

Emergency Medicine Standard Operating Procedures

Emergency Debriefing After Clinical Events

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Approved by	
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

Target Staff Categories

INTRODUCTION

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 is known as debriefing. Debriefing is a powerful quality and educational tool that can potentially change team behaviour and positively influence patient outcomes.

Evidence suggests the majority of healthcare providers recognise the importance of debriefing and a desired structured debriefing program; however insufficient time, lack of trained facilitators, and lack of a debriefing setting were cited as barriers to implementation.

This document sets out to offer a structure to holding debriefs within the ED, it is not meant to be proscriptive and it is recognised that individuals will have differing needs and skill sets.

DEBRIEF

WHY ?

Identify areas of optimal and sub-optimal performance; determine ways to improve team performance in the future. Whilst structured debriefing is different to DEFUSING, whose sole purpose is to allow venting of emotions to reduce tension, this should also be seen as an appropriate function in the ED setting.

WHO ?

Ideally all team members who participated in the clinical event should be invited. Participation by all team members should be encouraged but should be handled sensitively, not all participants may feel emotionally able to contribute.

Facilitator – should be clearly identified, usually whoever was leading the team, may need to be mindful that their role as facilitator could possibly inhibit or bias discussion and a co-debriefer is an option.

WHAT ?

Potential triggers are shown below and are not meant to be exhaustive;

- Cardiac arrest
- Sudden infant death
- Death
- Violent patients

WHERE ?

Ideally a private setting with limited distractions and a degree of comfort – chairs eg .ED seminar room.

It is recognised that there is merit in de-brief in the actual clinical space where the incident took place however it can be difficult to balance the need for on-going patient care and ensuring discussion takes freely and frankly.

WHEN ?

Ideally HOT debrief (immediately after the event) or WARM (minutes to hours) are encouraged; the latter may allow greater multidisciplinary attendance. Usually last approx. 10min

COLD debriefs (days to weeks after the event) have the advantage that quantitative data and patient follow-up information may be present. Can be take hour or longer

HOW ?

Decide whether notes are going to be taken and who will keep them.

It is vitality important that no participant feels under pressure or that they are going to be blamed. A safe environment is essential.

“The purpose of this debrief is for education, quality improvement and emotional processing; it is not a blame session. Everyone’s participation is welcomed and encouraged”

“These debriefs usually take several minutes and if you have urgent issues to attend to, you are welcome to leave at anytime”

“I will briefly review the patient’s summary and then as a team we can discuss what went well and what could have gone better. Please feel free to ask questions”.

Notes

Access to professional counselling

Occupational Health Department

01905 760693 or 760694

Ex 34757 or 34752

wah-tr.OccupationalHealth@nhs.net

RCN Counselling Service	0345 772 6100
BMA Counselling	0330 123 1245
Doctor Advisory Service	0330 123 1245
Blue Light Info Line	0300 303 5999