

Clinical debriefing: Let's TALK[©]

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@crisdiaznav

@TALKdebriefing

Conflicts of interests



Standard Disclosure

This project has received funding from the European Union's Horizon 2020 research and innovation programme under MSCA-RISE grant agreement number 734753



Overview

1. Debriefing
2. Patient safety context
3. The TALK framework
4. The TALK Foundation





Debriefing



Debriefing as an educator

- Facilitation of learning, reflection.
- Help uncover what is behind our behaviours:
 - emotions, pressures
 - differences between knowledge and application of knowledge
 - working mental frames...
- Develop non-technical skills
- Identify
 - positive behaviours that are taken for granted
 - new strategies to improve performance



Debriefing in simulation



REVIEW ARTICLE

More Than One Way to Debrief A Critical Review of Healthcare Simulation Debriefing Methods

Sawyer, Taylor DO, MEd; Eppich, Walter MD, MEd; Brett-Fleegler, Marisa MD; Grant, Vincent MD; Cheng, Adam MD

[Author Information](#) 

Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare: [June 2016 - Volume 11 - Issue 3 - p 209-217](#)

doi: 10.1097/SIH.0000000000000148

- Interactive, bidirectional, and reflective conversation
- Involves some level of facilitation or guidance (including by learners) to assist the reflective process.
- Conversational structures: 3 or more phases

Simulation faculty training

- Psychological safety
- Debriefing approaches/strategies
- Human factors
 - The wider picture
 - Organisations, sociotechnical systems and teams
 - Error and safety II
 - Non-technical skills and CRM



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

What about clinical environments?

Why don't we debrief more often?

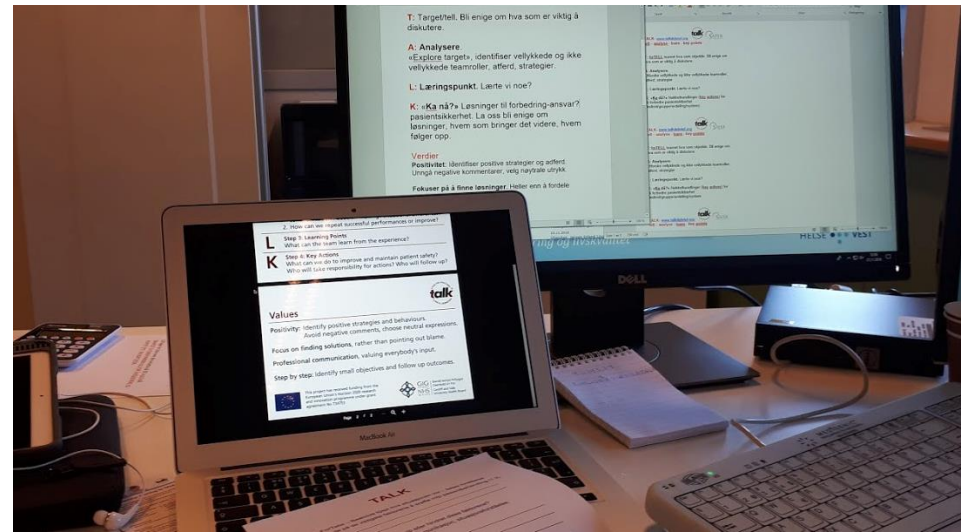
Who should lead a debriefing?

Who should take part?

With what purpose?

How do we carry it out?

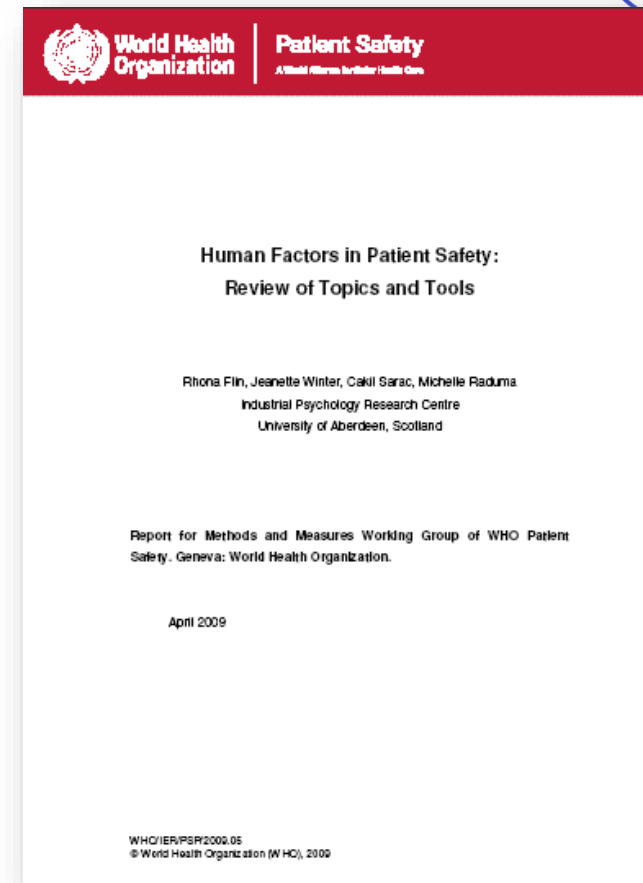
How do we make it safe?



Clinical Debriefing

WHO definition:

- An individual or team
- formally reflecting on their performance
- after a task, a shift or a critical event.



The difference...

Learning outcomes

Who knows best?

Emotions, vulnerability
and accountability

Personal performance
versus team performance

System improvement

Medico-legal implications



Structured team communication

Briefing:

Planning, coordinating , shared situational awareness, role/task allocation



Activity:

Educational or clinical task or procedure, simulated or actual patient encounter, incident, surgical list, ward round, shift ...



Debriefing:

Review events and actions taken, reflection, learning, application

CD recommended by...



World Health
Organization



EUROPEAN
RESUSCITATION
COUNCIL



Agency for Healthcare
Research and Quality



American
Heart
Association.





Evidence

Do Team and Individual Debriefs Enhance Performance? A Meta-Analysis

Scott I. Tannenbaum and Christopher P. Cerasoli, the Group for Organizational Effectiveness, Albany, New York

Evidence

Intensive Care Med (2013) 39:1513–1523
DOI 10.1007/s00134-013-2951-7

SYSTEMATIC REVIEW

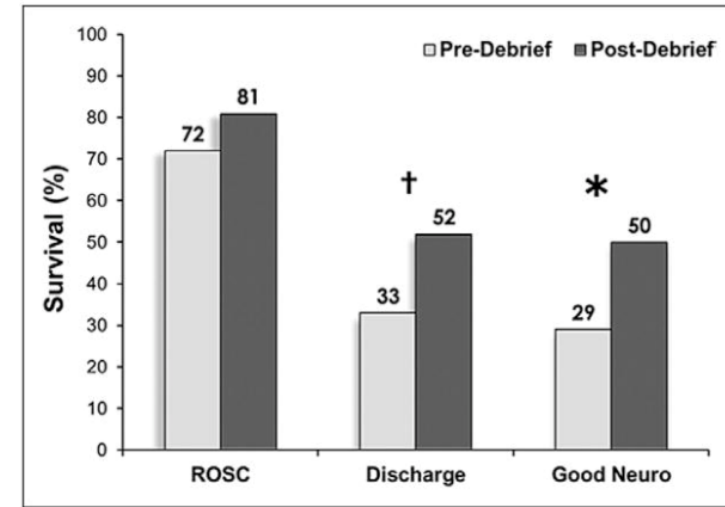
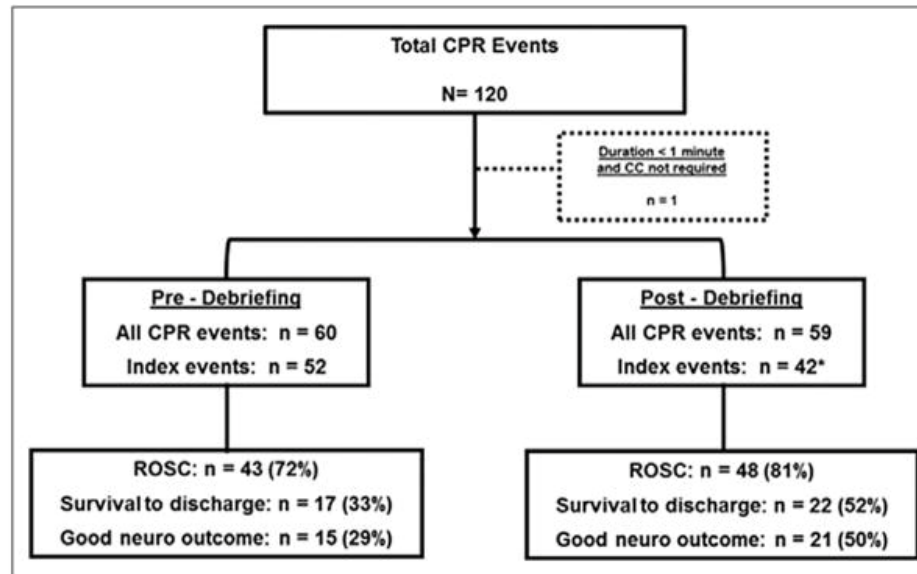
Keith Couper
Bilal Salman
Jasmeet Soar
Judith Finn
Gavin D. Perkins

Debriefing to improve outcomes from critical illness: a systematic review and meta-analysis

Interdisciplinary ICU Cardiac Arrest Debriefing Improves Survival Outcomes

[Heather Wolfe](#), MD,¹ [Carleen Zebuhr](#), MD,² [Alexis A. Topjian](#), MD, MSCE,¹ [Akira Nishisaki](#), MD, MSCE,¹
[Dana E. Niles](#), MS,¹ [Peter A. Meaney](#), MD, MPH,¹ [Lori Boyle](#), RN, BSN, CCRN,¹ [Rita T. Giordano](#), RRT-NPS,¹
[Daniela Davis](#), MD, MSCE,¹ [Margaret Priestley](#), MD,¹ [Michael Apkon](#), MD,¹ [Robert A. Berg](#), MD,¹
[Vinay M. Nadkarni](#), MD, MS,¹ and [Robert M. Sutton](#), MD, MSCE¹

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Use of a Surgical Debriefing Checklist to Achieve Higher Value Health Care

American Journal of Medical Quality
2018, Vol. 33(5) 514–522
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DOI: 10.1177/1062860618763534
ajmq.sagepub.com


Michael R. Rose, MD¹, and Katherine M. Rose, MD^{2,3}

Abstract

Efforts to improve surgical care by using checklists have been inconsistent in results and not reproducible at scale. The ideal manner for using checklists, along with the time horizon for achieving meaningful and measurable benefits, has been unclear. This article describes a novel process for utilizing debriefing checklists to improve value in surgical care. Debriefings of 54 003 consecutive surgical cases and subsequent analysis of 4523 defects in care by multidisciplinary teams led to **rapid-cycle iterative changes** in care design and processes. Four dimensions of health care value were achieved: debrief-driven improvements reduced the proportion of surgical cases with reported defects, was associated with a significant **reduction in the 30-day unadjusted surgical mortality**, **lowered costs** by substantial gains in efficiency and productivity, and led to a **better workforce safety climate**. Meaningful and sustained improvements required consistent broad-based teamwork over multiple years, an evidence-based data-driven approach, and senior leader and governance engagement.

How could we debrief?

With expert facilitators

Training, availability

Facilitation v. clinical expertise

Hierarchy?

Skills to handle difficult situations:

- Conflict
- Emotional stress and trauma

Team self-debriefing

Any time, anywhere

Familiarity with clinical processes,
expectations, failures and strengths

Reflective practice

Democracy

Engagement with improvement

Evidence

RANDOMIZED CONTROLLED TRIAL

Within-Team Debriefing Versus Instructor-Led Debriefing for Simulation-Based Education

A Randomized Controlled Trial

Sylvain Boet, MD, MEd, M. Dylan Bould, MB ChB, MEd,† Bharat Sharma, MD, MEd,*‡ Scott Revees, PhD,§
Viren N. Naik, MD, MEd, FRCPC,* Emmanuel Tribby, PhD,¶ and Teodor Grantcharov, MD, PhD‡§*

Intention



Check for updates

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² ETH Zurich, Switzerland

³ University Hospital Bern, Inselspital, Switzerland

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<http://dx.doi.org/10.1136/bmj.n2042>

Published: 13 September 2021

PRACTICE POINTER

Team debriefings in healthcare: aligning intention and impact

Michaela Kolbe,^{1,2} Sven Schmutz, Julia Carolin Seelandt,¹ Walter J Eppich,⁴ Jan B Schmutz²

What you need to know

- Learning-oriented debriefings support patient care by helping teams learn and improve
- Team debriefing with the aim of preventing post-traumatic stress disorder (PTSD) is not recommended. Do not conflate debriefing intentions to promote learning with intentions to treat acute stress disorder (ASD), PTSD, or anxiety and depressive symptoms

messages.^{3 4 9-16} Organisations with high levels of risk and hazard such as aviation, military, and hospitals use debriefings as a safety management tool.¹⁷ Implementation of debriefings varies across contexts within larger systems of interventions. In healthcare, debriefings usually occur within educational contexts or after clinical events that involve high acuity, novelty, uncertainty, stress, or complexity (box 1).²⁰ Debriefings may immediately follow events or take place hours or days later.⁵

Debrief-to-learn

Guided team conversation to explore actions, thought processes, and outcomes of a situation to improve future performance

After-action/event review, post-event debriefing

Team/organisational science, medical education, simulation training, acute care medicine

Setting the scene, reactions, descriptions, analysis, summary

High quality of evidence for large performance implications of debrief-to-learn

Definition

Labels

Related disciplines

Typical structure

Evidence

Debrief-to-treat

Psychological group treatment intended to reduce psychological morbidity after experiencing trauma

Psychological/critical incident stress debriefing

Clinical psychology and psychotherapy, psychiatry

Introduction, facts, reworking the traumatic event, reactions, psycho-education, transfer

Very low quality evidence for small effect favouring control over psychological debriefing on preventing symptoms of PTSD and depression at follow-up (+6 months)



Patient safety context



Safety II

Hollnagel E., Wears R.L. and Braithwaite J. **From Safety-I to Safety-II: A White Paper**
Denmark, Florida, Australia 2015

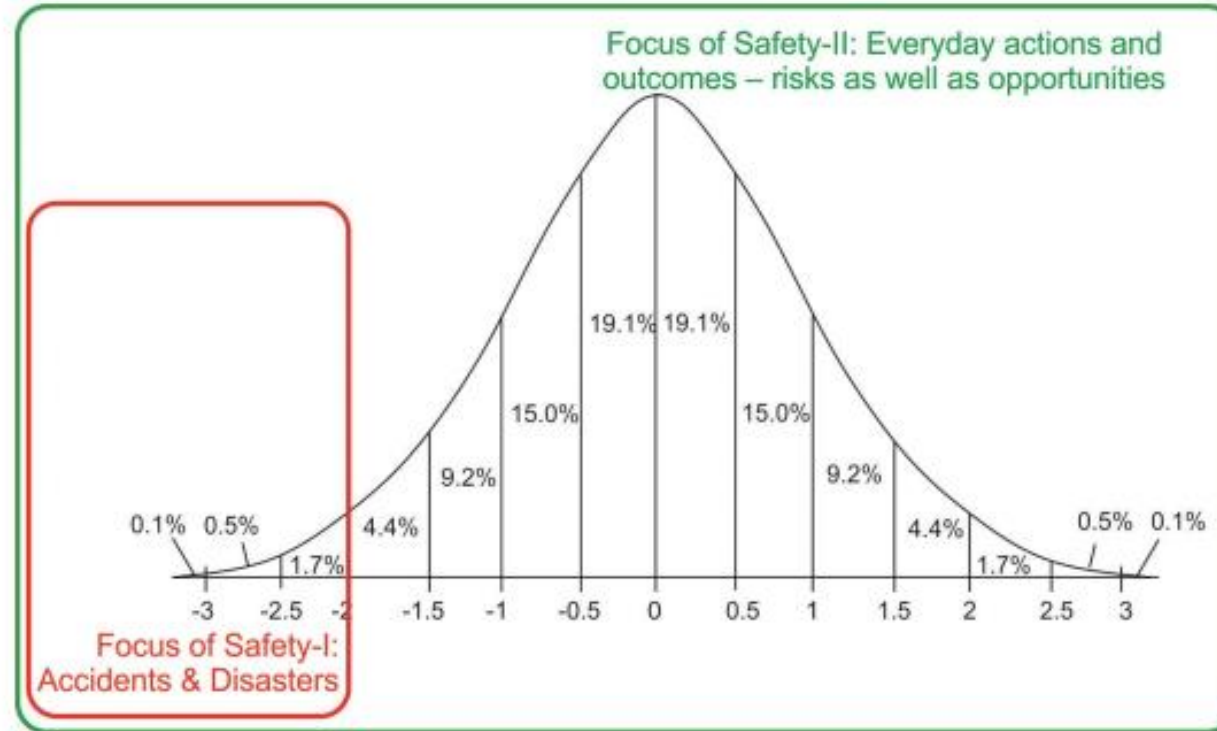
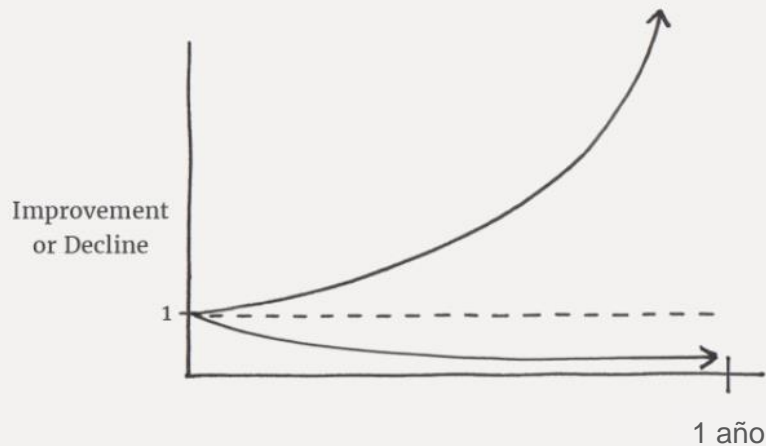


Figure 11: Focus of Safety-I and Safety-II

Marginal gains

1% better every day $1.01^{365} = 37.78$
 1% worse every day $0.99^{365} = 0.03$



ORIGINAL ARTICLE | VOLUME 30, ISSUE 3, P665-670, JUNE 01, 2016

Aggregation of Marginal Gains in Cardiac Surgery: Feasibility of a Perioperative Care Bundle for Enhanced Recovery in Cardiac Surgical Patients

Ian O. Fleming, FRCA • Claire Garratt, FRCA • Ranj Guha, FRCA • ... Yanzhong Wang, PhD • Sara Leonard, FRCA, FFICM • Gudrun Kunst, MD, PhD, FRCA, FFICM • [Show all authors](#)

Open Access • DOI: <https://doi.org/10.1053/j.jvca.2016.01.017> • Check for updates

Activating agency

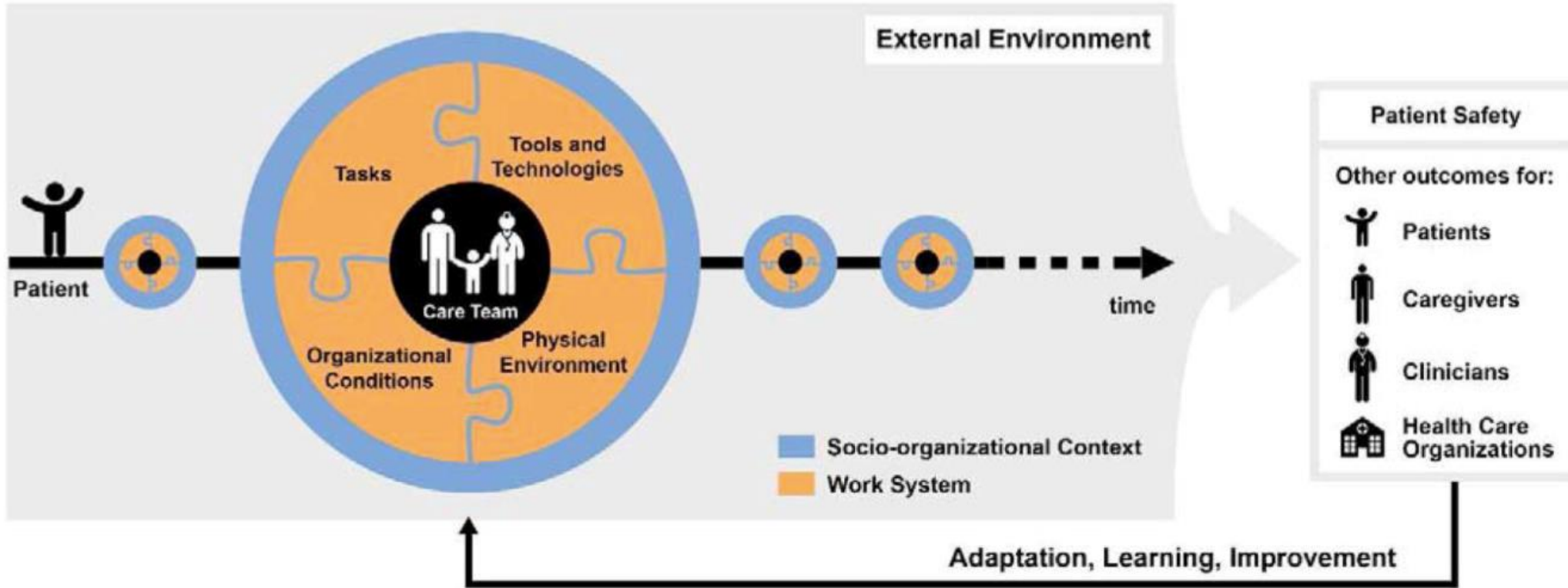
IHI Psychology of Change
Framework
to Advance and Sustain Improvement



Agency: ability of an individual or group to choose to act with purpose

1. **Power:** ability to act with purpose
2. **Courage:** the emotional resources to choose to act in the face of difficulty or uncertainty.

SEIPS 3.0



TALK

- Easy and generic
- Practical outcomes
- To use after any learning event
- With and without expert facilitators



TALK

- Easy and generic
- Practical outcomes
- To use after any learning event
- With and without expert facilitators

To promote:

Reflective practice

Patient safety

Supportive culture of dialogue



Literature

Medical Teacher

Taylor & Francis
Taylor & Francis Group

ISSN: (Print) (Online) journal homepage: <https://www.tandfonline.com/loi/imte20>

Twelve tips for facilitating and implementing clinical debriefing programmes

Andrew Coggins, Ramez Zaklama, Rebecca A. Szabo, Cristina Diaz-Navarro, Ross J. Scalese, Kristian Krogh & Walter Eppich

To cite this article: Andrew Coggins, Ramez Zaklama, Rebecca A. Szabo, Cristina Diaz-Navarro, Ross J. Scalese, Kristian Krogh & Walter Eppich (2020): Twelve tips for facilitating and implementing clinical debriefing programmes, *Medical Teacher*, DOI: 10.1080/01442159X.2020.1817349

Advances in Simulation

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Commentary | [Open Access](#) | Published: 15 September 2021

Clinical debriefing during the COVID-19 pandemic: hurdles and opportunities for healthcare teams

Jody L. Stafford, Esther Leon-Castelao, Albert J. Klein Ikkink, Sigrun A. Qvindesland, Munt Garcia-Font, Demian Szyld & Cristina Diaz-Navarro

Advances in Simulation 6, Article number: 32 (2021) | [Cite this article](#)

Trends in Anaesthesia and Critical Care 40 (2021) 4–8

Contents lists available at ScienceDirect

Trends in Anaesthesia and Critical Care

journal homepage: www.elsevier.com/locate/tacc



ELSEVIER



Opinion

Clinical debriefing: TALK© to learn and improve together in healthcare environments

Cristina Diaz-Navarro ^{a, b, c, *}, Esther Leon-Castelao ^{c, d}, Andrew Hadfield ^{a, c}, Sonia Pierce ^{c, e}, Demian Szyld ^{f, g}

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^e Department of Anaesthesia and Pain Medicine, Betsi Cadwaladr University Health Board, Rhyl, UK

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^g Center for Medical Simulation, Boston, USA



EMA Emergency Medicine Australasia

Emergency Medicine Australasia (2021) 33, 925–927

doi: 10.1111/1742-6723.13856

TRAINEE FOCUS

How to lead a hot debrief in the emergency department

Victoria BRAZIL ^{1, 2} and Jennifer WILLIAMS ^{3, 4}

¹ Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Queensland, Australia, ² Emergency Department, Gold Coast Health, Gold Coast, Queensland, Australia, ³ Emergency Department, Sunshine Coast Hospital and Health Service, Sunshine Coast, Queensland, Australia, and ⁴ Griffith University School of Medicine, Gold Coast, Queensland, Australia

PRACTICE

Check for updates

PRACTICE POINTER

Team debriefings in healthcare: aligning intention and impact

Michaela Kolbe, ^{1, 2} Sven Schmutz, Julia Carolin Seelandt, ¹ Walter J Eppich, ⁴ Jan B Schmutz ²

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ARTÍCULO DE REFLEXIÓN

Simulación Clínica

Mayo - Agosto 2021
Vol. 3, núm. 2 / pp. 69-73



El debriefing clínico, retos y oportunidades en el ámbito asistencial; aprendizaje en la reflexión colectiva para mejorar los sistemas sanitarios y la colaboración interprofesional

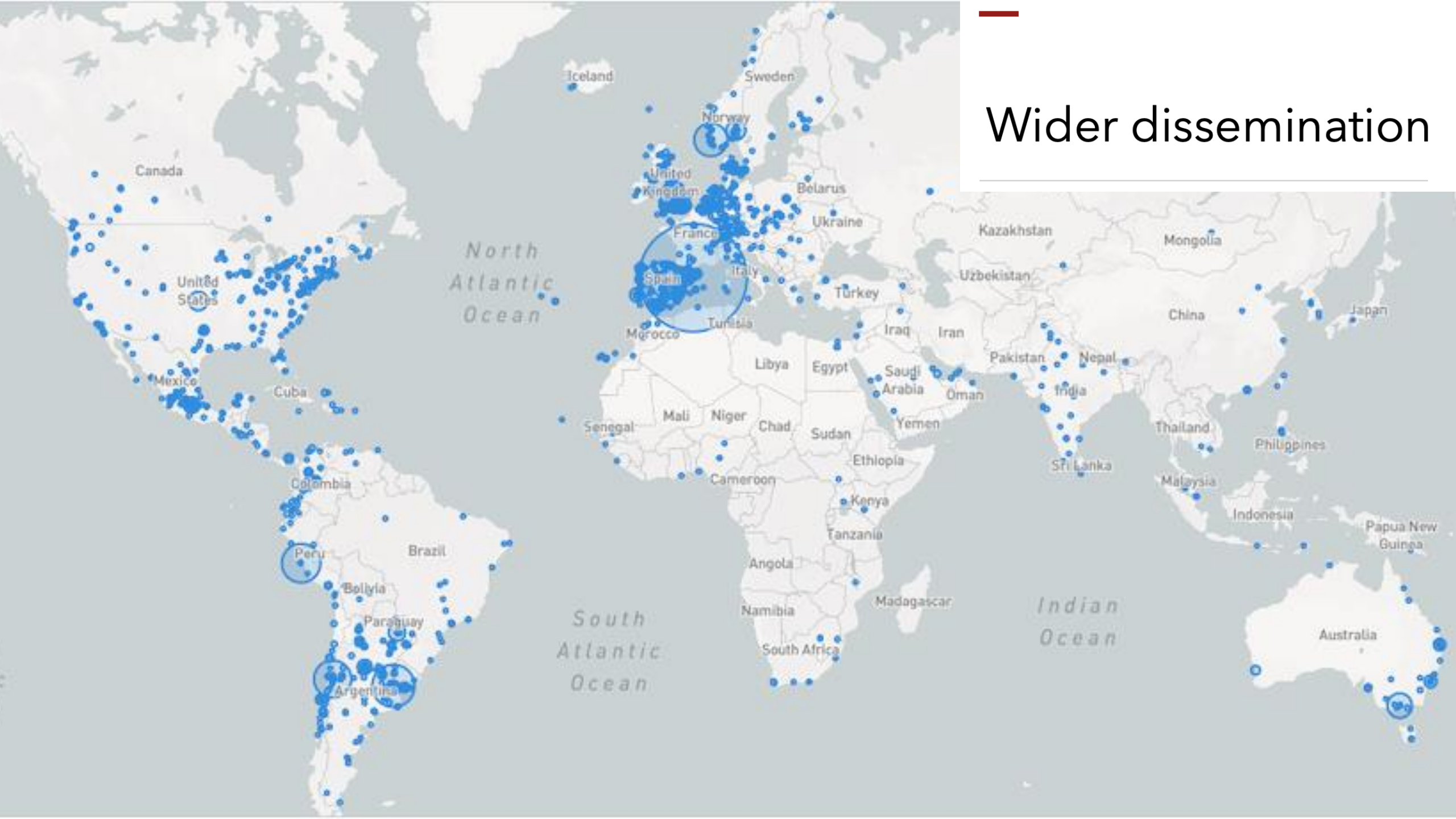
Clinical debriefing, challenges and opportunities in healthcare; learning in collective reflection to improve healthcare systems and interprofessional collaboration

Palabras clave:
Debriefing, reflexión, seguridad del paciente, eventos

Demian Szyld,^{*, †} Alexander F Arriaga,^{†, §} Esther León-Castelao[†]



Wider dissemination





TALK framework



In clinical environments, learning opportunities arise every day.



How do we define clinical debriefing?

A team conversation

- after any learning event
- about any aspects of patient care
- everybody's perspective matters
- to identify ways to learn and improve.



Assuming that...



Clinical teams

- want the best for patients
- are able to behave professionally during difficult situations
- are familiar with their usual working environments
- are familiar with structured conversations

Different professional backgrounds provide

- broader knowledge and experience
- standards by own professional bodies

We should be able to debrief...

- anywhere, at any time
- safely, with or without facilitators
- in a constructive and non-judgmental way
- prioritising patient safety above all else



TALK guides short focussed discussions to improve patient care

T

Step 1: **Target**

A

Step 2: **Analysis**

L

Step 3: **Learning Points**

K

Step 4: **Key Actions**



T

Step 1: Target

What shall we discuss to improve patient care?
Share your perspective.

A

Step 2: Analysis

Explore your agreed target, if appropriate consider:

1. What helped or hindered...
communication / decision making / situational awareness?
 2. How can we repeat successful performances or improve?
-

L

Step 3: Learning Points

What can the team learn from the experience?

K

Step 4: Key Actions

What can we do to improve and maintain patient safety?
Who will take responsibility for actions? Who will follow up?

What is TALK?



talk[®]



Values

Positivity: Identify positive strategies and behaviours.

Avoid negative comments, choose neutral expressions.

Focus on finding solutions, rather than pointing out blame.

Professional communication, valuing everybody's input.

Step by step: Identify small objectives and follow up outcomes.

T

Step 1: **Target**

A

Step 2: **Analysis**

L

Step 3: **Learning Points**

K

Step 4: **Key Actions**

How do we TALK?



Change management model: Kotter's enhanced 8 steps

Step 1: The need for Clinical Debriefing _____

Step 2: Establish your TALK leaders _____

Step 3: Define your TALK vision _____

Step 4: Engage your TALK teams _____

Step 5: Raise TALK bridges _____

Step 6: Build and celebrate TALK successes _____

Step 7: Keep TALKing _____

Step 8: Walk the TALK _____





The TALK foundation





TALK Foundation

Registered with the UK
Charity Commission:
Number 1177093.

- Network
- Free materials
- Educational events



www.talkdebrief.org

Free web based materials

Translated to 8 languages

Website


User guide

Implementation guide

Videos



Instructor courses in English, Spanish & French



talk
FOUNDATION
SUPPORTING CLINICAL DEBRIEFING

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Courses

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| Any questions?





Thank you!

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PRAGUE

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19-21 JUNE
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