
Debrief While It's Hot

TAAAC-EM Educational Workshop
Sept. 18th, 2020

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Global Health
Emergency Medicine

This session will be recorded

- ❑ We are recording this Zoom session so that it can be watched again at your convenience, and so that we can share it with your colleagues who were not able to join us today.
- ❑ If you would prefer that this recording **not** be shared with your EM colleagues, please email amcknight@ghem.ca within 24 hours of the session.
- ❑ We will share the presentation slides and other materials (journal articles, etc.) by email; you will have access to all materials regardless of whether the recording is shared.



Please also note:

- The information in this presentation and the video recording is up to date as of the date it was recorded (September 18, 2020)
- It has not been updated to include any subsequent advances in practice, and the information presented in this video does not replace hospital, health centre, or governmental guidelines.



Disclaimer

We have no financial incentives or conflicts of interest to disclose.

This workshop is currently being used for in a study by Dr. Dharamsi and Dr. Bhatnagar to identify the impact of the workshop on debrief frequency and comfort in the ED. Today's session is not being used for any research purposes.



Objectives

1. Discuss **debriefing** and its benefits
2. Briefly discuss **methods of debriefing**
3. Define a **hot debrief** and its components
4. **Practice** hot debriefing as a group





"Dawn L. ..."



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Debrief (*noun, verb*): A collaborative discussion of the events that have transpired. Incorporating each members' perspective, experience, and thoughts. Providing an opportunity for self-reflection.



Evidence for Debriefing

1. To analyse the event to **improve future performances**
 - Departmental processes, equipment, effectiveness of treatment strategies
2. To provide a form of **feedback** which is critical to learning
 - Communication, procedures
3. To check-in on team members' **well being**
 - High rates of stress and dissatisfaction in EM due to acuity and pace → burnout and chronic stress (ex. PTSD)
 - Opportunity to share emotions, normalize stressors



Methods of Debriefing

Cold

Hot



Methods of Debriefing

Cold

Debrief that occurs within days to weeks of the event

Includes members from resuscitation and can also include participants not directly involved in the event

Hot



Methods of Debriefing

Cold

Debrief that occurs within days to weeks of the event

Includes members from resuscitation and can also include participants not directly involved in the event

Hot

Debrief that occurs within minutes to hours of the event

Includes team members from the resuscitation (and others in the department at the time)



Hot Debrief Steps

1. Establish the Framework for the Debrief
2. Basic Assumption
3. Discuss Successes
4. Discuss Challenges
5. Assess Prevention of Incident
6. Consider a Cold Debrief
7. Summary



Step 1: Establish the Framework for the Debrief

- Facilitator- can be anyone (MD, RN, RT, etc)
- Establish **time frame** (i.e., 5-10 minutes)
- Provide opportunity to step away
- Designate a scribe to record formally



Step 1: Establish the Framework for the Debrief

“Thank you everyone for your hard work in this case. I would like to do a hot debrief right now. I know there are many constraints on your time. This debrief will take up to 10 minutes and we will end at _____ <time>. If you have urgent patient care duties, or somewhere else you need to be, please feel free to step away and check in with me later as needed.”



Step 2: Basic Assumption

Establishes a psychologically safe learning environment for participants

“In this debrief, our basic assumption is we are all intelligent, capable and hard-working people who are doing our best for our patients and our colleagues. Together we want to identify ways to improve our resuscitative care.”



Step 3: Discuss Successes

Facilitator will establish what **went well** during the resuscitation and what would the group want to **carry forward**

“What are things that were done well in this case? What would we want to do again in future resuscitations?”



Step 4: Discuss Challenges

Facilitator to establish **areas of improvement** and **difficulties** experienced by members of the team

“Were there challenges with procedures, or equipment?”

Were there delays to therapies?”

Were there any safety concerns like crowding or sharps?”

Was appropriate PPE available and worn?”

How can team leadership be improved?”

What could be improved in future resuscitations?”



Step 5: Assess Prevention of Incident

Facilitator will pose whether this resuscitation **could have been prevented**



Step 6: Consider Cold debrief

Facilitator will ask team if a more in-depth debrief is required for this event, ie. a cold debrief



Step 7: Summary

Facilitator will provide a **closing statement**

- Thank members of team
- Open invitation to contact facilitator privately

“It is now __[end time]__, and we will close this debrief. I would like to thank you all for your work on this case. If you have any concerns, questions, ideas please speak to myself, your manager, or <<person who is responsible for the debrief forms>>”



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Added Tips

1. No one is saying anything (not engaged):

- Open ended questions, delayed debrief, 1:1

2. People say they don't have time:

- Normalize, ask for better time, “listening-only”

3. Visibly upset or emotional participants:

- Normalize, support, 1:1, leadership



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References and Resources

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