

## Academic Section of CAEP: Featured Education Innovation



<b>Division/Department of which university?</b>	University of Alberta-Department of Emergency Medicine and Department of Pediatrics
<b>Name of Innovation</b>	Critical Incident Stress Management-TASK Defusion
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<b>Description of the Innovation</b>	<p><b>Background</b></p> <p>Physicians are repeatedly exposed to critical incidents throughout their training and practice, which can lead to increased burnout, decreased empathy and suboptimal patient care. Physicians are often asked to facilitate informal debriefing sessions after critical incidents in the clinical setting. However, little is known about the facilitating physicians' training in debriefing or what debriefing methods are effective. In critical incidence terms what emergency physician participate in is more accurately termed defusion, which is a less formal, day-of-the-incident process designed to assure the person or people involved that their feelings are normal, to tell them what symptoms to watch for over the short term, and to offer them knowledge of where to seek help if they are having difficulty. They are designed to assist individuals in coping in the short term and address immediate needs.</p> <p><b>Needs Assessment</b></p> <p>In order to assess the needs of learners a national survey was distributed by email to all Canadian emergency medicine residents and program directors. Sixty-two percent of respondents had participated in a debriefing session and 25% had led one or more debriefing sessions. Using a Visual Analogue Scale (VAS) of 1-10 (1= "not at all" and 10 = "very much"), participants scored the usefulness of debriefing sessions for the team and the individual as 7.3/10 (CI 95% ± 0.42) and 6.5/10 (CI 95% ± 0.57) respectively. Respondents scored a mean of 7.6 (CI 95% ± 0.45) for the importance of the skills needed to lead a session, which is in contrast to their level of preparedness being reported as 4.2/10 (CI 95% ± 0.53).</p> <p>This large gap between the perception of the training provided and the perceived importance of training indicated that a need exists to broaden this aspect of training within emergency medicine.</p> <p><b>The Innovation</b></p> <p>In response to the needs assessment we developed a simplified format for conducting a 10-15 minute debriefing/defusion session in the emergency</p>

	<p>department. It involves 4 phases:</p> <p><b>TASK DEFUSION</b></p> <ul style="list-style-type: none"> <li>○ Introduction – discussion of who is present, roles and expectation of debriefing.</li> <li>○ Management Phase – covers important topics in the medical case management, answers questions from the team about why and how decisions were made.</li> <li>○ Reaction Phase – asks team members to share their reaction to the situation. For example: If you had the power to erase one single aspect, without changing the outcome, what would you most want to eliminate from this experience?</li> <li>○ Teaching Phase – Assure that stress is a normal reaction to an abnormal event.</li> </ul> <p style="text-align: center;">Give basic strategies for COPING such as:</p> <p style="text-align: center;">Talk to people Eat and sleep normally Exercise Do something nice for yourself</p> <p>This method was taught during a 4 hour workshop including PGY 1-5 emergency medicine residents. There was a short didactic introduction of the method with example questions and methods of transition between the phases. Then there was a stop start group practice with interruptions for questions and discussion. This was followed by residents participating in smaller group mock debriefings (each resident having an assigned role) that were observed by a trained facilitator. The whole group then met back to discuss the experience.</p> <p><b>Limitations</b></p> <p>Although the workshop has only been performed once, the resident feedback was excellent. They found the session very practical and useful. We intend to survey the residents in a year to see if they are actually using the tool in the “real world”. We are also developing an app that leads a facilitator through the debriefing process.</p>
<b>Summary written by:</b>	Andrew Dixon

Glassick’s Criteria for Quality in Educational Scholarship (Same as the CAEP innovation abstract criteria) (From Glassick C. *Boyer’s Expanded Definitions of Scholarship, the Standards for Assessing Scholarship, and the Elusiveness of the Scholarship of Teaching*. Acad. Med. 2000; 75: 877–80.)

Clear Goals	States Basic Purpose (Goals & Objectives outlined).
	Feasible (realistic, achievable) outcomes for success identified.
Adequate Preparation	Describes how project is related to existing literature (research or theory).
Appropriate methods	Contextually sound methods that are linked to stated goals, objectives and outcomes.

Significant Results	Presents results of interest for discussion. Ideally, significant, highly impactful or novel results.
Reflective critique (optional)	Presents a clear reflection about lessons learned from this project. May suggest future directions and/or link to existing literature.
Effective Presentation	Abstract is written in a way that clearly explains innovation for the general emergency medicine community.

## ED Defusing–TASK defusing

- ▶ Timing: 1–2H post event (possibly end of shift)
- ▶ Structure: 4 phases
  - Introduction
  - Management Phase
  - Reaction Phase
  - Teaching Phase
- ▶ Duration 15–20 minutes
- ▶ Where: anywhere where interruptions can be minimized

