A Debriefer's guide to PHEM Feedback

Forms 1, 2 and 3

Form 1- Debriefer Request Form

This is generated after you are approached by a Clinician who has seen a case and would like some feedback on the outcomes and learn further information gained in-hospital.

This must be sent from an NHS.net email account to our NHS.net email account
tpa-tr.PHEMfeedbackPAH.nhs.net
IT can help you set this up so please do this early. Your Clinician also needs NHS.net for Form 3.

Please ensure they had a meaningful role in this case to avoid inappropriate access to high profile or sensitive cases such as celebrities, politicians, colleagues, friends, family etc.

Please indicate the reason for the request which is one or more of three categories (please also see the Terms of Service). This helps us tailor our report.

1. **Significant diagnostic uncertainty** such as
    a. Conflicting differential diagnoses with conflicting and potentially harmful management strategies
    b. No reasonably accurate diagnosis can be made
    c. Difficult decision regarding where the patient should be transferred to
2. **Critically unwell** patient such as those in cardiac/respiratory arrest, major trauma, paediatric emergencies etc.
3. **Significant emotional distress** to the clinician who attended

Then work with the Clinician to identify some constructive and specific learning objectives. These should be clearly worded and concise so that we have a clear idea of what your colleague would find valuable. The more specific the objective is the more likely we will be able to satisfy that query.

Objectives should be based on this specific case rather than broader theoretical queries. The advantage of this project is that we can give insights into what any further assessments or investigations revealed, and what the patient's outcome was.

We will not primarily provide information regarding pathophysiology in general for that condition, side effects of medications, pharmacology information or **anything we feel is appropriately learned through other sources**. This means we can focus our efforts on bringing the most high-value, patient specific information to as many people as possible.

We also try to avoid giving advice on **how appropriate** pre-hospital management was. The team are not pre-hospital specialists and do not practice the same decision making that our pre-hospital colleagues do on a regular basis. We will try to provide enough information for you, as the Debriefer, to explore this further the debrief.

Examples of poorer objectives:

- "? sepsis"
- "Can you give [medication X] in [condition Y]?"
- "What causes [diagnosis Z]"?
- "Did I make the right decision doing [X, Y, Z]?"

Better objectives:

- "I wasn't sure if this was heart failure or pneumonia. Did the investigations confirm one of those?"
- "I am relatively sure this was pneumonia but I am particularly interested to know what the unusual ECG rhythm was"
- "Did the patient achieve ROSC and have they had a good neurological outcome?"
- "Was there evidence of internal major haemorrhage and if so how were they managed??"

Form 2- Feedback Report

This is our report back to you in response to your request. Please provide a copy for your colleague digitally or in print for their debrief. Form 2a is for ambulance service staff and includes an EEAST QA3 debrief form. Form 2b is what we return to our HEMS colleagues who have alternative debrief structures. We may include an appendix if we have images that may help illustrate the learning points or signpost to academic or FOAMed resources.

As standard we provide just the discharge diagnosis due to the nature of this being a voluntary team of doctors, but we aspire to address the learning objectives more thoroughly where time allows. As such, there may be variability in the level of detail between reports for each case. **We aim to complete this within 2 weeks of the request.**

Form 3- Clinician's Satisfaction Survey

Once you have completed the debrief **Form 2** is theirs to keep (although please ensure good confidentiality and secure storage). We do not require access to their personal reflection but a **"Form 3"** must be completed and returned to us following the debrief so we can understand how we can improve our service and demonstrate its value to encourage regional and national expansion.

We need them to send this from an NHS.net account to our NHS.net account due to use of a patient identifier so please highlight this when they make the initial request to you.

Please encourage the Clinician to answer honestly. It is their opportunity to highlight areas of improvement for us, or concerns about the debrief process. We will work to support debriefers if there are conflicts or potential areas of improvement. We are also interested to know if the knowledge and debrief will change their practice in the future. If it will not, either because it was not helpful or because it has reinforced the good practice which was identified, then ask them to highlight which.

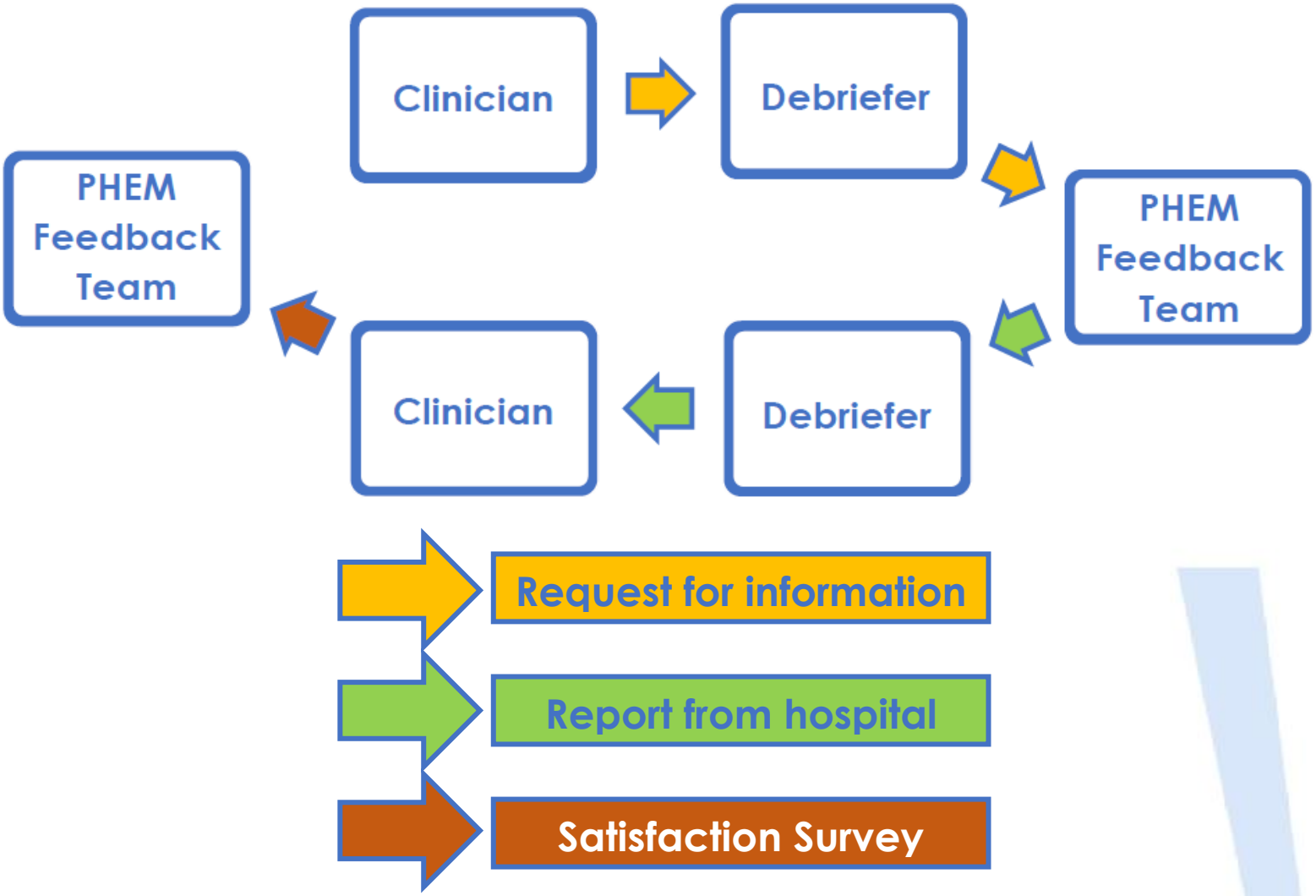
We expect the debrief to have been completed and this survey returned to us within 2 weeks from sending the report to you. If you are having difficulties finding time please let us so we can help you.

We are working with EEAST to help develop the debriefing skills for Debriefers more formally so we can reward your contributions with accredited CPD. There are other projects like ours running across the UK but, to our knowledge, none are utilising the knowledge, experience and passion of an ambulance service debriefing specialist like you except for **PHEM Feedback**. We believe this is where the most important learning will happen and will also create the safest environment to highlight and explore outcomes which were poorer than hoped, mistakes, lapses, errors, human factors, crisis resource management and emotional consequences of the vital but stressful job you all do. We also see it as an excellent opportunity to reinforce good practice and leave our colleagues as proud as possible of their hard work as they walk out the door.

Thank you for agreeing to be part of this process and please get in touch if we can do more to help support you in your vital role

For more information go to www.999feedback.org
or email info@999feedback.org

We will delete any emails containing confidential information from this mailbox without reading them


Clinician
Debriefer
PHEM Feedback Team
PHEM Feedback Team
Clinician
Debriefer
Request for information
Report from hospital
Satisfaction Survey