EMERGENCY DEPARTMENT DEBRIEFING EDUCATION

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DEDICATION

To my wonderful husband Robby, for without you I would not have had the confidence to start or the ability to complete this program. Thank you for always encouraging me and never letting me give up throughout this process.

To my wonderful children, Collyns & Anistyn- I hope you pursue your dreams and know that you can do anything that you put your mind to.

To my Grandma Krizsan, Mom & Dad- thank you for instilling in me the importance of education and encouraging me in all of my scholastic endeavours.

ABSTRACT

In the Emergency Department (ED) clinical debriefing is an important educational and quality improvement tool that can improve individual and team performance through discussion of the actions and thought processes of team members following a critical event (Kessler et al., 2015; Mullan et al., 2017). The purpose of this project is to provide an education session to Lethbridge ED staff regarding the INFO (immediate, not for personal assessment, fast facilitated feedback, and opportunity to ask questions) formal debriefing process and tool followed by implementation of the debrief process into practice. A 20- minute in-service education session presented the concept of clinical debriefing and the INFO debrief process and tool to ED nurses. Data was collected from a participant feedback questionnaire as well as verbal feedback. The findings concluded that the in-service education session met the needs of the ED nurses and staff are excited to participate in routine clinical debriefing.

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Section 1: Introduction

Nursing Practice Problem

Debriefing has many different definitions and functions within healthcare. The historical roots of debriefing arise from the military where debriefing is used after a mission or exercise to discuss what occurred and to develop new strategies based on the experience (Gillen et al., 2019). Debriefing has since evolved to include other methods that are utilized in the healthcare setting. Psychological debriefing is often conducted after a stressful or emotional event to help participants manage the intense feelings and emotions related to the event (Harder et al., 2020). Simulation- based debriefing is conducted after a simulation exercise to allow participants time to reflect on what happened during the experience and to provide an opportunity to learn from their actions (Macdiarmid et al., 2020). Another form of debriefing that often occurs within critical care settings is informal debriefing. This method of debriefing consists of informal feedback or discussion between members of the healthcare team (Werry, 2016). The focus of this project is clinical debriefing, which can be defined as a facilitated discussion following an event that is intended to review the actions and thought processes of team members (Mullan et al., 2017; Sweberg et al., 2018). The American Heart Association recommends the use of clinical debriefing following the conclusion of a resuscitation to help improve future team performance and promote the inclusion of ongoing quality improvements in the delivery of patient care (American Heart Association, 2021). Although clinical debriefing has been recommended as an important tool for quality improvement, it continues to be practiced infrequently, often occurring in less than 25 percent of in-hospital cardiac arrests (Kessler et al., 2015; Mullan et al., 2013).

The Chinook Regional Hospital (CRH) ED is an increasingly busy department that serves Lethbridge and surrounding rural communities. The ever-increasing rates of critically ill patients, resuscitations, traumas, and now COVID-19 related events emphasize the importance of ongoing

quality improvements to improve the delivery of care to ED patients. While there is an abundance of evidence that discusses routine clinical debriefing as an important quality improvement activity (Coggins et al., 2020; Couper et al., 2016; Eppich et al., 2016; Gillen et al., 2019; Hunt et al., 2018; Rose & Cheng, 2018; Sawyer et al., 2016), it continues to be practiced infrequently. The lack of a structured debriefing process as well as an absence of nursing staff education on facilitating and participating in debrief sessions are barriers to routine clinical debriefing (Kessler et al., 2015). This nursing practice issue is founded upon two concepts: the lack of a structured clinical debriefing process, and the lack of nursing staff education surrounding debriefing. For the purpose of this project, I will focus on the delivery of clinical debriefing education to the Registered Nurses (RNs) working in the CRH ED.

Purpose of the Project

The purpose of this project is to assist the CRH ED with the implementation of a formal clinical debrief process. Implementation of routine clinical debriefing will help to identify system-based issues for overall quality improvement in the delivery of patient care. This will be accomplished through the development and delivery of an evidence-based education session for ED RNs. The focus of the education session will be to introduce the concept of clinical debriefing, introduce the new formal debrief process, discuss the intended benefits of timely debriefing, and the impact of quality improvement reviews following critical events. The project deliverable will include the development of educational material in the form of a lesson plan that will be delivered to ED RNs in an in-service education setting. This project will evaluate each RN's knowledge after the education session to determine if the learning needs of the RNs were met prior to the implementation of the formal debrief process into practice. After the conclusion of the in-service education sessions, the new debrief process will be implemented into practice for routine use in the CRH ED following critical events.

Section 2: Literature Review & Relevant Nursing Evidence

Search Method

In order to explore the concept of clinical debriefing within the ED, a literature search was conducted using the electronic databases of PubMed, Academic Search Complete, CINAHL, and Google Scholar. Search terms used included “debriefing OR debrief”, “debriefing after resuscitation”, “emergency department OR emergency room”, “debriefing methods”, “nurse OR nursing”, “structured debriefing”, “performance improvement” and “debrief tools”. Search terms were combined using the Boolean operator AND. Inclusion criteria included (a) research or scholarly literature with a focus on operational debriefing after critical incidents or resuscitation, (b) involved emergency nurses or the emergency team, (c) English language, (d) published within the last ten years. Exclusion criteria included (a) psychological debriefing and critical incident stress debriefing, (b) debriefing following simulation exercises, (c) debriefing occurring outside of the ED. The search resulted in 307 articles; after review 18 met the inclusion criteria. Additional literature not captured in the search was identified for inclusion by manually searching the reference lists of the previously identified articles. An additional three articles were obtained through this method.

Investigation of the concept of in-service education for ED staff was also explored through a literature search using the electronic databases of Academic Search Complete, CINAHL, and Google Scholar. Search terms used included “pre-program implementation education”, “education before a new intervention”, “effect of an educational intervention”, “implementation of a debriefing program”, “training OR education”, “debrief OR debriefing”, “in-service education”, and “nurse OR nurses.” Search terms were combined using the Boolean operator AND. Inclusion criteria included (a) research or scholarly literature with a focus on education prior to program implementation, (b) involved registered nurses, (c) English language,

(d) published within the last ten years. The search resulted in 3139 articles; after review, 10 met the inclusion criteria for this project.

Clinical Debriefing

In the literature, there is no widely accepted method or standard for conducting a clinical debrief (Eppich et al., 2016; Toews et al., 2020). Various tools and methods of debriefing have been successfully utilized however, a lack of organizational protocols and standards for clinical debriefing has resulted in an absence of evidence-based guidelines for clinical debriefing in the ED (Toews et al., 2020). In order for an effective debrief session to occur it must be preceded with the clarification of the who, what, when, where, and how of the debrief. These foundational pillars are essential for debriefing to occur and for its integration into routine practice in the ED. Clarification of these pillars is the precursor to the implementation of clinical debriefing into the Lethbridge ED.

Clinical Debriefing: Who

All members of the ED team who had any part in the event should participate in the post-event debriefing session (Sawyer et al., 2016). This also includes members of the interdisciplinary team who were in attendance, such as respiratory therapists, social workers, and pharmacists, as they are able to provide valuable feedback from their unique perspectives. Assessments from diverse clinical specialities help to better identify team strengths and weaknesses (Sawyer et al., 2016). This assessment generates feedback that can then be used for quality improvements within the ED delivery of care system.

Structured clinical debrief sessions are led by a debrief facilitator. It is the role of the facilitator to attend to the debriefing process in setting the stage for the debrief, establish psychological safety for sharing, and recording the feedback that the participants provide (Eppich et al., 2016; Rose & Cheng, 2018). Cant et al. (2018) suggest that effective debrief facilitators

should be clinically relevant, communicate efficiently, and be able to easily gather information from team members. This supports the emergence of peer-led debriefings within the clinical context stating that debriefings can effectively be facilitated by participants of the event, such as the charge nurse or incident recorder (Rose & Cheng, 2018; Nocera & Merritt, 2017). Chinnock et al. (2017) suggest that the facilitator be someone that is most likely to get the crowd to speak openly, such as the ED charge nurse. To further support this, data suggests that a physician's availability to regularly facilitate debriefings is limited due to time constraints and the ongoing demand for their availability (Chinnock et al., 2017; Rose & Cheng, 2018). Physician-led debriefing programs are therefore not always a sustainable option and other capable team members, such as the ED charge nurse can be utilized as the debrief facilitator (Rose & Cheng, 2018).

It is well established within the literature that the lack of a trained facilitator is one of the greatest barriers to routine clinical debriefing (Kessler et al., 2015; Rose & Cheng, 2018; Sandhu et al., 2014; Spencer et al., 2019). Spencer et al. (2019) noted that facilitators with debriefing education are more likely to initiate the debrief process, resulting in an increase in the overall occurrence of clinical debriefing within the ED.

Clinical Debriefing: What

Clarification of what should trigger a debrief is essential to the uptake of routine clinical debriefing in the ED. A clear guideline indicating to nursing staff what can trigger a debrief increases the occurrence of debriefing after an event. Critical events, such as resuscitations, cardiac arrest, and traumas are events that should automatically trigger a debrief and present a suitable starting point for integrating clinical debriefing into routine practice (Chinnock et al., 2017; Eppich et al., 2016). Chinnock et al. (2017) recommends starting with high-stakes critical events, such as resuscitations and traumas, to build a culture of debriefing within the ED. Once

routine debriefing has been established, the ED can look to expand what triggers a debrief session to include other events such as psychosocial and rare events as debriefing can have a broader application than just critical events (Chinnock et al., 2017).

Clinical Debriefing: When

In the literature, clinical debriefing can be classified as either a "hot" or "cold" debrief, depending on the time in which it is performed following a critical event (Mullan et al., 2017; Rose & Cheng, 2018; Eppich et al., 2015; Sweberg et al., 2018). Debriefing immediately after, or within an hour following an event, is considered a hot debrief whereas debriefing days to weeks after an event is considered a cold debrief (Coggins et al., 2020; Kessler et al., 2015; Gillen et al., 2019). For the most effective reflection to occur, debriefing should occur immediately after the event in order to properly rely on team recall and to provide "real time" reflection surrounding teachable moments from the event (Kessler et al., 2015; Mullan et al., 2017; Nadir et al., 2017). Utilizing the fresh recall of events can facilitate the identification of personal and system-based issues that in turn can be utilized for quality improvement purposes (Coggins et al., 2020; Sweberg et al., 2018).

Concerns related to the timing of hot debriefing and the unintended psychological harm that they may cause stem from a 2002 Cochrane review citing that single session debriefing in non-healthcare staff may increase the risk of post-traumatic stress disorder (PTSD) (Rose et al., 2002; Coggins et al., 2020). Acknowledging the psychological impact of critical events is an important component of a healthy ED environment however, recent studies of clinical debriefing for healthcare providers did not report harm in over 300 debriefings (Coggins et al., 2020; Rose & Cheng, 2018; Rushton et al., 2018). Coggins et al. (2020) report that the utilization of a formal debrief process for hot debriefing supports participant well-being following a critical event.

One of the common barriers to implementing clinical debriefing is the perceived lack of time to debrief in the busy ED environment (Clark & McLean, 2018; Nadir et al., 2017). Evidence suggests that an effective hot debrief session can be held within a 10-15-minute time frame (Rose & Cheng, 2018; Mullan et al., 2017; Eppich et al., 2015; Kessler et al., 2015). Having the ability to successfully execute the debrief within 10- 15 minutes indicates that it is possible to properly debrief after critical events in a quick, yet effective manner (Mullan et al., 2017).

Clinical Debriefing: Where

A psychologically safe and supportive environment to conduct the debrief allows for the respectful sharing and review of information (Toews et al., 2020). Evidence suggests that this type of environment allows for team members to feel comfortable in sharing their ideas and providing feedback without the fear of negative consequences (Toews et al., 2020; Sandhu et al., 2014; Ortega et al., 2012). This environment can be created within the ED in an area that allows for the confidential sharing of information (Sawyer et al., 2016). Debriefing within the ED allows for team members to assemble quickly while staying near their other patient assignments. Debriefing in a location close to where the event took place may assist the teams recall of events as well as identification of environmental challenges that influenced the critical event, such as physical obstructions or broken equipment (Mullan et al., 2013; Coggins et al., 2021).

The debrief facilitator plays an important role in creating a psychologically safe environment for debrief participants. Following a formal debrief process provides the facilitator with a format to follow to help achieve this setting (Rose & Cheng, 2018).

Clinical Debriefing: How

Clinical debriefing is most effective when it follows a structured approach and is facilitated (Tannenbaum & Cerasoli, 2013). The structure of the debrief may vary for each

clinical setting; however, the debriefing process remains consistent. The ED team members involved in the event requiring debriefing gather and are provided an opportunity to review the event, create and receive feedback and provide suggestions (Toews et al., 2020; Coggins et al., 2020; Rose & Cheng, 2018). The information that is obtained from the debrief can be utilized to make improvements to the delivery of patient care within the ED (Chinnock et al., 2017; Rose & Cheng, 2018; Wolfe et al., 2014; Zinns et al., 2019).

The structure of the debrief can be built upon various approaches to clinical debriefing. The literature supports the use of various debriefing methods such as the plus-delta model, which involves discussion of what went right (plus) and what can be improved upon (delta) (Chinnock et al., 2017; Rose & Cheng, 2018). Eppich et al. (2015) report that the use of open-ended questions helps to engage participants and encourage both self and team reflection. Additionally, a debriefing script, or tool, as part of the formal debrief process is useful for both novice and experienced debrief facilitators. A debrief tool aids the facilitator in setting the tone for a safe and supportive sharing environment, analyzes and reflects on team performance, allows for documentation of feedback, provides resources for follow-up if required, and concludes with a summary of the discussion and a take-home message (Eppich et al., 2016; Kessler et al., 2015; Rose & Cheng, 2018; Aponte-Patel et al., 2018). The tool also outlines the steps of the debrief to ensure all goals of the debrief are met. One qualitative based study reported that novice facilitators were able to successfully facilitate debrief sessions, and promote learning and reflection among participants, while utilizing a tool with a standardized script (Aponte-Patel et al., 2018).

The main goals of clinical debriefing are to optimize immediate and future team performance, generate feedback that can be utilized for quality improvements to the ED system and delivery of care, and improve taskwork and teamwork within the ED (Eppich et al., 2015;

Rose & Cheng, 2018; Zinns et al., 2019). When the debrief focuses on these goals, it is able to successfully operate as a quality improvement initiative. The method in which the debrief is conducted may vary based on the area in which it is being implemented. A focus on the core elements of clinical debriefing ensures that the debrief is beneficial to ED staff and is able to meet its operational goals.

Current Strategies Used to Increase Clinical Debriefing: INFO Debriefing

One of the most common barriers to routine debriefing in the ED identified within the literature was the lack of a structured post-event debriefing process (Kessler et al., 2015; Rose & Cheng, 2018; Coggins et al., 2020; Aponte-Patel et al., 2018). A multicenter investigation into post-event debriefing indicated that only 5% of the units included had established policies regarding debriefing (Sawyer et al., 2016). The implementation of structured debriefing has been associated with an increase in the ED's ability to successfully introduce a debriefing program as well as enable the participation of novice facilitators and participants (Aponte-Patel et al., 2018; Gillen et al., 2019; Tannenbaum & Cerasoli, 2013). Prior to implementing structured post-event debriefing, the debriefing rate in one urban ED was 9% following cardiac arrest, which increased to 58% post-implementation and then to 94% after 9 months (Gillen et al., 2019). Implementing structured debriefing in another survey-based study indicated that 82% of the respondents agreed that structured debriefing provided an opportunity for the team to identify and resolve problems and questions in a non-judgmental atmosphere (Berg et al., 2014).

INFO (immediate, not for personal assessment, fast facilitated feedback, and opportunity to ask questions) debriefing is one example of a structured debriefing process that can be utilized within the ED (Rose & Cheng, 2018). This debrief process was developed in Calgary, Alberta by two ED physicians who noted that routine debriefing was missing from their personal practice (Rose & Cheng, 2018). Currently, this debrief process is utilized in the four adult EDs as well as

the Children's ED throughout Calgary for use after critical events (Rose & Cheng, 2018). The INFO debrief process is accompanied by a debrief tool (Appendix A) that supports the novice facilitator in guiding the debrief session (Rose & Cheng, 2018). Rose & Cheng (2018) report that the INFO clinical debriefing process can effectively address the lack of skilled facilitators to lead the debrief as well as promote a culture of debriefing, which are common barriers to routine debriefing in the ED.

To overcome the barrier of needing a skilled facilitator, the INFO debrief process was developed to be charge nurse facilitated (Rose & Cheng, 2018). ED charge nurses have a unique skill set as they are organized, understand the flow of the ED, and do not have a specific patient assignment (Chinnock et al., 2017; Rose & Cheng, 2018). The debrief tool with the scripted statements and areas for recording feedback and recommendations assist both novice and experienced charge nurses with effectively facilitating the INFO debrief sessions (Chinnock et al., 2017; Rose & Cheng, 2018).

The use of the structured process, along with the INFO debrief tool, can promote a culture of teamwork as well as the provision of feedback that can result in recommendations for changes to clinical practice in the ED's in which it is been utilized (Chinnock et al., 2017; Rose & Cheng, 2018). The INFO debrief process utilizes the plus-delta method of debriefing allowing participants to discuss what went well and what did not go well during the critical event. Recommendations for improvements identified by debrief participants is also discussed within this debrief process, which can effectively identify areas for quality improvement in the delivery of patient care (Rose & Cheng, 2018). Rose & Cheng, 2018 reported that suggestions from the completed INFO debriefings in one Calgary based hospital identified the need to improve team communication prior to EMS arrival with a critical patient. This recommendation resulted in the creation of a pre-brief form which has been utilized to better organize the ED team once the

patient has arrived. Another recommendation arising from the INFO debriefings was the need to improve the handover of "CPR in progress" patients from EMS to the ED staff. A new process for CPR handover was standardized and has resulted in uninterrupted CPR for patients received into the ED (Rose & Cheng, 2018).

Following the steps outlined in the INFO debrief tool assists the charge nurse facilitator in conducting the debrief within a 10-15-minute time frame, allowing participants to return to their other patient assignments in a timely manner (Rose & Cheng, 2018). Rose & Cheng (2018) reported that 254 INFO debrief sessions conducted over an 18-month time frame had a median duration of 10 minutes.

Current Strategies Used to Increase Clinical Debriefing: Staff Education

A survey-based study of ED staff reported that only 14% had received any formal training on debriefing techniques despite an overall interest in receiving formal debriefing training (Nadir et al., 2017). The lack of nursing staff education pertaining to clinical debriefing is a barrier to the implementation and occurrence of routine debriefing (Kessler et al., 2015; Spencer et al., 2019).

The overall quality and effectiveness of the debrief are influenced by the debrief facilitator (Arriaga et al., 2019; Sandhu et al., 2014; Toews et al., 2020). In a national needs assessment survey, Sandhu et al. (2014) reported that participants indicated that debriefing facilitators influence the quality of the debriefing session and should have a specific skill set developed through formal training in order to facilitate the debrief sessions. The education of the debrief facilitator is an important factor in integrating clinical debriefing into routine practice in the ED.

Debrief facilitators should be provided an opportunity to practice leading a debrief in a simulation-based session prior to the implementation of the new debrief process into practice (Fey & Jenkins, 2015; Coggins et al., 2021) Allowing facilitators to practice leading the debrief

helps to build their skills, flexibility, and confidence prior to debriefing actual clinical events (Fey & Jenkins, 2015; Coggins et al., 2021). Proper education and training of debriefing facilitators promote the successful implementation of the debriefing program into clinical practice (Fey & Jenkins, 2015; Coggins et al., 2021).

Education sessions for both debrief facilitators and participants should include a discussion on when to debrief, why debriefing is important, where debriefing can be performed, a description of how a debrief takes place, including a discussion of the specific debrief process that is being implemented into the ED, and a discussion of how the information from the debrief will be used and how to follow up when a psychological debrief is needed (Coggins et al., 2021; Eppich et al., 2015; Cant et al., 2016).

Debrief education sessions can be presented to ED staff as in-service type information sessions (Mullan et al., 2017) or full educational courses (Zinns et al., 2015) depending on the specific site identified needs. Toews et al. (2020) noted that healthcare professionals with debrief education improve the occurrence rates of clinical debriefing as they are more likely to initiate the debriefing sessions.

Staff Education Strategies

The education of ED staff prior to the implementation of a new debrief process and tool is essential for staff to understand the importance and relevance of routine clinical debriefing as well as how to properly facilitate and participate in a debrief session. Two current strategies that are used to provide pre-education to ED staff are formal education and in-service education.

Formal education sessions help nurses maintain personal competency and fitness to practice (Schneider & Good, 2018). Schneider & Good (2018) reported that most nurses recognize the value that formal education sessions and continuing education have on their nursing knowledge and ability to provide safe patient care however, barriers to attendance exist. These

barriers include scheduling concerns, a lack of managerial support, and difficulty maintaining a work-life balance as nurses are often expected to attend these sessions outside of their scheduled work hours (Price & Reichert, 2017; Schneider & Good, 2018). Formal education sessions should be built upon the principles of adult learning and focus on readily addressing the immediate learning needs of staff in an accessible and enjoyable manner (Schneider & Good, 2018). Formal education sessions for debrief facilitators and participants strongly impact the quality of debriefing that will occur following a critical event (Sandhu et al., 2014).

Similar to formal education sessions, in-service education focuses on updating the knowledge and skills of staff to improve professional practice and patient outcomes however, in-service education is provided within the practice setting (Yektatalab et al., 2020). In-service education sessions should include at least two teaching/learning methods in order to effectively convey the educational message to staff (Koota et al., 2018). The literature supports face-to-face education sessions within the practice setting to help assist the translation of evidence into practice (Koota et al., 2018; Yektatalab et al., 2020). If planned and presented appropriately, in-service education can be an effective and efficient method to provide debriefing education to ED staff prior to the implementation of the debrief process and tool.

The Impact of Clinical Debriefing on ED Nurses

Routine clinical debriefing can have a positive impact on ED nurses as it provides an opportunity for nurses to reflect and learn after a critical event (Nadir et al., 2017; Twigg, 2020; Rose & Cheng, 2018). The asking of open-ended questions during the debrief helps to clarify individual thought processes and provides an opportunity for self-critique, which supports life-long learning practices in ED nurses (Nadir et al., 2017). The implementation of a routine clinical debriefing utilizing a structured approach in one qualitative exploratory study reported that staff participants became considerably more reflective in their own practice, felt empowered to speak

up regarding concerns in the delivery of patient care, and were able to easily initiate debrief sessions following critical events (Porter et al., 2018).

For some nurses, hot debriefings may feel too soon to debrief after the event. Acknowledging the feelings and stress associated with the event can help alleviate some of the psychological tension that critical events can generate (Copeland, 2016). Within the INFO debrief process and tool, the facilitator takes a moment to acknowledge the potential for stress and negative feelings associated with the event and provide resources for follow-up if needed (Rose & Cheng, 2018). Some staff may not feel the need to discuss the emotional aspects of the case as they need to maintain the ability to perform tasks and patient care following the debrief (Clark et al., 2019). Resources and follow-up information are provided to ED staff to ensure staff feel supported in dealing with the psychological repercussions of the critical event. Although not the focus of the debrief, touching on the psychological well-being of staff and providing information for additional support is an important component of maintaining mental readiness within the ED (Twigg, 2020; Rose & Cheng, 2018).

The Impact of Clinical Debriefing on the ED Team & ED Environment

Routine structured debriefing following critical events can improve the teamwork and communication skills of the ED team (Rose & Cheng, 2018). In a setting that relies heavily on teamwork in order to effectively and safely care for patients, enhancing the ED team's ability to work together and communicate effectively is beneficial for the team as well as the ED patients. Coggins et al. (2020) report that suboptimal team communication can lead to adverse outcomes for ED patients and that the implementation of routine clinical debriefing can improve communication and improve the decision-making skills of ED teams. Preventing medical errors often revolves around the identification of system-based issues however, Cant et al. (2016) stated that some medical errors can be attributed to ED teams' non-technical skills, such as teamwork

and communication. Routine clinical debriefing can improve ED team non-technical skills and ultimately the delivery of care within the ED (Cant et al., 2016).

A meta-analysis of the effectiveness of clinical debriefing after critical events found that debriefing resulted in a 20-25% performance improvement for both individual staff members as well as the ED team as a whole (Tannenbaum et al., 2013). In another systematic review and meta-analysis, Couper et al. (2013) concluded that debriefing improved team and individual learning, improved the technical and non-technical skills of ED team members (improved Cardiopulmonary Resuscitation (CPR) quality), as well as improved patient outcomes (increased return of spontaneous circulation (ROSC) following CPR).

Ongoing education for ED RNs is another method of quality improvement within the ED. Routine clinical debriefing can help in the identification of ED team learning needs, which can lead to the implementation of targeted education sessions for ED staff (Twigg, 2020).

The Impact of Clinical Debriefing on ED Patients

Clinical debriefing captures important information that can be used for quality improvement activities within the ED (Twigg, 2020; Rose & Cheng, 2018). ED patients are indirectly impacted through the changes and improvements to the ED system and delivery of care that routine clinical debriefing can generate. Improvements to the provision of CPR quality with improved neurologic outcomes have been recorded following an integration of routine clinical debriefing into practice within the ED (Crowe et al., 2015; Hunt et al., 2018).

Enhanced ED teamwork and communication, as well as the learning and reflection that the individual nurse experiences, can also positively impact the care that is provided. Coggins et al. (2020) reported that the implementation of routine debriefing in one tertiary ED resulted in significant changes to clinical practice received from the feedback and recommendations generated from clinical debriefing. Such changes included the redesign of the paediatric arrest

trolley to better fit the specific needs of paediatric patients, the availability of end-tidal CO2 monitoring for transferring intubated patients, and blood to resuscitate trauma patients (Coggins et al., 2020). The timely access to proper equipment and blood products improves the delivery of care to ED patients. Every second counts when caring for critically ill or injured patients and waiting for lengthy transfers or blood products can negatively impact patient outcomes. The issues that are identified in the debrief session, as well as the recorded recommendations, work together to provide information that can lead to positive system changes and improve patient care, which can lead to positive patient outcomes within the ED.

Future Direction to Address the Problem

In order to address the lack of clinical debriefing that is currently occurring within the ED the implementation of structured debrief processes into clinical practice must be initiated and sustained. Proper staff education of the new debriefing process is essential for the uptake and longevity of routine clinical debriefings in the ED. Overcoming the common barriers to routine debriefing, such as perceived lack of time to debrief, lack of debriefing training, participant disinterest, and lack of administrative support (Zinns et al., 2019) can be accomplished through the implementation of a structured debrief process and tool, such as the INFO debrief process. Addressing the barriers to routine debriefing will enable staff to more readily participate in clinical debrief sessions, thus increasing their occurrence within the ED.

Gaps in the Literature

Much of the literature surrounding debriefing as a method for learning and quality improvement in healthcare is grounded in simulation environments and only recently has the focus shifted to implementing clinical debriefing into actual clinical practice in the ED (Nadir et al., 2017; Twigg, 2020; Coggins et al., 2020; Sabei et al., 2016). As a result, there is limited data within the literature discussing the long-term effects and overall impact of clinical debriefing on

ED nurses, the ED environment as well as ED patients. Ongoing research evaluating the effects of clinical debriefing can add to the existing body of knowledge and expand the current understanding of clinical debriefing.

Conclusion

The ED is a fast paced, stressful and high stakes environment where every action can have a life or death consequence for the patient on the stretcher. Examining these actions through clinical debriefing after critical events in the ED can be a beneficial quality improvement activity if properly implemented. Understanding the who, what, when, where, and how of clinical debriefing is the first step to overcoming the barriers of routine clinical debriefing. Proper staff education prior to implementation is also an essential prerequisite to routine clinical debriefing. ED RNs work tirelessly to care for critically ill and injured patients. Having the opportunity to openly discuss the actions employed during a critical event allows RNs an opportunity to consistently improve the delivery of patient care within the ED.

Section 3: Project Description

Background & Purpose of the Project

Discussion with project stakeholders revealed that there was an interest in initiating a clinical debriefing program within the CRH ED. The INFO debrief process and tool was chosen for the CRH ED based on its success within Calgary-based hospitals, its ease of use, and associated debrief tool. Permission to utilize the INFO debrief tool was granted to the CRH ED Clinical Nurse Educator (CNE) by the creators of the tool (Rose & Cheng, 2018). Successful implementation of the INFO debrief process and tool into the CRH ED needed to be preceded by effective staff education related to clinical debriefing as well as the specifics of the INFO debrief process and tool.

The purpose of this project was to create and deliver in-service education sessions to the RNs working in the CRH ED regarding clinical debriefing and specifically the INFO debrief process and tool to prepare them to utilize INFO debriefing after critical events. Implementation of the INFO debrief process and tool into practice went beyond the scope of this project and was implemented into the ED for use after critical events by the ED CNE following the education sessions. The education sessions are intended to increase the knowledge and understanding of clinical debriefing in staff and help to incorporate the utilization of the INFO debrief process into routine practice. This project evaluated the new knowledge of clinical and INFO debriefing in the RNs who participated in the education sessions. A post-education session questionnaire helped to identify areas requiring further clarification before the implementation of the clinical debriefing process into practice.

Project Format

Project Goals

1. Creation of a lesson plan utilizing relevant and up to date scholarly literature pertaining to clinical and INFO debriefing for delivery to CRH ED RNs
2. Delivery of the lesson plan to the CRH ED RNs in an in-service education setting to prepare ED RNs to practice routine clinical debriefing
3. Evaluate the knowledge of the CRH ED RNs pertaining to clinical debriefing following the education session and address any outstanding questions or concerns

Ethical Considerations

A pRoject Ethics Community Consensus Initiative (ARECCI) assessment was completed before the initiation of this project (see Appendix D). The purpose of the ARECCI screening tool is to screen non-research-based projects to ensure that there is no harm or ethical risk to participants. The purpose of this project was focused on quality improvement and the ARECCI tool confirmed that purpose. The ARECCI tool showed a score of 2, indicating that the project involves minimal risk and did not require a second opinion review. The question that affected the final score was "the use of tests, surveys, interviews, oral history, focus groups, or observation of public behaviour where the participants can be directly or indirectly identified through the information recorded?" The questionnaires that were provided to each attendee to fill out and hand in following the conclusion of the education session were collected in a way that ensured the answers remained anonymous. Participants did not place their names on the questionnaire and were asked to place their completed forms into a large envelope to help maintain anonymity.

Target Audience

The target audience for this project is the RNs working within the CRH ED. At the time of this project, there were 48 regularly employed RNs, and 16 casual RNs working within the CRH ED.

ED physicians were also invited to attend the education sessions however, due to the busy nature of the ED and limited physicians on-call, their attendance at the education sessions was not recorded.

Stakeholders

Stakeholders include the CRH ED Manager and the CRH ED CNE. The ED manager was supportive of this project and the introduction of routine clinical debriefing within the ED. The ED CNE agreed to take over the maintenance of clinical debriefing within the ED following the initial in-service education sessions that were provided as part of this project. The lesson plan deliverable was developed with this in mind to be a useful resource for the ED CNE to continue to deliver standardized education for new staff regarding clinical debriefing and the INFO debrief process and tool.

Project Deliverable

The project deliverable (Appendix B) is the lesson plan for the in-service education sessions which included current debriefing literature, as well as specific information regarding the INFO debrief process and tool. Due to the ongoing COVID-19 pandemic, hosting formal education sessions with the ED RNs was not an option for providing the debriefing education sessions. The ED educator currently provides staff education utilizing an in-service education formant and has reported great success with being able to effectively deliver new information within a strict timeline to all RNs.

Following the advice of the CNE, the lesson plan was designed to be delivered successfully within an in-service setting in a 20-minute time frame and focused on three main learning objectives:

1. Define clinical debriefing and its purpose to provide information for quality improvement within the ED
2. Introduce the INFO debriefing process and tool and how to facilitate and participate in INFO debrief sessions
3. Provide an opportunity for staff to practice utilizing the INFO debrief process and tool in a simulation-based exercise

The lesson plan included the following sections:

1. Introduction: A brief explanation as to why routine clinical debriefing is needed, the objective of the lesson plan, and the lesson plan outline is provided
2. Introduction to clinical debriefing: Clinical debriefing is defined, and the importance of structured debriefing is introduced
3. INFO Debriefing: INFO debriefing is presented and how it can act as a quality improvement activity is discussed. The next few sections of the lesson plan break INFO debriefing down into the who, what, when, where, and how of clinical debriefing
4. INFO Debriefing- Who: This section describes who should participate in the debrief and who should facilitate the debrief. All members of the ED team are invited to participate including all members of the interdisciplinary team that were involved in the critical event. The INFO debrief is facilitated by the charge nurse and an explanation for this is provided. Discussion questions for this section focus on the charge nurses and provide them with an opportunity to reflect on their role as the facilitator and ask any specific questions related to facilitating.

5. INFO Debriefing- What: The events that should trigger a debrief are traumas, intubations, and events involving CPR. Other events such as a patient's death within the ED or an event that occurs infrequently, such as a vaginal delivery, can also be triggers for a debrief. Staff are encouraged to request a debrief after any event that occurs within the ED if they feel that the ED team could learn and benefit from it. Discussion questions for this section focus on the process of requesting a debrief as that is the first step for any debrief to occur.
6. INFO Debriefing- When: INFO debriefing is intended to be performed immediately after the event for the best recall of events to occur. The average time that it takes to perform the debrief is 10 minutes. Discussion for this section focusing on any question surrounding the timing of the debrief and addressing any concerns related to time and the need to return to other patient assignments.
7. INFO Debriefing- Where: The debrief should occur within the ED in a quiet, private location. Staying within the ED is recommended as it allows ED RNs to remain near their other patient assignments. As there is no set location for the debrief the discussion for this section asks participants if they would recommend any specific locations that would be suitable for the debriefing to occur. Having multiple areas to debrief thought of ahead of time will help in choosing one to debrief an actual event.
8. INFO Debriefing- How: How the debriefing takes place, including a discussion and presentation of the INFO debrief process and tool is the focus of this section. The steps of the debrief process are outlined and staff are presented with the debriefing tool to follow along with. It is also reiterated that this is a team learning opportunity and not a time to place blame following a critical event.

9. Simulation: A trauma simulation case allows participants an opportunity to utilize the INFO debrief process and tool. The simulation outlines a trauma involving a single patient and within the simulation, there are things that go well and things that can be improved upon. Following the reading of the simulation case participants follow the steps of the debrief and utilize the INFO tool to conduct the debrief of the event.
10. Conclusion: This section presents a brief discussion of the key points to remember from the lesson plan as well as housekeeping items such as where the debrief tool would be kept.
11. Debrief Tool: The INFO debrief tool is presented with highlighted notes providing helpful suggestions on how to properly utilize the tool

Each section of the lesson plan included evidence-informed information pertaining to that section as well as key points and questions for discussion. I designed the lesson plan this way to ensure that I covered the key points as I taught, was able to conclude each section with a summary of key points and had questions ready to stimulate discussion among participants. This was helpful for me as I delivered the in-service education to ensure that I met the learning objectives and properly prepared staff to utilize the INFO debrief tool in actual clinical practice. I also designed the lesson plan in this way to help the ED CNE as she continues to provide ongoing education to the ED RNs utilizing this lesson plan.

Project Development Process

Adult Learning Theory

The lesson plan encompassed adult learning principles and was structured using the accelerated learning cycle teaching method (Knowles, 1980; Kinard & Parker, 2007). Principles of adult learning stem from Malcolm Knowles's adult learning theory. Knowles describes adult learners as individuals who perform best when they are asked to use their experience to apply the

new knowledge they have been provided to solve real-life problems (Knowles, 1980). ED RNs participating in the education sessions have a varying amount of experience regarding debriefing. Some RNs may have never participated in a debrief while others may have experience from simulation or psychological debriefing, informal debriefing with colleagues, or from clinical debriefing practices. Understanding and acknowledging the previous experiences and current perceptions of staff regarding debriefing were essential for the education sessions to be successful. The lesson plan provided opportunities for participants to build on their current knowledge and experiences and also allowed for the sharing of experiences and knowledge for other participants to learn from as well.

Knowles (1980) states that adult learners are more likely to learn if they view the new information as relevant and important. Within the lesson plan the positive impact that debriefing can have on each RN, the ED team as well as ED patients is presented. The lesson plan was designed to have the ED RNs leave the education session feeling excited about debriefing and empowered to make a positive change to clinical practice through routine debriefing. This was achieved by discussing experiences with clinical debriefing, how clinical debriefing can act as a quality improvement tool, and by allowing attendees the opportunity to practice utilizing the debrief process and tool.

Accelerated Learning Cycle

The accelerated learning cycle was used to structure the lesson plan and was effective for this setting as ED RNs are adult learners who possess a wealth of knowledge and experience and can utilize that in the learning environment (Knowles, 1980; Boyd, 2004). As learners who were not starting from a blank slate, it was important to build from their current knowledge and experience to help them see the relevance and importance of routine clinical debriefing. The accelerated learning cycle was also chosen as it can reduce training time while measurably improving

learning outcomes by presenting the new information in a multidimensional approach (Schornack, 2016). This was beneficial as the lesson plan needed to be delivered in a 20-minute in-service education setting.

The accelerated learning cycle includes five phases; learner preparation phase, connection phase, creative presentation phase, activation phases, and concludes with the integration phase (Kinard & Parker, 2007). Each phase was integrated into the lesson plan to help meet the deliverable learning objectives.

1. Learner preparation phase: The learner preparation phase engages the learners prior to their attendance at the learning session (Kinard & Parker, 2007). Posters (Appendix C) were put up in the department two weeks before to the initiation of the in-service education sessions. The posters intended to inform staff of an exciting learning opportunity that would be provided within the department over a 2-week time frame. A brief introduction to clinical debriefing was provided on the poster to grab the interest of the ED RNs. One week before the initiation of the in-service education sessions an email was sent to all RNs informing them of the upcoming education sessions with an attached article discussing INFO clinical debriefing. I encouraged staff to read the article prior to attending the education session to prepare and receive a brief introduction to INFO debriefing.
2. Connection phase: Learners have the opportunity to connect with the material on both an intellectual and emotional level (Kinard & Parker, 2007). Learners at this stage are also able to tap into their inner knowledge and start making connections to the new material (Kinard & Parker, 2007). At this stage, the concept of structured post-event debriefing was introduced in the education sessions, and participants were provided the opportunity to share their thoughts, opinions and, experiences with debriefing. Staff members were

able to connect with the concept of debriefing and learn how it can be a useful tool for reflection and learning. Throughout the lesson plan, there were questions for discussion that allowed learners to critically think about the new material and start to connect its relevance to their nursing practice.

3. Creative presentation phase: The creative presentation phase presents the new material in a creative, interactive, and memorable way (Kinard & Parker, 2007). The lesson plan presented the INFO debrief process by discussing the who, what, when, where and how of INFO debriefing. The intention of breaking the information down into these sections was to make the information more memorable and also allow for specific questions and discussions relating to each section.
4. Activation phase: The activation phase is where learners begin to use the new material in a controlled and structured way (Kinard & Parker, 2007; Lee & Horsfall, 2010). Learners were able to practice debriefing by participating in a simulation exercise. The simulation exercise included the presentation of a trauma case and allowed participants the opportunity to utilize the INFO debrief process and tool in a controlled environment. RNs were able to practice facilitating, as well as participating, in the debrief simulation. Feedback was provided to participants following the simulation exercise and any outstanding participant questions were answered following the completion of the simulation experience.
5. Integration phase: The integration phase concludes the education session and prepares learners to transfer the learning to their lives (Kinard & Parker, 2007; Lee & Horsfall, 2010). The education session concluded with a summary of key points to remember as well as a few housekeeping items; such as where the INFO tool would be kept. The questionnaire forms were handed out and completed and any further questions or

comments were addressed. Encouragement to all staff was provided and it was reiterated that this is a learning process and effort over perfection is appreciated.

Project Implementation

Following the completion and approval of the lesson plan deliverable, as well as the advertising for the education sessions through posters and an email, the in-service education sessions began. The education sessions were provided to ED RNs over a two-week time frame at 0630 and 0900. The 0630 times allowed night staff as well as the incoming day staff to participate in the education session and the 0900-time slot allowed for the second round of incoming day staff to attend. After the two-week time frame, the education session was delivered to 37/48 (77%) of all regular nursing staff and 5/16 (31%) of casual staff indicating that 66% of all staff received the in-service education.

The second goal of the project was to prepare CRH ED RNs to practice routine clinical debriefing following critical events by utilizing the INFO debrief process and tool. Through the creation of the lesson plan deliverable and by providing in-service education sessions over a two-week time frame I was able to accomplish this goal. A part of the integration phase of the accelerated learning cycle I recognized who within the group was excited to adopt the new practice of clinical debriefing and who may be a little more hesitant. To do this I utilized Rogers Diffusion of Innovations theory to identify where each participant appeared to be following the education session and to understand how to better present the education session to all ED RNs. Within this theory, individuals are classified into five categories based on how quickly they adopt new ideas. These five categories are innovators, early adopters, early majority, late majority, and laggards (Rogers, 2003). Different marketing techniques can be used depending on the type of people that I am trying to reach at a specific point in time (Rogers, 2003; McKenzie et al., 2017). For example, I was able to identify the innovators and early adopters within the group of ED RNs

that I was presenting to. I encouraged their excitement and eagerness to adopt the new practice. According to this theory the sooner this group adopts the new innovation, the sooner the rest of the population will follow (Rogers, 2003; McKenzie et al., 2017). I was also able to identify the laggards, or those who may be more hesitant to participate in clinical debriefing, and I made sure to follow up with them specifically to answer any questions and provide reassurance.

Implementing the INFO debrief process and tool into actual clinical practice went beyond the scope of this project; however, following the completion of the staff education on April 16, 2021, the INFO debrief process and tool was implemented into the CRH ED for use following critical events by the ED CNE. The ED CNE has taken over the maintenance of the debrief program and will provide ongoing education to new staff using the lesson plan that was created for this project.

The completed debriefing forms will be reviewed by the ED quality council, a group of ED nurses, and other interdisciplinary specialities, such as pharmacists, respiratory therapists, and social workers, who meet monthly to discuss how to improve the delivery of care within the ED. They will review the feedback and recommendations listed in the completed debrief tools to identify which suggestions can be implemented for quality improvement purposes within the ED. To prepare the quality council for this task, I presented the lesson plan at one of their monthly meetings. At this time, I was also able to directly discuss how other EDs have utilized the recommendations and feedback from this process and tool to improve the delivery of care within the ED. The quality council as well as the ED CNE will review the completed debrief tools every month to identify opportunities for quality improvements within the CRH ED.

Evaluation

The project deliverable was evaluated three times. Initially, the lesson plan underwent a formative evaluation before being approved for implementation. Following the delivery of the

lesson plan in the in-service education sessions, summative evaluation was provided by attendees in the form of a qualitative questionnaire. Throughout the two-week time frame in which the lesson plan was delivered, unsolicited verbal feedback contributed to another formative evaluation process.

Initial Formative Evaluation

The lesson plan deliverable underwent a formative evaluation before implementation as it was reviewed by the ED CNE, who was able to provide both written and verbal feedback as a subject matter and staff education specialist. The NURS 5150 instructor, Kathy Haight, was also able to provide formative evaluation about the presentation of the lesson plan content. After completing the recommended revisions based on the feedback I received, the education session lesson plan was approved by both the CNE and the NURS 5150 instructor.

Summative Evaluation

Summative evaluation, in the form of a post-education session questionnaire, was developed and was provided to attendees to complete following the education session. The third goal of the project was met with this evaluation process as the questionnaire helped to identify any outstanding questions or concerns from staff and evaluate the overall learning that was achieved prior to the implementation of the INFO debrief process and tool into practice within the CRH ED. Although implementing the INFO debrief process and tool into clinical practice was beyond the scope of this project, I wanted to ensure that I addressed any outstanding questions or concerns from the RNs to prepare them for when the ED CNE implemented INFO debriefing into practice. As part of the ethical considerations for this project, no identifiers were collected along with the questionnaire to maintain the anonymity of the RNs completing the evaluation process.

In total there was 64 eligible staff, including both regular and casual RNs, who could attend the in-service education session and complete the evaluation questionnaire. In total 42/64 staff

attended the in-service education and 38 completed the evaluation indicating that 59% of all eligible RNs participated in the evaluation process.

To determine the success of the lesson plan deliverable and its delivery in the in-service education setting the evaluation needed to be completed by at least 90 percent of attendees, provide evidence of participant learning, and identify any collective learning needs or concerns that could be addressed through a follow-up email with all RNs after the in-service education sessions were complete.

Summary of Findings

A questionnaire provides to the RN attendees following the conclusion of each in-service education session generated qualitative data. The questionnaire asked three qualitative questions:

1. List one thing that you learned from the INFO debriefing education session
2. Do you have any unanswered questions regarding the INFO debrief process and/or tool?
3. Any other comments/concerns/ feedback?

Following the conclusion of each in-service education session I provided the attendees with a copy of the questionnaire. In total, 42 questionnaires were handed out to all of the RN attendees, and 38 questionnaires were returned to me, representing a 90% response rate of those who attended the in-service education sessions.

I organized the data from each questionnaire by extracting each response and placing it into a table (Appendix E). This process allowed me to view the answers for each question and draw themes from the data that I had collected. Finally, I analyzed the data three times to determine if my lesson plan and the delivery of the lesson plan were a success.

The first analysis focused on identifying evidence of participant learning. I analyzed the first question of the questionnaire for this as this question intended to evaluate participant learning by

asking participants to “List one thing that you learned from the INFO debriefing education session.” Five questionnaires did not include a response to this initial question, whereas 33 questionnaires did include a relevant answer to the question. This data indicated that 87% of attendees learned a new piece of information from the education session. Responses received such as “debriefing should be done right after the event,” “the tool makes it possible for anyone to lead the debrief,” and “you don’t need to be an expert to debrief” were some answers that participants provided in response to this question. All 33 questionnaires that completed this question showed evidence of learning in their responses.

I performed the second data analysis to determine if the attendees had any outstanding concerns or unanswered questions regarding the INFO debrief process and tool. The questionnaire asked participants, “Do you have any unanswered questions regarding the INFO debrief process and tool?” 6 of the 38 completed questionnaires included a response to this question. Responses included questions about the timing of the debrief, how to manage if the debrief was going too long, how to address the psychological needs of participants, and who should facilitate the debrief if the charge nurse was not available were identified as the outstanding questions from those who completed this question. The low response rate of this question implied that staff had very few unanswered questions or concerns following the in-service education session. I answered the questions that the participants identified in the questionnaire through a follow-up email sent to all staff following the conclusion of the in-service education sessions.

I performed the third analysis of the questionnaire data to determine if any common themes were emerging from the responses. By identifying common themes in the data, I hoped to understand the overall perception that the ED RNs had about clinical debriefing, the lesson plan,

and the in-service education sessions. The analysis resulted in the identification of three distinct themes:

1. 13 of the 38 completed questionnaires directly indicated that ED RNs are excited about this project and believe that routine clinical debriefing is missing within the CRH ED. The third question of the questionnaire asked, "are there any other comments/ concerns/ feedback?" Comments, such as "this is really needed," "this will be a great addition to the department," and "thank you, we will all benefit from this," were noted in response to this question. Overall, 25 of the 38 questionnaires included a positive answer to this question. In addition to the 13 questionnaires that directly indicated excitement and a perceived need for debriefing, other responses included comments such as "thank you," "great job," and "excellent."
2. 7 of the 38 completed questionnaires mentioned psychological debriefing in some way. Verbal feedback and comments throughout the delivery of the in-service education sessions also routinely focused on psychological debriefing. Comments noted in the questionnaire such as "Who will follow up for the psychological debrief if needed?", "It is good that this will show the need for a psychological debrief," and "more psychological debriefing is needed" echoed the questions that attendees mentioned in the in-service sessions. It was intriguing that many staff feel that psychological debriefing is missing from routine practice and are looking to participate more routinely in psychological debriefing sessions. I believe that identification of this theme among respondents was an unintended positive outcome of the questionnaire. Understanding that ED RNs want more psychological debriefing and have a desire to feel supported in accessing and participating in psychological debriefing after critical events is the first step in changing the current psychological debriefing practice.

3. There was a concern that there is not enough time to complete the debrief process and tool following the conclusion of a critical event. 9 of the 38 questionnaires mentioned the timing of the debrief and the concern that there is not enough time to have regular clinical debrief sessions. Comments such as “I hope we have time to do this”, “can the sessions be done at a different time and not right after?”, and “this is very needed, but do we have the time?” were noted within the questionnaire. During the in-service education sessions, this was also a common concern presented by attendees. After identifying this concern, I altered how I delivered the subsequent education sessions by discussing that Calgary area hospitals regularly utilize the INFO debrief process, which includes more extensive and busier EDs than the CRH ED. Staff responded well to this comparison and recognized that making the time for the debrief can be done. Following the change in my delivery, there were very few comments relating to the lack of time to conduct the debrief. I also made sure to include this in the follow-up email that I sent to the ED RNs to provide reassurance that the debrief can be successfully performed in the busy ED environment.

Overall, the evaluation of the feedback questionnaire indicated that the lesson plan deliverable and the in-service education sessions successfully met my project evaluation goals. To arrive at this conclusion, I determined that 90% of the in-service attendees completed the questionnaire, provided evidence of participant learning, and identified outstanding learning needs and questions that I could address through a follow-up email to all staff.

Formative Evaluation During Implementation

A formative evaluation was provided through unsolicited verbal feedback from the ED RNs immediately following an education session and throughout the delivery of the education sessions over the two-week period. As I had two weeks to provide the education sessions to the ED RNs, I

was able to utilize the feedback that I received to modify the delivery of the education sessions and act upon suggestions that I received to improve the delivery of my lesson plan.

1. Verbal feedback #1: One attendee suggested, "It would be helpful if the respiratory therapists (RT) are aware of this as they are often involved in our critical events and can attend the debrief sessions too." I agreed that this was an excellent point. I presented my education session to the Cardio-Respiratory manager, who agreed to provide the learning material I created with his staff. He was excited about the project and stated that he would encourage each RT to attend the debrief sessions following the conclusion of a critical event in which they are involved.
2. Verbal feedback #2: "The unit clerks help run the department; can you present to them as well?" This was a great suggestion, and I had the opportunity to attend a unit clerk staff meeting and provided them with the education session that I had created for the ED RNs. As a result, we were able to discuss how they can participate in the debriefs and how they can help encourage the practice of routine debriefing within the ED. Overall, the unit clerks were grateful to be a part of the learning process and are eager to do their part in contributing to routine debriefing within the ED.
3. Verbal feedback #3: "Can we have something to refer back to if we have questions or need to refresh our memory on the debriefing process?" I heard from a few staff members that they would appreciate a resource to refer back to if needed, and so I decided to create a "quick reference guide" (Appendix F). The guide included a condensed version of the lesson plan and covered the main points of the INFO debriefing process. This quick reference guide will be next to the INFO debrief tools within the ED, allowing for easy access to the information if needed.

4. Verbal feedback #4: “The debrief tools should be easy to access.” “Can we keep the tools somewhere where we will see them often?” Initially, I thought that keeping the debrief tools in a filing cabinet next to the main unit clerk desk would be an accessible location; however, some staff did not believe this was a good spot. Following numerous mentions of the location of the tools, I moved them to the daily RN assignment clipboard. I decided on this location as every staff member looks at the clipboard to see their daily assignment, and now they will also see the debrief tools each time they look. In addition, this clipboard is in an easy-to-access location close to both trauma rooms, where most critical events occur within the ED.

Project Development Strengths

One of the strengths of this project was that I founded the lesson plan on current scholarly literature concerning clinical debriefing in the ED setting. The evidence-based nature of the lesson plan supported routine clinical debriefing as an essential quality improvement practice following critical events. Additionally, the evidence-based literature helped in the delivery of the lesson plan in the in-service education sessions as I was confident that I was providing the most relevant and up-to-date information to the ED RNs.

Having worked within the CRH ED for the past four years leading up to this project, I had an established rapport with the ED RNs. My colleagues were supportive of this project and took the time out of their busy shifts to attend the in-service education sessions that I provided. I also believe that they felt comfortable asking questions and raising concerns because of our established working relationships. Additionally, my knowledge of how the ED typically functions was beneficial as I developed and delivered the lesson plan. My experience working in this ED allowed me to choose the times for the education sessions that would be best for staff and

add site-specific information to the lesson plan that would make its implementation into practice an easy task for the ED CNE.

The formative evaluations via the unsolicited verbal feedback that I received during the in-service education sessions also strengthened the project development process. It was helpful to listen to the perspectives of those in the clinical setting in which I was working to implement the project. The ideas and suggestions that the ED RNs offered helped me improve the delivery of the education sessions and attend to the oversights that I had when developing the project. For example, I would not have created a quick reference guide to accompany my project if not for the feedback I received. I believe that being open to feedback improved the delivery of my project.

Project Limitations

There were 64 RNs, both regular and casual, who were eligible to attend an in-service education session in the two-week time frame in which I was offering them. Of the 64 RNs, 42 participated in a session. Reaching 66% of the staff was a good reach; however, I would have preferred to reach 100% of all eligible RNs. Offering the in-service education sessions over a longer period could have helped improve the attendance. Factors such as staff members trading their shifts, being away on vacation, or not picking up a shift if they were a casual staff member impacted the overall attendance.

Another limitation was the response rate of the evaluation tool, as only 59% of all eligible RNs participated in the evaluation process by completing the questionnaire after the in-service education session. I was also hopeful that attendees would answer each question by only asking three simple qualitative questions; however, that was not the case. 5/38 completed questionnaires included a response to all three questions. I assumed that by not providing an answer to the question of "Do you have any unanswered questions regarding the INFO debrief process and/or

tool?" respondents did not have any outstanding questions. Utilizing a different evaluation method may have generated an improved response with greater clarity to the questions.

Conclusion

Prior to implementing the INFO debrief process and tool into clinical practice, education of the ED RNs was required. To achieve this, I developed an education session utilizing adult learning principles and structured using the accelerated learning cycle. The education sessions focused on increasing the knowledge and understanding of clinical debriefing to help staff incorporate the INFO debrief process into routine practice. In addition, the evaluation of the new knowledge of clinical and INFO debriefing in the RNs who participated in the education sessions helped identify areas requiring further clarification prior to the implementation of clinical debriefing into practice.

Section 4: Reflection

Project Development Process

As an RN working in the CRH ED and a student in the Master of Nursing program, I was in a unique position as I had one foot in clinical practice and one in the realm of academics. By working in the ED and constantly being immersed in scholarly literature for my studies, I found myself drawn to the concept of clinical debriefing. The more I learned about clinical debriefing, the more I wanted to integrate it into my clinical practice. My colleagues and I work hard each shift to deliver the best care possible to all of our ED patients. Participating in routine clinical debriefing would be one way to continually identify ways to improve the delivery of patient care and improve as a team. Unfortunately, debriefing in all of its forms is missing from routine clinical practice within the CRH ED. Although I would have liked to address all of the debriefing gaps, I focused on clinical debriefing as I recognized its importance as a quality improvement activity. Discussion with the CRH ED CNE early on in my project brainstorming indicated that I was not alone in my desire to increase clinical debriefing within the ED. The CNE also recognized the importance of routine clinical debriefing; however, due to her busy schedule she had not undertaken the task of initiating clinical debriefing within the ED. This is where my project came into play.

Implementing a clinical debriefing program into practice went beyond this project's scope, so my attention turned to preparing the CRH ED RNs to practice routine clinical debriefing following critical events. I found it difficult at first to scale back my goals for the project as I had big ideas and big hopes for what it could do. I wanted all ED RNs, both regular and casual, to attend the education session. Due to the different shifts that the ED RNs work in the ED, I chose to provide the education session over two-weeks to try and provide the education session to as many staff as I could. Factors out of my control, such as staff taking a vacation,

trading shifts, or not picking up shifts during that time frame, interfered with my initial goal of reaching 100% of the RNs. The ED CNE was supportive of my project goals and agreed to continue to provide the in-service education sessions using the lesson plan that I had created once I had completed my two weeks. Her support highlighted the importance of having key stakeholders on board with the project as they play a significant role in supporting the project and the maintenance of it once you have stepped away as the project lead.

During the first few in-service education sessions that I provided, I was nervous about the reaction of the RNs. I understood the benefits that routine clinical debriefing can have on each RN, the ED environment, and the ED patients; however, I was still worried that I would not correctly translate that in the delivery of my lesson plan. Nevertheless, the ED RNs met me with much excitement and gratitude as I delivered the lesson plan in the in-service education sessions. I had many RNs tell me that they were very grateful to have the opportunity to participate in clinical debriefing routinely and were hopeful that it would translate to more psychological debriefing as well.

I chose to utilize a simple, three-question qualitative questionnaire to evaluate my lesson plan deliverable. It hoped that by keeping the evaluation short and simple, the RNs participating in the in-service education session would not feel overwhelmed with the new information on top of a lengthy evaluation. In addition, I wanted to utilize the short time that I had with them to deliver the content of my lesson plan and help them feel prepared to participate in and facilitate the debrief sessions, and not use that time to fill out evaluations. My evaluation met my goals and indicated that my lesson plan deliverable and delivery was a success; however, the evaluation could be an area that I improve if I ever did this again.

After my in-service education sessions were complete, I handed over the lesson plan and other material, such as the quick reference guide, to the ED CNE. I was hesitant at first to hand

over my project, but the CNE has done an excellent job with implementing it into practice. Once again, this reiterated to me the importance of having solid and supportive stakeholders. I am excited to see how routine clinical debriefing can positively impact the CRH ED as a whole.

Overall, I met my project goals as I created the lesson plan utilizing scholarly evidence, I delivered the lesson plan to the ED RNs in an in-service education setting, I evaluated the knowledge of the RNs and I used that to address the few learning gaps that remained. Following the conclusion of the in-service education sessions, I felt confident that I had prepared the ED RNs to practice clinical debriefing following critical events. The lesson plan deliverable proved to cover all relevant areas of clinical debriefing as the evaluation indicated that the ED RNs were left with very few outstanding questions following the delivery of the lesson plan. The lesson plan deliverable will remain with the CNE for ongoing education of new ED RNs. Utilizing the same lesson plan for all staff will ensure that they receive the same education about clinical debriefing and can feel confident as they participate in and facilitate debrief sessions within the ED.

Lessons Learned Regarding the Development & Completion of the Project

For this project, I learned how to utilize different forms of feedback to improve the delivery of my project and to help meet my overarching project goals. I found myself looking forward to receiving feedback as I learned that it could significantly improve the development and delivery of my project. The feedback that I received added to my project in ways that I would not have considered on my own. I would never have thought to create a quick reference guide if it were not for the feedback that I received. I believe that the quick reference guide was a great addition to the project, and I am grateful for the feedback that it was generated from. It was exciting to be the project lead for this; however, I have come to appreciate the feedback from

others on a whole new level and will continue to seek feedback in my nursing practice to improve and work towards new goals continually.

If I were to re-create this project in another setting, I would like to provide the education as a formal education session instead of an in-service education setting. It did work to deliver the lesson plan as an in-service as I was able to meet my project goals; however, I believe that it would only add to the project to be able to deliver it in a more formal setting. I developed the lesson plan to be delivered in an in-service setting, and the accelerated cycle learning method supported this. If I were to develop a lesson plan for a formal education session, I would have been able to provide more opportunities to practice the debriefing process and utilize the tool in additional simulations, which would have allowed more than one or two RNs to practice facilitating the debrief. There would also have been more time for discussion as this proved to be a very insightful and interesting part of the in-service education sessions. Staff had excellent insights and experiences with clinical debriefing, and a lot of their comments added tremendously to the delivery of the lesson plan.

The evaluation process would also be another component of the project that I would alter if I were to implement this project in another area. Utilizing other evaluation methods, such as a Likert scale, could have helped generate valuable feedback that would help me determine the success or failure of the project implementation. As this was my first attempt at creating and implementing a project, I was worried that the evaluation questionnaire would burden the attendees. I wanted them to have a positive experience and leave the education sessions feeling excited about clinical debriefing. With the limited time I had to provide the in-service education session, I wanted to fill the time with presenting, discussing and practicing the new information and not filling out an evaluation. Providing the education sessions in a formal education setting would allow for more time to learn and complete a more comprehensive evaluation method.

Personal & Professional Growth

Personally, my leadership skills grew significantly through the project development and implementation process. I have never thought of myself as a mentor or one who could influence the nursing practice of others in a positive way before undertaking this project. I wanted this project to positively impact the ED, and my motivation to achieve this sparked my leadership skills to emerge and grow. I was passionate about what I was working towards and the information I was sharing with the ED RNs. The desire to introduce clinical debriefing was motivated by a desire to improve the delivery of patient care within the ED. I used that desire to inspire and guide the ED RNs as they learned about clinical debriefing. I wanted them to feel my passion and excitement about this topic and understand the positive impact of routine clinical debriefing. When I realized that what I was working towards was a positive change, I was able to come out of my shell and be a leader in implementing this change.

A part of my growth as a leader was also a noted improvement in my communication skills. I became more confident in communicating my ideas, and this also translated to my effectiveness as a teacher as I delivered the lesson plan that I had created. I quickly learned that communicating effectively, especially in the short time frame that I had to provide the lesson plan, was essential to the attendees level of participation and the amount of new knowledge that they obtained.

Acting as the project lead, I practiced many important skills such as time management and program planning. I had to stick to a very strict timeline to meet my goals, and I developed a lot of discipline to do this. I was also able to practice problem-solving within a leadership position. I could not sit back and let others figure out how to manage a problem as this was my project and my responsibility. I was able to apply the critical thinking skills that I have developed as a practicing RN and a Master of Nursing student to do this. Being able to do so in a leadership

position has helped me become more confident in my decision-making abilities and improved my confidence relating to my knowledge and skills.

As a Master prepared nurse, I will confidently utilize my newly developed leadership skills within my clinical practice. As a practicing RN the care that I deliver to my patients, and my interactions with my co-workers will be enhanced as a result of my improved leadership skills. In addition, the increased confidence that I have with stepping into a leadership role, acting as a mentor, and communicating will be great tools to have as I continue to work as an RN.

The Master of Nursing program at the University of Lethbridge has supported me as I have become more familiar with research and how to utilize it in my practice. I have been able to take a step back from my practice as an RN and realize the gaps in my application of theory into practice. I have realized that implementing theory into routine practice is a widespread problem within the healthcare setting. Understanding this issue has sparked a growing desire to find those gaps and work to bridge theory to practice. The College and Association of Registered Nurses of Alberta (CARNA) Nursing Practice Standards supports this as well. Within the practice standards it states, "The nurse continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and services" and "The nurse supports decisions with evidence-based rationale" (CARNA, 2013). I have learned first-hand the importance of utilizing evidence-based rationale and continually participating in learning activities. In doing so, this helps me uphold my duty to provide "competent, evidence-informed nursing care and services" (CARNA, 2013).

Implications for Nursing Practice & Future Research

Historically, clinical debriefing is conducted after simulation events within the healthcare education setting. The practice of routine clinical debriefing outside of the education setting is relatively new and as a result, there is a lack of knowledge surrounding the long-term outcomes

of clinical debriefing within the ED (Nadir et al., 2017; Twigg, 2020; Coggins et al., 2020; Sabei et al., 2016). A growing body of knowledge is emerging as more practitioners realize the positive impact that clinical debriefing can have within the ED. As this is a relatively new endeavour, the current state of the knowledge is also relatively new. This project can add to this growing knowledge base as another source in determining the short, medium- and long-term impact clinical debriefing can have in the ED.

During the implementation of this project, I noted that the ED RNs were excited to have a structured debrief process and tool to use after critical events as they felt this was previously missing from their routine practice. I believe it would be a worthwhile venture to identify the impact that routine clinical debriefing has on the CRH ED RNs, the CRH ED environment, and the quality of care provided to CRH ED patients.

An unintended issue that I identified while conducting this project was that CRH ED RNs desire to participate in both clinical and psychological debriefing; however, they feel unsupported. Participants of the education session were very grateful that the INFO debrief process and tool provided a method for clinical debriefing and that it also acknowledged the psychological impact of the critical event and provided resources for follow-up. I received many comments stating that psychological debriefing is rarely performed, and that staff are wanting more support in that regard. Future research should focus on the psychological impact of critical events on CRH ED RNs and how to best implement routine psychological debriefing into practice within this setting. Is this a site-specific issue or do all ED RNs wish for more psychological debriefing within the workplace?

Conclusion

When appropriately implemented, clinical debriefing can be a valuable quality improvement tool. Despite its ability to identify system and team-based issues following an

event, clinical debriefing continues to be practiced infrequently within the ED. This infrequent practice presents a missed opportunity for ED RNs to identify areas that went well and areas that can improve following a critical event. The identification of areas that can be improved upon contributes to the ongoing quality improvement process within the ED and can improve the care that is provided to ED patients. Prior to the implementation of a clinical debriefing process and tool into practice, the education of ED RNs regarding clinical debriefing is required. There was an identified need to increase clinical debriefing in the CRH ED; however, a prerequisite to implementing a new debrief process into practice was the education of the ED RNs. This evidence-based project included creating a lesson plan based upon relevant and current scholarly literature and delivering in-service education sessions utilizing the lesson plan to CRH ED RNs. Receiving the standardized education regarding the INFO debrief process and tool prior to practicing clinical debriefing in the ED setting was crucial for the success and ongoing use of INFO debriefing following critical events within the CRH ED. Evaluation of the lesson plan and its delivery within the education setting indicated that the ED RNs had increased their knowledge regarding clinical debriefing and had minimal remaining questions following the education sessions. The evaluation tool allowed for the identification of outstanding questions, allowing me to address these in a follow-up email to all ED RNs. Routine clinical debriefing following critical events can be a valuable quality improvement tool. The CRH ED RNs now have the knowledge and skills to participate in clinical debriefing sessions following critical events and will be able to generate feedback from the debriefing sessions that will contribute to the improved delivery of care to ED patients.

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APPENDIX A: INFO DEBRIEF TOOL

INFO

DEBRIEFING TOOL

Basic Assumption:

"We believe that everyone participating in patient care is intelligent, capable, care about doing their best and wants to improve."

Adapted from the Center for Medical Simulation, Boston

SUGGESTED FLOW

- ☐ Thank group for taking time to gather
- ☐ Allocate scribe and timekeeper
- ☐ Go through INFO mnemonic i.e. the rules
- ☐ Ask each participant for feedback making sure they do both plus and delta before moving to the next person
- ☐ Document feedback
- ☐ Record any recommendations that the group decides on
- ☐ Remind group pf resources if more support is needed
- ☐ Note- INFO does not replace normal process
- ☐ Ask if there are any final questions
- ☐ Thank the group for taking part in INFO

It is not the objective of an INFO session to assess or evaluate personal performance during this resuscitation

INFO

I -Immediate- as soon as possible after the event

N- Not for personal assessment- INFO is a safe environment

F- Fast- 10-15 minutes maximum/

Feedback- expected that all members of the team will take part in a "plus/ delta" format (plus = what went well/ delta= what could be done differently)

Facilitated- by the nurse clinician in charge of the department for the shift

O- Opportunity- to ask questions/ clarify events/ identify areas to improve patient care

PLEASE REMEMBER

- INFO does not replace the normal process surrounding critical events
- It is not the objective of an INFO session to assess or evaluate personal performance during this resuscitation
- Try to identify participants who you think would benefit from further counselling and approach them with the details for follow up

FOLLOW UP

- ☐ Employee and Family Assistance Program (EFAP) 1-800-268-5211
- ☐ Road to Mental Readiness (R2MR)
- ☐ My Safety Net
- ☐ Other:_____

RECOMMENDATIONS FROM GROUP

INFO
DEBRIEFING TOOL

PLUS (What went well)	**DELTA** (What you would like to do differently)

FEEDBACK

Time INFO session started: _____

Choose **1 or 2** topics from above and discuss why it went well or what could be done differently.

Please record topics and relevant comments.

Time INFO session ended: _____

DEMOGRAPHICS

Date _____

Indication for INFO Session

- ☐ CPR
- ☐ Intubation
- ☐ Trauma
- ☐ Requested

Reason requested_____

Final ER diagnosis_____

TEAM Members

RN

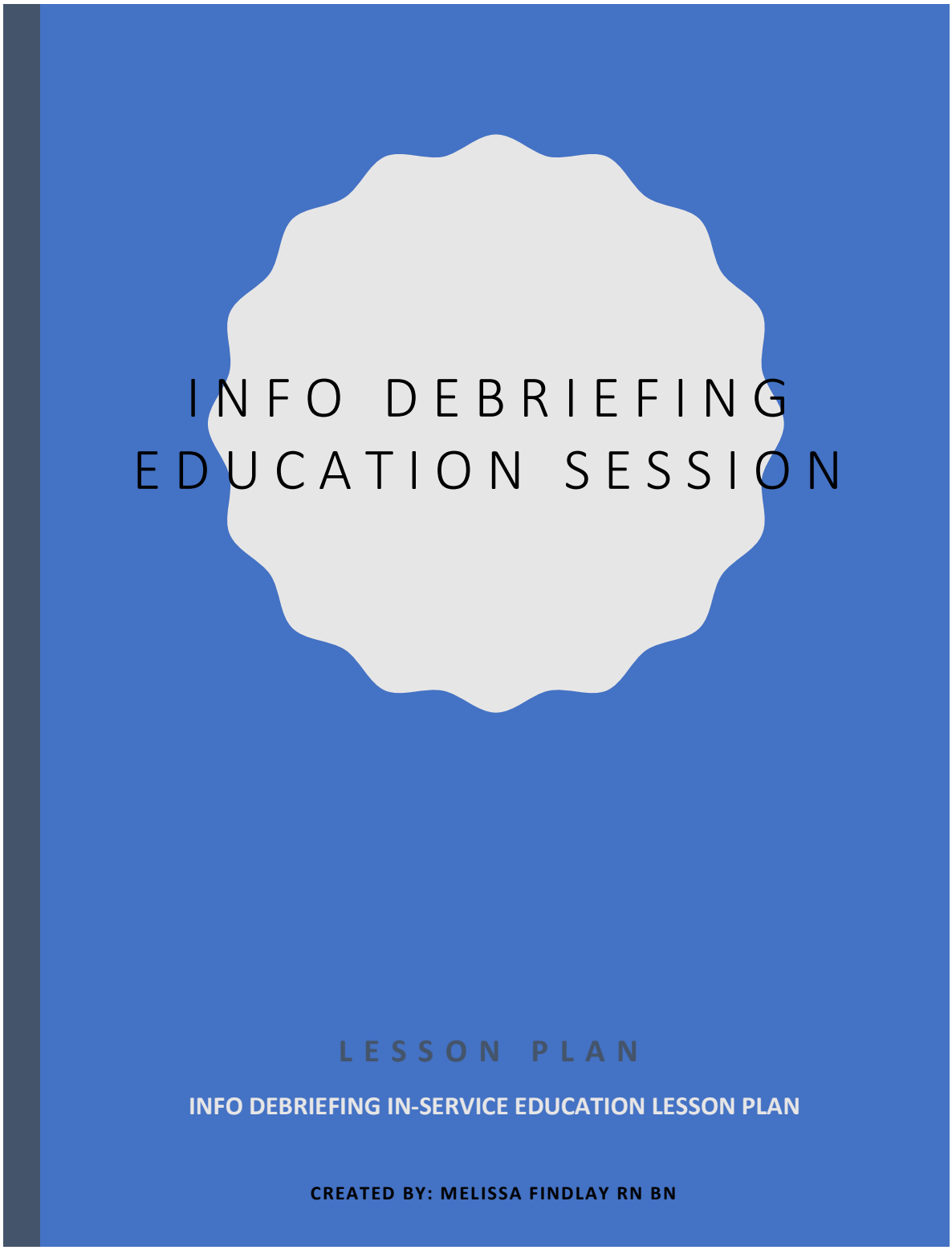
Facilitator_____

Physician Team Leader_____

Present at INFO session

- ☐ ER MD
- ☐ ER RN
- ☐ Social worker
- ☐ RT
- ☐ Other_____

APPENDIX B: LESSON PLAN DELIVERABLE



INFO DEBRIEFING IN-SERVICE EDUCATION LESSON PLAN

WHY IS THIS NEEDED?

The ever-increasing rates of critically ill patients, resuscitations, traumas and now COVID-19 related events present important learning opportunities for ED staff. Prior to the implementation of a new formal debrief process, including a standardized tool to structure the debrief session, education of ED staff is a prerequisite to the successful implementation of the debrief process and utilization of the tool.

OBJECTIVE

To provide ED staff with a standardized in-service education session that defines clinical debriefing and presents the INFO debrief process and tool for review and discussion.

LESSON PLAN OUTLINE

Introduce | Present | Practice

1. Introduce the topic of clinical debriefing
    a. Why is clinical debriefing important?
    b. How can debriefing improve team performance and patient outcomes?

2. Presentation of the INFO debrief process and associated tool
    a. Discuss the who, what, when, where, and how of utilizing the INFO debrief process and tool

3. Hands on practice with following the INFO debrief process and utilization of the tool
    a. Allow ED staff to review the INFO process and tool in a short simulation experience

4. Conclusion of the in-service session
    a. Wrap up and answer any outstanding questions
    b. Completion of staff feedback form

This in-service education session lesson plan has been developed to effectively be delivered to ED staff within a 20-minute time frame.

INFO DEBRIEFING

Immediate, not **for personal assessment, *fast* facilitated feedback, and *opportunity* to ask questions**

(Rose & Cheng, 2018)

INTRODUCTION TO DEBRIEFING

KEY POINTS

- No debriefing= missed team learning opportunity
- Routine debriefing helps to improve individual & team performance
- Debriefing can Improve the ED's delivery of care systems & patient outcomes
- The focus of debriefing is to reflect & learn and NEVER to assign blame

QUESTIONS/DISCUSSION

- Provide an opportunity to discuss any previous experience with clinical debriefing
- Any outstanding questions related to clinical debriefing?

1. **Introduce & define clinical debriefing**
   a. Clinical Debriefing: a facilitated discussion following an event that is intended to review the actions and thought processes of team members (Mullan et al., 2017).
   b. In the ED, debriefing is an important educational tool that can improve individual and team performance as well as positively impact patient outcomes (Kessler et al., 2015).
   c. The focus of clinical debriefing is to reflect and learn from the event as a team and never to assign blame
   d. Other definitions & uses of debriefing within healthcare: psychological debriefing, simulation-based debriefing, informal debriefing (Harder et al., 2020; Macdiarmid et al., 2020; Werry, 2016).
2. **Why do we need the INFO debriefing process and tool?**
   a. One of the main barriers to routine debriefing is the lack of a structured debrief process and tool (Rose & Cheng, 2018; Kessler et al., 2015)
   b. The implementation of structured debriefing sessions increases the ED's ability to successfully introduce a debriefing program and enables the participation of novice facilitators and participants (Gillen et al., 2019; Tannenbaum & Cerasoli, 2013).
   c. Structured debriefing provides an opportunity for the ED team to identify and resolve problems and questions in a non-judgmental atmosphere (Berg et al., 2014).

INFO DEBRIEFING

KEY POINTS

- INFO is facilitated by the ED charge nurse
- Recommendations & feedback from the INFO sessions can improve clinical practice
- Objective of the INFO sessions = improve system & team performance
- The INFO tool guides the debrief facilitator through the debrief
- Recommendations & feedback from the group can be recorded in the INFO tool

1. INFO: Immediate, not for personal assessment, fast facilitated feedback, and opportunity to ask questions (Rose & Cheng, 2018).

2. Charge-nurse led clinical debriefing program

3. INFO was developed in Calgary and is currently used in adult ED's throughout the city. Recommendations arising from the INFO sessions have been implemented into clinical practice (Rose & Cheng, 2018). (Ex: "CPR in Progress" handover from EMS to ED staff in resuscitation bay has resulted in uninterrupted CPR for patients received into the ED).

4. The focus of the INFO debrief sessions is to improve system and team performance (Rose & Cheng, 2018).

5. The INFO debrief tool supports the use of the tool for novice facilitators, promotes learning among all participants and encourages a safe debriefing environment (Aponte- Patel et al., 2018; Rose & Cheng, 2018).

6. The debrief tool sets the stage and outlines the flow of the debrief. Participants will be asked "what went well" and "what would you like to do differently" as well as if there is any other feedback and recommendations from the group

INFO DEBRIEFING- WHO

KEY POINTS

- All members of the ED team should participate in the debrief session
- Interdisciplinary team members present during the event should also be invited to participate (ie; RT, EMS)
- The unique skill set of ED charge nurses allows them to effectively facilitate the INFO debrief sessions

QUESTIONS/ DISCUSSION

For those in the charge nurse role:

- Take the time to reflect after completing this education session. Do you feel comfortable facilitating the sessions? Additional support & education is available if required.

1. Who should participate in the debrief?
    a. All members of the ED team who had any part in the event should participate. Members of the interdisciplinary team who were in attendance can help to provide perspectives from diverse clinical specialities. This helps to better identify team strengths and weaknesses (Sawyer et al., 2016).

2. Who facilitates the debrief sessions?
    a. INFO is a charge nurse led debrief process.
    b. *Why the charge nurse?* ED charge nurses have a specific set of skills including clinical knowledge, an understanding of the department routine, and typically do not have a patient assignment allowing them to facilitate the debrief sessions (Rose & Cheng, 2018).

INFO DEBRIEFING- WHAT

KEY POINTS

- Think TIC (Trauma, intubation, CPR) to remember what should trigger a debrief
- Any event can trigger a debrief- there are learning opportunities after every event
- Any member of the ED team can request a debrief

QUESTIONS/ DISCUSSION

- Would you feel comfortable requesting a debrief after a critical event in the ED?
- How would you go about requesting a debrief?

1. What should trigger a debrief?
    a. Trauma
    b. Intubation
    c. CPR (Rose & Cheng, 2018)

2. Other events that could trigger a debrief:
    a. Patient death within the ED
    b. Events that occur infrequently (ie: Delivery within the ED)
    c. Violent or aggressive patient
    d. Requested by the ED team/ED team member

3. In order to keep the implementation of the INFO debrief process simple- traumas, intubations & CPR should automatically trigger a debrief. Once routine debriefing has been established, the ED team may request to debrief more frequently

4. Any member of the ED team can request a debrief for any event that occurs within the ED

INFO DEBRIEFING- WHEN

KEY POINTS

- INFO debriefing is considered a "hot debrief"
- Debrief immediately after the event for the best recall of events
- If unable to perform the debrief immediately, try and start the debrief within the hour following the event
- 10 minutes is all you need!

QUESTIONS/ DISCUSSION

- Any questions regarding the timing of the debrief?

1. Debriefing immediately after or within an hour following the event is called "hot debriefing" (Mullan et al., 2017; Kessler et al., 2015).
2. For the most effective reflection to occur, debriefing should occur immediately after the event in order to properly rely on team recall and to provide "real time" reflection and discussion surrounding teachable moments from the event (Mullan et al., 2017; Nadir et al., 2017).
3. The INFO debrief session should occur immediately after the event or within the hour after its occurrence (Rose & Cheng, 2018; Chinnock et al., 2017).
4. The average time it takes to complete the INFO debrief process is 10 minutes (Rose & Cheng, 2018).

INFO DEBRIEFING- WHERE

KEY POINTS

- Debrief where the team feels comfortable
- Quiet, private location within the ED is ideal

QUESTIONS/ DISCUSSION

- Are there any other locations that you would recommend for debriefing within the department?

1. Assemble within the ED in a quiet, private location if possible
2. Staying within the department is recommended as this allows staff to remain in close proximity to their ongoing patient assignments (Mullan et al., 2017).

INFO DEBRIEFING- HOW

KEY POINTS

- The structured & facilitated approach of the INFO debrief process allows for effective debriefing to occur
- The debrief tool supports the facilitator
- The facilitator follows the flow and questions within the debrief tool
- REMEMBER: this process is a team learning opportunity and not a time to place blame
- The average duration to complete the INFO debrief process is 10 minutes

QUESTIONS/ DISCUSSION

- Any questions surrounding the INFO debrief process?

1. Post event debriefings are most effective when they follow a structured approach and are facilitated (Tannenbaum & Cerasoli, 2013).

2. The tools scripted statements help to guide the facilitator. This is beneficial as it helps to set the tone for a safe and supportive debriefing environment as well as provide support for novice debriefers (Rose & Cheng, 2018).

3. Flow of the debrief process:
    a. Gather the ED team for the debrief
    b. The facilitator will follow the scripted statements on the front page of the debriefing tool
    c. The facilitator will then ask the group two questions: "what went well" and "what would you like to do differently?"
    d. The facilitator will record the group comments within the debrief tool
    e. The facilitator will also ask for any feedback and/or recommendations from the group to improve future performance and/or operations
    f. Once the tool has been filled out the facilitator will ask for any further questions or concerns and then conclude the debrief session

4. Feedback from the debrief will be reviewed to identify opportunities for improving the delivery of patient care within the ED

INFO DEBRIEFING- SIMULATION

Possible Answers:

What went well:

- Trauma team assembled prior to the patient's arrival
- Efficient patient assessment
- Quick initiation of MTP
- Second IV initiated
- Quick set up of the rapid infuser/ warmer
- Quick and efficient transfer to the OR

What would you like to do differently?

- Improved communication from EMS (ie: forgetting to discuss all assessment findings- lead to missed opportunity to have all required specialities present)
- Restocking of supplies: reiterates the importance of checking your trauma rooms (personal reflection & change to practice)

What recommendations could arise from this?

- Improved pre-hospital clinical communication

Simulation Event:

The ED charge nurse receives a patch from EMS regarding an incoming patient. The information provided by EMS includes the following:

- 70-year-old male
- Single vehicle MVC
- CPR in progress
- One established IV
- 5 minutes out

The charge nurse assembles the trauma team and all team members arrive prior to the patient. Once the patient arrives the patient is transferred to the stretcher and the team starts their assessment. You remove the patient's clothes and notice an open ankle fracture to the patients left ankle. EMS state they "forgot" to mention that finding. Ortho is then paged however, they just started a case in the OR. MTP is quickly initiated as the patients BP continues to drop and blood is identified with the bedside ultrasound to the patient's abdomen. A pulse is noted at the next pulse check and CPR is stopped. Your partner has established a second IV and has set up the rapid infuser/ warmer and is ready for the first MTP box. You go to insert an OG tube only to notice that they were not restocked in the trauma room. Once the first MTP box is complete the patient is transferred to the OR for surgery. Your team gathers for a debrief.

1. What went well?
2. What would you like to do differently?
3. Any recommendations or feedback?

CONCLUSION

Key Points to Remember:

- The objective of the education session is to provide background information regarding the importance of debriefing and educate staff on the INFO debrief process and tool prior to its implementation. The goals of the session are to leave staff feeling empowered and excited to debrief in order to continually improve the delivery of patient care within the ED
- The goals of the INFO debrief sessions are to improve team performance and delivery of patient care, never to assign blame
- Psychological debriefing can be requested during the session and will be followed up by management. INFO is not intended to be a psychological debrief
- The recommendations made by the group are to focus on improving the ED team and delivery of patient care. These recommendations will not be "graded"
- The INFO debrief session can help individual participants self-reflect on their performance, skills and knowledge however, the intent of the session is to focus on the ED team.

Housekeeping:

- The INFO tools will be kept in the drawer next to the A-side unit clerk
- If the completed debrief tools have recommendations or feedback from the group, they can be placed in the envelope labeled "INFO" located next to the educator/management mailboxes.
- If the group does not come up with any recommendations or feedback the tool can be disposed of in the confidential bin
- The recommendations and feedback generated from the INFO sessions will be reviewed by the ED quality team

Any further questions, comments or concerns?

The charge nurse follows the statements on this page in order to set the tone for the debrief and to ensure all team members are on the same page prior to starting the debrief

INFO

DEBRIEFING TOOL

Basic Assumption:

"We believe that everyone participating in patient care is intelligent, capable, care about doing their best and wants to improve." *Adapted from the Center for Medical Simulation, Boston*

SUGGESTED FLOW

- ☐ Thank group for taking time to gather
- ☐ Allocate scribe and timekeeper
- ☐ Go through INFO mnemonic i.e. the rules
- ☐ Ask each participant for feedback making sure they do both plus and delta before moving to the next person
- ☐ Document feedback
- ☐ Record any recommendations that the group decides on
- ☐ Remind group pf resources if more support is needed
- ☐ Note- INFO does not replace normal process
- ☐ Ask if there are any final questions
- ☐ Thank the group for taking part in INFO

It is not the objective of an INFO session to assess or evaluate personal performance during this resuscitation

INFO

I -**Immediate-** as soon as possible after the event

N- Not for personal assessment- INFO is a safe environment

F- Fast- 10-15 minutes maximum/

Feedback- expected that all members of the team will take part in a "plus/ delta" format

(plus = what went well/ delta= what could be done differently)

Facilitated- by the nurse clinician in charge of the department for the shift

O- Opportunity- to ask questions/ clarify events/ identify areas to improve patient care

PLEASE REMEMBER

- INFO does not replace the normal process surrounding critical events
- It is not the objective of an INFO session to assess or evaluate personal performance during this resuscitation
- Try to identify participants who you think would benefit from further counselling and approach them with the details for follow up

FOLLOW UP

- ☐ Employee and Family Assistance Program (EFAP) 1-800-268-5211
- ☐ Road to Mental Readiness (R2MR)
- ☐ My Safety Net
- ☐ Other: _____

Providing follow- up information to help manage the psychological effects of critical incidents is important

RECOMMENDATIONS FROM THE GROUP

The recommendations for changes/improvements to practice or other suggestions that are provided during the debrief can be recorded here

INFO

DEBRIEFING TOOL

PLUS	DELTA
(What went well)	(What you would like to do differently)

The two questions that INFO focuses on. Start with what went well to encourage a positive atmosphere

FEEDBACK

Time INFO session started: _____

Choose **1 or 2** topics from above and discuss why it went well or what could be done differently. Please record topics and relevant comments.

_____

_____

_____

_____

_____

Time INFO session ended: _____

DEMOGRAPHICS

Date _____

Indication for INFO Session

- ☐ CPR
- ☐ Intubation
- ☐ Trauma
- ☐ Requested

Reason requested_____

Final ER diagnosis_____

TEAM Members

RN Facilitator_____

Physician Team Leader_____

Present at INFO session

- ☐ ER MD
- ☐ ER RN
- ☐ Social worker
- ☐ RT
- ☐ Other_____

Recording the demographics & team members present helps to put the recommendations and feedback into context

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APPENDIX C: EDUCATION SESSION POSTER

APPENDIX D: ARECCI SCREENING TOOL

ARECCI Screening Tool Results Link:
http://www.aihealthsolutions.ca/arecci/screening/404469/33b80b0319c1f094018d03385e81f3df

Your score is 2. The project involves Minimal Risk. Use the ARECCI tools to identify and manage risk consistent with local policies.

Questions that affected your final score:

20. The use of tests, surveys, interviews, oral history, focus groups, or observation of public behaviour where the participants can be directly or indirectly identified through the information recorded? **2** pts

Ethics Screening Score Cutoff Points

Score Result	Category of Risk	Recommended Ethics Review
47 or greater	Definitely greater than minimal	Organization's recognized review process* using *ARECCI Ethics Guidelines for Quality Improvement and Evaluation Projects*
8 - 46	Somewhat more than minimal	Second Opinion Review** using *ARECCI Ethics Guidelines for Quality Improvement and Evaluation Projects*
+ 0 - 7	Minimal	Project leader uses *ARECCI Ethics Guidelines for Quality Improvement and Evaluation Projects*

**Review by a duly constituted group independent of the project team, that is trained to do project ethics reviews and whose decisions are recognized by the organization.*

***Review by an individual trained to do project ethics reviews who has no vested interest in the outcome of the project.*

If you require access to a Second Opinion Review, please email ARECCI.health@albertainnovates.ca

+ *There is always potential for ethical risk in projects that involve people or their personal information.*

APPENDIX E: TABLE OF QUESTIONNAIRE RESULTS

Feedback Form #	Question 1: List one thing that you learned from the INFO debriefing education session	Question 2: Do you have any unanswered questions regarding the INFO debrief process and/or tool?	Question 3: Any other comments/concerns/feedback?
1	Debriefing can be requested for any patient event		Well done
2	A physician does not need to be present to debrief		This is needed. Thank you
3	Debriefing is a learning opportunity	What is the sessions start taking longer than 10 min? Will we have enough time to address everything?	Great addition to the department
4	I can have a moment to self-reflect as well		This is really needed
5	Debriefing is a learning opportunity		Thank you. We will all benefit from this
6	We can debrief anything, not just traumas		Super job
7	A great way to come together as a team	Any way to address psychological needs? Or leave that to a later time?	Great job
8	Debriefing is not just for tragic events		Good job. Thank you for the article too. It was a good read
9			Time! Is it realistic to do this after the event?
10	A good way to learn from real events, not just simulation	How do we keep it to 10 minutes if someone gets off topic or has a big issue?	Thanks for doing this

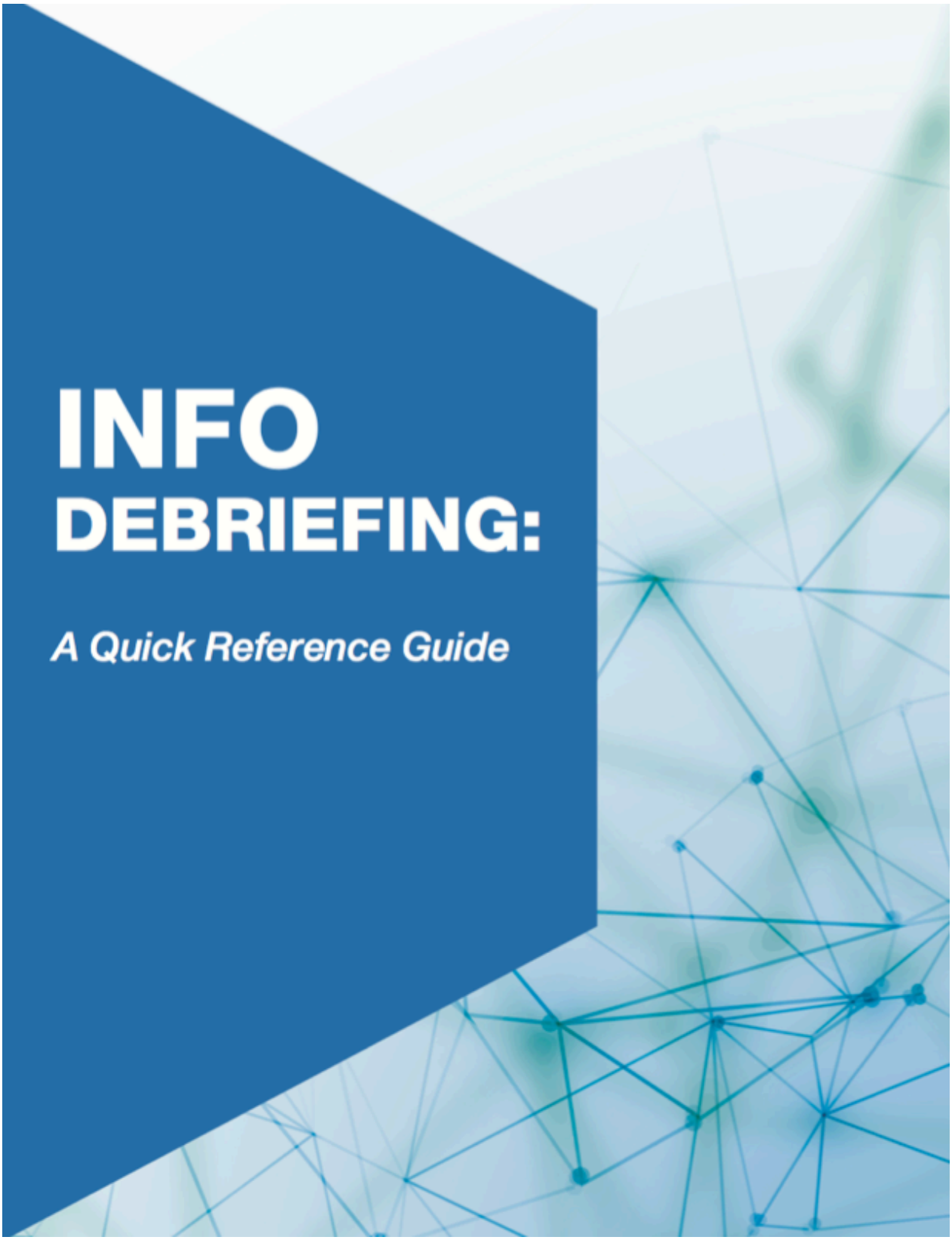
11	The charge nurse facilitates the debrief session		It would be helpful if the other team members know about this and attend too (RT, EMS)
12	I can request a debrief if I think it is needed		Excellent, very needed in the department
13	Debriefing will help improve the whole team		The quick reference guide will be helpful
14	I like that there is a spot to say when a psychological debrief is needed		It will be interesting to see how we can fit this in after traumas, codes
15	Don't wait for the doctor if they can't attend		Well done. It has been great to hear the progression of this project and now see it in the department
16	Anything can be debriefed		Thank you
17	Debriefing should be done right after the event		This could also help each nurse determine their own learning needs- CARNA
18	Best to debrief right after		This will be really helpful
19			Exciting! Thank you for your hard work
20	Anyone can attend- remind RT and EMS to stick around		The ED needs more debriefing so this will be excellent for everyone
21			I hope we have time to actually do this
22	Trauma, intubation or CPR can be followed by a debriefing		We really needed this
23	There is a tool that comes with the debrief	Can the sessions be done at a different time and not right after?	Thank you, this is wonderful
24	Only takes 10 minutes or less		Thank you. This will be a great addition to the department
25	This can be for the whole ED team.		Can we keep the tools in an easier to find location?

	Other specialities included		
26	The tool helps make it possible for anyone to lead		We need to do more psychological debriefing as well
27	Charge nurse runs the show	If the charge nurse is not available who will facilitate?	Overall great job
28	The results from the debrief can help improve the ED		A great addition to the ED
29	This will help increase debriefing		Excellent
30			Great- I worry about having time to do this
31	You don't need to be an expert to debrief		It is good that this will show the need for a psychological debrief
32	We can debrief any event		Timing may be an issue
33	The charge nurse leads the debrief	Who will follow up for the psychological debrief?	More psychological debriefing is needed
34	The tool will help anyone lead the debriefing		Thank you for doing this. Debriefing has been missing in all its forms
35	A great way to recognize learning needs		All kinds of debriefing is needed
36	Reflection and learning are the goals of debriefing		Excellent. So needed
37	Debriefing is a team exercise		This is very needed but do we have the time?
38	A great way to learn as a team		The debrief tools should be easy to find/access

Emerging Themes:

1. Staff are excited about this project and believe it is needed and will benefit the ED
2. Staff appreciate that the tool identifies when a psychological debrief is needed, the need for more psychological debriefing is noted
3. Staff do have a concern about the time it takes to perform the debrief. Unsure if there will be time to complete the debrief after the critical event.

APPENDIX F: QUICK REFERENCE GUIDE



Clinical Debriefing:
Why should we do it?

Attending education sessions outside of work is helpful in maintaining personal competence and nursing skills however, important learning opportunities are also available within the emergency department on a regular basis.

Debriefing is a facilitated discussion after an event that is intended to review the actions and thought processes of team members[1]. It is an important educational tool that can improve individual and team performance as well as positively impact patient outcomes[2].

INFO:

I *Immediate,*

N *Not for personal assessment,*

F *Fast facilitated feedback,*

O *Opportunity to ask questions*

The INFO clinical debriefing process allows for charge nurse led clinical debriefing to occur immediately following a critical event. By following the structured process and scripted statements within the debrief tool, debriefing can occur in a safe environment that encourages teamwork and provides feedback for recommendations for change to clinical practice[3].

Debriefing Using the INFO Process & Tool:

WHO: All members of the ED team who had any part in the event should participate in the debriefing session[4]. Perspectives from diverse clinical specialities helps to better identify team strengths and weaknesses.

The INFO debrief process and tool should be facilitated by the ED charge nurse.

WHAT: Events that should trigger a debrief include CPR, intubation, or trauma.
Critical events that occur infrequently can also trigger a debrief. Debriefing is a learning opportunity and requesting a debrief after any event in the ED can help to encourage learning and reflection.

WHEN: For the most effective reflection to occur, debriefing should occur immediately, or up to one hour after the event, in order to properly rely on team recall and to provide "real time" reflection and discussion surrounding teachable moments from the event[1,5].

WHERE: INFO debrief sessions can be completed within 10-15 min following the critical event[1,3]. It is possible to properly debrief in a quick, yet effective manner. Debrief sessions should be held within the ED in a quiet location.

HOW: Following the conclusion of a critical event, the debrief facilitator utilizes the INFO debrief tool to guide the debrief. It is important to set the stage for the debrief and remind participants that the goal of the debrief is to determine how to improve for the next case, and never to assign blame.

The facilitator will guide the team through the debrief by asking the following questions:

1. ***What went well?***
2. ***What would you like to do differently?***
3. ***Any recommendations from the group?***

The facilitator will also remind the group of the available resources that are available if more support is needed. The debrief will conclude after the group determines that there are no further questions.

It is not the objective of an INFO session to assess or evaluate personal performance during the critical event/resuscitation[3]

I: Immediate- as soon as possible after the event

N: Not for personal assessment- INFO is a safe environment

F: Fast- 10-15 minutes maximum

Feedback- expected that all members of the team will take part in a "plus/ delta" format (ie: plus= what went well/ delta= what could be done differently)

Facilitated- by the nurse in charge of the department for the shift

O: Opportunity- to ask questions/ clarify events/ identify areas to improve patient care[3]

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