

Evidence-Based Practice (EBP) - E194

Poster

Abstract Title:

Structured Debriefings Improve Self-Perceptions Following Trauma Team Resuscitation

Authors:

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Background & Purpose:

In trauma resuscitation, highly trained clinical experts come from a variety of disciplines to provide care and carry out treatment plans simultaneously. Open, effective communication is pivotal to the overall quality of patient care. Providing team members with a debriefing opportunity should afford the immediate identification of patient care concerns in a non-threatening environment allowing each member to reflect on individual as well as team performance. This project aimed to develop and implement structured debriefings following trauma resuscitation and investigate team member's perceptions before and after implementation.

Study/Project Design:

A pre- and post-survey analysis of a structured debriefing process following trauma resuscitation.

Setting:

Trauma resuscitation team at a Level I trauma center.

Sample:

Survey respondents were trauma resuscitation team members consisting of attending/staff physicians, mid-level practitioners, technicians, pharmacists, and nurses.

Procedures:

Post-resuscitation structured debriefings were implemented for three months at a level I trauma center. The structured debriefings occurred immediately following a multi-disciplinary trauma response (usually the higher acuity patients). They followed a designated script and were led by varying members of the team. Pre- and post-surveys were completed by trauma team members. Survey questions included topics on AHRQ hospital patient safety, team effectiveness, structured debriefing reaction (post only) and demographics. All trauma team members were invited to participate in the study. Only participants that completed pre-and post-surveys were included in the analysis.

Findings/Results:

A total of 57 participants completed both pre- and post-surveys. Respondents included: physicians (8.8%), mid-level practitioners (8.8%), nurses (24.6%), pharmacists (22.8%), technicians (7.0%) and other (26.3%; e.g. allied health). The majority (61.4%) were female with a mean age of 39. Primary work areas were: trauma (36.8%), pharmacy (24.6%), other (17.5%; e.g. pastoral care, emergency department), respiratory therapy (12.3%), radiology (7.0%) and anesthesiology (1.8%). Following the debriefings more (71.9%) felt comfortable reporting problems to the team. Respondents were more (75.4%) likely to feel safe to get constructive feedback post the structured debriefings when compared to 59.6% prior. Majority (91.2%) believed the processes involved during the resuscitation were effective in delivering care to patients. Following the debriefings more (80.7%) felt the personalities among team members foster an environment of high performance when compared to 64.9% prior. Team members felt the debriefings were worthwhile (75.6%), strengthened the trauma team (82.2%) and should be continued in this trauma center (71.1%).

Discussion/Conclusions/Implications:

At this level I trauma center, prior to the implementation of the structured debriefings, over half of the trauma staff reported agreement in positive personal perceptions of their role on the team, sharing of opinions, receiving feedback and comfort in reporting problems. Post the implementation of the structured debriefings an increase was observed in staff who agreed on improvements in the effectiveness of communication, comfort level when reporting problems, and personal safety when sharing opinions and receiving feedback. Overall, the structured debriefings resulted in positive perceptions of personal roles and involvement in the trauma team.