



QI Boxset: Hot Debrief

Pam Mosedale, QI Clinical Lead BVetMed MRCVS, Chair of QIAB.

Helen Silver-MacMahon, MSc (Dist) PSCHF Cert VNECC DipAVN(surg) Cert SAN RVN

RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi everyone. Today I'm going to talk to Helen Silver-MacMahon. Hi Helen.

Helen Silver-MacMahon:

Hi Pam.

Pam Mosedale:

Right. Helen's an RVN, she's got a master's in human factors and patient safety and is currently studying for a PhD. So no better person I can think of to talk about errors that happen to all of us in practices.

Helen Silver-MacMahon:

Yes, I think we've all experienced errors, Pam, and all felt that sort of cold shiver of dread that we've done something that perhaps we wish we hadn't or perhaps it could be something simple like dropping an expensive piece of equipment, or perhaps drawing up the wrong pre-med for a patient because we've misunderstood what somebody's communicated to us. Perhaps we've heard milligrams instead of micrograms when we've been drawing up a pre-med or perhaps other things. I'm sure we can all think of things that we would prefer to do over if we had the opportunity.

Pam Mosedale:

Absolutely, and I think in this podcast we're going to talk about Hot Debrief, what happens straight after, and thinking about it personally, I can think of one incident which lodged in my mind for a long time afterwards of when I ... And it's so much worse, isn't it, when something happens when an animal is fit and healthy and it was a fit and healthy greyhound that was anaesthetised because it had run into a barbed wire fence and managed to shred itself and bleed profusely and unfortunately died under the anaesthetic. And it's that feeling, I think it's that feeling straight after when you have to carry on with your day. And so I'm wondering how we should have dealt with that.

Helen Silver-MacMahon:

Yeah, I think it's a really interesting thing to think about. We all have this innate drive to look after our patients to the best of our abilities. And sometimes that means we're not very good at looking after

ourselves. Sometimes we don't give ourselves a little bit of space, a little bit of time to recover. Because in that moment when you are dealing with something that's probably quite shocking, maybe a bit horrifying or upsetting, it can really affect you and it can throw you in into the fight or flight response, your cortisol levels can go up, your adrenaline levels go up, your heart beats faster, your blood pressure, everything is affected in that moment.

And it can take a moment or two just to take a step back and actually think, what can I do to prepare myself for my next case that means that I will approach them in the best way possible? And allowing ourselves those few moments just to debrief from a difficult situation can be so worthwhile. Not just for us but for our patients as well. Clearing our head, correcting those hormone levels and just resetting and rebalancing for a minute is so beneficial.

Pam Mosedale:

If we do just carry on, then we've got it in our mind all the time, haven't we? We might just carry on, to go onto consulting, but we're still thinking about what happened, therefore we can't really think properly about what we're actually doing.

Helen Silver-MacMahon:

Absolutely. Our bandwidth, our cognitive bandwidth is clogged up by all this stuff. And eventually what happens, I suppose at the end of the day is that when we're in the car on the way home, we'll probably start thinking about those things, starting to unpack them and we're not in an environment perhaps where we're able to resolve them. Maybe we get home, I've certainly been in a situation where I've got home and begun to tell my loved ones about what's happened in my day and they've really not been able to step into my shoes and empathize with me. They just don't get it. And that's why it's really important to chat to the team because if we don't do that, then what happens is we keep it, we store it, and it can have really, really detrimental effects. Either we become what they call second victims or sort of have vicarious trauma, which means that eventually we either consider leaving the profession or we enter a phase of really just surviving and not having any job satisfaction, and obviously have increased levels of anxiety and worry about what we're doing as well.

Pam Mosedale:

That's really sad, isn't it, when that happens to people. So what should we do then when this happened? When something bad has happened during the day, what should we do?

Helen Silver-MacMahon:

Well, I think the first thing that I would suggest is just taking that pause and one of the best tools I've ever come across is the Hot Debrief, and it's one that was first advised by Edinburgh Surgery and Medicine Department and then adapted by RCVS knowledge and it's called the Stop 5. And the clue is in the name, it's just five minutes. It only takes five minutes. And it's really great because it's really simple to remember, really easy to instigate, and it just means that anybody can suggest that you have a Stop 5 and that you just spend a moment pausing to think about what's just happened, summarising it, then talking about what went well, what didn't go so well, and what we need to do now. So that might be that we need to fill out a critical incident report or we need to telephone the owner or there's somebody within our team who needs some extra support.

We can just take a moment to pause, to notice what's going on for each of us. And hopefully it gives the opportunity to actually reduce those feelings of shame or guilt or worry that it was our fault. Because very often, I'm sure we can all think of instances where we've started to go down that road and our wonderful colleagues have stopped us and said, "Actually, there's nothing you could have done differently." Or "You did it all right, that's brilliant." Or it might even be that with hindsight, you

can begin to devise something that might put a system or a process in place that might make it easier next time you have to deal with a similar situation. So it's really quick, really easy and just make sure that you cover the things that are most likely to help people sort of reset and go forward in their day with the best possible approach.

Pam Mosedale:

So it's put the kettle on and sit down and have a quick chat for five minutes.

Helen Silver-MacMahon:

Definitely, definitely. If that's what you can do for five minutes, just pop the kettle on. When I've used it before in practice, it has been that kind of, "Right, somebody pop the kettle on, we've got five minutes." It doesn't have to take a long time. It doesn't have to impact your day, but it does mean that actually everybody's going to be more productive afterwards. So it might feel that you haven't got five minutes, but actually you probably have. And if you need to explain to the rest of your team, perhaps ask the receptionist just to let anybody waiting, that you'll just be a few minutes more. The team is still dealing with an emergency or something like that to make sure that you don't sort of have any clients that are a bit disgruntled by that wait. Five minutes is not a long time and we can, I hope, make time for that in our day, especially as it's so important and impactful for our wellbeing.

Pam Mosedale:

A really valuable five minutes, I think. But this is not the time is it to go into all the details of exactly what happened. Do that later, yeah?

Helen Silver-MacMahon:

Yeah, exactly. So basically we're just summarising the case. What went well, what didn't go so well and what we need to do next. Ideally, what you want to do, this a hot debrief because it's done in the moment. A cold debrief is a debrief that happens a little time afterwards. So the ideal would be that during a hot debrief, somebody takes responsibility for filling out VetSafe or a critical incident report, however you do it. And then it's decided whether that needs to move to a learning discussion or Morbidity and Mortality Round to have a further more in depth chat about it. It also probably needs to be pointed out it doesn't have to be something that went wrong. It's ideally placed when something goes as unexpected, but it's often nice to take a moment and chat about the things that go well as well because by learning from these things, even in a short five minute moment, we can really seal in that knowledge and share it and really impact how we treat our patients in the future as well.

Pam Mosedale:

Yeah, we forget about discussing things that go well, don't we? So is this applicable to all sorts of practices, veterinary practices?

Helen Silver-MacMahon:

Definitely. And I recently talked to a group of large animal vets and I asked them what their challenges were that they were finding in practice and one of the things that came up as sort of a recurring theme was really the support that they get after something hasn't gone as well as they'd hoped. Or perhaps they've just had to deal with a really grumpy farmer or they've had a unsociable patient, shall we say, that doesn't wish to be treated. And they get back in the car and all of these things are perhaps going around their head and they're heading to their next call and they don't have time to unpack it. So one of the things that we discussed was actually setting this up as an alert word, a phrase that could be asked for in practice. So you could set it up within your team that if somebody who's an ambulatory

vet or a nurse rings in and says, "I'd like to request a stop five," It's almost code for something's happened and I need to have some support, I need to speak to somebody.

And again, just five minutes, somebody at the other end of the line, they're picking up the phone and offering that person a bit of support, talking about what happened, what they need to do next and what went well and what they'd do differently next time or what didn't go so well. Just unpacking that at the time when you most need it means that hopefully you can travel onto your next appointment feeling a little bit less stressed and anxious and hopefully you haven't built up a cupboard full of boxes. I always use that analogy of a cupboard full of boxes of problems by the end of the day that might come falling out when you at least need them to.

So having a chat with somebody at the practice and setting up that framework that if anybody ever rings in and says, "Can I have a stop five?" I suppose it doesn't have to be just when ambulatory vets are ringing in. It could be you set it up as a common code word within the practice and anybody who asks for a stop five, it's kind of one of those things where, "Actually we need to pause for a minute. Somebody's requesting something really important" and really take that seriously as a request.

Pam Mosedale:

That's such a good idea. I mean, being out on the road as a vet, which I did a long, long time ago, it can be quite lonely and especially if things go wrong and you don't want to be driving in this stress state either. So I think that's such a great idea to be able to apply it there as well as within the teams. So if teams in practice want to get this started, how would you recommend they go about it? How do they get started with doing this?

Helen Silver-MacMahon:

So the first thing I'd do is signpost people to RCVS Knowledge. If you type in Hot Debrief, you should come up with the QI Features article and within that is a lovely poster that you can download that's been adapted by RCVS Knowledge with the permission of the original creators to be used in veterinary practice. And it offers that framework in a really easy, digestible format that you can use as a poster. And with all of these interventions and ideas, I always suggest taking a moment to introduce them to the team, whatever means usually works best. But for me, that's often starting the conversation, explaining what it is, getting other people on board, perhaps other people who maybe champion patient safety or QI in practice and starting that conversation. If you can mention it in a practice meeting, if you've got one coming up so that everybody knows what it is, then that'll be even better. That'd be brilliant.

It's not just for surgical teams, it's not for any one group specifically. It's something that everybody could use. So it might even be the reception team might find it handy to have it pinned up on their notice board or wherever is in their line of sight, just I think everybody can make use of this. We all have situations that happen in life day to day that it would be helpful to debrief from. So helping the whole practice team work together to understand and support each other is always really, really important.

Pam Mosedale:

That's a really good point about the whole team, I think because reception, I've always thought quite often after euthanasias and things, they get really upset because they've seen the client come in all the time seeing the animal come in and that would be definitely a time where they might think they would like a little bit of time or they might have had an angry client or whatever. So yeah, I think laminate that poster and put it up somewhere just to remind people.

Helen Silver-MacMahon:

Definitely. The more we see these things we're more that we're reminded of them and keep chatting about it, make it something that happens and any misgivings about talking about the things that happen in practice should sort of be really got rid of, I really want to say. I think we've moved past that point of just ignoring things. We need to be able to talk about problems so that we can learn from them. And again, learning from excellence also, learning from things that go well is really, really helpful for us too.

Pam Mosedale:

So practice leaders should be careful that if they're in that situation, they also ask for a stop five and show their vulnerability, and also they don't ignore it when other people do and make sure that everybody takes notice of it, I suppose.

Helen Silver-MacMahon:

Definitely. Definitely. It's five minutes. As long as you really help other people understand that it is a short debrief, a hot debrief, and part of the agreement is really that unless there's some really good reason why it shouldn't last five minutes, it needs to be longer, I would always suggest trying to stick to that time. We all have mobile phones in our pockets, set a little timer and just keep in mind the time as well so that it doesn't kind of cause any problems or people don't get the idea that actually we say it's five minutes, but it's going to always take longer because that kind of loses faith in the idea as well.

Pam Mosedale:

And we don't go onto the cold debrief when emotions are still high, I suppose that that's the other thing too. That needs to be in a different sort of head space, doesn't it?

Helen Silver-MacMahon:

Exactly. We all need a little bit of time to reflect and think about these things and then go forward to a cold debrief and sometimes we need to gather some of the information. We need to look at the patient's file. We need to look for trends in our critical incident reports, things like that that can help us understand the full picture and really understand without the bias of any emotion that's brought into those situations. So it's important to do them in a timely manner before anybody's forgotten about it, but also to leave that break. So we do the hot debrief and then we leave that break before the cold debrief so we can gather information and really let any emotions settle.

Pam Mosedale:

Well, thank you very much, Helen. That was brilliant and I hope will be really, really helpful and useful to all the teams out there. So thank you again.

Helen Silver-MacMahon:

Thank you for having me.

RCVS Knowledge:

For further courses, examples and templates for Quality Improvement, please visit our Quality Improvement pages on our website at rcvsknowledge.org.

Our transcripts and closed captions are generated manually and automatically. Every effort has been made to transcribe accurately. The accuracy depends on the audio quality, topic, and speaker. If you require assistance, or something doesn't seem quite right, please contact ebvm@rcvsknowledge.org

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/). Feel free to adapt and share this document with acknowledgment to RCVS Knowledge. This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.