

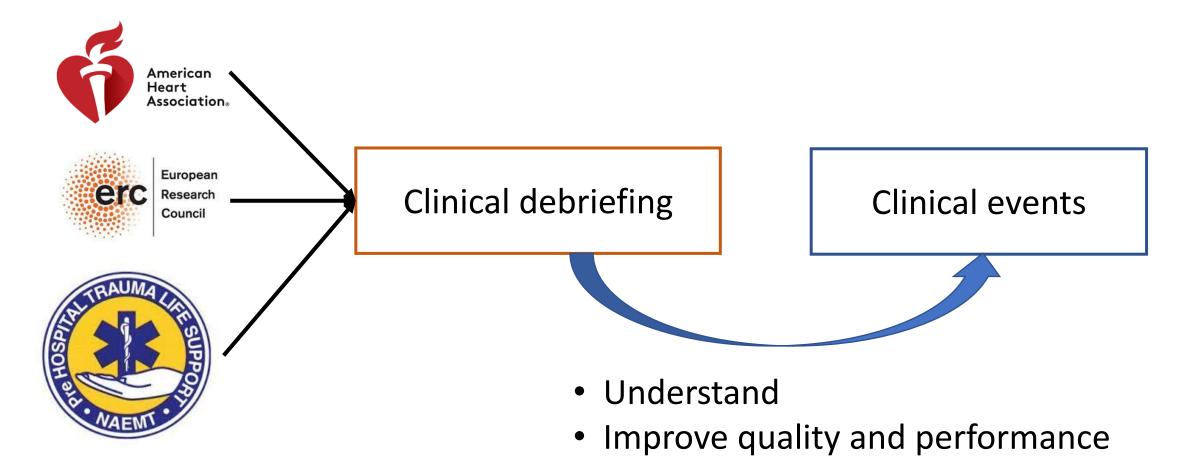


Debrief it or not ?



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What is clinical debriefing ?



What ?

• A method to facilitate discussion of actions, guide reflection and transfer learning behaviors into clinical practice (Servotte et al., 2020)

When?



Immediately after \rightarrow Hot

+

- Availability
- Minimizing recall bias
- Urgent issues

Time Space

- Space
- Emotional

issues

When?



Immediately after \rightarrow Hot

Minutes/hours after →Warm

+

- Availability
- Minimizing recall bias
- Urgent issues
- Programmed

Time

•

- Space
- Emotional

issues

• Absence / rejection

When?



Days after \rightarrow Cold



- More data
- Non participant



- Recall bias
- Discussion with a larger group

What can we debrief ?

Latent Safety Threats

How ?

• Plus / Delta analysis

How?

Adaptation **DISCERN** tool

(Mullan et al., 2013)

3 sections

4 stages

Report Template



3. Unit:

shift:

shift:

ID #1:

ID #2:

ID #3:

C U

HARNARD MEDICAL SCHOOL TEACHING HOSPITAL

DISCOVER PHASE



Children's Hospital of The Kirac's Datasetters

Debriefing In Situ COVID-19 to Encourage Reflection and Plus-Delta in Healthcare After Shifts End

Debriefing Notes and Report Template Backaround Debriefing Structure and Suggested Language 1. Date : 1. Time debriefing started: 1. Introduction: 2. Shift : Morning/Afternoon / Night Thank you for being present for this debriefing, which usually takes. We will 2. Reactions and Context (document if appropriate or leave spend 10-15 minutes to complete together as a group. I'll be around after if blank): 4. Number of COVID confirmed/ anyone want to talk further. How about if we end at or before: suspected cases handled during this We are debriefing as a team in order to improve our processes and outcomes. for patients and our team members. Debriefing can provide education, quality 5. Number of COVID confirmed/ improvement opportunities, and opportunities to process emotions. It is not a suspected related deaths during this blaming session, and everyone is encouraged to participate. Anything 3. PLUS comments discussed that is patient related is privileged and confidential for internal quality and safety review purposes - we are legally protected from liability. 6. Interventions (check all applicable): Intubation If evailable, give a brief report of coronavirus related activities in this past shift. CPR Jocal unit scan determines which components to cover: total patients Defibrillation screened for PUI, total PUI, total confirmed COVID patients, new or updated ECMO protocols etc.) Nebulization[s] Non-invasive ventilation (BiPAP, We would now like to turn to everyone to discuss their reflections on this shift, CPAP, High Flow Oxygen] what they thought went well, and what they thought we could do differently in 4. DELTA comments of what could be done differently or Family Meeting the future. improved: (add potential solutions if when possible) Ethics consultation or Triage Office (Crisis Standards) Reactions Other: Invite sharing of emotions or initial reactions Listen, affirm, and validate. Don't probe deeply. 7. Members present: D Attending Physician(s): 3. Discussion: D Nursels: PLUS: Invite reflection and sharing of successes from the prior shift. "What Resident(s): went well to help us achieve our objectives during the shift?" "What went well Advanced Practice Prov's: that we want to repeat?" "What was successful?" (Document under #3) 5. INNOVATION IDEAS (Action Items, Lessons Learned) D Student(s): Respiratory: DELTA: "What could we do differently to provide better care for our patients and our team members in the future?"" "Suggestions for improvement..." Logistical support: Administrative: "How could we solve the problem?" (Document under #4) Other: Other: INNOVATION IDEAS "What other innovations and improvements arose today?" Other:_____ (Document under #5) 8. Debriefing Leader(s) and Scribe: 4. Closing: Invite "take-aways" or closing statements form team Summarize key Action Items and Lessons Learned 6. Time debriefing ended:

Thank everyone for their participation

Created by Demian Soyld (Center for Medical Simulation : doy/d/Bhoh/harvard.edu), JC Servotte (University of Lege : jcaervotte/Bullega.be), Thomas Welch-Heren (Baylor College of Medicine: threeld/h@tenaschlidters.org), Paul C. Mullan (Chlidters) Hospital of the King's Daughterup paul anglite funding of the construction of an in situ qualitative debriefing tool for resuscitations. 2010;8:d:166:963. www.horvardmedsim.org

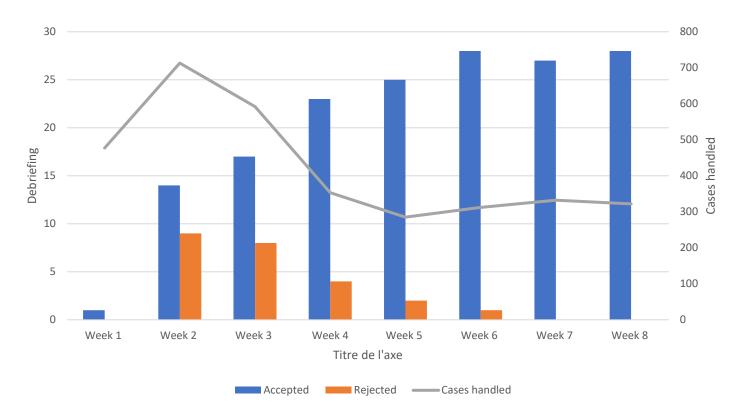
Who?

- Physicians
- Nurses
- Qualiticians
- Trained in clinical debriefings

Does it work ?

- Improve individual and team performance : 20% to 25% (Tannenbaum & Cerasoli, 2013)
- Better performance : defibrillator placement, intubation, oxygenation (Mullan et al., 2017)
- Clearly explain
- Gap between theory and practice : < 50% debriefings occured (Arriaga et al., 2019)

Debriefings performed/activity



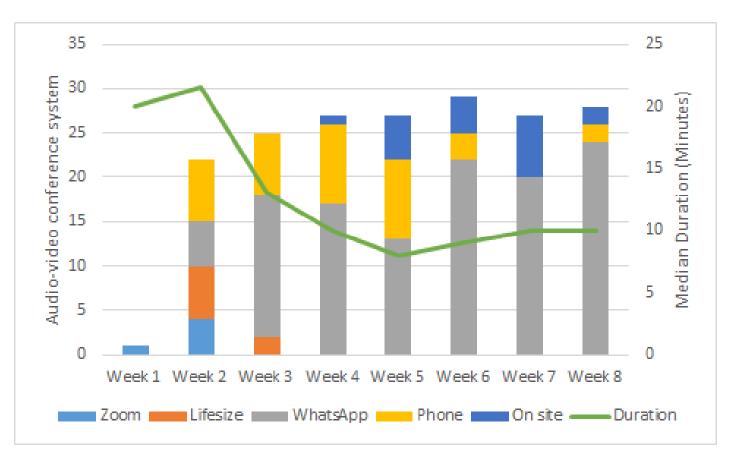
8 weeks 187 opportunities

24 rejected (12.8%) 21/24 (87.5%) first 4 weeks

Spike in activity // debriefing increased

(Servotte et al., 2020)

Videoconference and duration



Zoom & Lifesize: abandon → WhatsApp

Duration : 10 minutes Longer weeks 1 and 2

(Servotte et al., 2020)

Conclusion

- Best practices
- Skills improvement
- Research needed

Thank you ...

