

Simulation Debriefing Debriefing with TeamSTEPPS Guide

LET THE TRAINEES DO MOST OF THE TALKING

You should just be a facilitator. Let them bring up the issues they feel need to be discussed and you finish by filling in what was not discussed.

START with a Clinical Debrief

Start by addressing clinical mistakes or other clinical issues the team brings up. Students will not be able to focus on communication skills if they have major clinical questions or concerns. However, do not spend much time on this (< 5 min). Scenario-specific debriefing tips are included with each scenario.

SPEND THE MAJORITY OF THE TIME on TeamSTEPPS Debrief

Start by asking open ended questions. As participants respond, rephrase their responses back to them as TeamSTEPPS skills that will be covered in that module. If one of the skills is not brought up by the group, you can bring it up briefly at the close of the debrief.

How did it go?

Remember the trainees will be hard on themselves so encourage them to focus initially on what they did well. Most of the feedback trainees receive throughout their training is negative, so the whole tenor of the debrief can be affected and improved by starting with positive feedback.

What did you do well?

Don't let them go to what they did badly, but what they did well first.

What could you do better?

This question will often get you off the hook for telling them what they did badly. When you ask this question the trainees will invariably bring up those management areas that you were going to mention.

What will you do differently next time?

This will help the trainees focus on really making meaningful but simple changes for the next time.

Finish by prompting them about any specific TeamSTEPPS skills that did not come out with open ended questions. (see below)

The examples below* allow the facilitator to draw out from the team the behaviors which they themselves exhibited and observed. The behaviors on the left side of the matrix are positive, and the ones on the right are negative. Usually the team members are able to see what they did and decide if it was “good” or “bad”.

<i>Element</i>	<i>Positive</i>	<i>Negative</i>
Establish the Team	<p>Relaxed, supportive and approachable</p> <p>Creates atmosphere for open communication</p> <p>Encourages input / feedback from others</p> <p>Does not compete with others</p> <p>Polite and friendly</p> <p>Appropriate use of humor</p>	<p>Tense, unapproachable and awkward to relate to</p> <p>Blocks open communication</p> <p>Ignores barriers between team members</p> <p>Competes with other</p> <p>Rude and dismissive</p> <p>Inappropriate use of humor</p>
Closed Loop Communication	<p>Uses name, eye contact, or pointing when making request</p> <p>Repeats the request</p> <p>Reports back to the team leader when request is completed</p>	<p>Makes a request without directing towards a specific team member</p> <p>Ignores to repeat the request</p> <p>Fails to report back to the team leader regarding the status of the request</p>

**Adapted from TeamSTEPPS and British Airways Check-flight Debrief Tool*

For more information about TeamSTEPPS theory, concepts and educational materials visit the [AHQ TeamSTEPPS website](#).

TeamSTEPPS Debrief #1 – 100 Level Skills

1. **Discuss the concepts of:**
 - A. Conducting a Debrief
 - B. Leadership
 - making requests
 - expecting cross-checks
 - task prioritization
 - workload balance

 2. **Discuss Communications Skills:**
 - A. Request
 - B. Cross-check
 - C. Check-back
 - D. Call Out
 - E. SBAR
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TeamSTEPPS Debrief:

Ask: How did you do at incorporating the Team STEPPS communication skills into your management of this patient?

1. Did you know who your **leader** was?
 - Someone assuming the leadership role — *Point out* how when someone assumed a leadership role it helped the team plan for the times when team members were no longer able to communicate verbally. If none of the groups had a member who did this, point out how this would have helped.

2. Did you have **clearly defined team roles**?
 - Clearly defined team roles — *Ask* if any of the teams had designated people who agreed to take on certain roles. Ask if anyone was standing around wondering what to do because a clearly defined role was lacking.

3. **Task Prioritization**
 - Did the tasks get done in the correct order with emphasis on the most important first?
 - Did the tasks get reassigned if someone was assigned and was unable to complete the task?

4. **Communication** – *Please discuss these specific communication skills:*

Making a Request

- Look at the person you are making the request to, point at the person you are making the request to

Cross-checks

- Process of expecting and demanding 'parroting' of requests:
 1. Sender initiates the message
 2. Receiver accepts the message and provides feedback
 3. Sender double-checks to ensure that the message was received

Check-backs

- Process of employing closed-looped communication to ensure that information conveyed by the sender is understood by the receiver as intended
- Checking back with the leader when the task is completed or their inability to complete the task
- Did you have the opportunity to practice closed-loop communication?

Call-Outs

- Strategy used to communicate important or critical information
 - informs all team members simultaneously during emergent situations
 - helps team members anticipate next steps
 - important to direct responsibility to a specific individual responsible for carrying out the task
- Reporting to the leader or team unrequested information
- Reporting to the leader or team important information that was requested

SBAR: Situation, Background, Assessment, Recommendation

- Often it might be better to start with the recommendation, then B, then A, then repeat R

Situation: What is going on with the patient?

Background: What is the clinical background or context?

Assessment: What I think the problem is?

Recommendation and Request: What would I do to correct it?

TeamSTEPPS Debrief #2 – 200 Level Skills

1. **Discuss the concepts of:**
 - A. Situational Awareness

2. **Discuss Communications Skills**
 - A. Briefs
 - B. Debriefs
 - C. Huddles
 - D. Handoffs
 - E. SBAR

TeamSTEPPS Debrief:

As participants respond, rephrase their responses back to them as TeamSTEPPS skills. If one of the skills is not brought up after each group responds, you can bring it up later.

Ask: How did you do at incorporating the Team STEPPS communication skills into your management of this patient?

1. Situational Awareness — the state of knowing the current conditions affecting the team's work

- Knowing the status of a particular event
- Knowing the status of the team's patients
- Understanding the operational issues affecting the team
- Maintaining mindfulness

Conditions that Undermine Situation Awareness (SA): Failure to-

- a) Share information with the team
- b) Request information from others
- c) Direct information to specific team members
- d) Include patient or family in communication
- e) Utilize resources fully (e.g., status board, automation)

Process of *actively scanning* behaviors and actions to assess elements of the situation or environment:

- a) Fosters mutual respect and team accountability
- b) Provides safety net for team and patient
- c) Includes cross monitoring
- d) *Remember, engage the patient whenever possible*

2. Team Communication Skills

Brief

- Short session (this is not a LONG) prior to the start of – the day, a clinic, a procedure, etc – to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies
- Should address the following questions:
 - Who is on the team?
 - All members understand and agree upon the goals?
 - Roles and responsibilities are understood?
 - What is our plan of care?
 - Staff and provider’s availability throughout the shift?
 - Workload among team members – balance and prioritized?
 - Availability of resources?

Debrief

- Informal information exchange session designed to improve team performance and effectiveness; after action review; should follow the plan:
 - “What did you do or what went well”,
 - “What could you have done better?”
 - End with: “What should we do differently next time?”
- Should address the following questions:
 - Communication clear?
 - Roles and responsibilities understood?
 - Situation awareness maintained?
 - Workload distribution equitable?
 - Task assistance requested or offered?
 - Were errors made or avoided?
 - Availability of resources?

Huddle

- Ad hoc planning, often around a single patient or event to establish or reestablish situational awareness; reinforcing plans already in place; and assess the need to adjust the plan. Huddles can frequently happen several times during a critical event.

Hand-Off

- The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.

Examples:

Shift changes

Physicians transferring complete responsibility Patient transfers

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Situation: What is going on with the patient?

Background: What is the clinical background or context?

Assessment: What I think the problem is?

Recommendation and Request: What would I do to correct it?

TeamSTEPPS/Team Skills Debrief #3 – 300 Level Skills

1. Discuss the concepts of:

- A. Mutual support

2. Discuss Communications Skills:

- A. CUS
- B. 2-Challenge Rule
- C. DESC

TeamSTEPPS Debrief:

As participants respond, rephrase their responses back to them as TeamSTEPPS skills that will be covered in the training. If one of the skills is not brought up after each group responds, bring up that skill briefly afterward.

Ask: How did you do at incorporating the Team STEPPS communication skills into your management of this patient?

1. Mutual Support —

- Is the essence of teamwork
- Protects team members from work overload situations that may reduce effectiveness and increase the risk of error

2. Team Communication Skills

CUS: I am Concerned! I am Uncomfortable! This is a Safety Issue!

2 Challenge Rule:

- Empower any member of the team to "stop the line" if he or she senses or discovers an essential safety breach.
- This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution.

When an initial assertion is ignored...

- it is your responsibility to assertively voice concern at least two times to ensure it has been heard
- the team member being challenged must acknowledge
- if the outcome is still not acceptable: take a stronger course of action and utilize supervisor or chain of command

DESC-It (Describe, Express, Suggest, Consequences)

- A constructive approach for managing and resolving conflict
 - D** Describe the specific situation or behavior; provide concrete data
 - E** Express how the situation makes you feel/what your concerns are
 - S** Suggest other alternatives and seek agreement
 - C** Consequences should be stated in terms of impact on established team goals; strive for consensus