EVMS EM JC CRITICAL REVIEW FORM:

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Citation:
Rose SC, Ashari NA, Davies JM, Solis L, O'Neill TA. Interprofessional clinical event debriefing-does it make a difference? Attitudes of emergency department care providers to INFO clinical event debriefings. CJEM. 2022 Nov;24(7):695-701. doi: 10.1007/s43678-022-00361-6. Epub 2022 Sep 23. PMID: 36138325.

Background: Post-incident debriefing practices have become common in clinical settings. These debriefing practices are diverse and can include formal reflection, spontaneous conversations, following a checklist, discussion from chaplaincy or religious personnel. While studies have shown clinical staff value debriefing after significant events and efforts have been made to better define and validate debriefing methods, little is known about the actual specific effects of debriefing on healthcare workers.

Study Objectives:
The purpose of the research was to determine whether healthcare workers:
1. Considered debriefing to be a psychologically safe, helpful experience
2. Felt less stressed after debriefing
3. Were aware of barriers to regular debriefing
4. Thought debriefing provided opportunities for improving their own clinical practice.

Study Methodology:
This was an interview-based qualitative study. Interviewees were emergency department care providers. Recruitment through emails and posters yielded 45 participants. Participants were interviewed over 7 months in 2021. Participants included pharmacists, physicians, RNs, RTs from 4 adult hospitals and 1 children's hospital in Calgary, Canada. The participants were anonymized by assigning them ID numbers and interviewing each individually with a standardized script. Audio recordings of interviews with transcribed and then analyzed by NVivo software. Data was then analyzed for themes and correlation among responses

What were the results
50% of participants were staff at a level one trauma center. 16 nurses, 3 pharmacists, 9 physicians, 2 RTs. Overall, satisfaction with INFO debriefings was reported.
Responses were coded to 5 themes, which correspond with the above goals of research.
Theme 1: effect of debriefing on clinical practices and patient care
- 97% of participants – helped them provide better patient care via specific feedback to apply to the next situation
- Multiple respondents reported debriefings helped promote better teamwork
Theme 2: psychological safety and teamwork
- 87% reported an improved relationship with team members
Theme 3: emotional acknowledgement after critical events
- 83% felt there was emotional acknowledgement in debriefings and 66% of participants reported their shared emotions and feelings were positively received by the rest of the team
Theme 4: managing work stress in the ED
- 90% reported feeling stress as a result of working in the ED and that debriefings helped them cope with stress
Theme 5: barriers to debriefing
- All participants mentioned time constraints as the primary barrier
- Debriefing occurred immediately after events up to 2 hours later
- Other factors: healthcare worker shortages, shift changes, and patient volume
- Debriefings were less likely to occur if the case had positive or expected outcomes, If they

were considered "less traumatic" or "more common." Or if they were challenging but not resuscitations.
- 40% thought location was important

Applicability to my patient care

Debriefings are recommended by AHA, and have been shown to benefit patient care. This study shows a benefit to both teamwork and to the individual provider. While, implementing a debriefing system, and changing the work flow in the department, does sound like a big undertaking, the benefits they've shown here are noteworthy. This study used the INFO method which is led by the charge nurse. I don't personally anticipate launching a new debriefing culture on my own. But buy in from both leadership and different team members would certainly help with this change.

Strengths

Strengths of this study include clearly defining what the debriefing involves and when it should be done. It has been found that if a debriefing doesn't occur within 2 hours it is unlikely to occur at all. They have involved multiple care providers to show the benefit to various team members. They also found very specific benefits to the care providers and specific ways that the debriefing could improve

Weaknesses/Bias

Self selection bias (or volunteer bias) is a concern in this study as participants volunteered based on recruitment via emails/posters. With this method self selection bias is unavoidable as there are differences in those who volunteer and those who do not.

Small sample of participants from a limited healthcare setting. This makes this research less widely applicable. However, the healthcare setting used is similar to our setting. If a larger group had been used stratified random sampling of responses could have been utilized to decrease self selection bias, however this group was too small.

They did include all team members, however data was not stratified by team member role. Particularly the less unanimous answers such as responses about emotions being positively received by the group. As only 66% of people said their emotions were positively received by the group it would be interesting to see how these responses correlated with provider's role.

My Bottom Line

Improving teamwork, decreasing stress, providing useful feedback are 3 of the themes of this study. These themes seem to line up clearly with things we discuss wanting more of in residency and things we discuss in aiming to decrease burn out. However, developing a system for debriefing after incidents in the ED would be a big undertaking that would require a change in the culture of the department. And the barriers in this study, such as time constraints, patient volume, shift changes, would likely hold true for us as well. That being said, if the goal is to provide a safe work environment to foster a stronger team, better patient care, and decreased stress, then a culture shift might be exactly what's required.