

Data Supplement S1. Electronic survey.
Pediatric Critical Event Debriefing in Emergency Medicine Training –
An Opportunity for Educational Improvement

Dear colleague,

A critical event in a child – be it severe injury or illness, cardiopulmonary arrest, death, medical error, or other event that is stressful for emergency department providers – can take a significant toll on ED staff of all levels of training and in clinical or nonclinical roles alike.

Some institutions have initiated formal or informal debriefing sessions to process emotional and cognitive difficulties after a traumatic event. A debriefing is a group meeting following a critical incident where attendees can discuss their experiences on both cognitive and emotional levels. The aim of these meetings may be to provide emotional support one another, to revisit clinical decision making, or to reduce distress and enhance coping following an incident.

We at the Department of Emergency Medicine at Brown University are asking you to complete the following survey. The purpose of this research study is to learn about the current practices of debriefing in training programs following critical events in children. Please answer the questions to the best of your ability based on the current practices of your hospital and training program.

When answering the questions, consider a critical event to be defined as an event in the ED that could be identified by an individual as traumatic, causing emotional responses so strong that usual coping mechanisms are ineffective.

This survey should take approximately ten minutes and is voluntary and risk-free; your responses will be confidential. You may stop at any time and may choose not to answer any of the questions. Completion of the survey indicates informed consent. We ask that only one response be provided from each program.

We appreciate your time and assistance.

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If you have any questions or concerns about this survey or the research study, please feel free to contact the investigators using the contact information above.

For information regarding research participants' rights, please contact the Lifespan Office of Research Administration Manager: Patricia E. Houser at (401) 4446246.

Program Information

1. What best describes your position? (check all that apply)
 - Program Director / Assistant Program Director – Emergency Medicine Residency
 - Program Director / Assistant Program Director – Pediatric Emergency Medicine Fellowship
 - Other (please specify)

2. How many trainees per year are in your programs?
 - <10 trainees per year
 - 10-19 trainees per year
 - 20-30 trainees per year
 - >30 trainees per year

3. What type of trainees rotate through your Emergency Department? (check all that apply)
 - Emergency Medicine residents
 - Pediatric residents
 - Internal medicine residents
 - Family medicine residents
 - Pediatric Emergency Medicine fellows
 - Other (please specify)

Hospital Information

4. What best describes the hospitals in when your trainees work? (check all that apply)
 - Community-based General Emergency Department
 - University-based General Emergency Department
 - Community-based Pediatric Emergency Department
 - University-based Pediatric Emergency Department
 - Other (please specify)

5. In what setting do your trainees see children? (check all that apply)
 - Community-based General Emergency Department
 - University-based General Emergency Department
 - Community-based Pediatric Emergency Department
 - University-based Pediatric Emergency Department
 - Other (please specify)

6. What level is your pediatric trauma center?
 - Level I
 - Level II
 - Level III
 - Level IV
 - Level V
 - Not a pediatric trauma center
 - I don't know

Debriefing

7. Have you ever attended a debriefing?
 - Yes
 - No
 - I don't know

8. Is there an individual in your training program or department who is responsible for debriefings?
 - Yes
 - No
 - I don't know

9. Do you hold debriefings after critical events involving children in your emergency department?
 - Never
 - Rarely
 - Sometimes
 - Almost always
 - Always

If answered "Never", skip to Question 19

If answered "Rarely", "Sometimes", "Almost always", or "Always" to Question 9:

10. Who is responsible for initiating debriefings after a critical event? (check all that apply)
 - Emergency medicine physician
 - Resident / Fellow
 - Nurse
 - Social worker
 - I don't know
 - Other (please specify)

11. What is the format of these debriefings? (check all that apply)
 - Formal discussion in monthly scheduled meetings (e.g. trauma counsel)
 - Meeting scheduled in response to a critical event
 - Informally in response to a critical event
 - Other (please specify)

12. When do debriefings occur?
 - Immediately following the event
 - Within the same shift as a critical event
 - 1-3 days following a critical event
 - 4 days – 2 weeks following a critical event
 - At previously scheduled departmental / council meetings
 - Other (please specify)

13. Who leads the debriefings?
- Physician team leader
 - Nurse
 - Any team member
 - Social worker or counselor
 - Other (please specify)
14. Who attends the debriefings? (check all that apply)
- Attending Physicians
 - Resident / Fellow Physicians
 - Social Work
 - Nurses
 - Other clinical staff
 - Other non-clinical staff
 - Other clinical or non-clinical staff, please specify
15. Where do the debriefings occur?
- In the emergency department
 - Other (please specify)
16. How long have you been debriefing in your institution?
- <1 month
 - 1-5 months
 - 6-12 months
 - >12 months
 - I don't know
17. What are the critical events for which debriefings are held? (check all that apply)
- Death of a patient
 - Multi-trauma
 - SIDS
 - Injury resulting in significant morbidity
 - Child abuse
 - Clinical error
 - I don't know
 - Other (please specify)
18. What is the goal of the debriefing? (choose all that apply)
- Discussion of medical management
 - Identify systems or process issues that contributed to the event
 - Provide emotional support
 - Reduce distress
 - Other (please specify)

Skip to Question 20

19. Have you considered debriefing after critical events?

- Yes
- No

20. Do you think debriefing after a critical event is useful?

- Always
- Usually
- Sometimes
- Rarely
- Never
- I don't know
- Other (please specify)

21. In the ideal setting, are there critical events for which you feel debriefings should be held? (check all that apply)

- Death of a patient
- Trauma
- SIDS
- Injury resulting in significant morbidity
- Child abuse
- Clinical error or other safety event
- Other (please specify)

22. In the ideal setting, what should be the goal of debriefing? (check all that apply)

- Discussion of medical management
- Identify systems or process issues that contributed to the event
- Provide emotional support
- Reduce distress
- Other (please specify)

23. In the ideal setting, what do you feel would be the best format for debriefings?

- Formal discussion in monthly scheduled meetings (e.g. trauma counsel, morbidity and mortality conference)
- Formally-guided meeting scheduled in response to a critical event
- Informally in response to a critical event
- Other (please specify)

24. In the ideal setting, when do you feel is the best timing for a debriefing to occur?

- Immediately following the event
- Within the same shift as a critical event
- 1-3 days following a critical event
- 4 days – 2 weeks following a critical event
- At previously scheduled departmental / council meetings
- Other (please specify)

25. In the ideal setting, who should be able to initiate a debriefing? (check all that apply)

- Physician team leader
- Other physician member
- Nurse
- Any team member

26. In the ideal setting, who should attend the debriefing? (check all that apply)

- Attending physicians
- Resident / Fellow Physicians
- Social Work
- Nurses
- Other clinical staff
- Other non-clinical staff
- Other (please specify)

27. In the ideal setting, where should the debriefings occur?

- In the emergency department
- Other (please specify)

28. In the ideal setting, what barriers to holding debriefings do you think might prevent them from occurring? (check all that apply)

- Timing of debriefing sessions
- Achieving buy-in from leaders
- Achieving buy-in from participants
- Scheduling
- Finding an appropriate space
- Discomfort with process of debriefing
- Other (please specify)

29. Do you think team members involved in a critical event should be provided ongoing support after an initial debriefing?

- Yes
- No
- I don't know
- Other (please specify)

30. For how long should team members be provided support after a critical event?

- <1 week
- 1 week to 3 weeks
- 1 to 3 months
- >3 months
- I don't know
- Other (please specify)

31. What is the approximate number of visits in the Emergency Department in which residents / fellows primarily rotate per year?

- <25,000 visits / year
- 25,000 – 49,999 visits / year
- 50,000 – 74,999 visits / year
- 75,000 – 99,999 visits / year
- >100,000 visits / year
- I don't know
- Other (please specify)

32. What is the approximate number of pediatrics visits in the Emergency Department in which residents / fellows primarily rotate per year?

- <1,800 visits / year
- 1,800 – 4,999 visits / year
- 5,000 – 9,999 visits / year
- 10,000 – 24,999 visits / year
- 25,000 – 49,999 visits / year
- 50,000 – 74,999 visits / year
- 75,000 – 99,999 visits / year
- >100,000 visits / year
- I don't know
- Other (please specify)

33. In what region is your hospital located?

- Northeast (ME, VT, NH, MA, CT, RI, NY, PA, NJ)
- South Atlantic (WV, VA, MD, DE, DC, NC, SC, GA, FL)
- North Central (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH)
- South Central (TX, OR, AR, LA, MS, AL, TN, KY)
- Mountain (MT, ID, WY, NV, UT, CO, NM, AZ)
- West (WA, OR, CA, AK, HI)
- Canada
- Outside of North America

34. Are there ideas that you have for ways to promote greater use of debriefing sessions in your hospital? (open-ended question)

35. Are there concerns you have about barriers to holding debriefing sessions in your hospital? (open-ended question)