**The Importance of Debriefs in Simulations   
April 16, 2020**

**Carol Dudding  
Mark DeRuiter**

Mark DeRuiter

Hello and welcome to another video podcast from the Council of Academic Programs in Communication Sciences and Disorders. My name is Mark DeRuiter and I serve as the Vice President for Professional Development with the Council. You may have heard our first video podcast regarding simulations with Dr. Carol Dudding who's at James Madison University where she works as a Professor in the Department of Communication Sciences and Disorders.

Today Carol's back with us for a second session regarding simulation debriefs. It's very exciting to think more deeply about simulation in a very challenging time for all of us.

Carol, it would be great to hear from you today about simulation debrief. I know we can get into a high level, as well as a really deep level with this, and I know the membership are likely looking for little bits of both. And I think that's what you've got planned for us. I'm looking at this graphic today and I am seeing a sandwich. So, I'm really curious to learn from you where our conversation is going today.

Carol Dudding

Okay. Well great. Hi Mark. It's great to be back with you again.

And then to be sharing this information as you mentioned a very challenging time, but we can rest assure that we have the foundational knowledge and skills in order to be able to do not only just survive this time but also to thrive in this time. So yeah. So, you asked me about the sandwich.

So, for me the sandwich is a reminder about the three essential parts of a simulation experience. No matter what form we're talking about. So, in the last podcast together I talked about the three parts being the pre-brief, the simulation itself, and then the debrief. So, we're going to focus on the debrief today, but it's also important that we always mention those three (those three) pieces. So, there is the sandwich. Hopefully that rings true for a few people. Let's take a look.

Mark DeRuiter

Got it. Alright.

Carol Dudding

So, mentioning one of those layers is the prebrief and not going to talk a lot about this, but we don't want to ignore it certainly. And at the pre brief meeting we're going to cover with our student learners both the treatment plans the assessment. What are we going to do from the clinical aspects? And this is very much what we do anyway already with our students before they have a therapy session and or diagnostic session. We go over what test are they going to use? What are their treatment approaches? How they going to collect data, etc., etc.

Carol Dudding

So, the pre-brief for a simulation is going to contain those things. But in addition, (we're going to need to be able) we're going to need to add some additional information and discuss with our student learners and those would be some… some information regarding the logistics again, depending on what modality were using for our simulation.

Carol Dudding

It might be how do you login or where's the simulation lab or what kind of mannequins are using or task trainers.

Carol Dudding

And so again, we're going to go over this with the students: what the expectations are for their both during the simulation and after; whether they'll be a facilitator in the room with them; whether someone's going to be observing them live or if the feedback will come after the session. All these things will have to be noted and shared with the student learner before the simulation experience. And so there (if you just) if you Google Healthcare simulation pre-brief you'll get a fair number of resources. But this was one under this healthysimulation.com that I thought was pretty easy read and someone wanted to get started with. Okay, and so we're not going to address the simulation today, but we are going to then move to the debrief.

Mark DeRuiter

So Carol if I can jump in with a question here, so it really resonates with me what you're saying that some of this is what happens whether this is an actual patient encounter or whether it is going to be some form of simulation. So, from a time perspective that actually may be very similar. Am I missing something there?

Carol Dudding

No, actually an in fact, I'm going to share with you today the process that we use at my institution at JMU and we've been using computer-based simulations for a few years now (and even when we) and what we found is universally that clinical educators have actually adopted some of these procedures that will put into place for use with simulations into their standard face-to-face clinical practice with our students.

Carol Dudding

Some examples. The pre-brief they always did but there but they include more in the meeting before the therapy session than they used to because of their experience with the pre-brief from simulation. And most lately, they've altered how they do their standard debrief (after this) after the session. So again, that's when I mean we have the foundation Mark. We really do have the foundation to be more than successful with this.

Mark DeRuiter

Great. Thanks for that. I appreciate it.

Carol Dudding

Okay, so as I've mentioned before and in the earlier podcast debriefing by many by most is considered the heart and soul of any simulation experiences. There's a number of research, both within our field and outside of our field suggesting that the true learning is occurring in the part of this debriefing, so we want to give it its due attention.

Carol Dudding

So again, as the slide suggests debriefing is meant to bring meaning. It's most importantly focused on reflection, self-discovery, and self-analysis of the (learner about the) student learner. So, this isn't so much about their performance but more about the performER. Like how did they behave? How did they interact? How did they respond to different situations? So, we're going to take a look at what this might look like. But this is again (the what) what most experts agree would be the real key points for debriefing.

Carol Dudding

So, I've shared this before but again don't have to take my word for it regarding the importance of debriefing in clinical simulation.

Oh, just that reminds me. Just a word. Just a mention on the vocabulary and terminology used. So, you'll see simulation described as clinical simulation or healthcare simulation.

So those terms are used pretty interchangeably, if you're doing your own searches. But as I mentioned again, their evidence shows as evidence. And experience and research shows that the semi did a debrief is part of the simulation is really where people find the most learning occurs in. And also, the students are very receptive and have very positive perspectives towards the simulation experience.

Carol Dudding

All right, so thinking about the debriefing that you're getting ready to do with let's say your students after the simulation has occurred and planning for that. We want to keep in mind that the skills that are going to be necessary is that you are a skilled facilitator, and we'll talk about this later.

So being a facilitator and debriefing. Some very basic skills that we're going to cover but there's also more advanced skills.

And actually there are courses and workshops dedicated to becoming a deep certified debriefer, but we're going to touch on the really the basic in the highlights. And to be as the slide suggests – to be a real effective facilitator for debriefing, the student should do most of the talking. And Mark don't you think that's true for many of our clinical consultations that we have with our students

Mark DeRuiter

I was just thinking that as I looked at this graphic here. Absolutely we want to have our students do the talking because it's really the way we get our cross check on what we know they know. And an additional thing that resonated for me here Carol was the fact that sometimes I'll hear well students say they like simulation, but simulation maybe isn't learning. Just because you like something, right, doesn't mean you're actually learning? And so what I'm gathering from you here is the power of this debriefing and those the skill required in debriefing is so critical and really where we're going to determine the arc of that learning within a given encounter.

Carol Dudding

Yeah, and that was a perfect setup Mark. And you know, you probably can anticipate what I'm going to say. Simulation, like a lot of the learning techniques that we have, (is that) is that; it's a tool and a learning technique, and it's up to us to use it effectively as to its fullest potential.

Carol Dudding

So yeah, I have to agree with you on that as well again. You know, we have to have the buy-in from (the student from the In) the students and the buy-in in some cases isn't necessarily that they like the simulations or don't like the simulations, but they understand that the buy in about the debriefing that is they're being heard and this is serious and it is valued and there's opportunity to learn and that's what we talk about.

When we say have to have buy-in from the participants within the debrief, open and safe communication, and this is really important for any kind of clinical supervisor relationship. Right we know that. We've known that from many of the work in our field over the years with from Liz McCray and Judy Brasier or so. Again, we're just bringing these things to a different form in a different in a different technology. And ideally, we want that the debriefing to be timely so that the student can take the opportunity for learning. It's kind of hard to talk deeply about something that happened. Well depends how it depends who you are for me.

Carol Dudding

It's hard for me to remember things that happened. Talk deeply about things that and yesterday but again you want to be able to in a time that works for you and makes sense for the process. But you want to be rather timely in the debriefing. You don't want to put it off for a week or two or things like that.

Mark DeRuiter

I think that's another great point especially during Covid-19. I'm certainly experiencing it myself, and I hear it from others that time moves quickly. People are prone to forget things quickly. And so, I can see how this timely debriefing is very crucial in this time period.

Carol Dudding

We will revisit that idea when we come back to some of the specifics and just a little bit.

Okay, so I'm sharing with you now how we institute the use of simple case of computer-based simulations and we use other simulations as well. But computer-based simulations at the James Madison University in our graduate program with our speech language pathologist. So, we have them. So again, this is just focusing on the debrief. But after the simulation is completed, we have the students having assigned time to meet with their clinical supervisor or their clinical educator.

And we do that in small groups of two or three so that thinking about time and how much time this is going to require Mark. That's something that our clinical educator said they needed to do. So, they do the pre-brief and the debrief with small groups of students who are assigned to the same simulation. So, this doesn't have to be one on one. We can again do those aspects together. We were looking at. We were looking at some outcome data so data. And so we were recording the debriefs because and we did fidelity checks on our clinical educators under usual circumstances. I wouldn't have done that. But you know what, as it turns out there was a lot of variability among between the clinical educators and how they conducted a debrief even though everyone was trained the same. So, this might be something for people who are considering a longer, you know to use simulations at a more intermediate and long-term to really think about doing fidelity checks with their facility with their clinical educators is debriefers.

They were really good learning opportunities when we sat down as a group and watched ourselves and kind of were able to can give each other feedback so that we were kind of debriefing the debrief. How meta is that?

Mark DeRuiter

Very meta and sounds like a really interesting area for further research in our discipline.

Carol Dudding

Yeah, absolutely. And then and then to think our debriefs lasted 30 minutes again with a small group of students and we would do the usual right, review test results and findings. What did you find? What was what's your impression? Do you have recommendation in your goals?

We actually require them to bring first draft of a diagnostic report. Yes, after they did the online simulation. They had to write a diagnostic report. That was one of the things that we required of that that we still do require them.

They have to write the report and the same way they would have if it had been a live, excuse me a live patient. And then within that debrief and we didn't necessarily divide it up 15 minutes and then oops we gotta switch, but this was definitely part of it. And then we had the reflective portion. And this is again, we wanted to make sure this was included and even in the small group that students had the every student was required and requested of them to share their self-reflection and self-assessment. The students knew ahead of time what the questions were going to be and actually our students write a written self-reflection as part prior to the debrief.

So we have that as well, but again, that was just something we felt was going to be really important to do. I just have a wonderful group of clinical educators, like many of us, like most of us, if not all of you do and so this was this was a really inclusive process. But yes, and then we spend again about 15 minutes asking them different types of different reflective questions. And as I mentioned in at our University, our students are required to write a reflective soap note, so it's similar to the soap note that they might do for clinical session but it's reflective. They have to we have specific prompts for them.

Mark DeRuiter

A great way to blend in elements of reflective practice there even in the simulation experience. At least that's how I'm interpreting it and shaping what that future clinician’s role might be as they think about their own development later in their career. I see that word small group in all caps, and I maybe you'll have more to say about this. I'm just curious if you have advice. perhaps when a group size is too big or you know, just what you've experienced there.

Carol Dudding

Yeah, and I put that in there, and that was a recent add I think. I just added that yesterday evening and that was because in talking with people and getting some feedback… on how folks I'm very interested in how people are doing with their simulation experiences. And one of the concerns was that it takes so much time to do this to debrief with the students.

But again, we have two to three students in our in our group. So, we have two to three students there again doing involved in the same simulation, but they do their pre-brief and their debrief. And as part of the debrief, they're also encouraged to reflect off of what the other person has said. There are other clinician. The other clinician is said and to learn from that. So, you said it's a very reflective, but it's not it's not just the clinical educator.

It's not that kind of to you know one way street and actually if you go back to the earlier slide about what makes an effective facilitator, it is that having it be student centered. So, if you bring the students into it and let them know what the expectations are for their participation and their reflection it takes everybody a while to get used to this including the clinical educators.

But as I said, oh with time it just became really natural, and it's very much what our clinical educators continue. And whether it's a simulation experience with students or a live client.

Mark DeRuiter

Thanks for that advice.

Carol Dudding

Yeah. Yeah, and I'm glad you're seeing the parallels to some of the other best practices we know is clinical educators. That was my hope that I that I could highlight that sure. Yeah.

Mark DeRuiter

Absolutely. Let's hear more. All right.

Carol Dudding

Well, actually let's let some these are the questions that we add that we use again at our shop but this meant to give you an example Mark.

Let's get you involved on this. If I if I could I'm going to ask you to role play the part of a student clinician and let's say we just completed our simulation. You've completed your simulation online and we're meeting virtually and for this case. Let's just say it's just the two of us and I'm asking and I'm going to add start to ask you these questions as part of our debrief. Y'all set you up for that.

Mark DeRuiter

Sure. Let's try it.

Carol Dudding

Okay, so Mark, how did it go?

Mark DeRuiter

It was pretty interesting what I found really hard with this though was to just pay attention the whole time to the whole simulation. So, it was just difficult and maybe with observing a real exchange. I might do better. I'm not sure.

Carol Dudding

Okay. Yeah, and so what I hear you saying Mark is that this format was different for you and new for you and I certainly can appreciate. But as far as your clinical decision making the and so forth as part of the simulation you were it was required that you select read the case study and then select some tests. How do you think you did in that with that clinical skill?

Mark DeRuiter

Yeah, there were some things I learned. I had made some assumptions about the case just looking at the background history. And so, what I thought I might want to use as soon as I learned more from the simulated patient about their experience and what was happening for them. I did see that there were some assessments that I probably didn't need to do.

Carol Dudding

Yeah, well good. Well tell me more about that. So okay, that's it. We’ll just kind of end it there, but thanks Mark.

Yeah, so the idea is that you get practice in this and you use your good counseling techniques and interviewing techniques, etc. and really help the student to really be focused on their performance and more so than what they're feeling like, we've all had this right.

Student comes in after whether it's a live session or a simulated session and you say, “How did it go?” And they say, “Good. Fine. It was okay.” And then it's our job to prompt them for more. So that's what we're talking about. Another question that we ask our students as part of the debriefing is, “What did you do well?”

Again, initially there's a lot of discussion about the technology and what didn't work and what didn't like. Mark expressed what didn't quite feel right, but then after a time everyone kind of gets into it and after your second or third debrief together, everyone knows what the objectives are. Then we talk about again. What kind of things might you do better? This next question how might you change the session from the way it was presented.

My clinical one of my clinical Educators. I asked them to look over this the other day and she said oh you have to put that one in. And she's right, because this is a great. This is something that we all face with all of our simulations no matter what the technology happens to be or the format is. We don't always agree with the way the simulation was scripted or which tests were scored as correct or incorrect in the question is well, what do I do? We have this just last week our Audiology faculty were using one of the using an online Simucase. They were not in agreement and she asked me what do I say?

Carol Dudding

I'm not that. She wasn't necessarily in agreement with the tests that were used for that client and but that becomes a learning opportunity doesn't it. That so, that's an opportunity to discuss with the students -- how what their feeling was, what the options were. And even you as the expert could [use] this is an opportunity for clinical decision-making and share why you would not agree with that outcome or why you would not agree with a particular intervention.

So that was something again that my educators felt strongly that I needed to share with all of you. So, thanks Marcia and Linda for that one.

Mark DeRuiter

I really agree. I hear that from colleagues when they look at things that are either, you know what I call pre-baked or commercially available. Well, I don't agree with all the pieces all the things that went on. And so, I don't know if I want to use it versus flipping that into the learning opportunity.

Carol Dudding

And that's where if you would elect not to use the debrief, which would in my view, is not a good decision. That's where you would miss that right. And that's where those differences would then become problems and issues and points of confusion for the student. Yet, you're flipping it and you now, you have an opportunity to share your clinical decision-making and increase and to help them develop there’s. You know.

When I have these nerdy, geeky, intellectual talks with other people who are interested in simulations, one of the things many of us will agree upon is what simulation does really well is to support the development of clinical decision making in our students. So, this is your, this is where that happens folks.

Mark DeRuiter

Absolutely.

Carol Dudding

Then the all-important question is how are you going to apply this in your future clinical practice? So again, these are just some questions that we developed looking at some of the resources that were out there.

They've been tweaked over the last few years. There don't have to be asking any particular order. And indeed after a certain amount of time, after your second or third debriefing, with the students again, everyone kind of figures this out. So, you don't even sometimes, you don't even need to ask the questions the students can start to do this process on their own, which after all isn't it? Isn't that our real goal? Is that our students start to ask and answer these questions on their own? It doesn't get better than that.

Mark DeRuiter

That's right.

Carol Dudding

Okay, so some challenges that we came across and you might as well. We had a particular clinical educator who's no longer with us and it's not because she didn't like debriefing or simulations. But she didn't have buy-in and what we didn't really know is she was just kind of doing her own thing. And the students felt that, and it was confusing to them. So you again the fidelity check was good for us not as following up on checking on but just kind of make sure we were all on the same page.

And again, you kinda really have to buy into that idea. What your role is as a facilitator or clinical educator in general and that it's not do what I do, but it's more teaching. It's more encouraging and fostering the students own growth. So, if you have a clinical educator with that mindset, I think this debriefing is going to just feel natural to them. Also, the idea that the idea that the simulation is wrong or has wrong information.

We just talked about that. Student learners tend to either overly positive or overly negative. They think everything they did was great, or they don't think anything they did was right. Then when you do get some things like well the simulation it wasn't real or it felt the artificial and that's referred to as fidelity. So, when you get into other types of simulations, like standardized patients or high-end mannequins, those kind of fidelity issues of that it's this wasn't real kind of lessen.

But in what we have many of us have today to work within our current situation, we can see how that is. But then again this is the opportunity for the clinical educator in the debriefing to say, okay. Well maybe not but could you imagine this happening or that happening or this part? What was that again? It becomes the part of our job to facilitate at in their learning.

Students very quickly learn to quote game simulations. So, they're getting feedback especially the computer-based ones. And even the VR are ones that I've been working on the students get feedback.

So they know when they're right or wrong and there might be like a green bar or a circle filling in or something like that or they're getting little badges. And so they approached it as a gaming mentality. And what that looks like in some cases, people have shared with me, what that looks like is students will start a simulation and if there they noticed they're getting it wrong, wrong, wrong, wrong ,wrong. They'll actually stop get out and start over again.

And so really what they're doing is they're just watching that little monitor to they get to the get the best score now. I'm just mentioning that for as you put in your plans and processes to be aware of that and so you might want to have policies for students where they can't do that or you maybe that's okay with you. But you just need to be aware that that's a behavior pattern that our students, because actually the computer-based simulations are truly built on a gaming platforms. And so, they know and they grew up with video games not like pong and Atari like I did but, you know real interactive video games, so they learn pretty quickly how to game. We want to minimize that and maximize the learning, so just I don't have all the answers on that. But just to be aware that that does happen.

Mark DeRuiter

Carol I really think that's so important to consider the that gaming nature. I'm curious when I think this through and perhaps there aren't data but it seems to me that that might pair well with the student who's self-critical and highly perfectionist, so wanting to get through the case. Yeah at a level of a hundred percent.

Carol Dudding

Right. And so, you know, they're in some places their options where you can provide students feedback. The student gets feedback or the student doesn't get feedback or the student gets a grade or student gets to doesn't get a grade and all these factors go in as a as a program as you decide what your policies are on this. Then those things should would be a play an important role and the next time we're together. I'm going to share some of the again some of the lessons that we've learned as far as process and documentation and this will come up again.

Mark DeRuiter

Thanks. Yeah, one more thing here. That's just bubbling up for me is this concept of the simulated environment being quote part of a problem close quote and I think we can also if we step back and just think about it. We also hear that sometimes from students based on clinical environments. Well, this is happening in a school. I don't ever intend to work in a school. So, you know, and it's our job to keep them engaged and do exactly what you're talking about here. Help them to see how these things cross over. So, it's just a thing that's important to remember that. We don't throw something out just because a student may not like it or find it to be a challenging environment.

Carol Dudding

And yeah, this is a great discussion, because it also…where you were saying that it triggered for me – maybe, you know, this is something that we need to include in our pre-brief. You know just be really upfront about what the limitations that you, you know. Identify the limitations of the simulation [in] this learning experience they're going to engage in but highlight for them what the expected learning outcomes will be. So yeah, really good discussion. I hope folks that are listening are writing notes and ideas, and this will generate some discussion with them as well because this is good stuff.

Mark DeRuiter.

Yes, absolutely.

Carol Dudding

Okay, so to the overall (just be want to use open for the) debrief you want to use open-ended questions. You want to be available as facilitator to clarify any fact, concepts, or principles the come up again. If you know the student questions a choice or selection you want to be able to provide them with the evidence demonstrating how your decision making is working.

Peer feedback again. This we don't we want to discourage the idea that this is the clinical educator giving a mini lesson and a little mini feedback on what went on. We want the peer feedback so they can start asking each other and themselves these questions and then importantly answering these questions for themselves which leads to the help learners make their own connections.

And the next and there are many techniques like a lot of the skills that we acquire as educators. We start with some basic foundational skills and then there are opportunities if we wish to develop and build on those skills, and that's the same thing with debriefing as I mentioned before. These are some of the basics that you will find in the literature discuss, but if they're if you are really interested in this (you can become) you can take courses and become an accomplished –quite an accomplished debriefer. And I think there's some certifications for debriefing as well. And you want to do that. You want to.

So thinking about the layering the techniques as well. That an early student, right who's hasn't had many clients yet or hasn't done had many clinical experiences, your kind, your levels of questioning, and your expectations of their ability to self-reflect and think critically is going to be different from your more advanced student. Pulling on that good old clinical educator stuff.

And so, as you have students maybe getting ready to graduate, you're able at that time to offer them to just have a higher level of reflection and integration of information. So that goes back to that Anderson model that we have for supervision.

Mark DeRuiter

Great point too, as we've been talking about simulation in my environment. Of course, there's that natural tendency to want in this pandemic environment to want to double up. Create as many efficiencies as you can within your groups. And I think there are some ways to especially when I look at this block of encouraging peer feedback. There could be some ways to have more advanced and less Advanced students. It's just a matter of the person running that simulation being very, very mindful and thoughtful about how it how it moves forward.

Carol Dudding

Yeah, absolutely agree with that. Yeah. Yeah. Absolutely. Excellent point.

And I think where you were talking about what you just mentioned Mark is a difference between doing it okay, and then doing this (at in a very in a very) in an excellent way. So those are really good things (writing) figure things out.

Carol Dudding

So again, this is just kind of to show you the idea that. And below the line are the student behaviors and above the line are meant to be the debriefing behaviors. But essentially the idea that we just talked about that there's a continuum of support and expectations for the students. And as you mentioned, you know at the down on the left end at the beginning stages, we might just it might be best to just have one debriefer and one student present and then as we can kind of move it up and get the peer feedback is kind of in the middle. So, we want to scaffold that for them as well.

Carol Dudding

These are the last couple of slides …are just a few tips. A lot of it we've kind of gone over before. I know the PowerPoint will be available. (in certainly) You can rewind and look at these if you'd like to.

Carol Dudding

Mark. Was there anything on there you thought I need to comment on? Like I feel like we've talked a lot of….

Mark DeRuiter

We have and I think really the one that that pops out as the theme for today is encouraging learners to discover their own answers and we're all helpers. And so, I think we're inclined to give answers. Right? So, it's letting students talk through and wrestle with some of those questions. Perhaps right in front of us.

Carol Dudding

Yep. You're right.

Carol Dudding

And again the like you just mentioned (is as again). The other side of that coin is that we have to really monitor our own behaviors and we don't want to assume that the you know. The role we’re most comfortable and as that as being the expert or the one with more at least more clinical experience than they are and we have to be just really monitor own behaviors that way.

Mark DeRuiter

We absolutely do and this this last bullet here about using silence. How many times have we heard it, that we need to wait and yet we like to fill the space with conversation. And really encouraging ourselves, and I what I'm hearing from you today Carol with thinking about setting the stage for this and setting the objectives may be saying this right up front – just hey there will be periods of silence while you are thinking and processing and that that's okay. That's what we're going to do might help the student feel more comfortable. If simulation is new to all of you.

Carol Dudding

Yeah, excellent. Really, excellent.

Okay, this is not an inclusive list, but I'm just going to want to include this. There are a number of debriefing models for healthcare simulations out there that you can that you can look at. One’s called the 3D model pearls. I know have colleagues who use pearls and again, this is in our CAPCSD e-book. It's discussion about this at our University in our Clinic. Our nursing simulation Lab, as well as, my colleague, Erin Clinard, they like to use debriefing with good judgment. And so that's another just again. This is not inclusive. It's just a place to get you started and to let you know that again. This is you know, (as an as) a learning tool. There is evidence and best practice to this, so we can move forward with that with that level of confidence.

And as I mentioned to go ahead and Mark. I hope you guys you all are going to be getting into simulation shortly and that this information about the debrief is going to help you, is going to really help you. But it sounds like certainly the mindset is there, and I just really feel like people are at large are going to be really successful. Sharing these resources that are on the CAPCSD website and I've shared in the earlier, but these are two go to. We, CAPCSD has an eBook from last March –Communication Sciences and Disorders Best Practices in Healthcare Simulations. Who knew and then another great resource.

So, the INACSL from our colleagues and nursing and these are very user-friendly written with very actionable suggestions and recommendations and tools

Mark DeRuiter

Thanks for these resources Carol. I'm just chuckling thinking maybe we should add who knew, indeed, who did know.

Carol Ddduing

Not us. Never could have imagined this. I guarantee you that, but we again, (I read). The author's for the e-book. We've been chatting and we're all sharing our hopes that and willingness to share information, so that people see the benefits and can repin. The students can reap the benefits that are available to us through this particular learning tool.

Carol Dudding

I want to thank the clinical educators that I work with because they really do the work of this and they've really tweaked things as to meet the needs of the students. I've read many of the articles. They've done the work and really made it work in effect, and they're so gracious and they're sharing. So, I want to thank the clinical educators at JMU but all clinical educators as we continue to dedicate ourselves to student learning

Mark DeRuiter

And wow what a great way to wrap up to think about this and this current context.

We are a team and we are all working together and pushing for great solutions together now more than ever, and so as we work together we can see how we can innovate right and really develop ways to educate students that may stick from this point forward and beyond; simply because we're nudged there and we're nudged in a space that makes us perhaps a little uncomfortable today.

But we can find those great things if we just do it, right. So, appreciate this Carol. I know the membership appreciates it as well any final thoughts before I sign us off.

Carol Dudding

No and I do, it is my hope that sharing this information just helps people to be confident and to realize that that we can do this. We have all that it takes to do this and to do this better than just okay. That this is you know, as you mentioned this could be something that's going to benefit us as clinical educators and our students as you know, when this when this is all over and we're looking at how best to serve those clinical needs. So just go and go for it. Lots of resources out there. Keep talking. Appreciate everyone's time.

Mark DeRuiter

And we appreciate your time Dr. Dudding on behalf of the Council of Academic Programs in Communication Sciences and Disorders will wrap up this video podcast today on simulation. You've heard us talk about resources available to you on the CAPCSD website.

There are many things and there are a growing number of things that we’re putting out on our website at CAPCSD.org Another area that I'll point you to –our CAPCSD conversations. The CAPCSD conversations are an opportunity for you to engage in threaded discussions with your national colleagues. And so, make sure to check your own individual CAPCSD account and set yoursetlf up for areas of interest where you'd like to either learn more or participate in the conversation. Thank you, Dr. Dudding and we wish you all well and we look forward to another.

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