



CRITICAL ADVERSE EVENT DEBRIEFING: How and when to debrief?

This is more or less how I do my hot debriefs

Be somewhere where you can sit or stand around and face each other, where you are not likely to be interrupted. Close to theatre (even in the theatre you have just been in).

It's best to have two facilitators but if there's only one of you that's ok.

Ground rules for facilitators:

- Participant can leave at any point if they are feeling overwhelmed/traumatised. One facilitator to go with and offer individual support, if this is not accepted check in with the individual later.
- The co-facilitator could take notes to help keep track of the discussion in a complex case
- You may/should stop the debrief if it is becoming accusatory. Close with a quick *"I'm going to stop us there, we are not here to look for who or what is accountable for the event. We work in a complex environment with many influencing factors. Right now we are interested in supporting one another to be sure that we are able to continue our good work. There will be a time for us to look in detail at what happened with cool heads. Please feel welcome to speak to either of us facilitators, or to your mentor. The following support services are also available..."*

A plan and "script":

1.	Purpose: <i>"The purpose of this meeting is to support each of you after this event and to try to answer questions you may have. Our theatres/wards/emergency departments/ ICU can be complex, high stress places and things don't always go the way we plan and hope for. It's important for us to spend a bit of time thinking about how things went if they didn't go well so that we can try to understand and also to check in with one another to see if we're feeling right to keep on with the next task."</i>
2.	Ground rules for participants: <ul style="list-style-type: none">• Absolute confidentiality• Facilitator will manage participation, everyone will get an opportunity to speak, please don't interrupt• This is not a root cause analysis, this event will be looked at further in an M&M/cold debrief once more information is available to see what (if any) systemic, knowledge or skill deficits need to be addressed
3.	Feelings: <i>"That was hectic/scary/intense/... How is everyone feeling?"</i> [look around room, maintain silence – don't fill the quiet until at least 10 seconds have passed] If someone starts and then silence resumes, throw it open with: <i>"does anyone else feel that way...?"</i> If no one says anything look to the most "open" person and address them by name: <i>"(first name) you look confused/worried/upset/... can you tell me what you are feeling"</i> Note: when you are dealing with someone else's feelings nothing they say about their own feelings can be wrong, they are describing their own feelings. It is unhelpful to say "you shouldn't feel like that" or "it's not your fault", that adds an additional feeling of

	<p>confusion/shame because now they have got the answer to that question wrong. I rather go with a nod, a lean in, possibly a “<i>hmmm, that’s a hard feeling to be holding</i>” (something validating that will allow them to accept and move onto the next phase of the debrief.</p> <p>If you aren’t getting anywhere move on</p>
4.	<p>Facts: “making sense of what happened”</p> <p>The purpose of this part of the debrief is to establish the facts of what happened as they are known at this time (i.e. immediately after the incident) with the intention of allowing all present to gain insight into what happened overall. Each person has experienced the case from their unique point of view.</p> <p>Try to identify the person who first acknowledged the event and ask them to start with a narrative of what occurred. If it’s not clear who first noticed, ask for a volunteer to give an account of what happened. Allow them to complete their account before inviting input from other participants. When people want to interrupt, acknowledge that you have seen they have something to say and you will give them a chance to speak.</p> <p>Once all who would like to contribute have spoken, summarise the facts of the case for everyone and check that they agree with the summary. Continue to do this until all are content with the summary.</p> <p>In a particularly complex case it may help to have someone (possibly a co-facilitator) taking notes to help keep track of the conversation but check that those present are aware and that the purpose of the note taking is just to help establish what happened.</p>
5.	Identify any obvious “ systems ” issues to address immediately e.g. faulty equipment
6.	Check in on feelings again
7.	<p>Plan going forward:</p> <p>Establish whether the team or individual members needs more time to recover before assuming clinical duties (i.e. can they carry on with the next case). Members should not be sent home but should be accommodated in non-clinical work with regular check ins for the day</p>

Check in who needs further support and know what this support may look like. Is it you? Do you have the capacity? Is there a professional organisation entrusted with this? (anonymity)

Resources

<https://www.starship.org.nz/guidelines/ace-review-after-critical-event/>

<https://www.talkdebrief.org/talkframeworkbackground>

[Use of a team immediate debrief tool to improve staff well-being after potentially traumatic events](#)

***Learning and improving together,
building a supportive culture of safety in healthcare.***

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