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EDITORIAL

Who Leads the Emergency Department Debrief?

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The Problem

It is no surprise that healthcare demands in the United States are on the rise. A variety of factors such as population growth, the aging baby boomer population, and the rising incidence of metabolic diseases are escalating stress on the healthcare system. In particular, front line healthcare workers are suffering the brunt of this burden. For many Emergency Medicine providers, the COVID pandemic further exacerbated this stress and burden. Debriefing may be an effective tool for dealing with healthcare worker burnout, but it is poorly utilized.

According to Shanafelt et al., physician burnout has become a widespread problem without a clear solution. Moreover, burnout among US physicians is much greater compared to workers in other fields [1]. In most careers, additional education correlates with less burnout; however, earning a medical degree does not appear to offer the same parallel [1]. Physicians experiencing burnout are an increased hazard to themselves, their patients, and society as a whole [1]. If healthcare systems empower physicians to lead well-balanced lives, then practitioners will better serve their communities [2].

Similarly negative effects of burnout are experienced by emergency nurses. In fact, the level of burnout is projected to be greater than that experienced across all other nursing specialties [3]. One study found that roughly one in every three emergency department (ED) nurses experiences some level of burnout [4]. Furthermore, high levels of depression have been associated with burnout among ED nurses [5].

A Potential Solution

Debriefing has emerged as a promising tool in healthcare to decrease burnout [6]. While protocols for debriefing have varied structures, most include a type of forum to discuss reactions and feelings in relation to a recently experienced traumatic event. Zuckerman et al. showed debriefing to be an effective method to improve error identification and increase communication in the workplace [7]. Colville et al. found that attending debriefing and staff talking with seniors decreased the likelihood of burnout and work-related post-traumatic stress [6]. Unfortunately, studies attempting to characterize the effects of routine debriefing are handicapped by a lack of utilization by attending physicians [8]. In addition, transferring outcomes-based protocols to the clinical practice arena can often be associated with poor compliance due to important barriers to implementation. Such barriers include time constraint, unwillingness or discomfort with communicating feelings, and lack of trained facilitators and established guidelines [8].

Most debriefings are noted to be physician-led [9, 10, 11]. Since physicians typically lead the patient care team, they are the seemingly obvious de facto choice for initiating and leading debriefs. However, some research has cautioned that team authority figures could inhibit or bias the discussion [9]. Given the physicians authority role as a decision-maker, other individuals may not feel welcome or willing to participate in the debrief.

The Nurse-Driven Approach

Nurse-driven debriefings are a promising solution to the lack of compliance in using historically physician-led debriefing protocols. Many barriers exist to the implementation of debriefing protocols in the Emergency Department such as lack of time and staffing [8, 12], unfamiliarity and discomfort with debriefings [8, 13], and absence of clear protocols [8, 14]. What should be discussed, where the debriefing should occur, and how much time should be allotted for debriefing in the busy ED environment are challenges that must be surmounted for a debriefing culture to be successful [9]. In particular, who initiates and leads the debriefings has a tremendous impact on both the frequency and quality of a debriefing session [11].

One study by Rose et al. described the use of charge nurses as the initiators and facilitators of post-event debriefings. This group implemented a four-step process across three EDs in Calgary, Canada. First, the group developed a debriefing tool called the INFO (immediate, not for personal assessment, fast facilitated feedback, opportunity to ask questions) that could be used even by the novice debriefer. Next, researchers gained support from hospital staff, ED physicians, and nurses by actively

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seeking out and incorporating their feedback throughout the process. Using a "teach the teachers" model, researchers trained nurse educators on how to teach an INFO basics workshop to allow someone to properly conduct debriefings. Finally, these instructors utilized this workshop to train charge nurses on how to implement the INFO debriefing tool (**Figure 1**) [15]. Although this article did not describe the change in frequency of post-event debriefings, the authors noted that 254 interprofessional debriefing sessions were held over an 18-month period, concluding that charge nurse-initiated debriefings are a feasible approach to implementing regular debriefings in the ED. The application of this innovation overcomes two significant cultural hurdles of debriefing: one, a paucity of trained facilitators, and two, the prior focus on physician-led debriefings.

Bottom Line

Post-event debriefings are a promising tool for improving the functionality of teams in the ED and for decreasing burnout among healthcare workers. Most debriefing protocols are physician-driven, but the frequency of these debriefing sessions is lacking. Nurse initiated debriefings have emerged as a promising solution to overcoming perceived barriers to debriefing. Further research is needed, however, to explore how nurse-initiated (or led) post-event debriefings would affect the frequency of debriefings, healthcare worker burnout, and team cohesiveness in the Emergency Department.

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INFO

DEBRIEFING TOOL

Basic Assumption:

"We believe that everyone participating in patient care is intelligent, capable, cares 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 on to the next person.
- ☐ Document feedback
- ☐ Record any recommendations that the group decides on
- ☐ Remind group of resources if more support is needed
- ☐ Note - INFO does not replace normal process
- ☐ Ask if there are any final questions
- ☐ Thank group for taking part in INFO

NB - 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 i.e. plus = what went well / delta = what could be done differently.

Facilitated - by the nurse clinician in charge of the unit 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 EFAP or PFSP

FOLLOW UP

- ☐ Employee and Family Assistance Program (EFAP)
  1-877-273-3134 (AHS Staff)
- ☐ The Physician and Family Support Program (PFSP)
  1-877-767-4637 (AMA)
- ☐ RLS

Figure 1: INFO Debriefing Tool, Pt 1

RECOMMENDATIONS FROM GROUP

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

FEEDBACK

Time INFO session started :_____(00h00 format)
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:_____(00h00 format) Total Time:_____

DEMOGRAPHICS

Site - RGH FMC SHC PLC

Date (YY/DD/MM)

Indication for INFO Session
- ☐ CPR
- ☐ Intubation
- ☐ Level 1 Trauma
- ☐ Requested

Reason requested

Location of resuscitation

Final ER diagnosis

TEAM MEMBERS

RN Facilitator (RNF) _____

Physician Team Leader (PTL) _____

Present at INFO session
- ☐ ER MD
- ☐ ER RN
- ☐ ER NA
- ☐ Social worker
- ☐ Residents
  - ☐ ER
  - ☐ Other
- ☐ Respiratory Therapists
- ☐ Other _____

Total number people present _____

Figure 1: INFO Debriefing Tool, Pt2