

Debriefing: Broken Down and Rebuilt

A Department of Pediatrics Chair's Initiative

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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

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

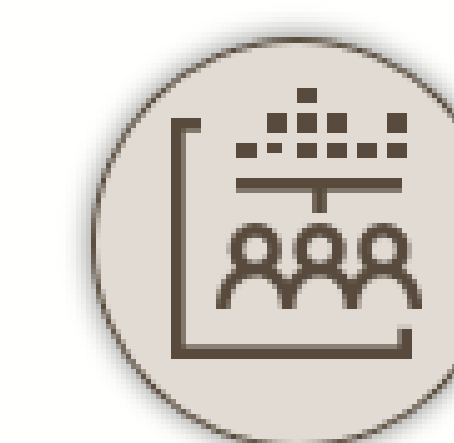
Weaknesses

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

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



Promote CED participation at CHOP

- Clear expectations
- Systems for staffing coverage
- Quality assurance performance indicators



Drive successful CED through leadership

- Training for CED leaders
 - Resident curriculum
- Promote inclusive leadership
- Cultivate psychological safety



Support learning, improvement, & well-being

- Centralized accountability mechanisms
- Systems-level learning and improvement
- Connect staff to well-being resources