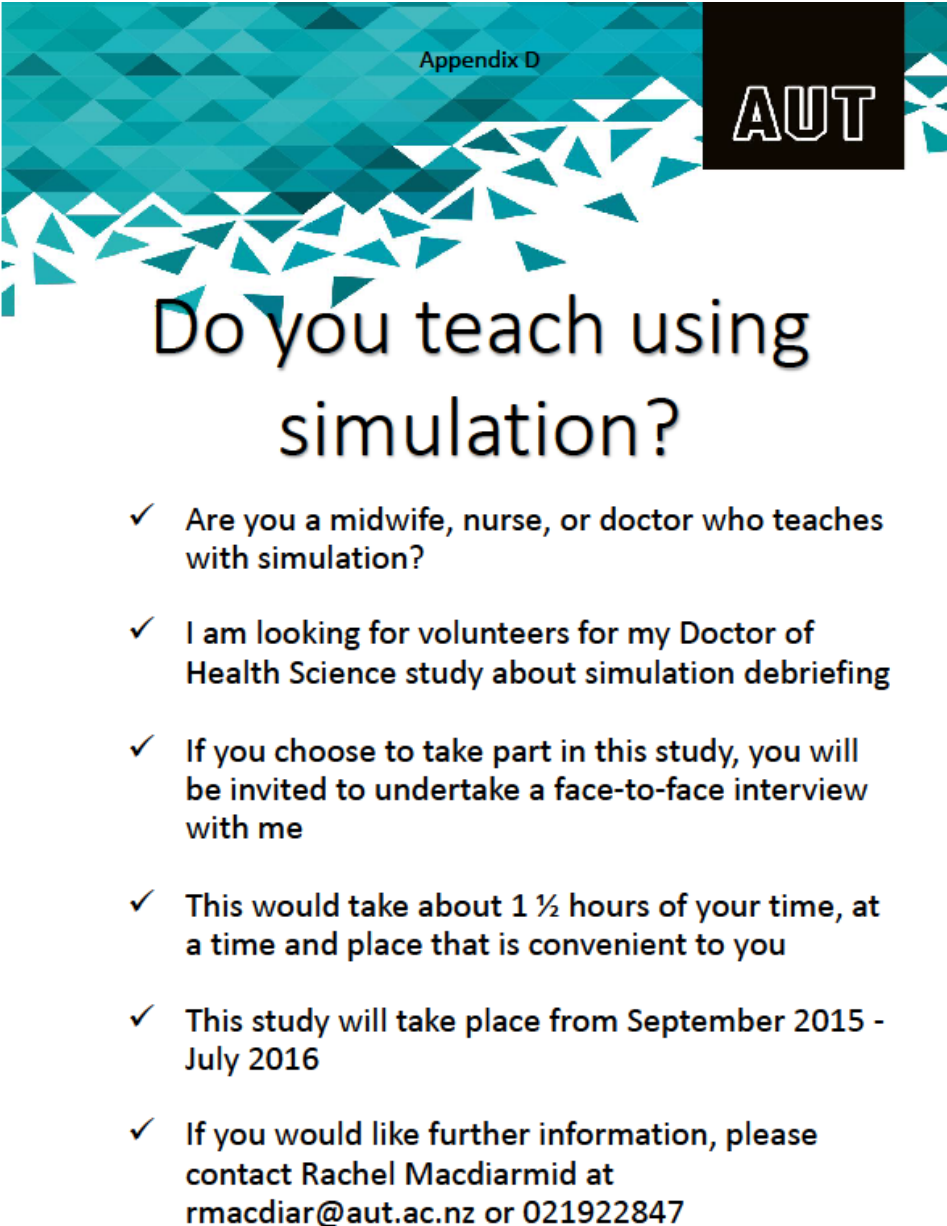


Kate O'Connor  
 Executive Secretary  
 Auckland University of Technology Ethics Committee

CC: Rachel Macdiarmid, Liz Smythe



## Appendix C: Flyer




Appendix D

AUT

# Do you teach using simulation?

- ✓ Are you a midwife, nurse, or doctor who teaches with simulation?
- ✓ I am looking for volunteers for my Doctor of Health Science study about simulation debriefing
- ✓ If you choose to take part in this study, you will be invited to undertake a face-to-face interview with me
- ✓ This would take about 1 ½ hours of your time, at a time and place that is convenient to you
- ✓ This study will take place from September 2015 - July 2016
- ✓ If you would like further information, please contact Rachel Macdiarmid at [rmacdiar@aut.ac.nz](mailto:rmacdiar@aut.ac.nz) or 021922847

## Appendix D: Amendment 2



**AUTEC Secretariat**

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 E: [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz)  
[www.aut.ac.nz/researchethics](http://www.aut.ac.nz/researchethics)

1 June 2016

Shelaine Zambas  
 Faculty of Health and Environmental Sciences  
 Dear Shelaine

Re: Ethics Application: 15/272 How do health practitioners experience facilitating simulation debriefing in the clinical setting?

Thank you for your request for approval of an amendment to your ethics application.

I have approved the minor amendment to your ethics application allowing additional interviews and updates to the Information Sheet and Consent Form.

I remind you that as part of the ethics approval process, you are required to submit the following to the Auckland University of Technology Ethics Committee (AUTEC):

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 10 August 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 10 August 2018 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz).

All the very best with your research,



Kate O'Connor  
 Executive Secretary  
 Auckland University of Technology Ethics Committee

CC: Rachel Macdormid, Liz Smythe

## Appendix E: Participant Information


Pseudonym	Gender	Role	Experience
Margaret	Female	Doctor	> 5 years
Oxo	Female	Clinical Nurse Educator/RN*	< 5 years
Billy	Male	Clinical Nurse Educator/RN	<5 years
Mary	Female	Doctor	> 5 years
Jenny	Female	RN Sim centre	> 5 years
Hannah	Female	RN (Debriefed)	
Ethan	Male	Clinical Nurse Educator	> 5 years
Nick	Male	RN Sim centre	> 5 years
Jasmine	Female	Doctor	> 5 years
Karen	Female	RN Sim centre	> 5 years
Denise	Female	RN (Debriefed)	
Andy	Female	Clinical Midwife Educator/Midwife	< 5 years

\*RN = Registered Nurse

## Appendix F: Participant Information Sheet

**Appendix A**

**Participant Information Sheet**



**AUT**

TE WĀNANGA ARONUI  
O TĀMAKI MAKĀU RAU

**Date Information Sheet Produced:**

30<sup>th</sup> of July 2015

**Project Title**

How do health practitioners experience facilitating simulation debriefing in the clinical setting?

**An Invitation**

I am Rachel Macdiarmid and I would like to invite you to participate in this study. I am a senior lecturer at AUT and am interested in debriefing associated with simulation. I am undertaking this research as part of my Doctor of Health Science. If you choose to participate in this research you may withdraw from the study at any time before data collection is completed (June 2016). I have no involvement with simulation in the clinical environment therefore you will not be advantaged or disadvantaged in any way by participating or not.

**What is the purpose of this research?**

I want to gain insight into how health practitioners facilitate simulation debriefing. The purpose of this research is to complete a Doctor of Health Science, findings from this study will also be presented as a journal article, conference papers and in other presentations (i.e. to colleagues).

**How was I identified and why am I being invited to participate in this research?**

You may be a nurse, doctor or midwife that facilitates simulation debriefing in the clinical environment. You will have responded to a flyer about the study, using the contact details are on the flyer to offer your interest in being a participant. To be included as participant in the study you will need to speak conversational English, and have a relevant APC (Annual Practising Certificate), additionally if you have a supervisory relationship with me you will be excluded from participating.

**What will happen in this research?**

If you decide to participate it will involve approximately one and half hours of your time. I will meet with you at a time and place that is suitable to you and undertake an individual conversational interview with you. I will record the interview with two recorders (to ensure that the recording is successful). The interview will be transcribed verbatim. Following this, I will develop it into a narrative or story. This will involve me listening to your transcript, editing and recrafting this into a narrative, which captures the essential meaning of the experiences you shared in the interview. The narrative will then be returned to you for you to confirm that the meaning has not changed and that you are happy for your information to be told in this way. The narratives and information provided will then be analysed.

**What are the discomforts and risks?**

It is anticipated that you will not be uncomfortable or experience any risk in this study. You may feel uncomfortable discussing how you facilitate debriefing, and you may find it uncomfortable being recorded.

**How will these discomforts and risks be alleviated?**

As much as possible I will try and make the interview comfortable and like a conversation. This recording will only be listened to by the researcher and a transcriber. The transcriber will have signed a confidentiality agreement.

**What are the benefits?**

This study aims to uncover common understandings and experiences of facilitating debriefing. I hope by asking health practitioners that facilitate simulation debriefing to share their experience that this will further understanding of debriefing and that in the future this will contribute to the understanding of simulation debriefing in the future. It is hoped that the findings will inform both health practitioners and academics about simulation debriefing.

In addition, this research will benefit me as I am undertaking this study as part of gaining a Doctor of Health Science.

**How will my privacy be protected?**

Maintaining your confidentiality is important to me. You will be invited to choose a pseudonym (fictitious name) for use in the interview transcripts and when referring to any information from the study in research reports or published articles. No material which could personally identify you will be used in any reports on this study. Your confidentiality will be maintained by using your chosen pseudonym in the transcripts and in any reports, presentations, or publications arising from the research.

All material pertaining to the study, including your consent form, interview transcript and developed stories will be stored in a locked filing cabinet at the University for six years, then destroyed. During the study, only myself and my supervisors will have access to the information.

**What are the costs of participating in this research?**

The interview will take about one to one and half hours. There may need to be another time to meet discuss if questions arise after the narratives have been developed, which would take about 30-40 minutes. There are no other associated costs.

**What opportunity do I have to consider this invitation?**

You have two weeks to consider this invitation, you may contact me by email or phone if you wish to discuss anything. After this time I will email you to ask whether you are interested.

**How do I agree to participate in this research?**

If you choose to participate in this study you will need to contact me by email or phone. I will give you a consent form to complete in writing, before the interview.

**Will I receive feedback on the results of this research?**

Yes you will receive a summary of the results.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Shelaine Zambas, email: [szambas@aut.ac.nz](mailto:szambas@aut.ac.nz), 09 9219999 ext 7685.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTC, Kate O'Connor, [ethics@aut.ac.nz](mailto:ethics@aut.ac.nz), 921 9999 ext 6038.

**Whom do I contact for further information about this research?*****Researcher Contact Details:***


Rachel Macdiarmid [rmacdiar@aut.ac.nz](mailto:rmacdiar@aut.ac.nz) 099219999 ext 7687

***Project Supervisor Contact Details:***

Shelaine Zambas [szamabas@aut.ac.nz](mailto:szamabas@aut.ac.nz) 09 9219999 ext 7685

Approved by the Auckland University of Technology Ethics Committee on 30.9.2015, AUTC Reference number 15/272.

## Appendix G: Consent Form

Appendix B		 TE WĀHANGA ARONUI OTĀHANGA MĀKAU RAU	
<b>Consent Form</b>			
<i>Project title:</i>	<i>How do health practitioners experience facilitating simulation debriefing in the clinical setting?</i>		
<i>Project Supervisor:</i>	<i>Shelaine Zambas</i>		
<i>Researcher:</i>	<i>Rachel Macdiarmid</i>		
<p> <input type="radio"/> I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.         </p> <p> <input type="radio"/> I have had an opportunity to ask questions and to have them answered.         </p> <p> <input type="radio"/> I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.         </p> <p> <input type="radio"/> I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.         </p> <p> <input type="radio"/> If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.         </p> <p> <input type="radio"/> I agree to take part in this research.         </p> <p> <input type="radio"/> I wish to receive a copy of the report from the research (please tick one): Yes <input type="radio"/> No <input type="radio"/> </p>			
Participant's signature: .....			
Participant's name: .....			
Participant's Contact Details (if appropriate):			
.....			
.....			
.....			
Date:			
<b>Approved by the Auckland University of Technology Ethics Committee on 30/9/15. AUTEC Reference number 15/272</b>			
<i>Note: The Participant should retain a copy of this form.</i>			

## Appendix H: Confidentiality Agreement



### Confidentiality Agreement

*Project title: How do health practitioners experience facilitating simulation debriefing in the clinical setting?*

*Project Supervisor: Shelaine Zambas*

*Researcher: Rachel Macdiarmid*

- 
- ☐ I understand that all the material I will be asked to transcribe is confidential.
- ☐ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ☐ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature: .....

Transcriber's name: .....

Transcriber's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Project Supervisor's Contact Details (if appropriate):

Shelaine Zambas,

email: [szambas@aut.ac.nz](mailto:szambas@aut.ac.nz)

09 9219999 ext:7685

*Approved by the Auckland University of Technology Ethics Committee on 30/9/15. AUTEK Reference number 15/272*

*Note: The Transcriber should retain a copy of this form*

## Appendix I: INACSL Standards 2016

### Standards of Best Practice: Simulation<sup>SM</sup> Debriefing

Title	Criteria	Elements
INACSL: Standards of Best Practice: Simulation <sup>SM</sup> debriefing.	1. The debrief is facilitated by a person competent in debriefing	<p>There are five elements for this criterion.</p> <p>In summary, these elements focus on ensuring the facilitator “implement(s) best practices in debriefing” (INACSL Standards Committee, 2016b, p. S 22), seeks feedback and continues to maintain their competence and skills as a facilitator by participating in ongoing education.</p>
	2. The environment is “conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback and reflection” (INACSL Standards Committee, 2016b, p. S 22).	<p>There are five elements for this criterion.</p> <p>These elements establish the expectations facilitators should negotiate with participants. Two quality’s – “positive regard” and a “supportive demeanour” are identified as being important (INACSL Standards Committee, 2016b, p. S 22).</p>
	3. “the debrief is facilitated by a person who can divide enough concentrated attention during the simulation to effectively debrief” (INACSL Standards Committee, 2016b, p. S 22).	<p>There are 16 elements listed.</p> <p>These include a range of items. Such as the facilitation of engagement in reflective and critical thinking. Choosing an appropriate process for feedback, giving formative feedback and providing a summary of the learning.</p>



- Structural elements are included such as ensuring the facilitator does not play multiple roles and has technological support.
4. “Debrief is based on theoretical framework for debriefing and is structured in a purposeful way” (INACSL Standards Committee, 2016b, p. S 23).
    - There are two elements identified.
    - Use of a debriefing framework.
    - Five frameworks are listed as appropriate. “GAS, Debriefing with Good Judgement, PEARLS, Debriefing for Meaningful Learning, Plus-Delta, 3D Model of Debriefing and Outcome Present State Test (OPT) Model of Clinical Reasoning” (INACSL Standards Committee, 2016b, p. S 23).
  5. “The debrief is congruent with the objective and outcomes” (INACSL Standards Committee, 2016b, p. S 23).
    - Two elements are listed. These are: both the objectives and learning outcomes need to be considered. The second is for the facilitator to “identify performance gaps” (p. S 23) during the simulated learning experience (INACSL Standards Committee, 2016b).
-

## Appendix J: Story and first level analysis

### Little birds transcript

I think because it's such a clinical area often people sit there like little birds waiting to be fed information. So it's a nice opportunity to say look you're RNs and I provide this information and I provide this teaching, you appear to have absorbed some of it because we've talked about it and you've shown me, then when they come to actually do it, and can't, I don't know how to make that connection between well I've done this teaching, and you did seem to know it before, so why can't you do it in reality? Also the less weird stuff that to me looks straightforward but I know that's just because I've done it a lot of times. I need to remember that you know it seems like common sense, it's a tube you flush it, you tape it off. And basically all of our equipment you do the same thing. But people just, I don't know, people seem to put barriers up in front of themselves about whether they can or can't do something. I obviously think of, well I look at myself as quite a sort of an open relaxed come along with me and we'll learn this together kind of person but it's obviously not how I'm taken by a lot of people. So I'm not quite sure how you change that. You know it's like you want scenarios that you run to be as if I'm not there but people get really freaked by which is good. I want them to be stressed and freaked by it but not to the point where, they're just going to hang back.

*Often people sit there like little birds waiting to be fed information. It's an opportunity to say look you're RNs, I provide this information and I provide this teaching, you appear to have absorbed some of it because we've talked about it and you've shown me. Then when they come to actually do it and can't, I don't know how to make that connection between well I've done this teaching, and you did seem to know it before, so why can't you do it in reality? I know that's just because I've done it a lot of times. I need to remember that it seems like common sense, it's a tube you flush it, you tape it off. Basically with all of our equipment you do the same thing. But people seem to put barriers up in front of themselves about whether they can or can't do something. I look at myself as quite an open relaxed come along with me and we'll learn this together kind of person but it's obviously not how I'm taken by a lot of people. So I'm not quite sure how you change that. It's like you want scenarios to run as if I'm not there but people get really freaked which is good. I want them to be stressed and freaked by it but not to the point where they're just going to hang back. [Oxo]*

### First level analysis

The analogy of little birds seems to suggest that staff are small, passive learners and yet with their mouths open waiting to be fed. Perhaps people are still behaving like little birds; they want to have the protection of mother birds – do they see the facilitator as a

mother bird? Oxo takes control, would they prefer to just answer questions? Oxo seems unsure. Perhaps again it relates to the passive little bird behaviour by staff. How does she get them to rise to the occasion because in the end the behaviour in the simulation effects the debrief. Oxo needs nurses to recognise their responsibility in the workplace. This is meaningful to her; she recognises it as hard but is unsure how to make it better. Oxo is passionate about simulation (inclusive of debriefing). She wants staff to step out of their little bird persona and respond to the need for them to be responsible.

## Appendix K: Mind Map

