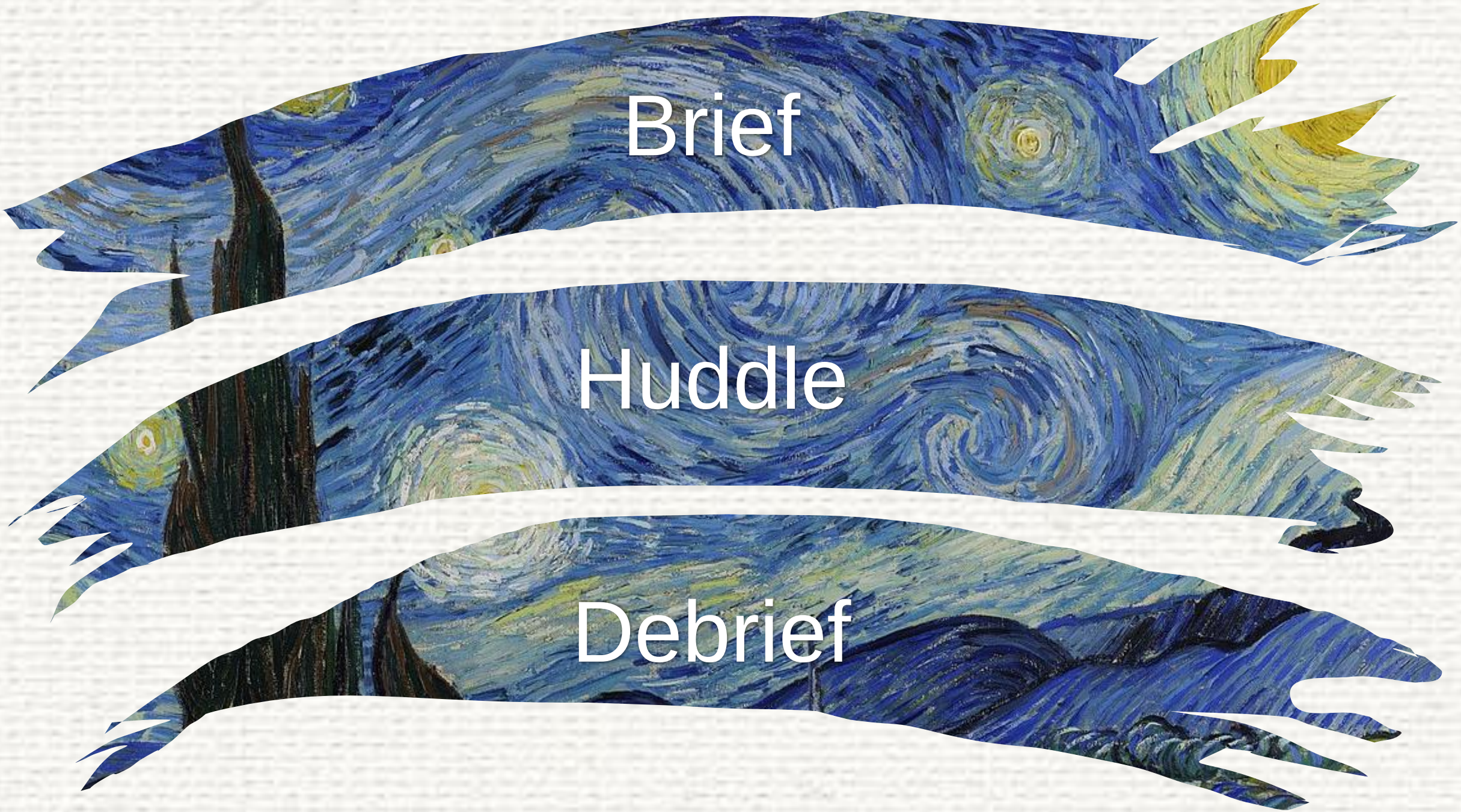
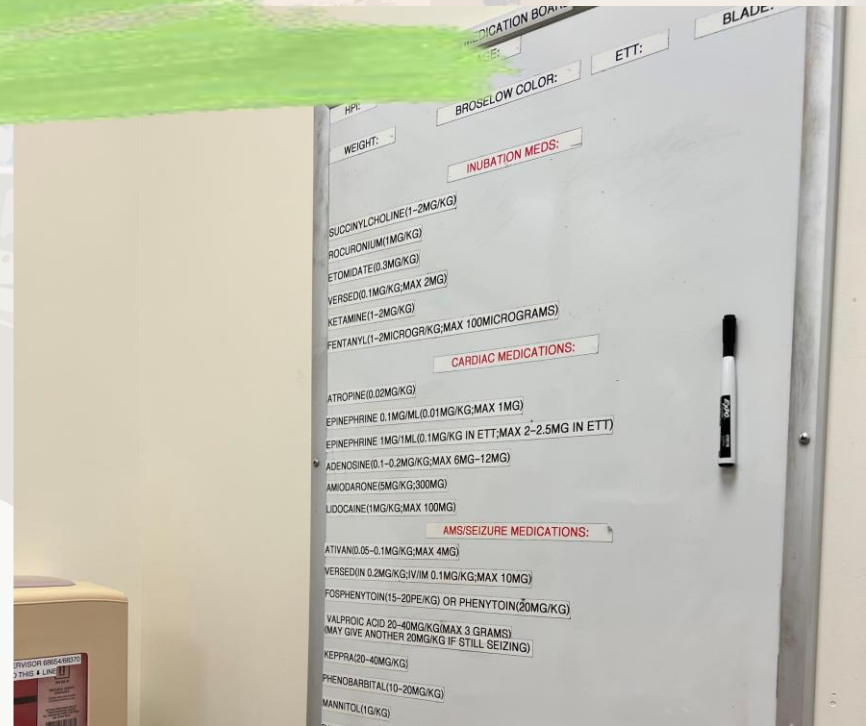
Briefing
as a tool
of culture
Tim Horeczko, MD, MSCR, FACEP, FAAP


Brief
Huddle
Debrief

Shared Mental Model

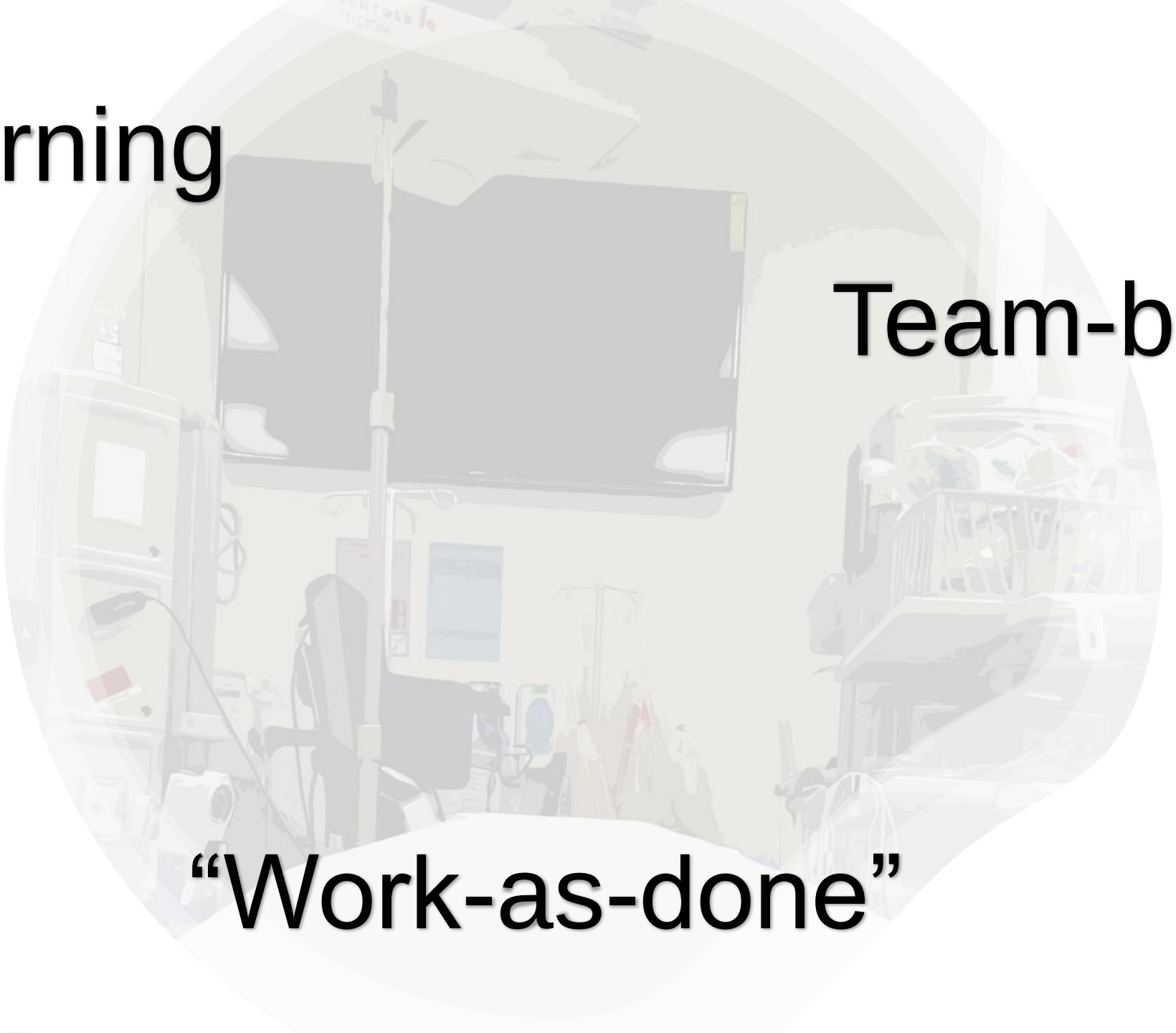
LUMBAR PUNCTURE TRAY
SPINAL NEEDLES
DRAPE FACE SHIELD
GLOVES
0.9% SODIUM CHLORIDE 1000ML 500ML 250ML
PEDIATRIC/ADULT AMBU BAGS
PAPER BP

LUMBAR PUNCTURE TRAY
SPINAL NEEDLES
DRAPE FACE SHIELD
PEDIATRIC INTUBATION TRAY
GLOVES
3M curos
IV FLUID TUBING
ARM BOARDS
0.9% SODIUM CHLORIDE 1000ML 500ML 250ML
LABELS
1CC,6CC, 12CC,35CC
PEDIATRIC/ADULT AMBU BAGS
PAPER BP


HPI:
WEIGHT:
BROSELOW COLOR:
ETT:
INUBATION MEDS:
SUCCINYLCHOLINE(1-2MG/KG)
ROCURONIUM(1MG/KG)
ETOMIDATE(0.3MG/KG)
VERSED(0.1MG/KG;MAX 2MG)
KETAMINE(1-2MG/KG)
FENTANYL(1-2MICROGR/KG;MAX 100MICROGRAMS)
CARDIAC MEDICATIONS:
ATROPINE(0.02MG/KG)
EPINEPHRINE 0.1MG/ML(0.01MG/KG;MAX 1MG)
EPINEPHRINE 1MG/1ML(0.1MG/KG IN ETT;MAX 2-2.5MG IN ETT)
ADENOSINE(0.1-0.2MG/KG;MAX 6MG-12MG)
AMIODARONE(5MG/KG;300MG)
LIDOCAINE(1MG/KG;MAX 100MG)
AMS/SEIZURE MEDICATIONS:
ATIVAN(0.05-0.1MG/KG;MAX 4MG)
VERSED(IN 0.2MG/KG;IV/IM 0.1MG/KG;MAX 10MG)
FOSPHENYTOIN(15-20PE/KG) OR PHENYTOIN(20MG/KG)
VALPROIC ACID 20-40MG/KG(MAX 3 GRAMS)
MAY GIVE ANOTHER 20MG/KG IF STILL SEIZING)
KEPPRA(20-40MG/KG)
PHENOBARBITAL(10-20MG/KG)
MANNITOL(1G/KG)

Learning

Team-building



“Work-as-done”

Pro

Desire for critical events (Twigg, 2020)

Safe (Rose, 2018)

Led effectively by senior **nurses** with script (Rose, 2018)

Con

Infrequent (Arriaga, 2020)

Time out and “**production pressure**” (Arriaga, 2020)

Improved team, individual **performance** 20-25%

(Tannenbaum, 2013)

Improved **knowledge, skills** in the ICU

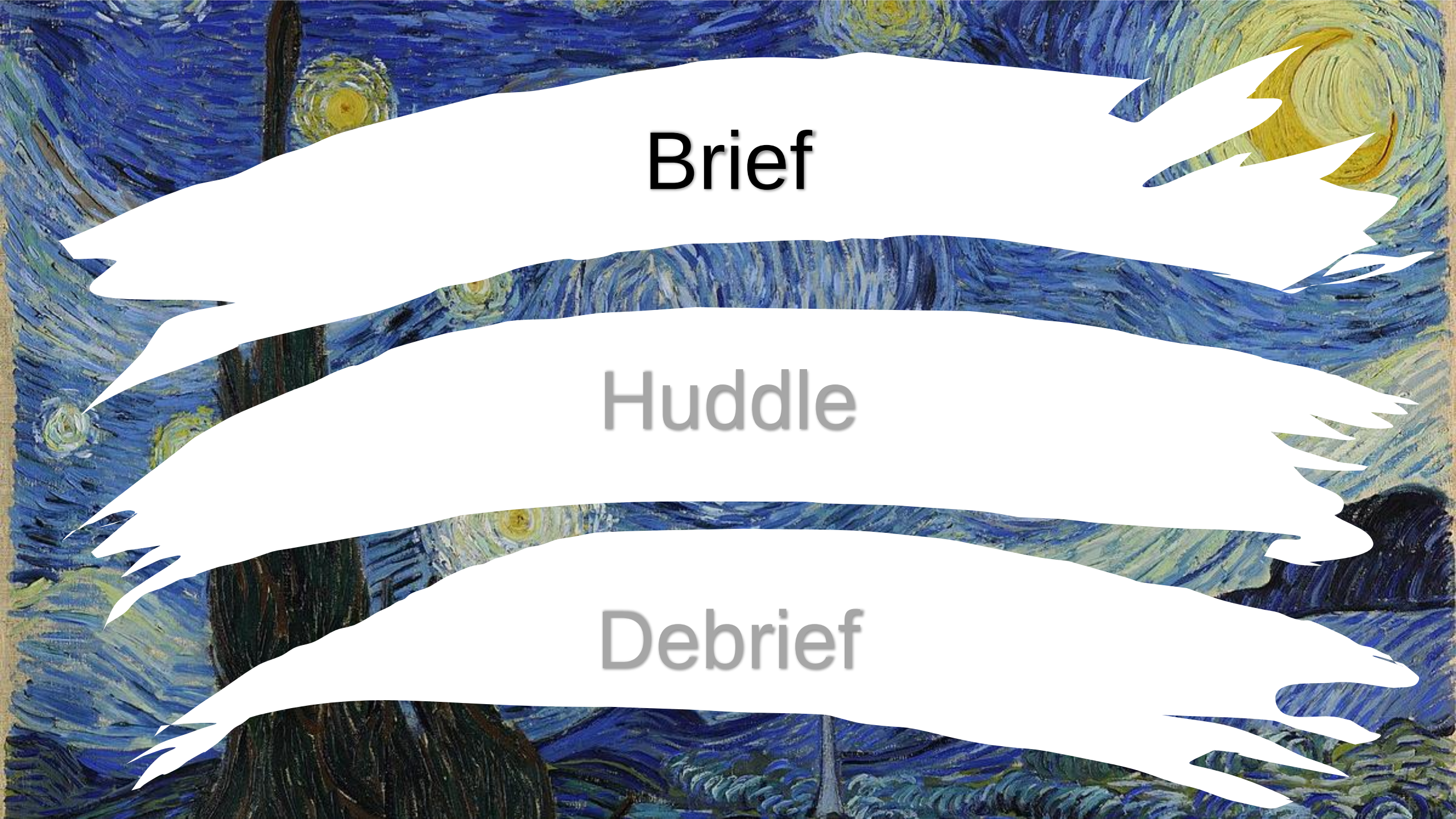
(Couper, 2013)

Improved knowledge, skills, behavior; **effects on patients**

(Cheng, 2014)

Improved surgical **safety**, resuscitation, intubation

(Twigg, 2020)


Brief
Huddle
Debrief

BROSELOW PEDIATRIC
EMERGENCY
REFERENCE TAPE

RADIO CALL

6-month-old

Not breathing

CPR in progress

OBJECTIVES

Assemble Team

Introductions

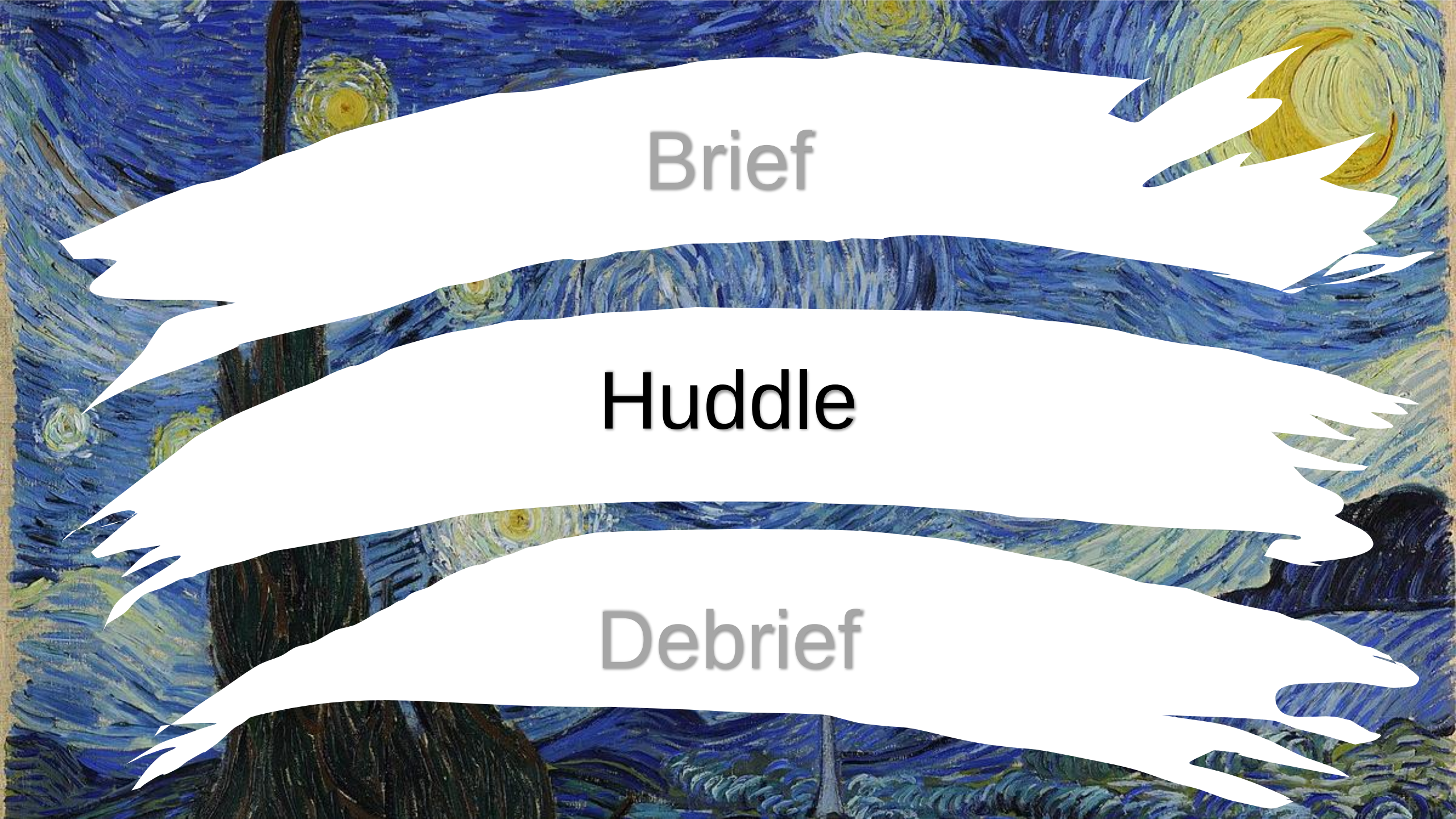
Assign Tasks

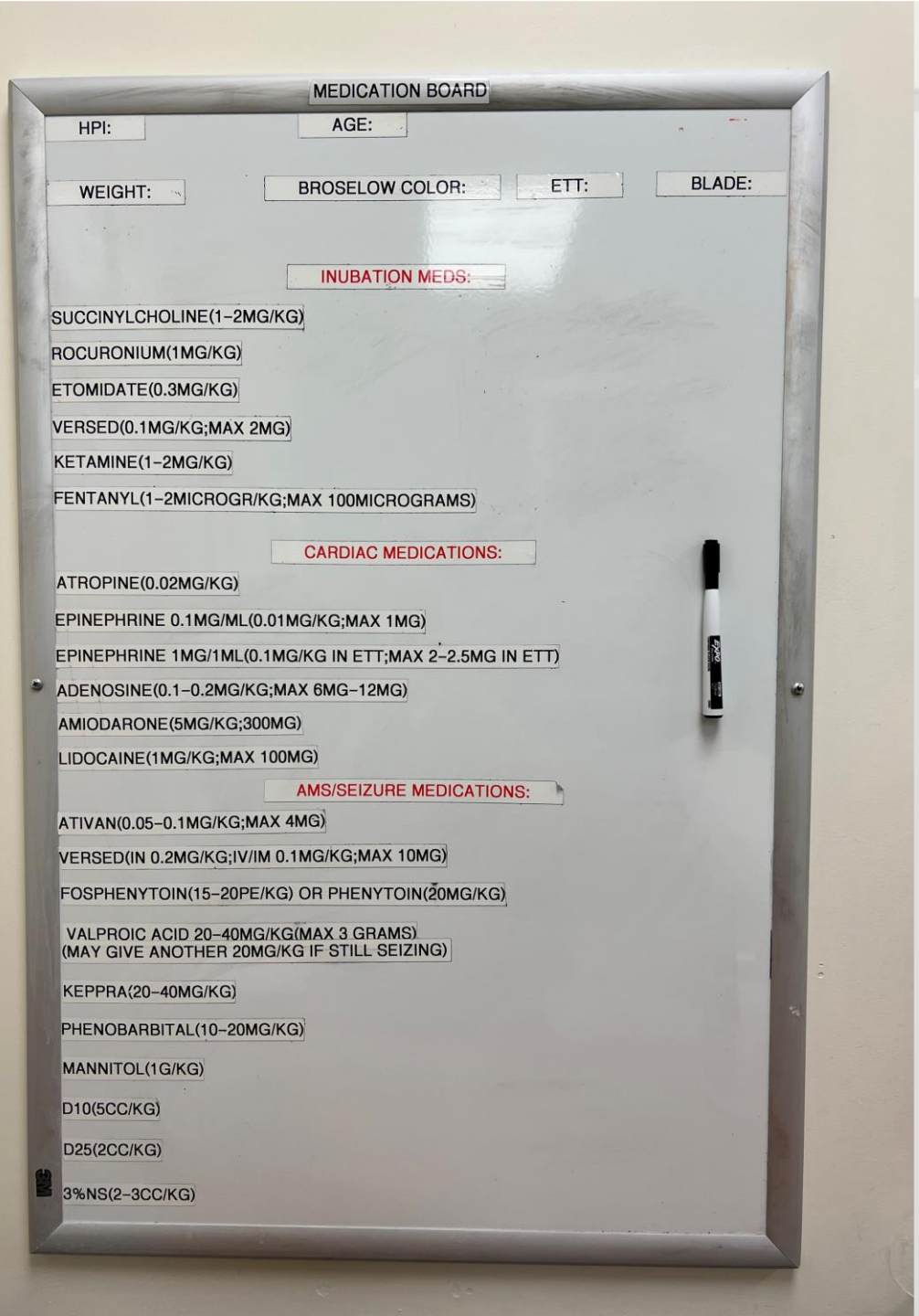
ON ARRIVAL

2-month-old

Oxygen Mask

CPR in progress


Brief
Huddle
Debrief


MEDICATION BOARD
HPI:
AGE:
WEIGHT:
BROSELOW COLOR:
ETT:
BLADE:
INUBATION MEDS:
SUCCINYLCHOLINE(1-2MG/KG)
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KEPPRA(20-40MG/KG)
PHENOBARBITAL(10-20MG/KG)
MANNITOL(1G/KG)
D10(5CC/KG)
D25(2CC/KG)
3%NS(2-3CC/KG)

OBJECTIVES

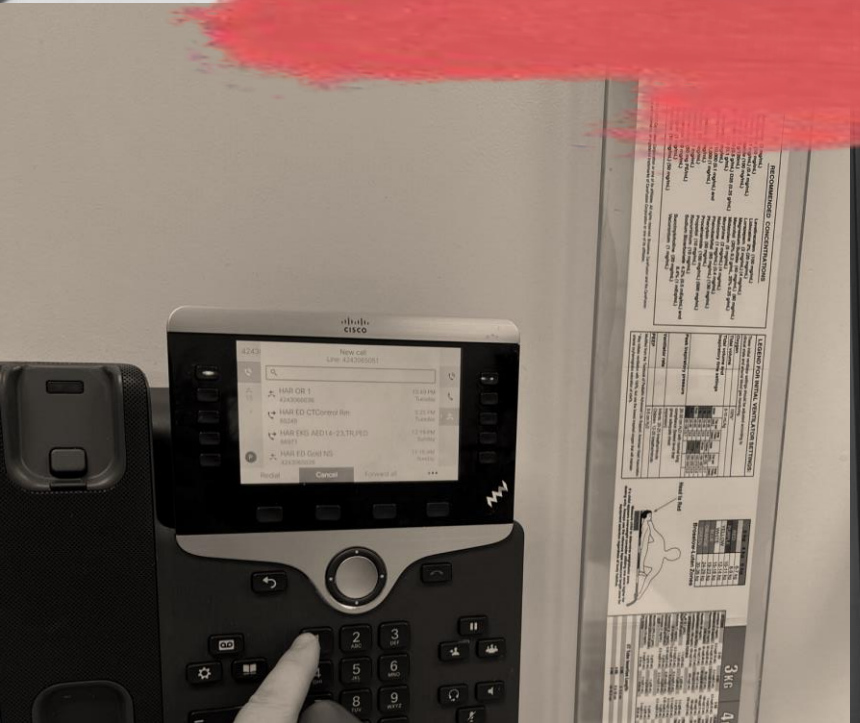
Declare

Summarize

Ask

BERCHTOLD
TELEFUNK

EXIT
PEDIATRIC TRAUMA
EXIT


cisco
New call
HAR OR 1
HAR ED CTControl Rm
HAR EKG AED L4-23,TRLPED
HAR ED Gold NS
Redial
Cancel
Forward all

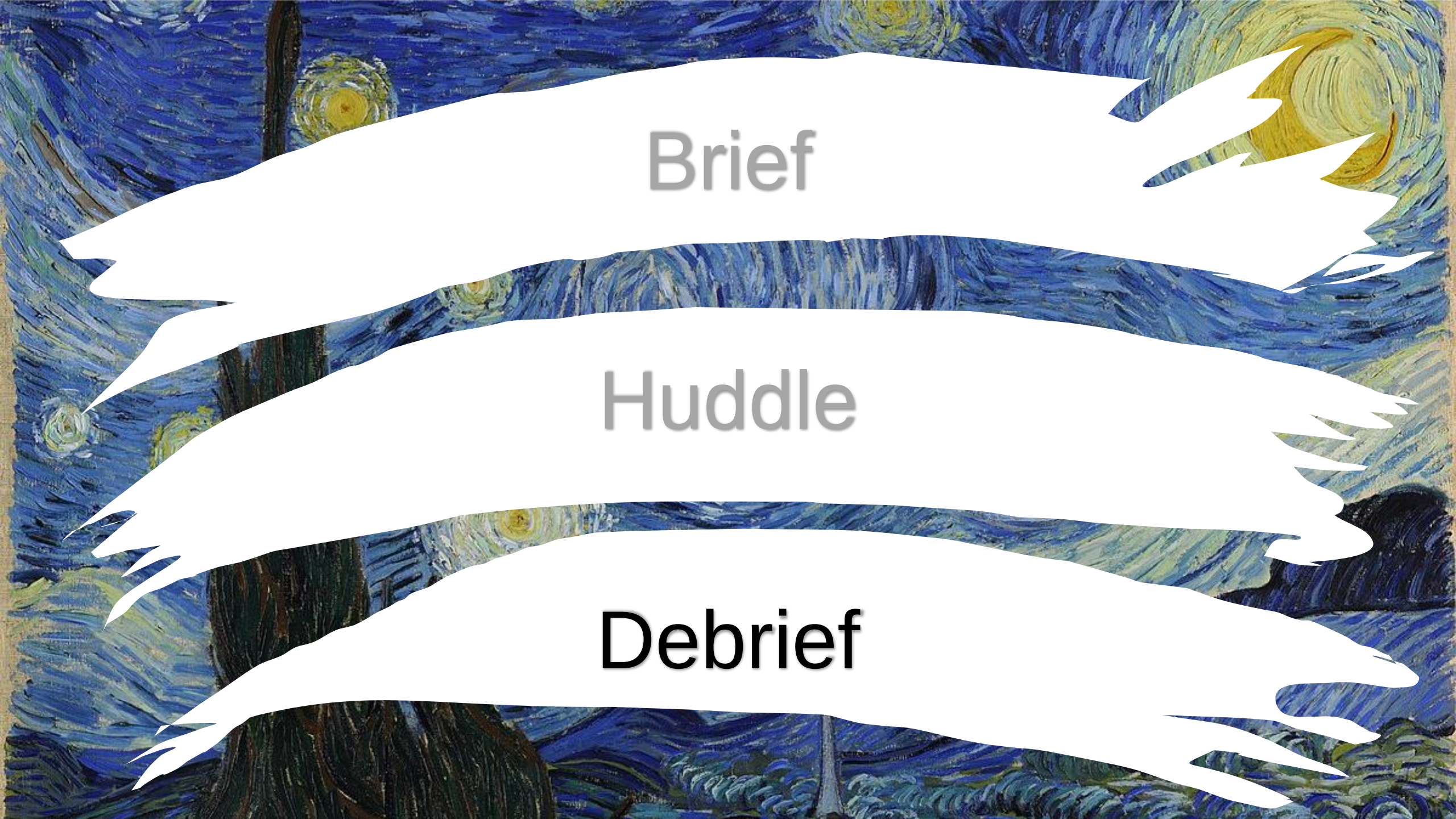
GLOVES
ELECTRODES

OUTCOME

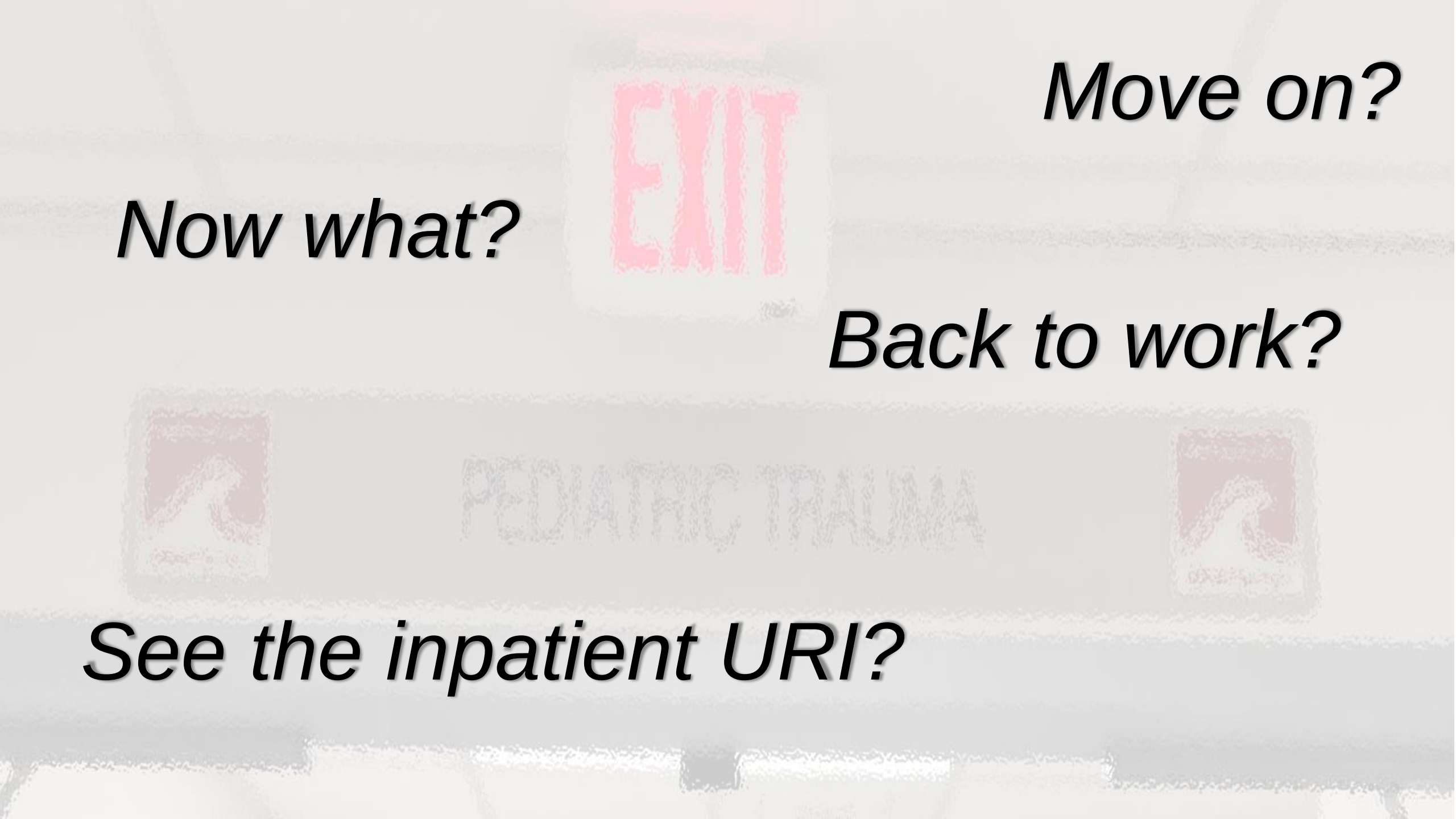
Family Presence

Time of Death

Moment of Silence


Brief
Huddle
Debrief

EXIT
PEDIATRIC TRAUMA
EXIT
Emergency Exit No Re-entry Alarm Will Sound
Emergency Exit No Re-entry Alarm Will Sound


Move on?
Now what?
Back to work?
See the inpatient URI?

WE NEED:

Connection

Support

Clarity

Tools

Summarize the case

Things that went well

Opportunities to improve

Points of action

Target

Analysis

Learning Points

Key Actions

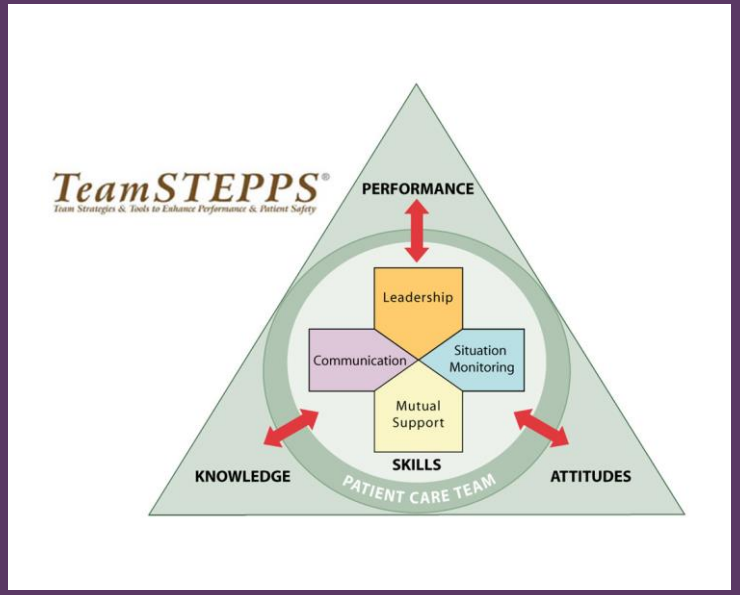
Setting the Scene

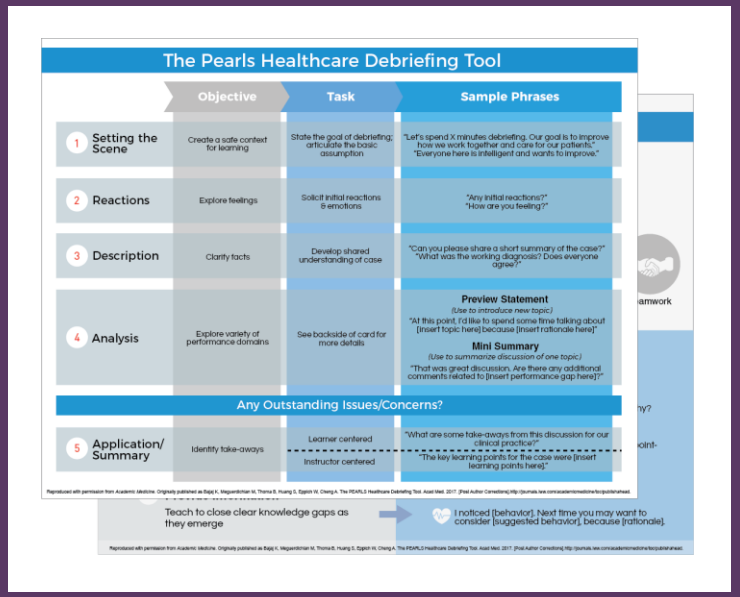
Reactions

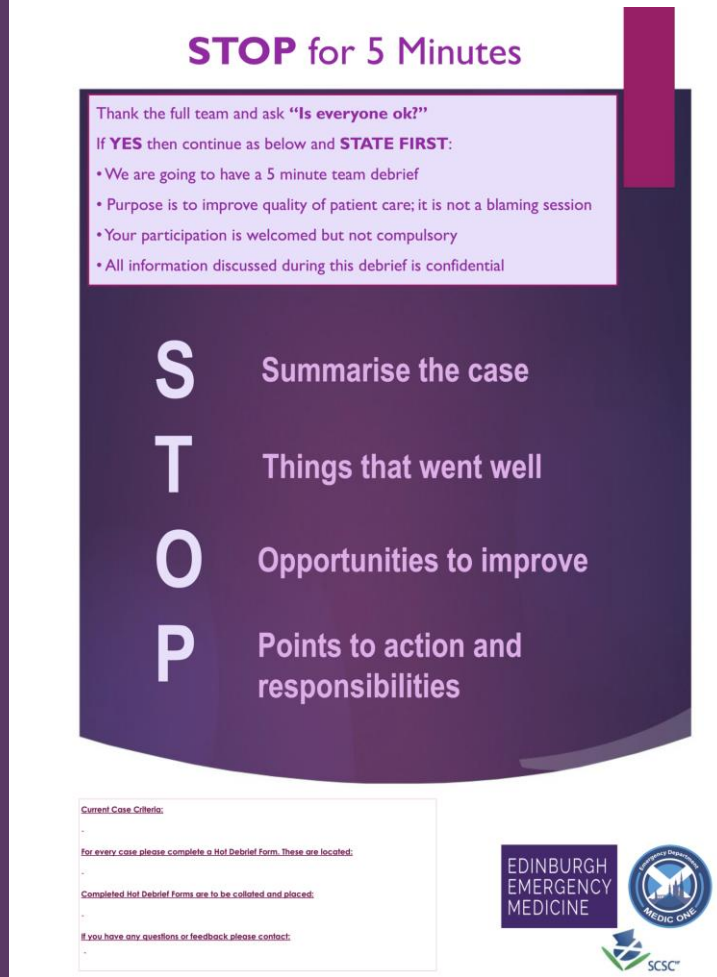
Description

Analysis

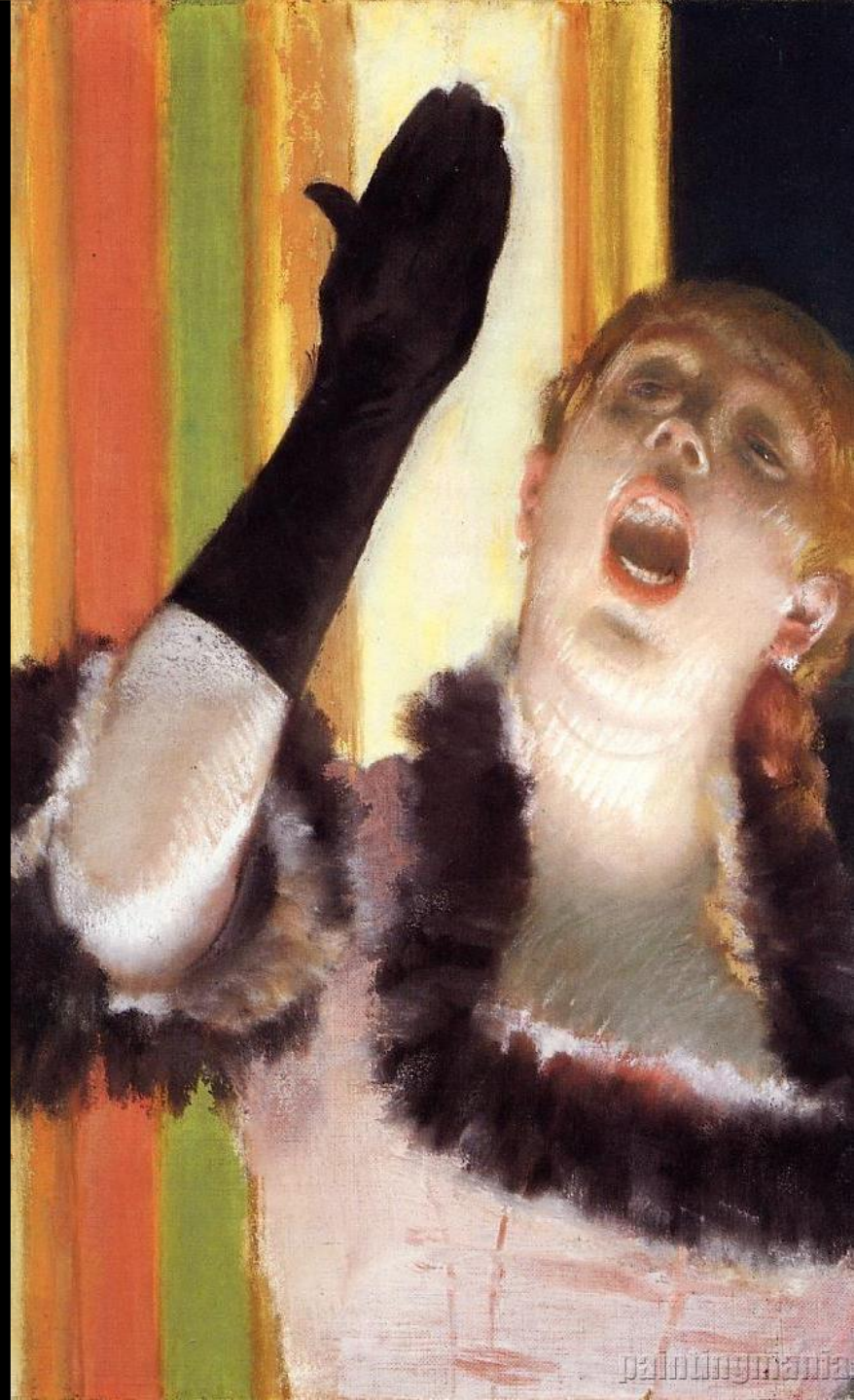
Application


TeamSTEPPS®
Team Strategies & Tools to Enhance Performance & Patient Safety
PERFORMANCE
Leadership
Communication
Situation Monitoring
Mutual Support
SKILLS
KNOWLEDGE
ATTITUDES
PATIENT CARE TEAM


The Pearls Healthcare Debriefing Tool
Objective
Task
Sample Phrases
1 Setting the Scene
Create a safe context for learning
State the goal of debriefing; articulate the basic assumption
"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients."
"Everyone here is intelligent and wants to improve."
2 Reactions
Explore feelings
Solicit initial reactions & emotions
"Any initial reactions?"
"How are you feeling?"
3 Description
Clarify facts
Develop shared understanding of case
"Can you please share a short summary of the case?"
"What was the working diagnosis? Does everyone agree?"
4 Analysis
Explore variety of performance domains
See backside of card for more details
Preview Statement
(Use to introduce new topic)
"At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]"
Mini Summary
(Use to summarize discussion of one topic)
"That was great discussion. Are there any additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?
5 Application/ Summary
Identify take-aways
Learner centered
Instructor centered
"What are some take-aways from this discussion for our clinical practice?"
"The key learning points for the case were [insert learning points here]."
Teach to close clear knowledge gaps as they emerge
I noticed (behavior). Next time you may want to consider (suggested behavior), because (rationale).


STOP for 5 Minutes
Thank the full team and ask "Is everyone ok?"
If YES then continue as below and STATE FIRST:
• We are going to have a 5 minute team debrief
• Purpose is to improve quality of patient care; it is not a blaming session
• Your participation is welcomed but not compulsory
• All information discussed during this debrief is confidential
S Summarise the case
T Things that went well
O Opportunities to improve
P Points to action and responsibilities
Current Case Criteria:
For every case please complete a Hot Debrief Form. These are located:
Completed Hot Debrief Forms are to be collated and placed:
If you have any questions or feedback please contact:
EDINBURGH EMERGENCY MEDICINE
MEDIC ONE
SCSC

A TOOL FOR STRUCTURED
talk
©
CLINICAL DEBRIEFING

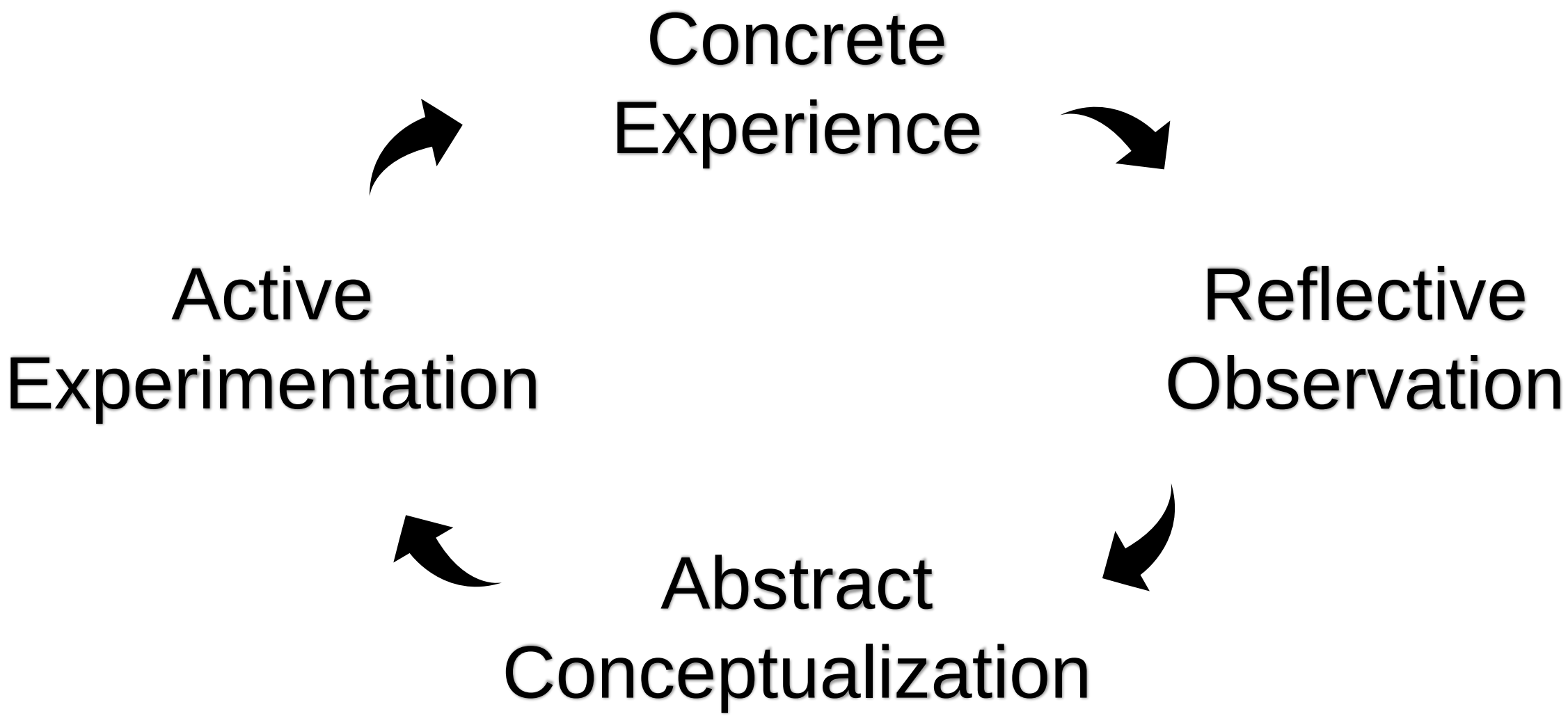


paintingmania

“Guide on the Side”

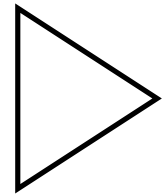
“Sage on the Stage”

KOLB'S EXPERIENTIAL LEARNING

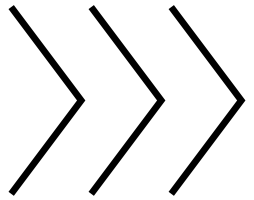


SCHÖN'S REFLECTIVE PRACTICE

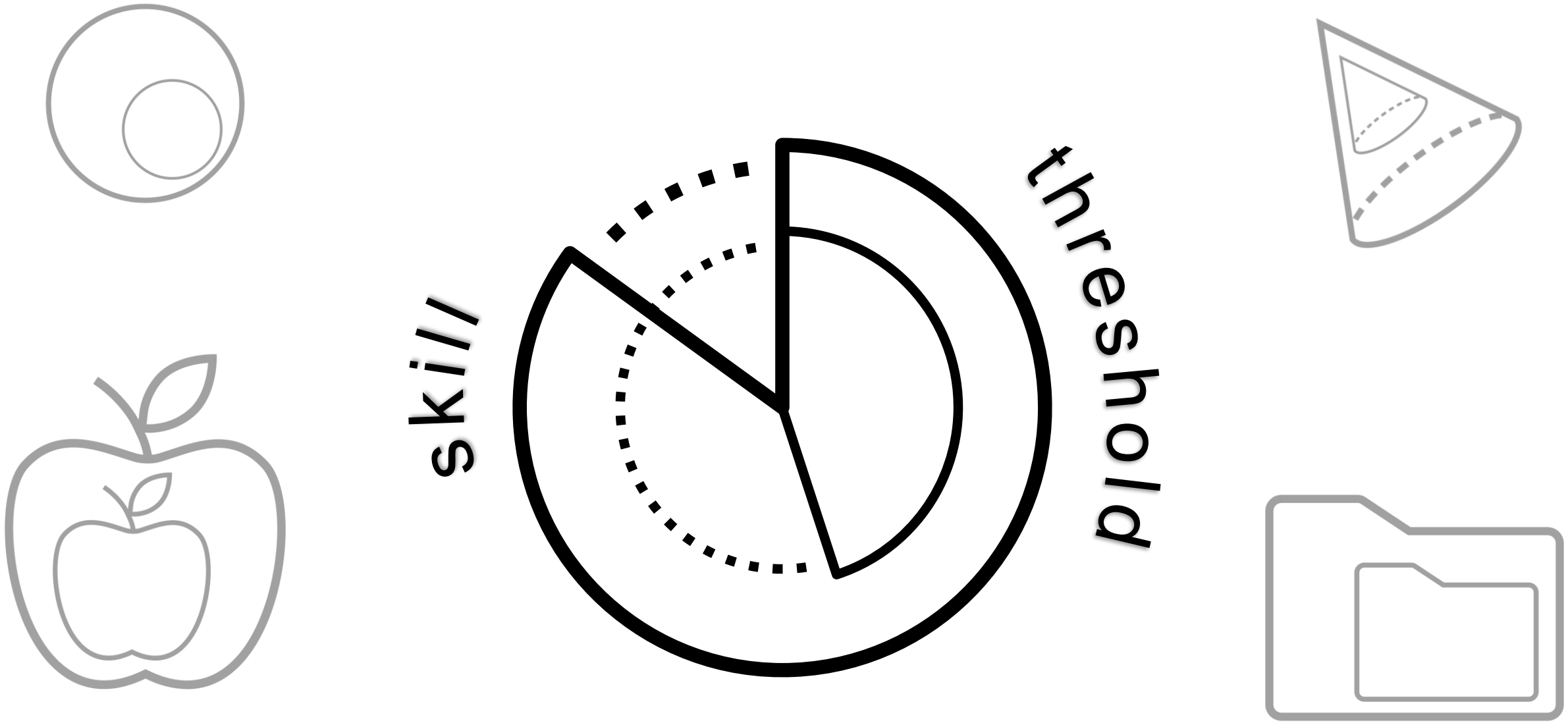
Reflection-***in***-action



Reflection-***on***-action



ERICSSON'S DELIBERATE PRACTICE



START SIMPLY

Choose Technique

Invite To Participate

Ask for Feeback

“How is everyone?”

“Can someone summarize what just happened?”

“What went well?”

“What could go better?”

“Would anyone like to share what he or she learned from today?”

Pearls

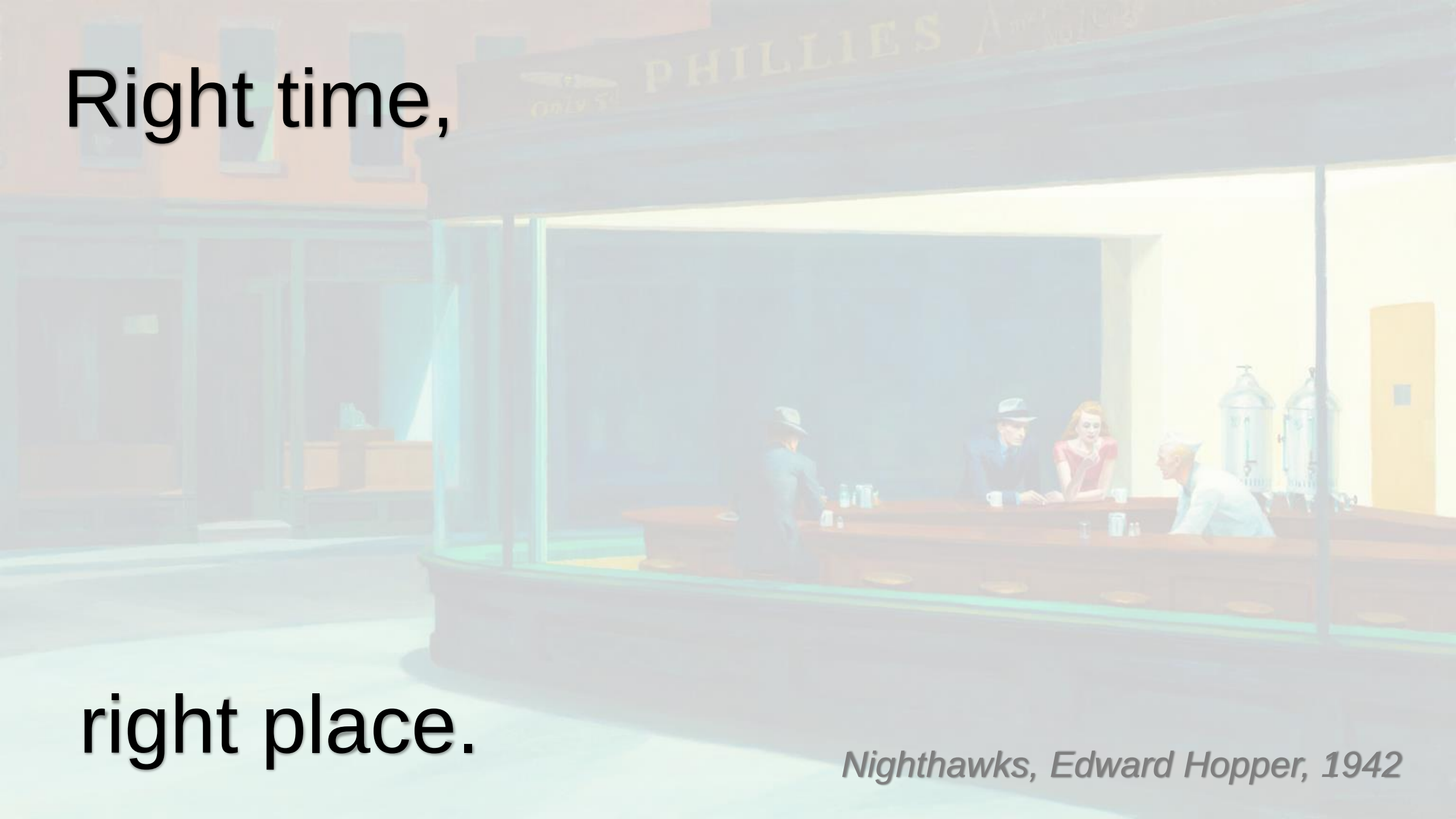
Don’t go it

alone.

Meisje met de parel, Johannes Vermeer, 1665

PHILLIES
Only 5¢
EDWARD HOPPER

Right time,



right place.

Nighthawks, Edward Hopper, 1942

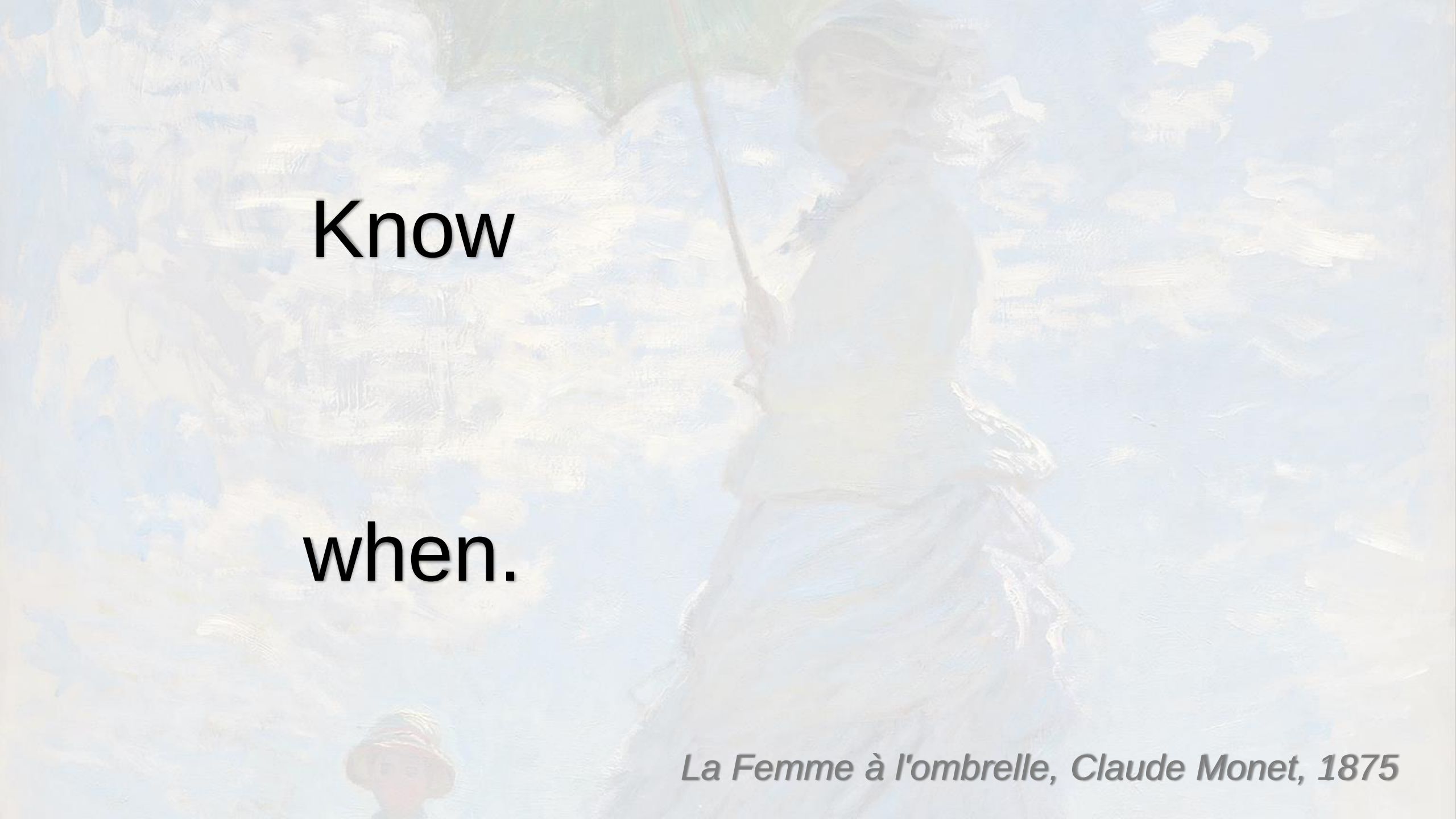
Invite,

don’t require

Primavera, Sandro Botticelli, c 1470s

Acknowlege.

L'Angélus, Jean-François Millet, 1859



Know

when.

La Femme à l'ombrelle, Claude Monet, 1875

Facilitate, don’t dominate.

Las Meninas, Diego Velázquez, 1656

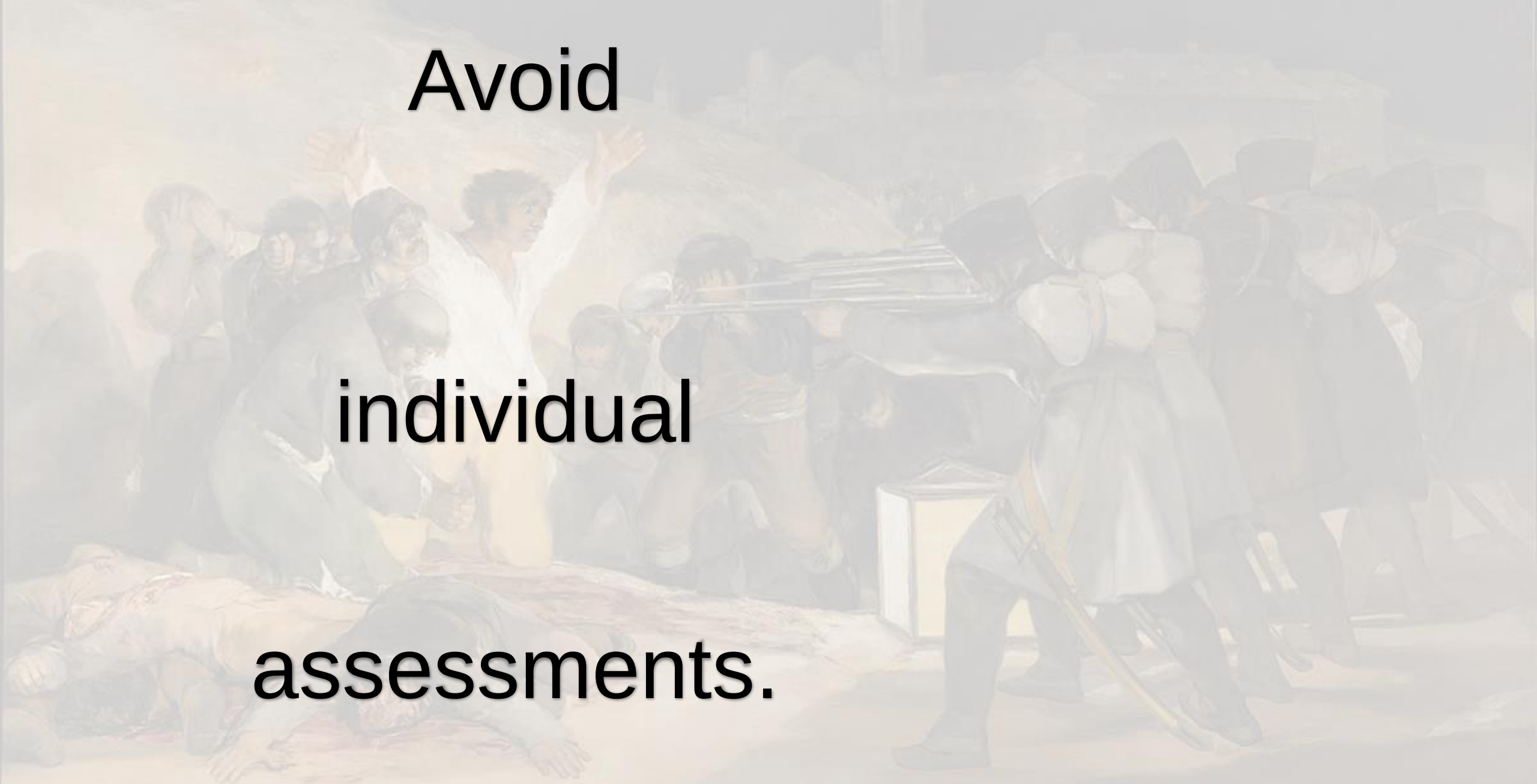
Focus.

La Scapagliata, Leonardo da Vinci, c 1506

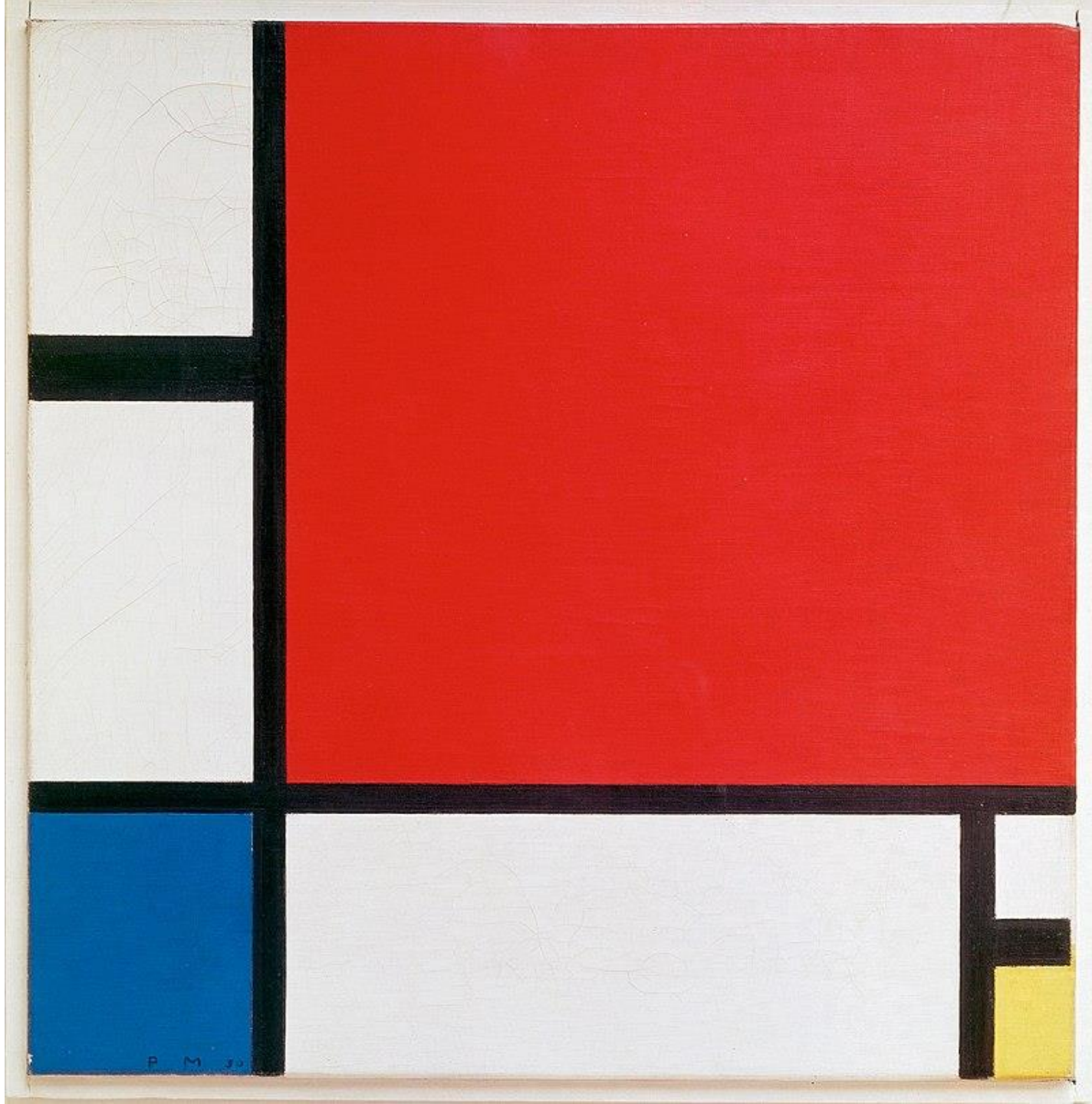
Avoid

individual

assessments.

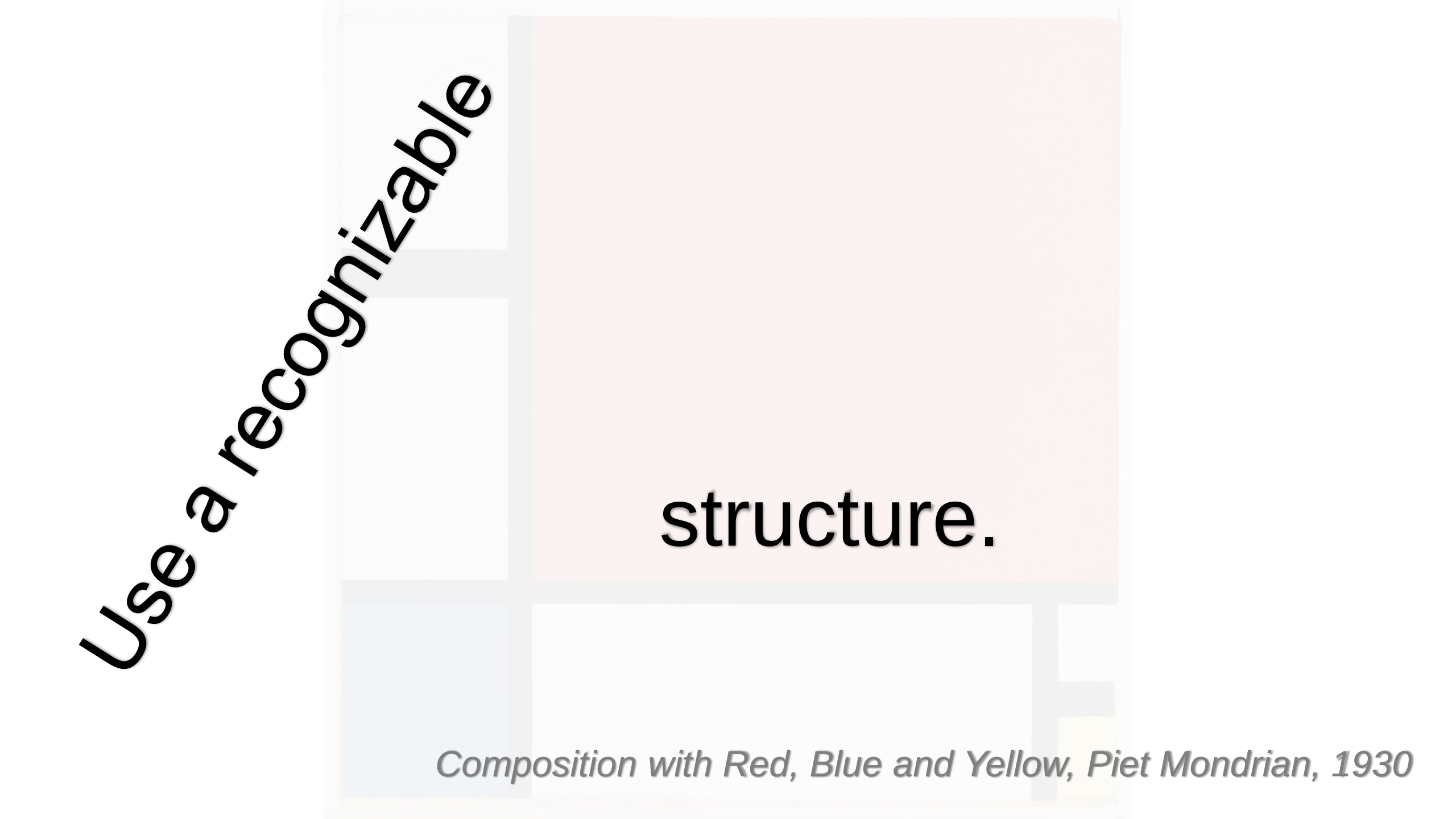


El tres de mayo de 1808 en Madrid, Francisco Goya, 1814

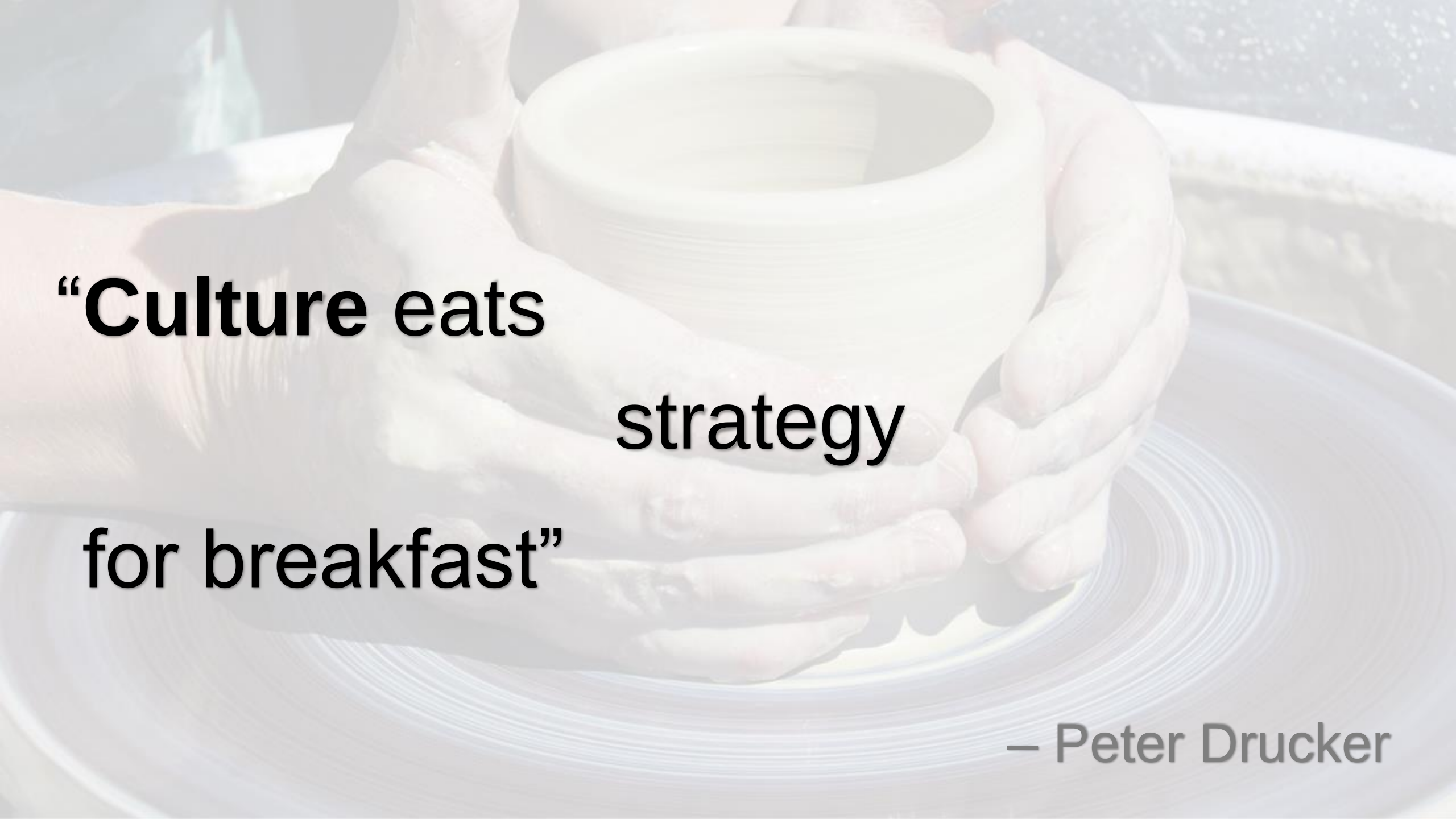


Use a recognizable

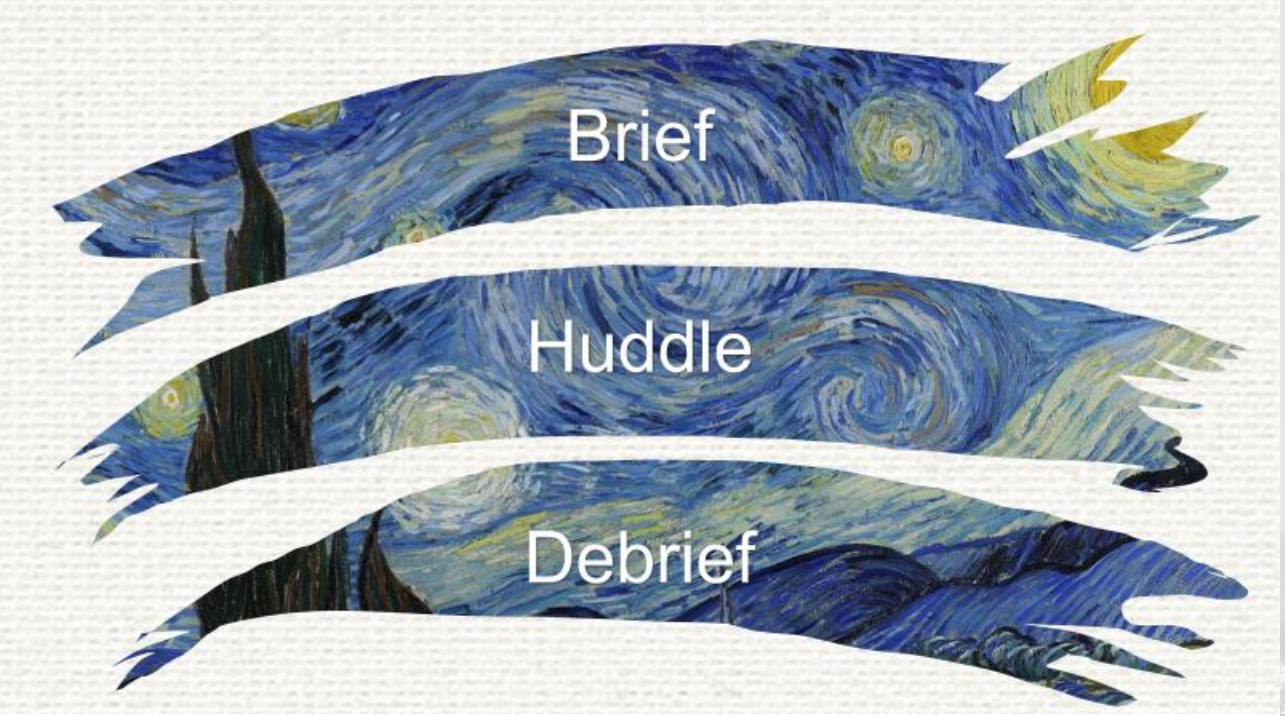
structure.



Composition with Red, Blue and Yellow, Piet Mondrian, 1930


“**Culture** eats
strategy
for breakfast”
– Peter Drucker

…and
transformation
for
lunch



START SIMPLY

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Invite To Participate

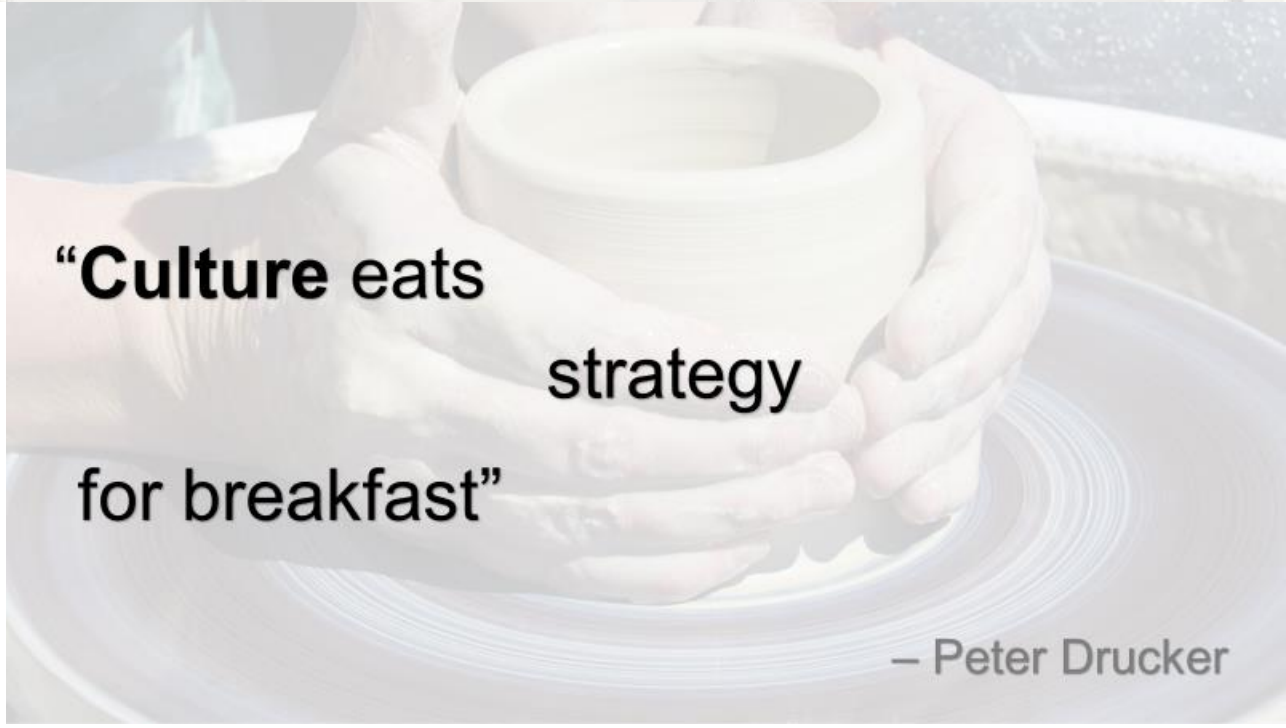
Ask for Feeback

WE NEED:

Connection

Support

Clarity



Thank You!
@EMtogether

Selected References

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