

# Telesupervision of Simulations: How to Facilitate Debrief Sessions and Evaluate Reflective Discussions

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- Certified Healthcare Simulation Educator (SSIH)
- Editor in Chief for Simucase
- 10+ years of creating computer-based simulations for allied health programs
- Speech-Language Pathologist at Cincinnati Children's Hospital Medical Center, Inpatient
- Supervises clinical simulations at multiple CSD programs

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- Vice President of Simucase Education
- Certified Healthcare Simulation Educator (SSIH)
- 25 years of experience, including 13 years in educational publishing and software development
- Supervises clinical simulations at multiple CSD programs

## Erica Ligon, M.Ed., CCC-SLP

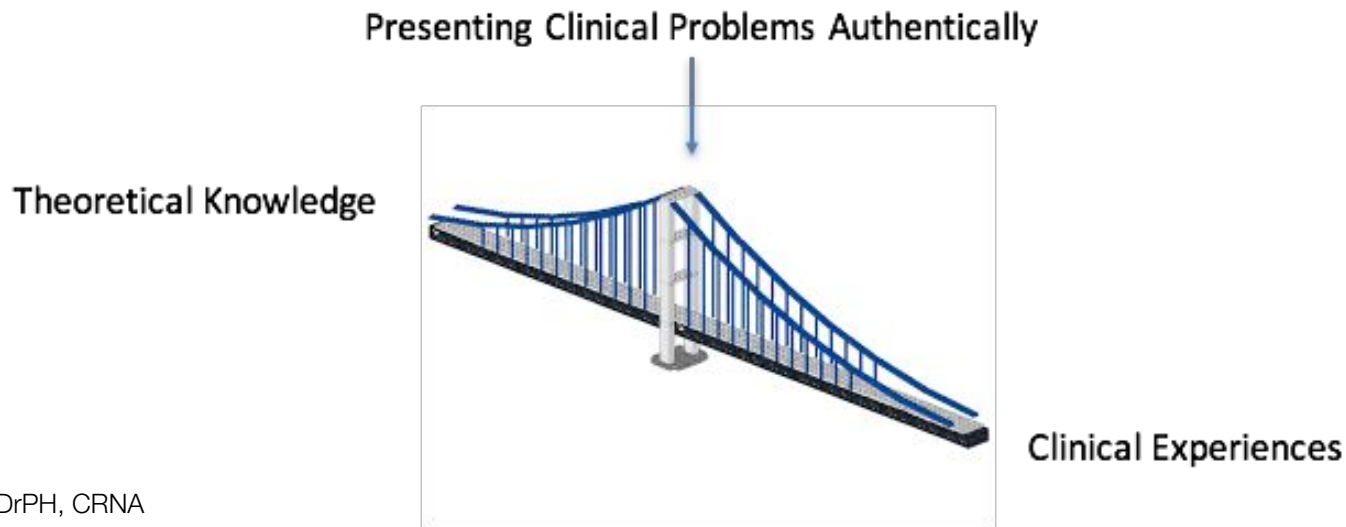
- Lead Learning and Simulation Developer, Speech-Language Pathology at Simucase
- 10+ years of experience across medical and educational settings
- Supervises clinical simulation at multiple CSD programs

# Learner Outcomes

- 1) Explain the importance of debriefing learners following clinical simulations.
- 2) Score and interpret tools for assessing performance during a debrief, and for evaluating participants' overall satisfaction with the debrief session.
- 3) Summarize outcome data for evaluating the effectiveness of debrief sessions.

# Why Simulation-Based Education?

## Simulations = Bridge to Competency

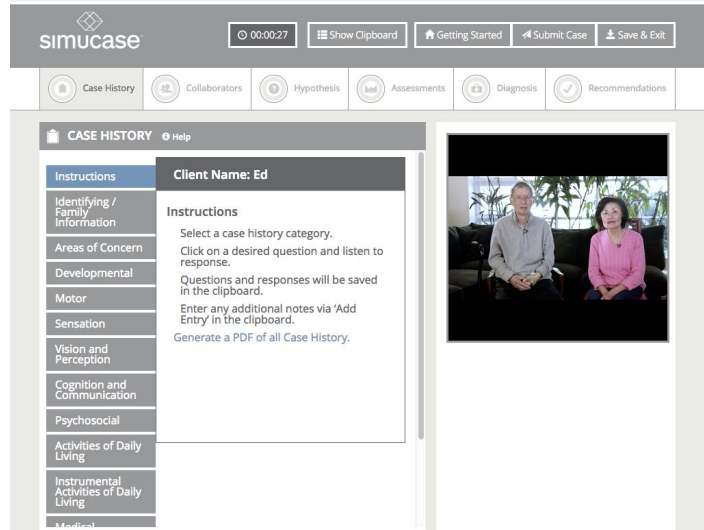


# Benefits of Simulations

- Opportunity to bridge the gap from classroom to clinic
- A safe learning environment – opportunity for repeated practice to learn from mistakes
- Guaranteed exposure to low incidence populations and opportunity to earn clock hours in those areas
- Technical and non-technical skills training
- Opportunity for confidence building and reflective practice
- Equitable learning opportunities



# Advantages of Computer-Based Simulations



- Simulations are repeatable and can be accessed 24/7
- The simulation scenarios are already created with new cases added regularly
- Can be designed to teach complete processes and/or teach specific skills (e.g., interviewing patients, administration of standardized test, documenting plan of care)
- Feedback and scoring algorithms are built into the system
- Supervision is typically asynchronous
- Reporting systems identify students' strengths and weaknesses



# Select types of activities that meet your goals and objectives

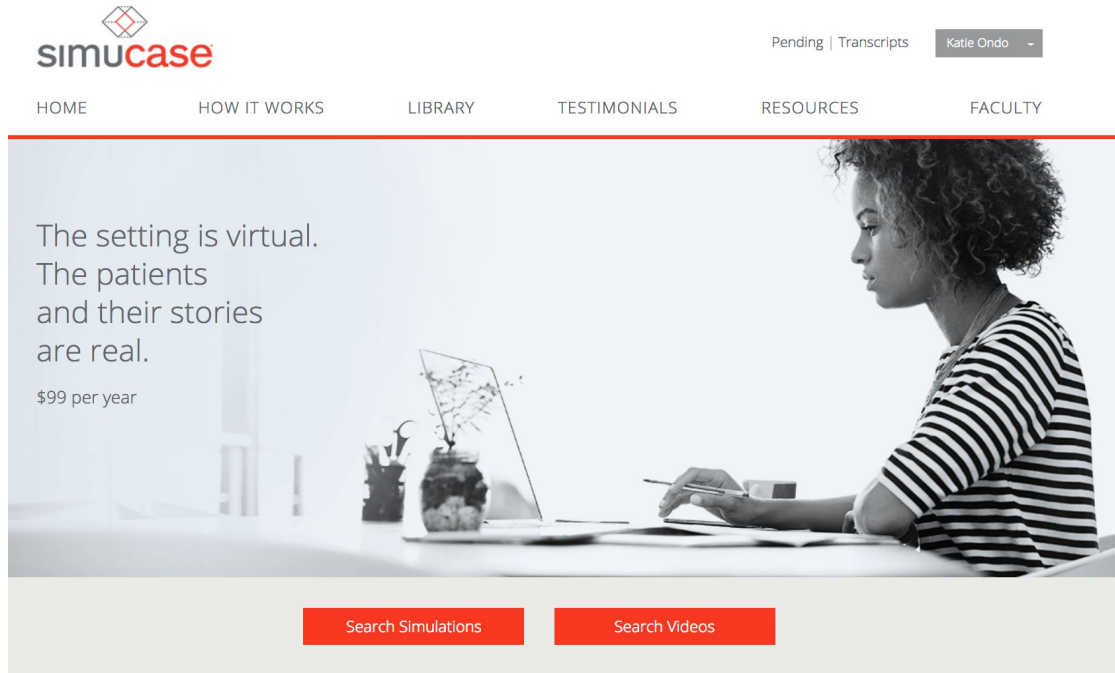
The screenshot shows the 'simucase' website interface. At the top, there's a navigation bar with links: HOME, HOW IT WORKS, LIBRARY, TESTIMONIALS, RESOURCES, and FACULTY. A user profile 'Clint Johnson' is logged in. The main section is titled 'Clinical Simulations'. It features a search filter dropdown menu with options: 'All Simulations' (selected), 'Assessment', 'Intervention', 'Part Task Trainer', and 'Screen'. Below this are filters for 'All Topic Areas', 'All Ages', 'All Locations', and 'All Release Dates'. A search bar with 'Search' and 'Clear' buttons is present. The results section shows 'Searching All 62 Simulations'. Two simulation cards are visible: 'Witten- Assessment (SLP)' and 'Steven- Assessment (SLP)'. The 'Witten' card includes a description of a 3-year-old child and a 'Restart' button. The 'Steven' card includes a description of a 60-year-old male and a 'Resume' button. A sidebar on the right titled 'Video Observation Library' shows 'Recommended Videos' with thumbnails for 'Fiona- Speech Sample', 'Robert- Boston Naming Test', 'Larry- CLOT+ Symbol Cancellation Subtest', and 'Donald- Hearing Aid Fitting Results with Audiologist'.

- Assessment
- Intervention
- Part-Task Trainer
- Screen
- Observation

# Earning Hours: Simulation Scoring and Recommended Completion Times

- Students earn points for **reflective decisions** and lose points for poor decisions (**rejected decisions**).
- There are also decisions that are judged as **acceptable**, which results in no points awarded or subtracted.
- Students receive a score in each section of a simulation and then those scores are averaged to create an overall competency score.
- Students may earn hours if they receive a score of **90% or higher**.
- **In addition, the students' cumulative attempts should meet or exceed the recommended completion time for the simulations.**

# Simucase Demonstration



The Simucase website header features the logo on the left, navigation links in the center, and a user profile on the right. The hero section below the header includes a background image of a woman at a desk, promotional text, and two search buttons.

**simucase**

Pending | Transcripts **Katie Ondo** ▾

[HOME](#) [HOW IT WORKS](#) [LIBRARY](#) [TESTIMONIALS](#) [RESOURCES](#) [FACULTY](#)

The setting is virtual.  
The patients  
and their stories  
are real.

\$99 per year

[Search Simulations](#) [Search Videos](#)

**Patient Video Library**  
**Simulation types**  
**Restart Simulation Feature**  
**Dashboard**  
**Debrief mode**

# Models for integrating Simucase into a CSD program



- Observation
- Clinical rotation
- Full integration
- Summer program
- Remediation
- Low-incidence access
- Online/tele-supervision

# Simucase Guided Observation Program

Patient Video Library



Ethan- Passy Muir Valve Trial and Mouthing Teething Toy

## Related Videos



Nick- Postural Stability Exercises on Ball



Braydon- Early Intervention Parent Interview



Lincoln- Oral Aversion Intervention Session 1 and 2

- Search for videos by profession, (SLP, AUD, OT, PT) type (assessment, intervention, education, etc.), topic area, age, location, and/or duration
- Students must watch the videos to completion in order to earn credit
- To see the videos a student completed, enter the student's name in the dashboard and choose "Observation Videos" under library in the search engine
- Interactive Mode provides knowledge checks and open-ended questions for summarizing lessons learned
- Guided discussion should still be completed with an ASHA-certified SLP

# Patient Video Library Interactive Mode



## Interactive Mode is available for this video

With Interactive Mode, questions throughout the video will test your knowledge.

Would you like to turn on Interactive Mode?

Yes, test my knowledge

No, watch standard video

## Related Videos



? ✓ Alaina- AAC  
and Functional Motor  
Skills Practice

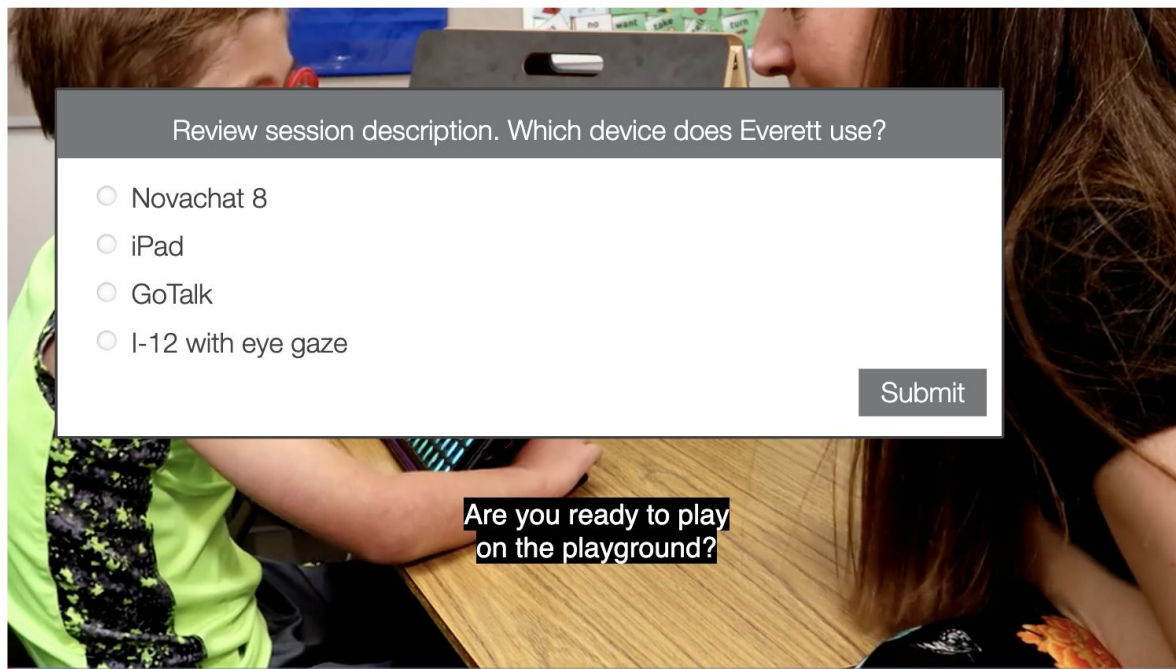


? ✓ Alaina- Lower  
Body Dressing with  
Therapist



Zeek- AAC  
Intervention: LAMP to  
Greet and Request

# Patient Video Library Interactive Mode




## Related Videos



 [Alaina- AAC and Functional Motor Skills Practice](#)



 [Alaina- Lower Body Dressing with Therapist](#)



[Zeek- AAC Intervention: LAMP to Greet and Request](#)

# Clinical rotation

## **Aphasia**

Paul  
Robert  
Karen  
Larry

## **Voice**

Amy  
Rob  
Judith  
Sarah

## **AAC**

Leah  
Everett  
Julie  
Jordan Z

## **Swallowing**

Audrey  
Jim  
Oliver  
Bubby

## **Artic Tx**

Anna  
Alex  
Cameron  
Hadley

- Choose the topics and simulations that you want students to complete
- Clinical supervisors choose simulations that are in their specialty area
- Divide students into smaller groups
- Have the students complete the simulations the rotation in two to three weeks
- Then have them rotate through to the next supervisor



## Examples of simulations that may be debriefed together

- Kelly (school-age language/dyslexia) and Latreece (School-age language/ CAPD) - 2nd graders
- Deon (School-age lang/ASD) and Leah (AAC, Autism)
- Bubby (TBI/pediatric swallowing assessment and feeding intervention)
- Alex and Anna (articulation /r/ and /k/) - articulation intervention
- Dora and Felix (bilingual Spanish) - multicultural issues
- Michaela and Jeannie (EVT-2 admin) - psychometric properties of assessments
- Jordan, Lilly, and Alexis (PPA Scale admin) - preschool literacy assessment
- Karen (PPA), Rob (Parkinson's), Jim (swallowing, motor speech) - counseling
- Paul (Broca's) and Robert (Wernicke's) - non-fluent vs. fluent aphasia

# Examples of simulations that may be debriefed together

- Rob, Dave, Joseph (Adult Motor Speech)
- Cameron, Hadley Wyatt and Kara Lynn (Speech Sound Disorders) -assessment and intervention
- Ian, Holden, and Mary (GFTA-3)
- JJ and Duane (CELF-5 Screening)
- JJ and Duane (CELF-5)
- Jeannie and John (CELF-5 Metalinguistics)
- Annie and Antoine (CASL-2)
- Lebron (OWLS and OPUS)
- Antoine (CASL-2 and OPUS)
- Luisa, Chuig-Wei, Aisha (Accent Modification)

# Examples of simulations that may be debriefed together

- Bob, Julia, Larry, Megan (CLQT+ administration)
- Witten and Jonas (Early intervention)
- Julie, Leah, Everett, and Jordan Z. (AAC) - assessment and intervention
- Jim, Joseph, Audrey (swallowing)
- Larry (CLQT+ and WAB Administration)
- Fiona, Jack, Molly (Fluency)
- Amy, Sarah, Colt (Voice)
- Devin, Angie, and Felicity (Stroboscopy rating)

# Full integration across the curriculum



- Have students complete simulations in a majority of their didactic coursework
- Clinical supervisors or academic faculty can be in charge of debriefing and awarding hours
- Simucase will help you map out the simulations that would be appropriate for each course
- It is ok to repeat a simulation, but you can only count hours once
- All simulations may completed in their entirety or in chunks

# Summer program



- Typically there are frequent absences during the summer
- When a client is absent, have them complete a similar simulation
- Select a smaller group of simulations that may be used as a substitute
- Debriefing will need to occur following the simulation completions

# Remediation plan

- Review the goals and objectives of the remediation plan
- Choose video observations, coursework using complimentary [Educational Access](#) provided through [SpeechPathology.com](#), and simulations that would meet the goals and objectives
- Establish a timeline for completing the work
- Review the technology, the responsibilities of the student, and how the student will be assessed

## Using Simucase as part of a remediation plan (cont.)

- Have the students complete the observation videos and courses first. Students should receive a 80% or better on the course assessment(s) and watch all assigned videos to completion
- Simulation Pre-test: Have the student complete a simulation in assessment mode to establish a baseline of current skills
- Have student complete simulations(s) with a competency score of 90% or greater in learning mode
- Simucase Post-test: Student completes simulations in Assessment
- Feedback and debriefing are provided at scheduled intervals

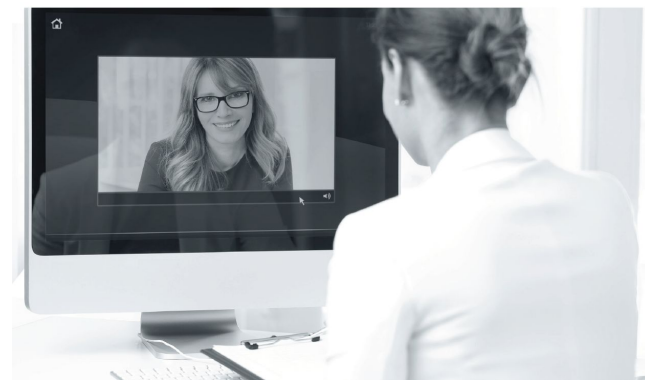
# Low incidence access



- Don't wait until the end of the program and find out your students never saw a voice patient
- Identify the low incidence topic areas (e.g., voice, AAC, Fluency)
- When students are taking those courses, have them complete simulations as part of their clinical assignments that semester
- Academic faculty do not have to be the persons signing off on the hours (this could be clinical instructors)



# Simucase telesupervision program



- Collaborate with clinical director/program director to create a syllabus that meets the goals and objectives for a particular course or clinical practicum
- 5-week and 10-week sessions are available, students between 15-50 hours
- Facilitate implementation and training
- Conduct all pre-brief and debrief sessions
- Track and approve clinical clock hours
- Rating student competencies for targeted ASHA standards and providing evaluations

# Telesupervision for 20/21 School Year

## Sample Syllabus

Dates	Week	Simucase Clients	Hours
May 13-19	1	Intro to Simucase	
May 20-26	2	CLQT+ Larry, Bob	2:45
May 27-June 2	3	CLQT+ Megan, Julia	2:45
June 3-9	4	Robert, Paul,	4:00
June 10-16	5	OUT	2:00
June 17-23	6	Karen, Steven	2:00
June 24-30	7	Joseph, Dave	2:30
July 1-7	8	Rob, Julie	3:15
July 8-14	9	Sarah, Amy	3:15
July 15-21	11	Fiona	1:30
July 22-28	12	Jim, Audrey	2:30
			26:30:00

- 10+ universities participated in the telesupervision program
- 1000 students participated
- Five clinical supervisors
- Three administrative assistants tracked scores on simulations
- Students were divided into sections of 10-15 students
- On average, they earned between 25-30 hours, a few programs earned up to 50

## The Big 3 are the key



1. Pre-brief prior to the clinical simulation
2. Feedback during the clinical simulation
3. Debrief following the clinical simulation

# Select simulations for your course or clinical practicum



## Kelly- Assessment (SLP)

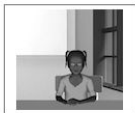
Kelly is a seven-year-old girl who has been having difficulty learning to read. She is in the second grade at a private school. Her mother is seeking additional information and is requesting a comprehensive speech and language evaluation at your private practice. You are the speech-language pathologist assigned to complete her evaluation.

Recommended time for completion is 120 minutes.

Restart

Resume

Handouts



## Latreece- Assessment (SLP)

Latreece is in my second-grade class. She was previously retained in first grade so she is older than the other children, yet she still seems way behind them in achievement. She exhibits severe language difficulties in the classroom. She is in the Title I Reading Program however she continues to struggle. This is her first formal evaluation.

Recommended time for completion is 120 minutes.

Restart

Resume

Handouts

- Library -> Search Simulations
- Filter by the simulation type, topic area, age, location, and/or release date

# Complete a Prebrief



## Assessment Form

### CLIENT NAME

Robert

### CLIENT DOB/AGE

66 Years Old

### REFERRING PROVIDER

Dr. Alex Vaugn, Physician

### REASONS FOR REFERRAL

Robert is one year post stroke and he is interested in starting therapy at the outpatient clinic close to his home. You are the speech-language pathologist assigned to complete his evaluation.

### COMMENTS

His wife, Anna, commented that he wants to work on communication.

### Evaluation Planning Sheet

Key Case History Questions to Ask

Collaborators to Consult With

- Introduce the clinical simulation by reviewing the referral and answer any questions prior to beginning the simulation
- Option to show a brief video clip of the client from the patient video library

*You will be evaluating Robert who had a stroke 1 year ago.*

# Prebriefing Cont.

- Review the platform to ensure they understand the technology
- Tell students the number of minutes the clinical simulation is worth
- Establish the expectation that students must reach a competency score of 90% to participate in the debriefing and earn hours



Don- Intervention (SLP)

Don is a 59-year-old male with Broca's aphasia. Don attends therapy sessions regularly to help him communicate with people that are important to him as well as improve his naming and reading skills. Don's long term goals are to hold a job and to increase awareness so others know more about aphasia. You are assigned to complete Don's intervention session today.

Recommended time for completion is 60 minutes.

Restart

Handouts

## Prebriefing Cont.

### Example of Student Expectations for the Simulation

- Reach out to your instructor/supervisor if you need assistance or have questions
- Expect to answer questions about the simulations throughout the debrief. You may bring your final reports to the debrief session. Be prepared to tell the client's story.
- Each simulation has a recommended completion time. The recommended completion time is based on listening to all the reflective answers and watching all the videos in the simulation. It is imperative that you do this to earn hours.
- Submit your work and all attempts with the client to ensure you exceed the recommended completion time.
- The debrief sessions will typically last an hour. During the time we will:
  - Review the completed simulation(s)
  - Prebrief the next simulations that will be due
  - Award hours and enter into tracking system

# Prebriefing Cont. Establish a Learner Contract



This semester you will be participating in a clinical practicum that will allow you to earn clinical clock hours via Simucase. These simulations provide you with additional clinical experience, including experiences with low incidence populations. Simulation content is created from real patient encounters. Simulation fosters active engagement in a safe learning environment. Your role is to enter into this experience engaging with the patient, family and other members of your team as if the situation were real. This will provide you with the best active learning opportunity possible. Remember: be patient and professional. You will only get out what you put into this experience. Attendance is mandatory and your active participation in all training, pre-brief and debrief sessions is necessary to pass the rotation. Please indicate that you understand all of the requirements below by signing this agreement.

I understand that :

- I must have a Simucase account and access to Zoom in order to complete this clinical simulation practicum.
- I need an overall competency score that is 90% or greater on the simulations in order to earn clock hours.
- All simulations must be completed 24 hours prior to the debrief sessions.
- My supervisor and the Simucase Customer Experience Team are available to answer questions prior to a debrief session if I'm having difficulty completing a simulation.
- All simulations have a recommended completion time and my cumulative attempts must meet or exceed the recommended completion time of a simulation in order to earn clinical clock hours.
- My supervisor has the right to award less time than the recommended completion time if I do not submit all my attempts.
- The clients in Simucase are real patients and I should treat them with the same respect I would at an onsite clinic and maintain their confidentiality. This means I will not share information (answers) about my client with my fellow students.
- I will provide my supervisor with written notice if I'm unable to attend a training, pre-brief and/or debrief session and no more than one excused absence is allowed.
- I am expected to ask and answer questions about the simulations throughout the pre-brief and debrief sessions and my supervisor will evaluate my participation at the end of the semester.
- I will be required to have my microphone and camera on during all pre-brief and debrief meetings and I will attend in a quiet area free of distractions where I can give my supervisor and peers my undivided attention.
- I will submit all clock hours within 24 hours following the debrief session. Failure to submit my hours within 24 hours will result in forfeiture of the hours completed.

## Sample Student Agreement

University: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_



# Provide Feedback



Search Case Studies | Pending Case Studies | Case Study Transcripts

Clint Johnson

HOME EXPLORE TESTIMONIALS RESOURCES FACULTY CLIENTS ABOUT AMBASSADOR CONTACT

Faculty

## FACULTY DASHBOARD

Search

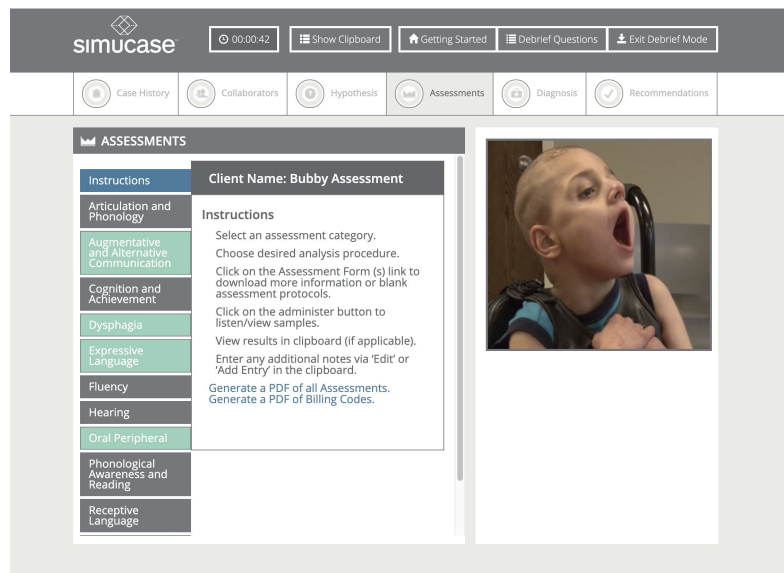
(all groups) (all cases) (all case modes) Assessment Active

Completed Timeframe Start Timeframe Stop

First Name / Last Name / Email / ID / Created / Last Login	Patient / Completed / Mode	Case History	Collaborators	Clinical Hypothesis	Assessments	Diagnosis	Skills Check	Rec...	Time	Final Score	Actions
Anna Bell - annabell@simucase.com ID: 1322263 CR: January 29, 2018 LL: January 30, 2018	Robert January 30, 2018 learning	0%	28%	0%	0%	0%	N/A	0%	27 seconds	6%	⚙
Fawn Carson - fawn.carson@alliedhealthmedia.com ID: 1322100 CR: January 24, 2018 LL: Never	Julie January 24, 2018 learning	0%	0%	0%	0%	0%	0%	0%	04 minutes 12 seconds	0%	⚙
Fawn Carson - fawn.carson@alliedhealthmedia.com ID: 1322100 CR: January 24, 2018	Jim January 24, 2018 learning	0%	0%	0%	0%	0%	0%	0%	18 minutes 01 seconds	0%	⚙

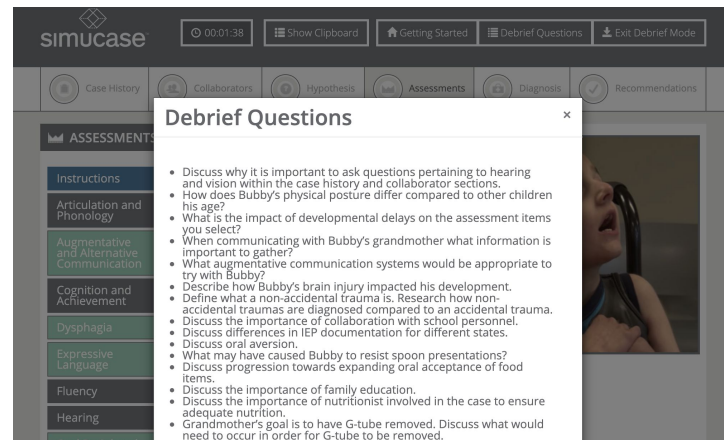
- Use the faculty dashboard to monitor student progress and identify areas of strength and weakness for discussion
- Provide feedback prior to the due date for completing the assignment
- Use discussion boards, email, phone, etc. to provide feedback
- Feedback may be **directive** or **facilitative** depending on the experience level of the students

# Preparing for Debrief



The screenshot shows the 'simucase' application interface. At the top, there is a header bar with the 'simucase' logo, a timer at 00:00:42, and buttons for 'Show Clipboard', 'Getting Started', 'Debrief Questions', and 'Exit Debrief Mode'. Below the header is a navigation bar with icons for Case History, Collaborators, Hypothesis, Assessments (selected), Diagnosis, and Recommendations. The main content area is titled 'ASSESSMENTS' and features a sidebar with a list of assessment categories: Instructions, Articulation and Phonology, Augmentative and Alternative Communication, Cognition and Achievement, Dysphagia, Expressive Language, Fluency, Hearing, Oral Peripheral, Phonological Awareness and Reading, and Receptive Language. The 'Instructions' section is expanded, showing 'Client Name: Bubby Assessment' and a list of instructions: 'Select an assessment category. Choose desired analysis procedure. Click on the Assessment Form (s) link to download more information or blank assessment protocols. Click on the administer button to listen/view samples. View results in clipboard (if applicable). Enter any additional notes via 'Edit' or 'Add Entry' in the clipboard. Generate a PDF of all Assessments. Generate a PDF of Billing Codes.' To the right of the instructions is a video player showing a child with a G-tube.

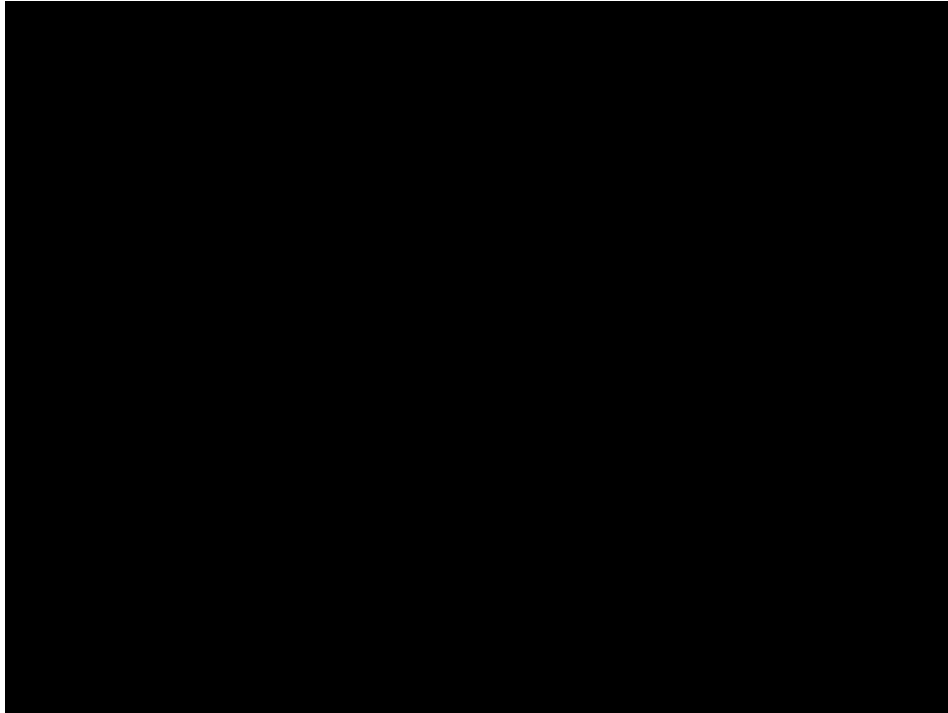
- Use Debrief Mode to review how the simulation is scored
- Identify key components of the simulation you want to address in the debrief
- Use Debrief Questions to help get you started



The screenshot shows the 'simucase' application interface with a 'Debrief Questions' window open. The window has a title bar with 'simucase', a timer at 00:01:38, and buttons for 'Show Clipboard', 'Getting Started', 'Debrief Questions', and 'Exit Debrief Mode'. The window contains a list of questions for discussion:

- Discuss why it is important to ask questions pertaining to hearing and vision within the case history and collaborator sections.
- How does Bubby's physical posture differ compared to other children his age?
- What is the impact of developmental delays on the assessment items you select?
- When communicating with Bubby's grandmother what information is important to gather?
- What augmentative communication systems would be appropriate to try with Bubby?
- Describe how Bubby's brain injury impacted his development.
- Define what a non-accidental trauma is. Research how non-accidental traumas are diagnosed compared to an accidental trauma.
- Discuss the importance of collaboration with school personnel.
- Discuss differences in IEP documentation for different states.
- Discuss oral aversion.
- What may have caused Bubby to resist spoon presentations?
- Discuss progression towards expanding oral acceptance of food items.
- Discuss the importance of family education.
- Discuss the importance of nutritionist involved in the case to ensure adequate nutrition.
- Grandmother's goal is to have G-tube removed. Discuss what would need to occur in order for G-tube to be removed.

# Debrief: First Impressions/Emotions



# Resources for Leading and Evaluating Debriefs

**simucase** | **FIRE Debrief Checklist**  
FACTS • INTERPRETATION • REFLECTION • EXPANSION  
Simulation Debrief Rating Scale

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Simulation(s) Debriefed: \_\_\_\_\_  
Group Name (optional): \_\_\_\_\_  
Participant Name(s) (optional): \_\_\_\_\_

**Question-Level Analysis**

**FACTS** Do the participant(s) know the facts of the simulation(s)?  
Select the number that best describes the level of cueing required for the participant(s) to answer fact-based questions.

1 - MAXIMUM CUEING	2 - MODERATE CUEING	3 - MINIMUM CUEING
The participant(s) cannot answer a majority of the fact-based questions about the simulation(s) without significant support from the debriefer. <b>Examples of support:</b> <ul style="list-style-type: none"><li>Reviewing specific simulation sections</li><li>Playing patient videos</li><li>Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource material)</li><li>Asking guided discussion questions to lead participant(s) to the facts</li><li>Reviewing a simulation in Debrief Mode</li></ul>	The participant(s) can answer a majority of fact-based questions about the simulation(s) with moderate support from the debriefer. <b>Examples of support:</b> <ul style="list-style-type: none"><li>Asking guided discussion questions</li></ul>	The participant(s) can answer a majority of fact-based questions about the simulation(s) independently.

**INTERPRETATION** Do participant(s) understand the facts and how the emotional components of the simulation impact the patient(s) and/or their caregiver(s)?  
Select the number that best describes the level of cueing required for the participant(s) to answer interpretation questions.

1 - MAXIMUM CUEING	2 - MODERATE CUEING	3 - MINIMUM CUEING
The participant(s) cannot interpret facts and emotional components and how they relate to the patient(s) without significant support from the debriefer. <b>Examples of support:</b> <ul style="list-style-type: none"><li>Reviewing specific simulation sections</li><li>Playing patient videos</li><li>Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource material)</li><li>Asking guided discussion questions to lead participant(s) to understanding the facts and emotional components of the simulation(s)</li><li>Reviewing simulation(s) in Debrief Mode</li></ul>	The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) with moderate support from the debriefer. <b>Examples of support:</b> <ul style="list-style-type: none"><li>Asking guided discussion questions</li></ul>	The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) independently.

simucase.com | f t in

- ☐ **FIRE** Simulation Debrief Rating Scale
- ☐ **FIRE** Supplemental Individual Rating Scale
- ☐ **FIRE** Simulation Debrief Rating Scale

# FIRE up the debrief session!



**Facts** – Do the student(s) know the facts of the simulation?

**Interpretation** – Do they understand the facts and how they relate to the patient? Do they understand the emotional components of the simulation?

**Reflection** – Is the student able to answer why questions about specific choices made during the simulation?

**Expansion** – Are they able to reflect upon their performance and apply it to their future clinical practice?

Adapted from Tanner's Model for Clinical Judgment (2006); Ondo, K., & Johnson, C. (2020).

# Debrief Ideas

Use roleplaying opportunities for **Facts** and **Interpretation**

*Provide a summary of your client/findings. Practice introducing yourself and explaining your role. Have the other students in the group take on the role of the communication partner.*

- Report to a colleague during a team meeting
- Report results in grand rounds style fashion
- Report to a teacher that you are passing in the hallway
- Report to a parent/spouse/caregiver
- Report to the client

## Question-Level Analysis

### **FACTS** Do the participant(s) know the facts of the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer fact-based questions.



#### **1 - MAXIMUM CUEING**

The participant(s) cannot answer a majority of the fact-based questions about the simulation(s) without significant support from the debriefer.

##### **Examples of support:**

- ◊ Reviewing specific simulation sections
- ◊ Playing patient videos
- ◊ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ◊ Asking guided discussion questions to lead participant(s) to the facts
- ◊ Reviewing a simulation in Debrief Mode



#### **2 - MODERATE CUEING**

The participant(s) can answer a majority of fact-based questions about the simulation(s) with moderate support from the debriefer.

##### **Examples of support:**

- ◊ Asking guided discussion questions



#### **3 - MINIMUM CUEING**

The participant(s) can answer a majority of fact-based questions about the simulation(s) independently.

### **INTERPRETATION** Do participant(s) understand the facts and how the emotional components of the simulation impact the patient(s) and/or their caregiver(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer interpretation questions.



#### **1 - MAXIMUM CUEING**

The participant(s) cannot interpret facts and emotional components and how they relate to the patient(s) without significant support from the debriefer.

##### **Examples of support:**

- ◊ Reviewing specific simulation sections
- ◊ Playing patient videos
- ◊ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ◊ Asking guided discussion questions to lead participant(s) to understanding the facts and emotional components of the simulation(s)
- ◊ Reviewing simulation(s) in Debrief Mode



#### **2 - MODERATE CUEING**

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) with moderate support from the debriefer.

##### **Examples of support:**

- ◊ Asking guided discussion questions



#### **3 - MINIMUM CUEING**

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) independently.

# Debrief Ideas

## Reflection and Expansion

*Why are these collaborators relevant to this simulation?*

*What would you do if .... occurred?*

*What do the standardized assessment results mean? What would you expect to see in the classroom?*

*Are there any similarities or differences to clients you have seen in previous experiences?*

*What are the key takeaways you can use for clients you will work with in the future?*



## REFLECTION Can the participant(s) answer **why** questions about specific choices made during the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer reflection questions.



### 1 - MAXIMUM CUEING

The participant(s) cannot answer **why** questions about specific choices made during the simulation(s) without significant support from the debriefer.

#### Examples of support:

- ◇ Reviewing curriculum content
- ◇ Reviewing current literature and practice framework standards
- ◇ Reviewing additional patient videos



### 2 - MODERATE CUEING

The participant(s) can answer **why** questions about specific choices made during the simulation(s) with moderate support from the debriefer.

#### Examples of support:

- ◇ Asking guided discussion questions to lead the participant(s)



### 3 - MINIMUM CUEING

The participant(s) can answer **why** questions about specific choices made during the simulation(s) independently.

## EXPANSION Can the participant(s) reflect on their performance and apply it to their past and/or future clinical practice?

Select the number that best describes the level of cueing required for the participant(s) to answer expansion questions.



### 1 - MAXIMUM CUEING

The participant(s) can reflect only on their performance during the simulation but cannot analyze, synthesize, and/or apply lessons learned to other clients. Participant(s) cannot provide differential diagnoses when multiple simulations are discussed.

#### Examples of support:

- ◇ Grouping simulations together and debriefing at the same time to allow participant(s) to compare and contrast
- ◇ Showing clinical examples during debrief for participant(s) to discuss



### 2 - MODERATE CUEING

The participant(s) require(s) support from the debriefer to analyze, synthesize, and apply lessons learned from other clients. Participant(s) require(s) support to provide differential diagnoses when simulations are discussed.



### 3 - MINIMUM CUEING

The participant(s) analyze, synthesize, and apply lessons learned to other clients independently. Participant(s) can provide differential diagnoses when multiple simulations are discussed.

## Participation & Engagement Analysis

### Participation

Select the number that best describes the level of participation.

#### ☐ 1 - MINIMAL PARTICIPATION

Direct questions required the majority of the time from the debriefer. The participant(s) are not initiating discussion.

#### ☐ 2 - MODERATE PARTICIPATION

Direct questions required some of the time from the debriefer. The participant(s) initiate discussion some of the time.

#### ☐ 3 - MAXIMUM PARTICIPATION

Direct questions rarely required from the debriefer. The participant(s) initiate(s) the discussion.

### Engagement

Select the number that best describes the level of engagement.

#### ☐ 1 - MINIMAL QUALITY OF ENGAGEMENT

Discussion comments are misinformed or inaccurate. Comments are centered around opinion and lack appropriate terminology.

#### ☐ 2 - MODERATE QUALITY OF ENGAGEMENT

Discussion comments are sometimes insightful. Comments are occasionally formulated in a professional manner.

#### ☐ 3 - MAXIMUM QUALITY OF ENGAGEMENT

Discussion comments are insightful and formulated in a professional manner. Appropriate terminology is used. Comments are based on impressions and outcomes rather than personal opinions.

## Participation & Engagement Analysis Score Summary

PARTICIPATION	ENGAGEMENT	TOTAL
		/6

## FIRE Score Summary

QUESTION-LEVEL ANALYSIS	PARTICIPATION & ENGAGEMENT ANALYSIS	TOTAL FIRE RATING
		/18

### Comments from the debriefer

## Recording hours electronically

- [Clock Hours spreadsheet](#) is available for simulation time
- Add Simucase as an off-site clinical placement
- Choose Clinical Simulation as the Clinical Setting
- Have students enter hours just as you would normally
- Supervision is 25%
- Record the completed simulations in the note box
- Spend minimum of 15 minutes per clock hour debriefing
  - If a simulation is worth 60 minutes, you would debrief for at least 15 minutes

# Choose an evaluation method



- Student and Faculty Surveys
- Reflective Journaling
- Fire Debrief Rating Scale

## Student Survey - SLP Students Fall 2020 (5 point rating scale)

Student Survey Statement	Score (5 point rating scale)	Percent of students who agree or strongly agree
I gained knowledge about various disorder areas.	4.4	91.5%
I gained clinical skills with patients with various speech, language and swallowing disorders.	4.2	87.5%
The level of clinical supervision was appropriate.	4.5	90.4%
My clinical supervisor was knowledgeable.	4.5	92.0%
The debriefing sessions helped me understand the simulation and my questions were answered	4.4	89.8%

Questions modified from SSES - Satisfaction with Simulation Experience Scale

# What were the biggest strengths?



- Training on assessment instruments
- The restart feature has been very helpful.
- The variety of patients we were able to work with enabled us to gain experience in areas we may not see in our clinical practicum settings.
- The debrief sessions helped to gather my thoughts and ask questions about the cases. It also helped to hear the perspectives of other peers on what they learned from the cases.
- The Simucase assignments have been very helpful for me when completing real-life evaluations.
- My supervisor was very knowledgeable and was great at further explaining the case and challenged us to think beyond the case and how this can be applied to our practice.

# Any suggestions for improvement?



- More cases that offered treatment opportunities.
- Continuing to align cases to curriculum
- Perhaps more pre briefing on the simulations assigned would be helpful for students to know exactly what the case would be about and what to keep in mind when approaching these cases (going over this in a group discussion before completing the simucase)

# Reflective Journaling



- Reflective journals are personal records of students' learning experiences. Students typically are asked by their instructors to record learning-related incidents, sometimes during the learning process but more often just after they occur.
- At the completion of debrief session have students write a paragraph about what they learned
- At the final session write a summary statement



## Reflective Journaling (sample)

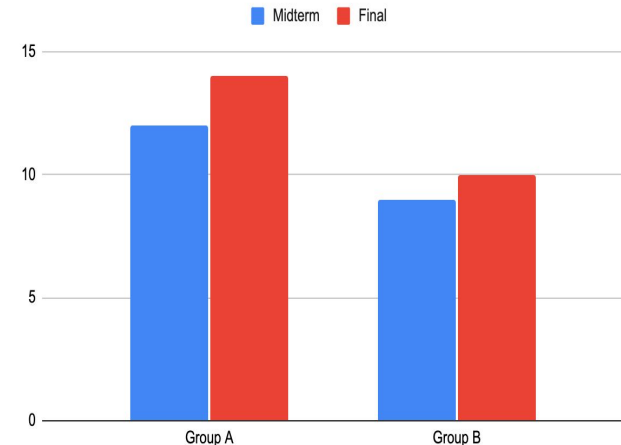
*The part I had the most difficulty with was the assessments. I found it difficult to choose only a few appropriate assessments rather than administer everything possible. In real life practice, that is not possible and the child will not sit through that long of an assessment. Practicing these cases really helped me to look more closely at each available assessment tool and decide if it is truly necessary to administer or not. It is easy to think that the more you do the more results you will have to work with, but in reality, with a real child, that would be very costly and time consuming.*

# FIRE Debrief Scale: Pilot Data

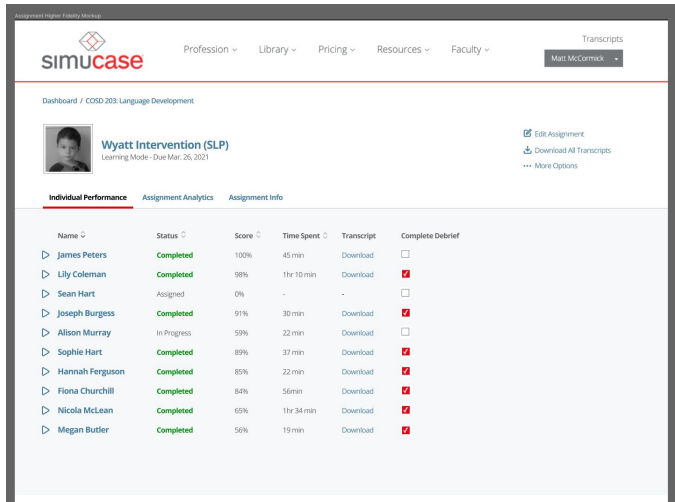
- Piloted with 27 first year graduate students in Fall 2020
  - (2 groups for debrief)
- FIRE rating scales completed for groups and individuals at midterm and completion of semester
- Group Ratings:
  - Over the course of the semester, average scores increased from 10.5 to 12 (+1.5)
  - Growth noted in ability to recall facts and evidence in cases, interpretation of emotional aspects of cases, and participation in group discussion
- Individual Ratings:
  - Over the course of the semester, average scores increased from 6.37 to 7.07 (+.70)
  - 63% of students improved by at least 1 point from midterm to final
  - Most growth noted in engagement - students displayed increased insight into cases and improved ability to answer questions based on data rather than opinion

Limitations: Collect data earlier in the semester to establish baseline

Midterm to Final Group Fire Scores



# Coming soon!



- AAC Intervention
- IPE Telehealth Intervention
- Diagnostic Evaluation of Language Variation™ (DELV) Part Task Trainer
- Simucase Guided Observation Program
- Dashboard Redesign with added assignment feature and analytics
- Radiography, Social Work and Pharmacy

Email [editorial@simucase.com](mailto:editorial@simucase.com) if you are interested in helping develop or submit content

# Questions?

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Clint Johnson, [clint.johnson@simucase.com](mailto:clint.johnson@simucase.com)

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[Schedule a Demo or Faculty Training](#)

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Simulations Debriefed: \_\_\_\_\_

Group Name (optional): \_\_\_\_\_

Student Name(s) (optional): \_\_\_\_\_

### Question-Level Analysis

#### FACTS Do the participant(s) know the facts of the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer fact-based questions.

##### 1 - MAXIMUM CUEING

The participant(s) cannot answer a majority of the fact-based questions about the simulation(s) without significant support from the debriefer.

##### Examples of support:

- ♦ Reviewing specific simulation sections
- ♦ Playing patient videos
- ♦ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ♦ Asking guided discussion questions to lead participant(s) to the facts
- ♦ Reviewing a simulation in Debrief Mode

##### 2 - MODERATE CUEING

The participant(s) can answer a majority of fact-based questions about the simulation(s) with moderate support from the debriefer.

##### Examples of support:

- ♦ Asking guided discussion questions

##### 3 - MINIMUM CUEING

The participant(s) can answer a majority of fact-based questions about the simulation(s) independently.

#### INTERPRETATION Do participant(s) understand the facts and how the emotional components of the simulation impact the patient(s) and/or their caregiver(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer interpretation questions.

##### 1 - MAXIMUM CUEING

The participant(s) cannot interpret facts and emotional components and how they relate to the patient(s) without significant support from the debriefer.

##### Examples of support:

- ♦ Reviewing specific simulation sections
- ♦ Playing patient videos
- ♦ Reviewing simulation documents (e.g., reports, assessment manuals, position statements, resource materials)
- ♦ Asking guided discussion questions to lead participant(s) to understanding the facts and emotional components of the simulation(s)
- ♦ Reviewing simulation(s) in Debrief Mode

##### 2 - MODERATE CUEING

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) with moderate support from the debriefer.

##### Examples of support:

- ♦ Asking guided discussion questions

##### 3 - MINIMUM CUEING

The participant(s) can understand a majority of facts and emotional components and how they relate to the patient(s) independently.

## REFLECTION Can the participant(s) answer **why** questions about specific choices made during the simulation(s)?

Select the number that best describes the level of cueing required for the participant(s) to answer reflection questions.

1 - MAXIMUM CUEING	2 - MODERATE CUEING	3 - MINIMUM CUEING
<p>The participant(s) cannot answer <b>why</b> questions about specific choices made during the simulation(s) without significant support from the debriefer.</p> <p><b>Examples of support:</b></p> <ul style="list-style-type: none"><li>◇ Reviewing curriculum content</li><li>◇ Reviewing current literature and practice framework standards</li><li>◇ Reviewing additional patient videos</li></ul>	<p>The participant(s) can answer <b>why</b> questions about specific choices made during the simulation(s) with moderate support from the debriefer.</p> <p><b>Examples of support:</b></p> <ul style="list-style-type: none"><li>◇ Asking guided discussion questions to lead the participant(s)</li></ul>	<p>The participant(s) can answer <b>why</b> questions about specific choices made during the simulation(s) independently.</p>

## EXPANSION Can the participant(s) reflect on their performance and apply it to their past and/or future clinical practice?

Select the number that best describes the level of cueing required for the participant(s) to answer expansion questions.

1 - MAXIMUM CUEING	2 - MODERATE CUEING	3 - MINIMUM CUEING
<p>The participant(s) can reflect only on their performance during the simulation but cannot analyze, synthesize, and apply lessons learned to other clients. Participant(s) cannot provide differential diagnoses when multiple simulations are discussed.</p> <p><b>Examples of support:</b></p> <ul style="list-style-type: none"><li>◇ Grouping simulations together and debriefing at the same time to allow participant(s) to compare and contrast</li><li>◇ Showing clinical examples during debrief for participant(s) to discuss</li></ul>	<p>The participant(s) require(s) significant support from the debriefer to analyze, synthesize, and apply lessons learned from other clients. Participant(s) require significant support to provide differential diagnoses when multiple simulations are discussed.</p>	<p>The participant(s) analyze, synthesize, and apply lessons learned to other clients independently. Participant(s) can provide differential diagnoses when multiple simulations are discussed.</p>

### Question-Level Analysis Score Summary

FACTS	INTERPRETATION	REFLECTION	EXPANSION	TOTAL
				/12

## Participation & Engagement Analysis

### Participation

Select the number that best describes the level of participation.

#### 1 - MINIMAL PARTICIPATION

Direct questions required the majority of the time from the debriefer. The participant(s) are not initiating discussion.

#### 2 - MODERATE PARTICIPATION

Direct questions required some of the time from the debriefer. The participant(s) initiate discussion some of the time.

#### 3 - MAXIMUM PARTICIPATION

Direct questions rarely required from the debriefer. The participant(s) initiate the discussion.

### Engagement

Select the number that best describes the level of engagement.

#### 1 - MINIMAL QUALITY OF ENGAGEMENT

Discussion comments are misinformed or inaccurate. Comments are centered around opinion and lack appropriate terminology.

#### 2 - MODERATE QUALITY OF ENGAGEMENT

Discussion comments are sometimes insightful. Comments are occasionally formulated in a professional manner.

#### 3 - MAXIMUM QUALITY OF ENGAGEMENT

Discussion comments are insightful and formulated in a professional manner. Appropriate terminology is used. Comments are based on impressions and outcomes rather than personal opinions.

## Participation & Engagement Analysis Score Summary

### PARTICIPATION

### ENGAGEMENT

### TOTAL

/6

## FIRE Score Summary

### QUESTION-LEVEL ANALYSIS

### PARTICIPATION & ENGAGEMENT ANALYSIS

### TOTAL FIRE RATING

/18

### Comments from the debriefer

List any knowledge gaps noted that you want to discuss next session or communicate to academic faculty.

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Simulations Debriefed: \_\_\_\_\_

### Accuracy, Consistency, & Clinical Judgement

Select the number that best describes the participant's level of accuracy and clinical judgment.

#### 1 - DOES NOT MEET EXPECTATIONS

The participant is inaccurate, inconsistent, and/or does not exercise good clinical judgment. The participant does not seek supervisory guidance when needed and cannot answer debrief questions.

#### 2 - MEETS EXPECTATIONS

The participant is accurate, consistent, and exercises good clinical judgment most of the time. The participant seeks guidance when needed and can answer a majority of the debrief questions.

#### 3 - EXCEEDS EXPECTATIONS

The participant is accurate, consistent, and exercises good clinical judgment without support. The participant can answer all of the debrief questions.

### Participation

Select the number that best describes the student's level of participation.

#### 1 - MINIMAL PARTICIPATION

Direct questions required the majority of the time from the debriefer. The participant is not initiating discussion.

#### 2 - MODERATE PARTICIPATION

Direct questions required some of the time from the debriefer. The participant initiates discussion some of the time.

#### 3 - MAXIMUM PARTICIPATION

Direct questions rarely required from the debriefer. The participant initiates the discussion.

### Engagement

Select the number that best describes the participant's level of engagement.

#### 1 - MINIMAL QUALITY OF ENGAGEMENT

Discussion comments are misinformed or inaccurate. Comments are centered around opinion and lack appropriate terminology.

#### 2 - MODERATE QUALITY OF ENGAGEMENT

Discussion comments are sometimes insightful. Comments are occasionally formulated in a professional manner.

#### 3 - MAXIMUM QUALITY OF ENGAGEMENT

Discussion comments are insightful and formulated in a professional manner. Appropriate terminology is used. Comments are based on impressions and outcomes rather than personal opinions.

### Score Summary

ACCURACY & JUDGMENT

PARTICIPATION

ENGAGEMENT

TOTAL INDIVIDUAL RATING

/9

### Comments from the debriefer

List any knowledge gaps noted that you want to discuss next session or communicate to academic faculty.