Teamwork and Communication

Debriefing Medical Teams: 12 Evidence-Based Best Practices and Tips

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Medical teams are commonly called upon to perform complex tasks, and when those tasks involve saving the lives of critically injured patients, it is imperative that teams perform optimally. Yet, medical care settings do not always lend themselves to efficient teamwork. Instead, they are frequently characterized by extreme time pressures, team member rotation, ambiguous information, and the ultimate in high stakes should failure occur. Nonetheless, teams are still the best mechanism for dealing with the primary task at hand—improving patient outcomes.

A virtual wealth of knowledge has been created in the human factors and occupational sciences concerning the myriad ways in which team performance may be optimized. In addition, much of what we now understand about teams and teamwork has been generated from the products of many years of research in aviation and military settings. However, there are important differences between these cultures and those found in medicine—differences that should not be ignored.

In the interest of patient safety, clear thinking is essential for overcoming the chaotic and stressful environment in which patient care teams operate. These teams of highly trained clinical experts must be equally well trained, nurtured, supported, and developed in team concepts as facilitators of clinical expertise, with a crucial part of this development being the essential process of debriefing. Among the many principles of team training effectiveness is the importance of providing diagnostic feedback. This feedback can be delivered in many forms, including recurring or critical-incident debriefs. By providing diagnostic performance feedback, team members shared knowledge (for example, team and task mental models) are enhanced. In turn, the shared understanding developed during debriefs has been shown to positively affect team performance. Moreover, the process of having team members reflect on their recent performance is critical to the experiential learning process—it allows them to use insights gained from experience and make use of that knowledge in later performance episodes.

Therefore, addressing behaviors at a team level dur-

Article-at-a-Glance

**Background:** Medical teams are commonly called on to perform complex tasks, and when those tasks involve saving the lives of critically injured patients, it is imperative that teams perform optimally. Yet, medical care settings do not always lend themselves to efficient teamwork. The human factors and occupational sciences literatures concerning the optimization of team performance suggest the usefulness of debriefing process—either for critical incidents or recurring events. Although the debriefing meeting is often used in the context of training medical teams, it is also useful as a continuous learning tool throughout the life of the team.

**What Are Good Debriefs? An Overview:** The debriefing process allows individuals to discuss individual and team-level performance, identify errors made, and develop a plan to improve their next performance.

**Best Practices and Tips for Debriefing Teams: The Debrief Process:** The list of 12 best practices and tips—4 for hospital leaders and the remainder for debrief facilitators or team leaders—should be useful for teams performing in various high-risk areas, including operating rooms, intensive care units, and emergency departments. The best practices and tips should help teams to identify weak areas of teamwork and develop new strategies to improve teamwork competencies. Moreover, they include practices that support both regular, recurring debriefs and critical-incident debriefings. Team members should follow these main guidelines—also provided in checklist form—which include ensuring that the organization creates a supportive learning environment for debriefs (concentrating on a few critical performance issues), providing feedback to all team members, and recording conclusions made and goals set during the debrief to facilitate future feedback.
ing critical-incident and recurring de briefs can facilitate team performance and effectiveness. So, the question remains, "What are good de briefs?"

In this article, we provide a list of 12 best practices in de briefing medical teams. Four of the best practices are appropriate at the level of hospital leaders, while 8 are intended for de briefing facilitators or team leaders. We first provide general overview of de briefing. Next, we differentiate our de briefing checklist from other tools, and we focus on the team’s postevent discussion. Finally, we present the best practices and tips for de briefing medical teams.

What Are Good Debriefs? An Overview

The de briefing process is used to allow individuals to discuss individual and team-level performance, identify errors made, and develop a plan to improve their next performance. Although the de briefing meeting is often used in the context of training medical teams, it is also useful as a continuous learning tool throughout the life of the team. De briefing teams after a critical incident is particularly important, and there are a few basic goals of a de briefing meeting. First, facilitators or team leaders of these meetings should identify the nature of the problem the team was responding to, or what issue they were trying to resolve. Next, they should carefully review the nature of the event(s)—what occurred, why, how, and what resulted. Finally, the team should be guided to self-correct their behavior in the future. In short, the de brief allows team members to discuss the various decisions that were made, things that could have been done differently in the situation, any potential need for remediation or training, and what was successfully accomplished.

We provide a general checklist for optimizing de briefing sessions with medical teams. This checklist is not focused on immediate, postsurgical, practical concerns (for example, verifying instrument counts), but rather on getting the most value out of the de briefing session.

Written at a general level, this concentrated list of tips should be useful for teams performing in various high-risk areas, including operating rooms (ORs), intensive care units (ICUs), and emergency departments (EDs). Moreover, they include practices that support both regular, recurring de briefs and critical-incident de briefings. The checklist is organized around the two areas of setting up the de brief process and the actual de brief itself and is meant to be a quick reference guide to both administrators and team members as they seek to maximize the positive benefits of the de brief process. These tips should enable medical teams to identify weak areas of teamwork, develop new strategies to build teamwork competencies, and make the department and organization aware of ways to provide support and assistance to facilitate team effectiveness. Table 1 (pages 520–521) provides a quick reference to the entire list of best practices for de briefing medical teams. Figure 1 (page 522) and Figure 2 (page 523) outline these best practices in an easily accessible checklist format.

How to Use the Checklists

Teams, especially medical teams, generally do not have sufficient time in between performance episodes to participate in lengthy de briefs. Nonetheless, it is crucial that medical teams conduct de briefs, especially after critical events. When time is limited, such as when the team is needed for multiple emergencies, team members can agree to meet for a quick de brief some time later. Even if this meeting lasts for as little as three minutes, it is important to be able to discuss the relevant event(s) and the observed teamwork behaviors in an environment that is safe from administrative oversight where the focus must be on gaining information, understanding, and insight. In these quick de briefs, team members should follow these main guidelines, which include concentrating on a few critical performance issues, providing feedback to all team members, and recording teamwork goals to review at future de briefs.

Setting up the Debrief Process

Best Practice 1: Debriefs Must Be Diagnostic

Organizational leaders and frontline team leaders must be aware of the need for the two main types of de briefs—recurring and critical-incident de briefs—in varying situations. Recurring de briefs occur at regular intervals (for example, at end of case or shift, daily, weekly, monthly). Medical team members focus on diagnosing specific strengths and weaknesses in their teamwork, practicing the teamwork skills in which they were strong, developing plans to strengthen weak areas, and discussing their progress over time throughout the life of the team. Recurring de briefs allow opportunities for the team members to discuss their interactions, successes, and failures on a regular basis, strengthening team trust and encouraging further interactivity among team members. Using recurring de briefs to diagnose team weaknesses and strengths enable medical teams to learn from their interactions, develop strategies for successful interactions in future events, and transfer this learning across teams as well as within teams to new members and situations where the same or similar circumstances are present.

Medical teams that respond to emergencies can also be presented with critical incidents—events that are highly unusual or unusually successful or unsuccessful. It is important for
Table 1. Evidence-Based Best Practices for Debriefing Medical Teams

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<thead>
<tr>
<th>Best Practices</th>
<th>Description</th>
<th>Source(s)*</th>
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<tbody>
<tr>
<td>1. Debriefs must be diagnostic.</td>
<td>Hospital administrators and team leaders should be aware of the importance of both recurring and critical-incident debriefs. Recurring debriefs should be held at regular intervals to allow medical team members to identify teamwork strengths and weaknesses and to develop strategies for improvement. Critical-incident debriefs are appropriate after a highly unusual event and allow team members to overcome their initial emotional responses and to develop strategies to deal with difficult situations in the future.</td>
<td>11,13</td>
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<td>2. Ensure that the organization creates a supportive learning environment for debriefs.</td>
<td>The hospital must allocate time for medical teams to conduct debriefs. Moreover, the administration must be openly positive about the benefits of debriefing medical teams. Without support from the hospital and its staff, team members will be unmotivated to conduct debriefs. The point of all debriefs is to learn from team experiences and to develop strategies for future events. Medical team members should focus on improving areas of weakness and sustaining areas of strength. As such, all team members must give honest opinions and should provide suggestions during debriefs.</td>
<td>14,16,17,19</td>
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<td>3. Encourage team leaders and team members to be attentive of teamwork processes during performance episodes.</td>
<td>Prior to performance, medical team members should be knowledgeable of teamwork processes such as coordination, backup behavior, and mutual performance monitoring. As they come to better understand these teamwork behaviors, they will be more attentive to them as they occur and will be better able to discuss them later during the debrief.</td>
<td>6,8,20,21</td>
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<td>4. Educate team leaders on the art and science of leading team debriefs.</td>
<td>Because team leaders are sometimes required to lead debriefs, they should first understand the roles and responsibilities of all team members. At a minimum, leading a debrief involves outlining the agenda, reviewing conclusions and goals made in past debriefs, encouraging team member participation, and focusing the conversation upon teamwork processes.</td>
<td>9,13,23</td>
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<td>5. Ensure that team members feel comfortable during debriefs.</td>
<td>To facilitate learning in debriefs, team members need to feel comfortable enough to express their opinions and offer suggestions. During the debrief, team members should be positioned such that all team members can interact and communicate with each other.</td>
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<td>6. Focus on a few critical performance issues during the debriefing process.</td>
<td>To make the best use of the limited time available for debriefs, medical teams should focus on a few specific issues to be discussed. By using their time well, medical teams can learn from errors and develop strategies to apply in future events.</td>
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<td>7. Describe specific teamwork interactions and processes that were involved in the team’s performance.</td>
<td>During debriefs, specific teamwork processes should be discussed (e.g., supporting behavior). Discussing and learning from these behaviors allows team members to improve their subsequent interactions and coordination.</td>
<td>24,26</td>
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<td>8. Support feedback with objective indicators of performance.</td>
<td>When the team leader or facilitator provides feedback with specific examples of performance to support the feedback, team members are more likely to accept the feedback. In addition, they will be better able to link feedback during the debrief to specific behavior changes in future events.</td>
<td>30,1,9</td>
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<td>9. Provide outcome feedback later and less frequently than process feedback.</td>
<td>Outcome feedback—feedback on the overall outcome of the team’s efforts—is less useful than process feedback. By providing feedback on the processes the team used, team members will learn to adjust their behaviors to work as an effective team as opposed to merely attaining a positive outcome.</td>
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(continued on page 521)
medical teams to debrief immediately after such events when possible. The Critical Incident Stress Management Model presented by Mitchell and Everly is a good resource for these types of debriefings.) Critical-incident debriefs are particularly useful when harm results from medical care and is not due to the patient's underlying condition (that is, adverse event). By debriefing after critical events, (1) individual team members don't feel responsible for the success or failure of the event, (2) teams learn practical applications to assist in dealing with difficult situations in the future, and (3) teams can develop new communication methods or other teamwork strategies to use during subsequent events. As diagnostic tools, critical-incident debriefs enable medical team members to diagnose strengths and weaknesses and plan new strategies for both ordinary events and future critical incidents.

Of course, our discussion of critical-incident debriefing should not imply that it is a simple undertaking. On the contrary, it is characterized by a host of ethical, therapeutic, and legal issues.

**BEST PRACTICE 2. ENSURE THAT THE ORGANIZATION CREATES A SUPPORTIVE LEARNING ENVIRONMENT FOR DEBRIEFS**

It is crucial for the health care organization to support debriefs and the decisions that the team makes during debriefs. First and foremost, the hospital should allow time for medical teams to debrief, lest team members be unmotivated to conduct and attend them on their own time. In the absence of the hospital administration's open show of support, the debriefs might seem to the team like a waste of time. The organization can also demonstrate its support by reinforcing teams on trained competencies (for example, closed-loop communication) to demonstrate to trainees that they are valued by supervisors and hospital administration.

Given hospital leadership's support, health care teams should evolve to regularly meet and establish a shared understanding regarding the best medical plan of care for each patient, provide peer performance coaching to mitigate risk, be able to recognize and interrupt unfolding error by modifying performance, and manage and modify the plan to optimize outcomes immediately and over time. Hospital leaders should set an example of open support and expectations toward a climate of learning. Their role is to listen attentively and digest input, then resolve systems issues that hinder optimal team performance.

In addition, hospital leadership should remain flexible in accommodating the needs of its health care teams. Good leaders are experts at scanning their environment and knowing when adjustments are needed. They know how to build relationships and nurture the development of their teams. Following a critical incident, for example, hospital leaders may

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**Table 1. Evidence-Based Best Practices for Debriefing Medical Teams (continued)**

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<th>Best Practices</th>
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<td>10.</td>
<td>Provide both individual and team-oriented feedback, but know when each is most appropriate. When debriefing medical teams, feedback should be provided for both the team as a whole and for individuals within the team. Provide individual-level feedback when an individual did not perform a behavior that was needed. Provide team-level feedback on the topics of situation assessment, supporting behavior, communication, and leadership/mentoring.</td>
<td>29</td>
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<td>11.</td>
<td>Shorten the delay between task performance and feedback as much as possible. Debriefs should occur shortly after performance so that during feedback sessions team members will easily recall the events in question. When feedback is provided shortly after an event, team members develop links between behavior and outcomes and are more likely to apply behavior changes to future events.</td>
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<td>12.</td>
<td>Record conclusions made and goals set during the debrief to facilitate feedback during future debriefs. It is important for the medical team to track progress made on their teamwork strategies. To do this, all team conclusions and goals made should be recorded so that the team can refer to them during later debriefs. By recording goals and referring back to past goals, the medical team will see how they have improved over time and may realize that certain processes that were once weaknesses are now strengths.</td>
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* References can be found on pages 526–527.
allow for additional times and places for health care teams to meet. This sort of flexibility in leadership at the administration level is important and can drive performance improvements.

In any brief—whether recurring or addressing a critical incident—the team should learn from its experiences and develop strategies to apply newly learned knowledge to future events. That is, the team should discuss potential countermeasures or solutions to prevent those situations from reoccurring. Further, when the team is performing successfully, team members should identify the contributing factors (for example, proper communication and timing, trust among team members). They should actively discuss the individual behaviors that play a part in the team's success. Moreover, because briefs are a learning opportunity, all team members should contribute to the discussion. The brief facilitator should encourage the team members to provide honest opinions and possible suggestions and solutions.

Best Practice 3. Encourage Team Leaders and Team Members to Be Attentive of Teamwork Processes During Performance Episodes

The proper execution of teamwork processes is essential to team performance. Medical teams specifically rely on appropriate teamwork behaviors, such as coordination, backup behavior and mutual performance monitoring, shared situation assessment, effective communication, and team leadership, to respond successfully to emergencies. Team members should be trained and knowledgeable prior to performance to be equipped to debrief their teamwork behaviors in a meaningful manner.

Best Practices and Tips for Debriefing Teams: The Debrief Process

Best Practice 4. Educate Team Leaders on the Art and Science of Leading Team Debriefs

When team leaders are responsible for facilitating team debriefs, they should be properly trained in terms of their and the other team members' responsibilities. They must take on dual roles as team member and debrief facilitator and maintain objectivity as it pertains to their own performance. Leading a brief involves outlining the agenda for the brief, reviewing conclusions and goals made in past briefs, encouraging each team member to participate and contribute, and focusing the conversation on teamwork processes that can facilitate quicker action and better results.

Leaders/facilitators should begin the brief with a quick review of the team's mission and objectives. They should facilitate the conversation by encouraging team members to discuss
Best Practices in Debriefing Medical Teams: A Checklist for Team Debrief Facilitators

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<td>Performance</td>
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Debrief

☐ 5. Do team members feel comfortable during debriefs?
☐ 6. Is the focus concentrated on a few critical performance issues during the brief?
☐ 7. Are the specific teamwork interactions and processes involved in the team's performance described during the brief?
  - Planning
  - Situation assessment
  - Supporting behavior
  - Communication
  - Leadership / initiative
☐ 8. Is feedback supported with objective indicators of performance?
☐ 9. Is outcome feedback provided later and less frequently than process feedback?
☐ 10. Are both individual and team-oriented feedback provided?
☐ 11. Is the delay between task performance and feedback kept to a minimum?
☐ 12. Are conclusions and goals set recorded to facilitate feedback during future debriefs?

Figure 2. Best practices for debriefing medical teams are provided as a checklist for team debrief facilitators.

their experiences in specific events and ensure that all team members focus on the facts. In addition, they should not interrupt the team's conversation, interrogate, or become overinvested in their own interpretation of events.2,3

Moreover, debrief facilitators should guide the team in the self-correction process, which is best accomplished by identifying (1) positive and negative examples of each teamwork component, (2) actual and potential impacts of these behaviors on performance outcomes, and (3) solutions to each problem that is identified. At the conclusion of the debriefing meeting, team leaders/facilitators should ask, "What do we know now that we did not know before?"

The tone of the debriefing meeting should also be properly set. Essentially, debrief facilitators should be trained to realize that team members are not inherently "mistake makers" and should create a context for learning and change. They should respect the knowledge of any trainee team members and create an environment where mistakes are viewed as opportunities for learning not reasons for punishment. The "debriefing with good judgment" approach focuses on creating a psychologically safe environment.10

BEST PRACTICE 5. ENSURE THAT TEAM MEMBERS FEEL COMFORTABLE DURING DEBRIEFS

When team members are debriefing, they should be comfortable on a number of levels. The atmosphere should be perceived as nonthreatening and collegial rather than as an opportunity to reprimand people. Review of individual team member contributions should be provided as developmental feedback and not as criticism or the assignment of blame. Optimally, team members could be seated (or standing as time allows) in a circular fashion so that all team members can see and communicate with all other team members.11 Health care teams are often characterized by powerful status- and role-based...
hierarchies, which can affect group functioning. Team members, regardless of the roles they occupy, should be given equal voice in the process. Finally, the team should be provided with an isolated or quiet space in which to conduct the debriefing meeting.

**BEST PRACTICE 6. FOCUS ON A FEW CRITICAL PERFORMANCE ISSUES DURING THE DEBRIEFING PROCESS**

Medical teams usually do not have much time to devote to regular debrief meetings and, in many settings, will perceive that there is no time at all. Therefore, whatever time is available should be spent on reviewing key performance issues, including errors and examples of exceptional performance. Making errors and learning from them is essential to the development process. Investigating the causal factors in errors can help the team better understand which aspects of team performance are functioning optimally and which are in need of remediation.

**BEST PRACTICE 7. DESCRIBE SPECIFIC TEAMWORK INTERACTIONS AND PROCESSES THAT WERE INVOLVED IN THE TEAM’S PERFORMANCE**

Although individual team members may be adequately equipped with knowledge and skills, problems can occur when systematic protocols and coordinated team behavior is lacking, which in turn reflect weaknesses in delegation, communication, and problem assessment. The imperative is to narrow the many team processes to the few that are particularly crucial to consider for the debriefing of medical teams:

- **Planning.** The planning process is important to facilitate the development of shared mental models, which has been used to describe the mechanism by which team members possess a shared framework for addressing a problem. The establishment of this shared framework leads to the development of a common language, promotes synchronization, and sets expectations.

- **Situation Assessment.** In team situation assessment, communication promotes a collective awareness of the surrounding environment, both internal and external to the team. It also involves timely and accurate reporting of deviations and/or potential problems.

- **Supporting Behavior.** Supporting behavior includes monitoring the activities of other team members, taking action to correct team errors, giving and receiving performance feedback in a nondefensive manner, and providing and seeking assistance or backup when needed.

- **Communication.** Elements of effective communication in medical teams include active listening, two-way communication, fact finding, team talk, and the use of a common language. In dynamic medical environments, physicians and other staff members must see themselves as part of a team with shared goals and prespecified roles.

- **Leadership/Initiative.** Team leadership/initiative involves providing guidance to other team members, helping team members to focus their activities appropriately, anticipating tasks that should be performed, and providing instruction to other team members to enable them to perform or complete their tasks. In the OR, cultural differences in preferred styles of leadership and coordination between nurses and physicians can be manifested as (perceived or real) disagreement between those in charge and those they direct. It is vitally important in these settings that everyone is on the same page.

Consider the following example of the impact of an OR team’s specific interactions and processes:

A surgeon, anesthesiologist, nurse, and technologist gather in the OR to begin a complicated case. The nurse calls for the OR time-out, a perfect opportunity to ensure critical team behaviors and establish the plan to create the shared mental model, which in turn drives cross-monitoring. The nurse-led time-out proceeds, with minimal involvement by the surgeon, who by history uses the time-out as an opportunity to act out with borderline hostile and harassing behaviors. The case is difficult and long, with many unanticipated complexities and tensions, culminating in a nicked vessel and a resulting high blood loss. On the beginning of the closure of the wound, the sponge count reveals a shortage of one sponge. The nurse states to the surgeon that she and the technician have performed a careful survey and check of the operative field and are engaging in a recount but request (boldly) that the physician please check the wound. The surgeon ignores the request and continues to close, while two additional counts are carefully witnessed by the nurse, anesthesiologist, and technician. The nurse announces "to the room" that she is calling for radiology to come and "shoot an x-ray." The anesthesiologist confirms, "Yes, call x-ray, I will hold on waking the patient up."

The anesthesiologist did not address the perceived differences between the surgeon and the team; rather, he took the time-critical and proper action of providing leadership and guidance. An as-near-to-the-event-as-possible debriefing will be essential to place this leader and team back on the same page, as well as to discuss and instill the importance of resolving conflict and sublimating all personal matters to ensure team-driven safe-quality outcomes.
BEST PRACTICE 8. SUPPORT FEEDBACK WITH OBJECTIVE INDICATORS OF PERFORMANCE

Training and learning theorists have identified feedback as perhaps the most crucial element of learning environments.\textsuperscript{29} Feedback from team leaders/facilitators is more likely to be accepted when it includes specific, objective indicators of performance.

In the OR case example, a team debrief would focus on improving performance in support of the standards of safety. After a high-level review, the team would drill down into the specifics of performance, with the debrief facilitator stating the standard (basic performance requirements) and in turn asking team members to discuss their performance accordingly. The reporting individual is offered the opportunity to support the team with additional information so as to provide insight into nonstandard performance. For example, he or she might say the following:

The OR time-out was not performed according to standards (specific, verifiable information). Help the team understand why the patient’s expectations and trust in us for their safety was breached. What actions will you take, can you take, to immediately restore the public’s trust, and your patient’s trust, in our care?

In an environment of learning and skilled facilitation, other team members—in this case, the nurse—will often raise claims or perceptions that “this happens all the time” and “this is not a one-time issue.” The nurse will be asked to state her process and be probed to determine her ability to speak on behalf of the patient. For example, the debrief facilitator might say the following:

In the future, what actions can you take, indeed must you take, to stop the line, to ensure patients that team members at all levels uphold the standards and are safe. For example, can you state, “The case does not begin until the OR time-out is engaged according to standards?”

From the outset, the teams, as accountable to their patients, should provide all debrief outcomes, action plans, and tracking data to department leaders and the appropriate quality and patient safety leaders or committees (“the quality collaborative”). The quality collaborative would determine if statements like “this happens all the time” refer to some or all physicians, and, based on those findings, may hold some team members accountable to the standards and/or recognize others for their accomplishments.

BEST PRACTICE 9. PROVIDE OUTCOME FEEDBACK LATER AND LESS FREQUENTLY THAN PROCESS FEEDBACK

Patient safety experts have suggested that training for medical teams should focus on process improvement measures rather than patient-level outcomes.\textsuperscript{29} As Schull and colleagues\textsuperscript{29} have stated, “Even following a successful resuscitation, debriefings offer an opportunity to praise good performance, or may uncover a negative process despite a positive outcome.”\textsuperscript{29}

Therefore, these discussions should focus on how effective the team was in working together, not necessarily how well the team achieved its overall objectives. Providing outcome feedback too early or too frequently can be frustrating if the team members do not fully understand the processes necessary to attain good performance or have had insufficient post-team training time to practice and embed the skills and expectations into their practice. In these instances, simply alerting them to negative outcomes is not an effective strategy. However, once they have gained at least a beginning mastery over these processes, outcome feedback generally becomes more useful and informative.\textsuperscript{29}

BEST PRACTICE 10. PROVIDE BOTH INDIVIDUAL AND TEAM-ORIENTED FEEDBACK, BUT KNOW WHEN EACH IS MOST APPROPRIATE

At certain points in the debriefing process it may be appropriate to provide individual feedback, team-level feedback, or both. Individual-level feedback should be given when the situation being reviewed called for an individual to initiate a behavior that was not initiated. Moreover, when specific individuals have a large impact on the group’s performance, it is useful to directly highlight individual performances.\textsuperscript{29}

Team-level feedback should be provided when it is difficult to determine any one individual’s contribution to the total performance and when total performance is greater than the sum of differentiated individual performances. These characteristics are often present in the work performed by medical teams.

To improve teamwork processes, teams should receive feedback concerning their situation assessment, supporting behavior, communication, and leadership/initiative. In addition, it is important at this time to review team members’ roles and responsibilities. With respect to the OR case example, the debrief facilitator would recognize the team for what it did well—collectively, the team contained the conflict. For example, the facilitator might state the following:
The team is to be applauded for sticking to the standards as a method by which to move care forward for this patient despite what appears to have been a difficult case with some unresolved conflict. The team did not allow itself to get distracted from the standard, and, on behalf of the patient, I thank you. Moving from general to specific, however, you have all openly acknowledge that substandard performance is unacceptable. To that end, what were the barriers to standard performance that must be addressed? Dr. [surgeon], can we start with your information—what barriers exist, what actions can you take?

Should the surgeon not respond, the facilitator must move on to another care team member with the intent to provide the surgeon with a private discussion. If power becomes an issue, the facilitator could support the surgeon by stating, "This is an important issue. Important enough that we need to involve the chief so that you have a peer and mentor with whom to discuss." Follow-up can then be provided.

**BEST PRACTICE 11. SHORTEN THE DELAY BETWEEN TASK PERFORMANCE AND FEEDBACK AS MUCH AS POSSIBLE**

Providing feedback on an event that occurred some time ago is likely to be ineffective because team members often cannot remember details of the event. Therefore, when possible, debriefs should occur shortly after the incident(s) being reviewed so that team members are more likely to remember the feedback and apply what they learned during the debrief to future events.

**BEST PRACTICE 12. RECORD CONCLUSIONS MADE AND GOALS SET DURING THE DEBRIEF TO FACILITATE FEEDBACK DURING FUTURE DEBRIEFS**

To check back on the progress toward goals set in previous debriefs, the team should ensure they record the findings, observations, and teamwork goals for future reference. In addition, during a critical-incident debrief, team members may realize that a failure was due to a specific teamwork process deficiency (for example, communication). Once having identified the problem, they can resolve to improve their communication skills and develop a new procedure for communicating with one another. In subsequent debriefs, the team can discuss progress on the new communication method and theorize how that progress has contributed to performance improvement.

**Conclusion**

Medical teams can benefit greatly by participating in recurring and critical-incident debriefs. The list of 12 best practices and suggestions should facilitate optimal team performance in either the training or operational environment.

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**References**


