

Abstract:

Despite proven benefits for team and individual performance, a number of perceived barriers limit clinical post-event debriefings, which impacts health care team functioning and patient care. An overemphasis on debriefing after rare events such as cardiac arrest and major trauma resuscitations necessarily means that debriefings will also occur infrequently as well. Similarly, individual coaching conversations that would help promote trainee skill acquisition are lacking. This situation stands in stark contrast to other experiential learning domains such as health care simulation, which view structured feedback, coaching, and debriefing as integral to its educational practices. Better translation of relevant lessons from health care simulation to clinical settings could enhance workplace learning and drive continuous performance improvements, benefitting both clinicians and patients. This article aims to: (a) broaden the scope of “debriefing” in clinical settings; (b) translate valuable principles and strategies from health care simulation, clinical education, and psychology literatures to clinical post-event debriefings and coaching conversations in pediatric emergency departments; and (c) offer guidance and practical strategies to help busy clinicians implement both clinical event debriefings and coaching conversations in pediatric emergency departments.

Keywords:

health care simulation; debriefing; feedback; coaching; microdebriefing; facilitation; clinical education; team; continuous performance improvement; clinical event debriefing; talk

“Let's Talk About It”: Translating Lessons From Health Care Simulation to Clinical Event Debriefings and Coaching Conversations

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Despite proven benefits for team and individual performance,¹ debriefings that promote learning from clinical practice occur far too infrequently, which impacts health care team functioning and, thus, patient care. Failures to implement debriefing programs are common in busy environments such as emergency departments (EDs), where clinicians often think they do not have time or the skills to debrief, amidst other perceived barriers.^{2,3} This represents an obvious

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debriefings are invaluable, practical challenges often get in the way of good intentions in actual practice. These include difficulties in convening key members of the treatment team, finding time and an appropriate setting to debrief, and lack of skilled facilitators; despite its perceived importance, 90% of surveyed pediatric ED providers in a Canadian study identified significant barriers to debriefing, notably time and ED workload.² Similarly, more than 90% of North American pediatric emergency medicine (PEM) fellows felt ill-prepared to debrief and desire more training.³ Unfortunately, structured post-event debriefings occur infrequently in most clinical settings despite their potential benefits for individual clinicians, health care teams, and patients.

Not only do clinicians hone their clinical skills by talking about and reflecting on their performance in debriefings, through regular participation in debriefings, however, they also *hone their ability to talk about and reflect on their performance and quality of patient care* after real clinical episodes.¹⁹ Better translation of relevant lessons from health care simulation to clinical settings could enhance workplace learning and drive continuous performance improvements, benefitting both clinicians and patients. In this article, we have three aims: (a) to broaden the scope of debriefing in clinical settings; (b) to translate valuable principles and strategies from health care simulation, clinical education, and psychology literature to supplement existing recommendations for clinical post-event debriefings and coaching conversations in pediatric EDs; and (c) to offer guidance and practical strategies to help busy clinicians implement both

paradox given the relative infrequency of critical illness in childhood: pediatric ED teams in particular would stand to benefit from regular clinical debriefings. These barriers also factor into the dearth of performance feedback trainees report; this lack of individual coaching⁴ limits their clinical education. This situation stands in stark contrast to other experiential learning domains such as health care simulation, which view structured feedback, coaching, and debriefing as integral to their educational practices.^{5,6} Simulation-based training helps clinicians refine their individual and team-based clinical skills, particularly related to advanced life support.⁷⁻¹²

The term “debriefing” refers to interactive discussions or conversations after events to explore actions and thought processes, promote reflective learning, and identify strategies to improve future performance.^{9,13} The literature on clinical post-event debriefing emphasizes those discussions that occur *after* major clinical events,^{14,15} such as cardiac arrest, medical/trauma resuscitations, or invasive procedures.¹⁶⁻¹⁸ Although these traditional

clinical event debriefings and coaching conversations in pediatric EDs.

BROADENING THE SCOPE OF DEBRIEFING

Recent work in health care simulation has expanded our view about debriefings in four important ways. The first shift in thinking relates to “what” should trigger a debriefing. Although the clinical debriefing literature emphasizes resuscitations, cardiac arrests, patient death in the ED, and other major events,^{14,15} in simulation-based education, we recognize that many events are amenable to debriefing, even those with successful or less emotionally charged outcomes. Admittedly, debriefing critical incidents, particularly highly stressful and emotional ones related to failed resuscitations and death of a child,¹⁴ require adequate time and an appropriate setting, and may only take place days later due to logistical challenges. Because events of this scale are rare in the pediatric ED, so too are the accompanying debriefings. Much like in health care simulation for which debriefings are routine, we believe that engaging in clinical debriefings for both successful and challenging events, even if they are ad hoc and last only 5 to 10 minutes, is feasible, which recent work supports.¹⁶

The second issue relates to “who” facilitates the debriefing and the debriefer's role. Conventional wisdom in simulation stresses the importance of simulation “instructor” or “educator” training to prepare individuals to debrief; through formal courses and mentoring, debriefers acquire the values, artistry, and skills to moderate effective debriefings.²⁰ Although facilitator- or instructor-led

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