

Debriefing in the Emergency Department After Clinical Events: A Practical Guide

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One vital aspect of emergency medicine management is communication after episodes of care to improve future performance through group reflection on the shared experience. This reflective activity in teams is known as debriefing, and despite supportive evidence highlighting its benefits, many practitioners experience barriers to implementing debriefing in the clinical setting. The aim of this article is to review the current evidence supporting postevent debriefing and discuss practical approaches to implementing debriefing in the emergency department. We will address the who, what, when, where, why, and how of debriefing and provide a practical guide for the clinician to facilitate debriefing in the clinical environment. [Ann Emerg Med. 2015;65:690-698.]

A **podcast** for this article is available at www.annemergmed.com.

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CASE STUDY

You are working in the emergency department (ED) and a mother rushes in screaming with her pale child. The child is taken to the resuscitation room, intubated, and transferred to intensive care. Your resident asks whether the team should debrief. You have debriefed in simulation but never after an actual resuscitation. You decide to conduct a debriefing. What does debriefing in the clinical setting entail and where should you and your team begin?

INTRODUCTION

Debriefing is a “facilitated or guided reflection in the cycle of experiential learning.”¹ Debriefing performance in the field was first promoted by military teams, but was soon co-opted by other high-stakes industries such as aviation and more recently medical teams.²⁻⁴ The purpose of debriefing in health care is to facilitate discussion of actions and thought processes, encourage reflection, and ultimately assimilate improved behaviors into practice.⁵

Debriefing is a powerful quality and educational tool that can potentially change team behavior and positively influence patient outcomes. In a meta-analysis of team-based debriefings after clinical events, there was improved effectiveness in teams that debriefed compared with those that did not.⁶ After clinical cardiopulmonary resuscitation events, debriefing programs have demonstrated improved rate of return of spontaneous circulation, neurologic outcomes, hands-off compression times, and time delay to first compression.⁷⁻¹⁰ Accordingly, the 2010 American

Heart Association resuscitation guidelines officially recommend the use of debriefing after resuscitations to improve clinical performance.¹¹

Despite the evidence, debriefing implementation in the ED is variable. Two surveys were conducted that queried ED providers (US pediatric emergency medicine fellows in one; Canadian emergency physicians and nurses in the other) to recall the frequency of debriefing after resuscitation events in their ED environments. The majority of respondents in both surveys indicated that they debriefed after less than or equal to 25% of ED resuscitations.^{12,13} The majority of health care providers recognized the importance of debriefing and desired a structured debriefing program; however, insufficient time, lack of trained facilitators, and lack of a debriefing setting were cited as barriers to implementation.¹²

A practical structure for debriefing after clinical events can capitalize on the rich learning opportunities unique to this often-chaotic environment. In this article, we conduct an ad hoc review of the current evidence supporting team debriefing in the ED and discuss practical approaches to implementing debriefing. We will provide a practical guide for the who, what, when, where, why, and how of debriefing in the ED (Table 1).¹⁴

WHY?

The function of debriefing is to identify areas of optimal and suboptimal performance and then determine ways to improve future team performance. The ultimate focus of debriefing should not be on blaming individuals but on

Table 1. Guide to creating a debriefing program in the ED.

Category	Strategy
Who	<p>Determine the facilitator Internal vs external team member Single vs multiple Trained vs untrained vs scripted guidelines Onsite vs remote</p> <p>Determine the participants Team members with or without external participants Trained vs untrained vs scripted guidelines</p>
What	<p>Decide what events will trigger debriefings Eg, trauma cases, intubations, poor outcomes, cardiac arrests</p>
When	<p>Determine timing Eg, hot (immediate) vs warm (delayed minutes to hours) vs cold (delayed days to weeks)</p> <p>Select criteria for a hybrid approach Eg, patient death with a warm debriefing and follow-up cold debriefing</p>
Where	<p>Select a location to debrief On site in the location where the event occurred On site in a location not where the event occurred Off site (not in the ED)</p>
Why	<p>Determine the objectives for debriefing Eg, improve future performance (individual, team, system), improve specific ED metrics, evaluate environment</p>
How	<p>Create a standardized format for all debriefings Overview of purpose, ground rules, and format</p> <p>Define a debriefing method</p> <p>Consider the use of a debriefing tool or script</p> <p>Consider the use of adjuncts (eg, video, quantitative data)</p>
Postdebriefing	<p>Determine documentation methods to capture debriefing content</p> <p>Determine who will address modifiable issues discussed in debriefings</p> <p>Determine how to close the loop with debriefing participants on actions taken</p> <p>Determine local resources available for staff for psychological distress</p>
Promoting debriefing	<p>Determine your multidisciplinary local debriefing champion(s)</p> <p>Determine a tracking method to track adherence to debriefing triggers</p> <p>Engage ED and hospital leadership to receive their support for debriefing</p> <p>Determine methods to spread debriefing throughout your hospital</p>

taking a look at all available facts and perspectives that will help improve processes and patient outcomes. The quality of future performance can potentially be improved by incorporating a number of quality improvement processes into the debriefing (Table 2).

For individuals and teams, recognizing and understanding the contributions to an error (ie, an abbreviated root-cause analysis) is a vital step toward correcting this behavior.¹⁵ Individuals and teams benefit from the group's reflection on knowledge, attitudes, skills, or teamwork behaviors exhibited

during a clinical event. Identifying barriers or facilitators of performance can provide feedback to administrators from frontline providers on latent safety threats. These administrators can then investigate methods to improve the process-level (eg, trauma protocol) or system-level (eg, restructure scheduling) activities in the ED. Structured debriefing should be distinguished from defusing, whose sole purpose is venting emotions to reduce tension. Debriefing takes the additional step of conceptualizing ways to improve future performance.¹⁶⁻¹⁸

WHAT?

What Clinical Events Should Trigger a Debriefing in the ED?

Simulation-based education typically includes a structured debriefing, with learning objectives based on the nature of the simulation.^{11,19-22} Conversely, in the ED, the nature and timing of critical events are unpredictable, making the trigger for debriefing a complex decision process.¹³ Standardization of which clinical events to debrief can enable team members to anticipate a debriefing, align departmental goals, and increase debriefing frequency.

Selection of the appropriate clinical events to debrief should be driven by local needs and priorities (Table 3). Most current evidence surrounds the high-yield effect of debriefing after cardiac arrest.^{5,7-9} However, other critical events, dysfunctional interpersonal interactions, or even common problems in noncritical patients provide opportunities to debrief for educational and quality improvement purposes. For example, debriefing cases of septic shock could allow team-based reflection on process metrics (eg, time to fluid administration and antibiotics), with the proximate goal of improving guideline compliance and ultimately sepsis outcomes. In a new debriefing program, one should select triggers that occur frequently enough to promote incorporation into the culture of the ED but not so common that it becomes an overwhelming time burden. Most important, events that are debriefed must be relevant to staff. Forming an interprofessional group of stakeholders to help determine the triggers for debriefing can help with buy-in.

What Content Should Be Discussed During a Debriefing to Best Enhance Clinical Care in the Future?

The focus of debriefings should be on individual, team, process, or system issues that, if modified, would benefit the next patient with a similar presentation. Specific content discussed during debriefings can include clinical management (eg, adherence to protocols or standards), technical skills (eg, chest compressions), teamwork, and

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