PRECEPTOR SERIES:

Into the Looking Glass: How to Facilitate Reflection and Debriefing During Experiential Rotations

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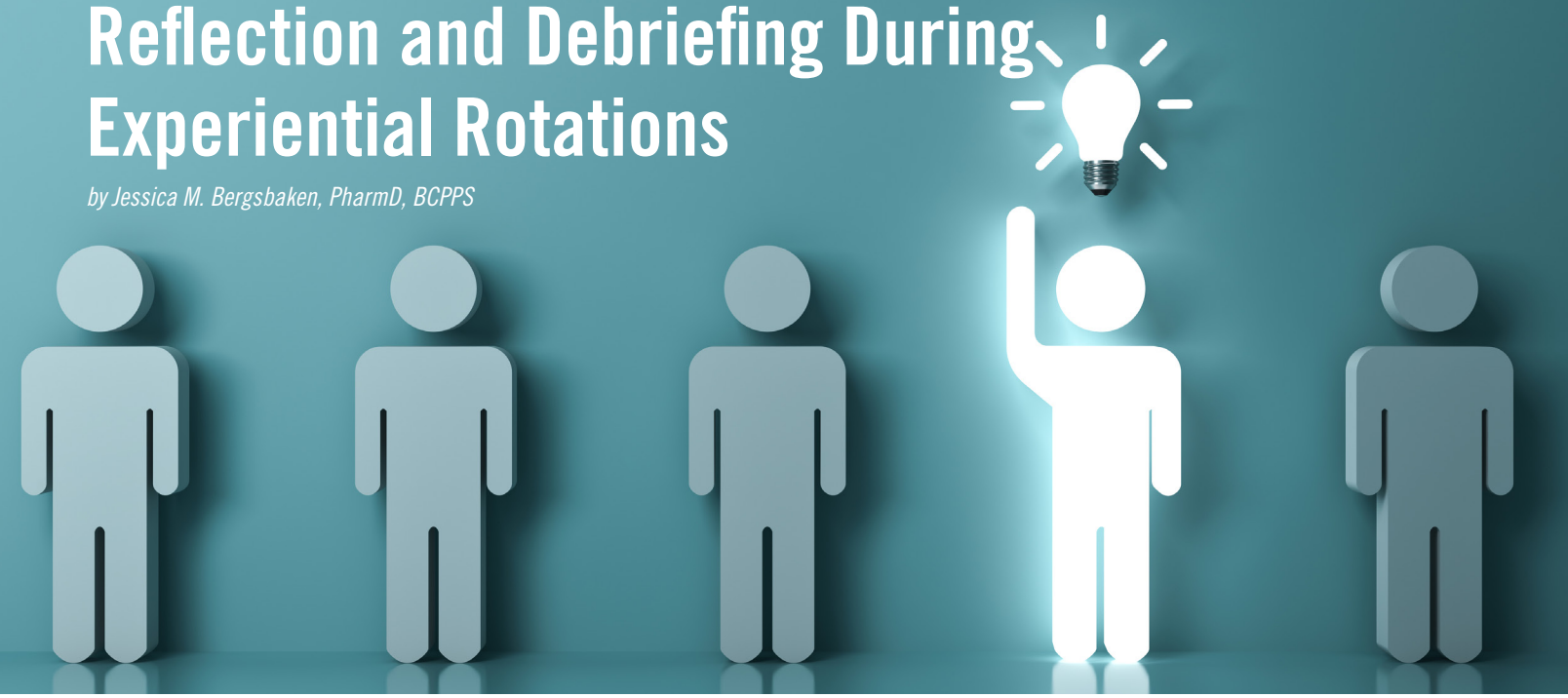

Take a minute to think back to the most recent learner you precepted. What aspects of the learner's experience went well? What areas could have been improved? What might you do differently with your next learner after this past experience? Congratulations! You have just completed a mini reflection and debriefing! Reflection and debriefing are valuable skills not only for you as a preceptor but also for your learners.

One of the main goals for preceptors is to help bridge the gap from didactic education to residency to pharmacy practice. Learners' success is dependent on the ability to make the transition to practical application.[1,2] Methods that can aid in facilitating this connection include reflection and debriefing. These strategies can be easily incorporated into rotation experiences with focused attention.

Reflection and Debriefing

Critical reflection involves intense assessment and review of an experience. Reflection can render meaning to an experience, which is an important step in the creation of deeper learning.[1] Additionally, reflection can teach learners how to view clinical situations from different viewpoints to gain insight and perspective.[2]

Debriefing takes reflection one step further. Debriefing, a concept originated for use by military troops, is a factual review of events and the participants' reactions to those events. It allows the opportunity for participants to assess what occurred and draw lessons to apply to future situations.[3] Debriefing is used not only in the military but in various other settings— business, sports, healthcare—and can be a very useful tool with pharmacy students and residents. In the experiential rotation setting, debriefing allows the learner and preceptor to talk about what went well, what could have gone better, and what adjustments can be made to improve similar situations or experiences.

Learning Models

Reflection and debriefing are important components of several learning models. One such model is the experiential learning model developed by educational theorist David A. Kolb.[4] In the experiential learning model, Kolb theorizes learning occurs in four cyclical phases (Figure 1). Phase one, or concrete experience, is the act of doing or completing an experience. Phase two, or reflective observation, is reviewing and reflecting on the experience. Phase three, or abstract conceptualization, is concluding or learning from the experience. Finally, phase four, or active experimentation, is applying what was learned to future experiences.

Another learning model, developed from theories of philosopher John Dewey, involves similar concepts but is framed more simplistically. This model is a three-stage experimental learning cycle – do, review, plan (Figure 2).[5]

1. Do – complete an experience
2. Review – assess what happened and identify what can be learned from the experience
3. Plan – plan how to apply what was learned from the current experience to future experiences

In both models, reflection is treated as a fundamental part of learning and necessary for deeper learning to occur.

Feedback

Preceptors can apply these learning models with learners and use them in conjunction to provide feedback. The One-minute Preceptor feedback technique pairs well with such models. In the one-minute preceptor, five steps occur:[6]

1. Get a commitment – ask the learner for his or her thoughts on the clinical situation
2. Probe for supporting evidence – ask the learner for what evidence supports his or her position
3. Reinforce what was well done – provide feedback to the learner
4. Give guidance about errors and omissions – provide feedback on what was missed
5. Teach a general principle – highlight key concepts the learner should leave with after the experience and to use in future situations

The Pendleton Four-Step Model is another method of delivering constructive feedback and can be applied in a similar fashion:[7]

- Step 1: the learner is asked to state what is good about his or her performance
- Step 2: the preceptor states areas of agreement and elaborates on good performance
- Step 3: the learner states what area of performance was poor or could be improved
- Step 4: the preceptor states what he or she has observed that could be improved

Routine use of reflection and debriefing through these techniques teaches learners how to self-identify strengths and areas for improvement. By learning to self-identify areas needing improvement, learners become primed to self-assess and contemplate how they can improve on future experiences. This self-identification can make it easier for the preceptor to give constructive feedback when the learner is actively discussing how he or she can improve through the debriefing process. In doing so, the learner may maintain a more open mindset to constructive criticism. Additionally, learners may bring up items themselves that the preceptor had planned to provide feedback. Learners tend to be more receptive as the feedback is a

FIGURE 1. Kolb's Learning Model[4]

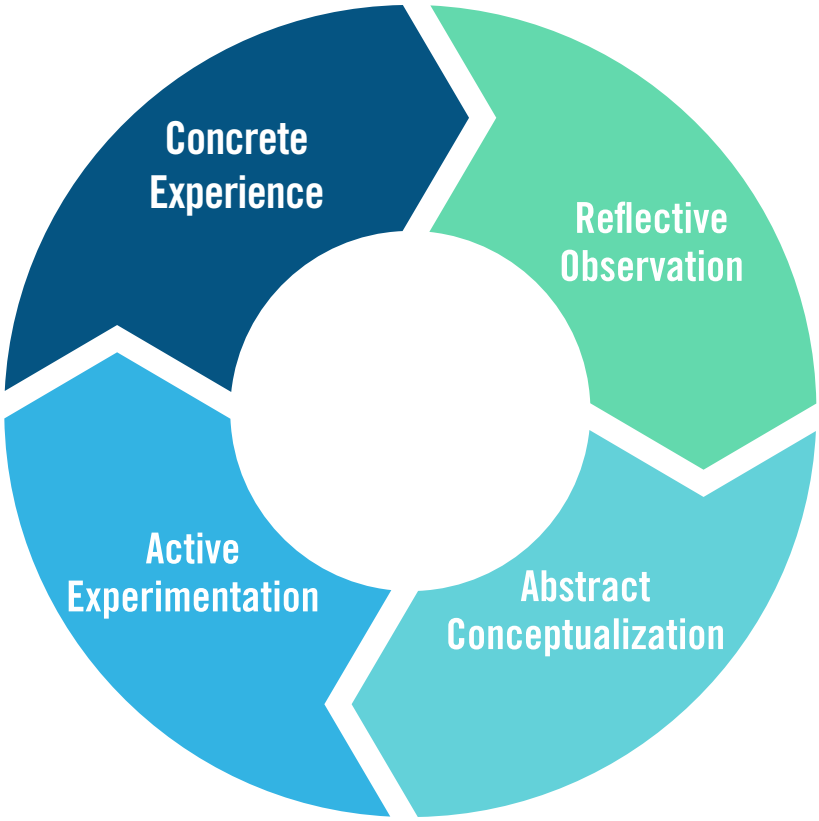

FIGURE 2. Three-Stage Experiential Learning Cycle[5]

shared discussion.[8] Furthermore, learners may be more likely to change behaviors if they've identified areas themselves and is supported by preceptor feedback. This helps learners assume responsibility for their own actions and behaviors for future improvement. Overall, these methods can help facilitate providing feedback in a more conversational, nonconfrontational way.[9]

Preceptors can also use reflection and debriefing to gauge the skill level of a learner. Self-awareness and emotional intelligence can be assessed based on the depth and quality of responses. This process can serve in a manner to adapt a preceptor's role to meet the needs of an individual learner. The role the preceptor will need to play for the individual learner—instructor, model, coach, or facilitator—can be determined through this reflection and debriefing.

Application to Experiential Settings

There are endless opportunities for the application of reflection and debriefing in pharmacy practice experience settings. For example, this process may occur with provider interactions, admission histories, discharge counseling, presentations, and journal clubs. Additionally, reflection and debriefing from a more global viewpoint may occur at the end of each day, end of each week through "Feedback Fridays", midpoint evaluations, or final rotation evaluations.

Most of these reflections and debriefings typically occur after an experience. However, sometimes it may be helpful for the preceptor to provide an identified, directed goal for a learner to focus on prior to completing an experience. For example, if a student is struggling with the flow of conducting a medication history, the preceptor and student can discuss ways to improve flow prior to the student completing the history. After the experience, reflection and debriefing can focus primarily on the flow and less emphasis on other behaviors of that experience. This can be especially helpful with pharmacy students where behaviors and skills, rather than clinical content, may be the focus as their knowledge-base is still being developed. In these situations, directing the learner to focus on a few key components rather than the entirety of the experience can make the reflection more meaningful. Once mastery of the directed skills have occurred, subsequent skills can become the focus of future reflections.

The length and depth of reflections and debriefings can vary depending on time constraints and needs of the learner. Debriefing sessions can be as quick as a few minutes, such as while on rounds after a preceptor observed a learner's encounter with a challenging physician, to more a in depth and lengthy debriefing, such as after completing an in-service presentation. The beauty of reflection and debriefing is any experience can be critiqued and dissected to enhance critical thinking and self-awareness.

Importance of Reflection and Debriefing

There are significant benefits of using reflection and debriefing to augment pharmacy student and resident rotations. As stated earlier, reflection in the experiential setting can help bridge didactic education with real practice.[1,2] Reflecting and debriefing after an event can put the experience into context and can give further meaning to the experience. It can also enhance learners' critical thinking skills as it requires them to critique their behaviors and knowledge-base and assess the resulting outcomes. Competent, self-directed, lifelong learning can result through self-reflection.[1] Debriefing can allow the preceptor to capitalize on teachable moments and provide timely feedback. Additionally, reflection is helpful not only for learners, but also for preceptors. Self-reflection by preceptors of their own precepting and clinical practice can aid in further professional development.

Conclusion

The fundamental goal of preceptors is to set learners up for success upon completion of their training. Preceptors have the unique opportunity and responsibility to facilitate the bridge from classroom to real-life practice. Reflection and debriefing can help aid in that bridge and lead to successful pharmacy practitioners and life-long learners.

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Disclosures: The authors declare no real or potential conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria.

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