Gandel Simulation Service

in partnership with University of Melbourne

Clinical Care Debrief

reviewing what went well and what could be better
ensuring we all have a shared mental model

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Why?

Debriefing after emergencies can potentially change team behaviour and possibly influence patient outcomes positively. This includes common maternity and neonatal emergencies like PPH, shoulder dystocia, code greens and neonatal or adult MET calls / code blues.

Staff often leave emergency situations without a shared understanding of what happened and with thoughts for team and system improvement not shared.

What?

Short, sharp, quick. Just 5-minutes team debrief to share **what went well, what could have been better and what else was learned.** The focus is on teamwork and systems not individuals. Psychological first aid or later debriefs may be needed in certain complex and distressing situations.

The triggers for a debrief might include PPH, code green, eclamptic fit, code blue. The focus is on what went well for everyone to learn from each other and be on the same page or have a shared mental model.

The aim of a debrief is to improve teamwork and patient care, through:

- Shared understanding of what happened in the case/emergency
- Identifying good practice and opportunities to improve
- Identify what did/didn't work at the time in the room, from CPGs etc.
- Build team culture through shared reflection
- Identify points of action, responsibilities and follow up

These reviews are NOT focused on managing emotional distress/conflict or complex cases requiring in depth or critical incident reviews.

Delayed, carefully prepared, professionally led debriefing remains the preferred process for critical incidents together with tailored individual support and professional assistance.

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Who?

The debrief may be led by an AUM/ senior midwife/nurse or senior medical team member. Additional training will be offered to staff to aim for consistency and safety in facilitating debriefing across all departments.

When?

At a natural 'pause point' i.e. stand down of a MET call or code blue or after resolution of a PPH, shoulder dystocia or other emergency, when finishing neonatal resus or routine procedures. Bring the team members together to complete the debrief.

Where?

The debrief will be held in or near the team hub area or an empty BC, OT, WEC, wards, neonatal area with adequate space and privacy for the team to debrief and discuss.

These reviews are NOT focused on managing emotional distress/conflict or complex cases requiring in depth reviews and critical incident reviews.

Delayed, carefully prepared, professionally led debriefing remains the preferred process for critical incidents together with tailored individual support and professional assistance from supervisors, managers and EAP.

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Identify Debrief lead -
"Thank you, is everyone ok?
If yes, continue....if no, psychological first aid.

"We are going to have a 5-minute debrief with the aim to improve patient care and teamwork.
Your participation is welcomed but not compulsory."

If no, check in and arrange a delayed cold debrief and additional support.
If anyone needs/requests counseling EAP: ph 1300 687 327

STOP

Summarise the case

Date/Time:
UR (optional):
Debrief Leaders:
Type of emergency:

STOP

Things that went well

What went well?

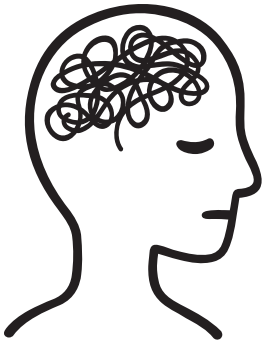
STOP

Opportunities to improve

What could be better?

STOP

Points of action and responsibilities follow-up



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Golden Rules

- in simulation & real life

- Call for help early
- Team leader to stand back & direct team and room
- Closed loop communication is essential
- Only allocate people to a role they would really do & they are comfortable with
- Check that everyone feels safe to 'speak up' & remind them to
- Number of people & noise in room to a minimum
- Remember psychological & physical PPE or psychological & physical safety of yourself, the team & the woman, baby & supports
- Focus on what went well & what could be better rather than what went wrong