

# HOT DEBRIEFING GUIDE

This guide provides a standardized approach to post-event clinical debriefing. These conversations are to be facilitated as soon as possible after an event with a target duration of 10 to 15 minutes.

These conversations are not to assess or evaluate personal performance and they do not replace other processes associated with critical events such as PSLs reporting, accessing employee assistance programs, or formal critical incident stress debriefings.

“Thank you for taking the time to gather and discuss this event.

Can I ask someone to assist with note-taking?

We believe this team is capable, has done their best, and is seeking to improve.

We have not gathered to assess or evaluate personal performance.

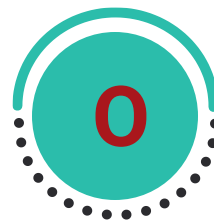
For this debriefing, we will use the STOP format.”



Summarize  
The Case



Things That  
Went Well



Opportunities  
To  
Improve



Points  
Of  
Action

“Before we end this debriefing if anyone has any last remarks please share them. As appropriate and with respect and confidentiality, these findings will be shared with our leadership team.

We will follow up on these items.

Thank you again for joining us. Please continue to take care of yourselves and each other.

Thank you for the work that you do.”

Created by CICSL and members of BC Simulation Network  
and BC Emergency Medicine Network.

Available for download at:



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Recent literature supports performance-focused post event clinical debriefings facilitated by healthcare professionals familiar with established debriefing processes. Like other aspects in health care, bringing hot debriefing to clinical settings invites careful implementation considerations.

## Considerations for Introduction :



- Consider introducing this guide in advance of initial debriefings.
- Orientate your debriefers and your teams.
- Appreciate the impact of local culture and psychological safety.

## Considerations for During:

- Affirm that participation is voluntary and not compulsory.
- Embrace a growth mindset, and a commitment to improvement.
- Learn from success and minimize hindsight bias.



## Considerations for After:



- Assign findings to individuals for meaningful clinical improvement.
- Provide debriefers with ways to improve their facilitation skills.
- Provide local resources for those who may benefit from further psychological support.

With acknowledgement and thanks to:

Rose S, Cheng A. Charge nurse facilitated clinical debriefing in the emergency department. CJEM. 2018 Sep;20(5):781–5.

Walker C.et al. STOP5: a hot debrief model for resuscitation cases in the emergency department. Clin Exp Emerg Med (2020) 7(4):259-266.

Coggins et al. Interdisciplinary clinical debriefing in the emergency department: an observational study of learning topics and outcomes. BMC Emergency Medicine (2020) 20:79.

Coggins et al. Twelve tips for facilitating and implementing clinical debriefing programmes. Medical Teacher (2020) Published online.

Heart and Stroke Foundation of Canada 2020 Guidelines. Circulation. Vo. 142 (16): S599-600.

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