Debriefing: Broken Down and Rebuilt

A Department of Pediatrics Chair's Initiative

Dawn Debrocco, PsyD, Meghan Galligan, MD, MSHP, Mary Haggerty, DO, Heather Wolfe, MD, MSHP

Eron Friedlaender, MD, MPH

Project Goal

Define generalizable best practices for clinical event debriefing (CED) that can be spread across CHOP.

Accomplishments

Year 1:

32 semi-structured interviews: clinical staff in the *N/IICU & MBU*

Year 2:

12 focus groups (N=*74*): N/IICU, PICU, ED, Oncology staff & Pediatric Residents

CED Component	Findings and Recommendations
Timing	Balance efficiency with representation from key staff involved in the event
Attendance	Ensure frontline staff and other key roles involved in the event are invited
	Participants should include a diversity of roles; if frontline staff cannot attend, their perspective should be represented through a delegate
	Rotational staff are at risk of feeling marginalized
Process	Challenges include lack of consistent expectations, competing clinical duties, and limited understanding of best practices for facilitating CED
	Use a script to stay on track, but the leader should acknowledge participants may have other priorities
	Establish a shared mental model of the patient event
Environment	Leader should cultivate a psychologically safe environment, actively facilitate the discussion, and empower staff to discuss tough issues
Outcome	CED is widely valued for its ability to promote learning, connectedness and trust
	Should generate a follow up plan for improvement with clear accountability
	Productive tool for individual or team practice change but unit and hospital-level changes are challenging

Lessons Learned

Strengths

- Valued across professional roles and experience levels
- Valued for learning, team training, and identifying areas for improvement
- Promotes interprofessional collaboration and team building

Weaknesses

- Practice is variable
- Lacks consistency and accountability
- Sensitive to contextual factors
- Lack of training for emotional processing
- Can alienate rotators

Opportunities

- Centralized organization & training can promote fidelity and best practices
- Centralized tracking can identify system-wide improvement opportunities
- Trained leaders can mitigate potential barriers
- Staff support mechanisms can promote frontline participation

Threats

- Change(s) to existing practices will require broad stakeholder buy-in
- Qualifications for leading CED vary by use case and hospital unit
- Staffing challenges and competing clinical demands makes it challenging to facilitate frontline provider participation

Next Steps