STATDEBRIEF

Debriefing Program Blueprint

The First 50 Critical Checklist Questions

Introduction

Clinical event debriefings have emerged as a vital tool for promoting improved outcomes, fostering team learning, enhancing psychological safety, and driving systems-level improvements in healthcare. However, many debriefing programs are initiated without a clear roadmap, risking inconsistency, disengagement, or eventual burnout. This white paper distills lessons from implementation science literature and our frontline experience to provide a structured foundation for establishing and sustaining an effective debriefing program.

Why a Blueprint Matters

Successful programs begin with clarity. The "First 50" checklist was developed through over fifteen years of our founding team's experience in coaching healthcare teams, spanning more than 60 sites globally, including the United States and twelve other countries. The first clinical event debriefing tool in civilian medicine was designed by Dr. Paul Mullan, who noted, "As we've observed with many other tools in healthcare, the best practice guidelines for conducting debriefings were published before the implementation literature was established to guide teams."(1)

Evolving Debriefing Practices

The 2010 American Heart Association guidelines described debriefing as a "useful strategy," but stated that "additional research on how best to teach and implement post-event debriefing is warranted."(2) Dr. Mullan began with a military debriefing guide and a published 12-tip guide of best practices for debriefing, drawn from the human factors and occupational science literature, to design and implement the plus-delta based DISCERN debriefing tool at a single center.(3)

Based on that real-world experience and input from other subject matter experts, he expanded the list of questions to consider in a co-authored article featuring 25 key questions for teams implementing debriefing programs.(4)

After implementing several more debriefing programs himself and coaching over sixty other teams, he has identified over 180 questions that teams should consider as their programs are initiated and evolve over time.(5) As Mullan states, “The more of these questions you consider upfront, the fewer missteps you'll face later."

> **“The more of these questions you consider upfront, the fewer missteps you'll face later.”**

These questions map directly onto the key dimensions of debriefing design:

- **Who** will attend, lead, support, and respond to debriefings
- **What** events will trigger a debriefing
- **Where** and **when** debriefs will occur
- **Why** debriefing is needed in your setting
- **How** the tool is designed, introduced, used, integrated, and sustained in practice

Psychological Safety

Every aspect of your tool and facilitation strategy should reinforce a safe space for open reflection to strengthen team psychological safety, defined by Amy Edmundson as “a shared belief that the team is safe for interpersonal risk-taking.”(6)

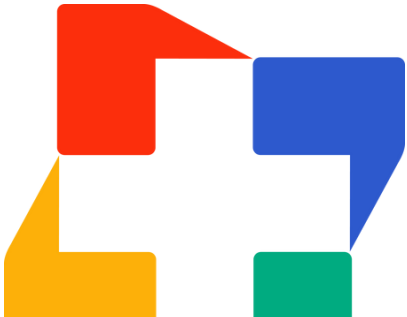
In clinical debriefing, psychological safety can be built by optimizing many factors, including scripting, location, facilitator role diversity, facilitator training, confidentiality expectations, and documentation practices. As emphasized in psychological safety literature, it’s not just about who speaks, but who feels safe enough to speak at all.

> **“It’s not just about who speaks – but who feels safe enough to speak at all.”**

Without strengthening our debriefing processes to build stronger team psychological safety over time, Mullan is “uncertain whether we will witness the same significant harm reductions observed in other high-reliability fields that have gained from debriefing, such as the aviation industry.” Part of achieving improved outcomes for patients requires these safeguards in place for healthcare workers so that hospitals can care for the caregivers as they dedicate themselves to improving their daily work.(7)

Implementation Requires Precision

As Dr. Adam Cheng, a leading researcher in resuscitation and debriefing research, notes that debriefing must be approached as a “vehicle for change.” Implementation science underscores the importance of specifying workflows, stakeholder roles, and system feedback loops from the outset. Without this foundation, programs may start strong but quickly lose momentum.



Conclusion

Three Tiers of Maturity:
Debriefing Program Implementation Checklists

Debriefing is a human-centered strategy that demands system-level discipline. Debriefing programs do not achieve suboptimal results because they lack passion. They often do not meet their goals because they lack consistent structure, processes, and strategic planning.

1. **Program Blueprint Checklist (50 Questions)**: Define goals, establish structures, train facilitators, and select triggers. See below.
2. **Sustainability Checklist (60 Questions)**: Strengthen feedback loops, reinforce leadership buy-in, and continue to monitor engagement. Future release..
3. **Scaling Checklist (70 Questions):** Continue program expansion, system-wide integration, and future-proofing. Future release.

References

1. Mullan PC, Wuestner E, Kerr TD, Christopher DP, Patel B. Implementation of an in situ qualitative debriefing tool for resuscitations. Resuscitation. 2013;84(7):946–951.
2. Bhanji F, Mancini ME, Sinz E, et al. Part 16: Education, implementation, and teams: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2010;122(18 Suppl 3):S920–S933.
3. Salas E, Klein C, King H, Salisbury M, Augenstein JS, Birnbach DJ. Debriefing medical teams: 12 evidence-based best practices and tips. *Jt Comm J Qual Patient Saf*. 2008;34(9):518–527.
4. Kessler DO, Cheng A, Mullan PC. Debriefing in the emergency department after clinical events: a practical guide. *Ann Emerg Med*. 2015;65(6):690–698.
5. Google Scholar Profile: https://shorturl.at/18wbW
6. Edmondson AC. Psychological safety and learning behavior in work teams. *Adm Sci Q*. 1999;44(2):350–383.
7. Mullan PC, Zinns LE, Cheng A. Debriefing the Debriefings: Caring for Our Patients and Caring for Ourselves. *Hosp Pediatr*. 2021;12(1):e1–e3.

Debriefing Program Blueprint

The First 50 Critical Checklist Questions

Why?
Purpose and outcomes

- □ What is the primary purpose of debriefings (eg, QI, education, emotional)?
- □ Are there secondary purposes of debriefing?
- □ What needs are most urgent to address in your setting?
- □ What outcomes do you aim to improve with the debriefing program?
- □ How will the idea of debriefings be pitched to the frontline teams?

Where?
Location of debriefings

- □ What backup locations can also be used?
- □ Is there anywhere they should not occur?

What events?
Selecting triggers for debriefing

- □ What events should be debriefed?
- □ How often do these trigger events occur?
- □ What events need a hot and cold debrief?

Who Debriefs?
Attendees at the debriefing

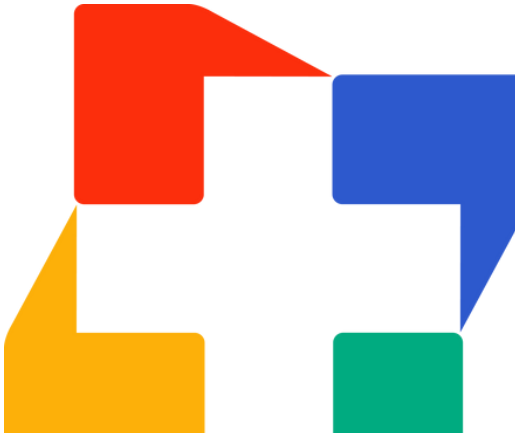
- □ Who attends the debriefs?
- □ Who should be invited to the debrief?
- □ Who notifies participants that a debrief is starting?
- □ Is the whole team needed, or just a minimum number, to start a debriefing?
- □ Is training needed to be a debrief participant?
- □ Are participants trained on how to use the debriefing tool effectively?

When?
Timing of debriefings

- □ When will debriefings occur relative to the event ending?
- □ How will teams know when a debrief will start?
- □ If teams request to do a cold (days to weeks later) debrief, when and how do these occur?
- □ Where will debriefs occur?
- □ How long should most debriefs take to conduct?

Who leads the debriefings?

- □ Who leads the debrief?
- □ What training is required to lead a debrief?
- □ Who will document the debrief?



Workflow?
Designing the debriefing tool

- ☐ What debriefing tool or structure will be used?
- ☐ What scripted language, if any, will be used at the start, middle, or end of the debrief?
- ☐ Will you adapt an existing debriefing model (eg, DISCERN, Plus-Delta)?
- ☐ Will you pilot test any debriefing tools before full implementation? If so, how?
- ☐ Will debrief discussions be documented or simply verbalized?
- ☐ How will psychological safety be addressed with the debrief?

Who supports?
Organizational leadership support

- ☐ How will the idea of debriefings be pitched to leadership?
- ☐ How will leadership be oriented to the debriefing tool and program?
- ☐ Has the tool been reviewed by legal/risk leaders?
- ☐ Has the tool been reviewed by executive leaders?

What now?
Post-Debrief actions by the team

- ☐ Who sends the debriefing to local leaders?
- ☐ How will they send that documentation?
- ☐ How will team member get their mental health needs addressed, if needed?

What sustains?
Sustain momentum post- implementation

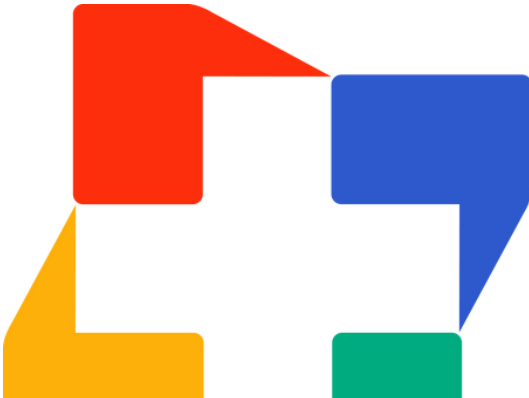
- ☐ How will cultural buy-in be achieved?
- ☐ What barriers are expected to debriefing?
- ☐ How will these barriers be addressed?
- ☐ Who are your program champion(s?)

What's next?
Post-Debrief actions by local leadership

- ☐ How are findings shared at the unit, department, or system level? How often?
- ☐ How has anyone from leadership been notified that a debrief has happened?
- ☐ How do they triage and assign action items?
- ☐ How do they respond to debriefing teams?
- ☐ Who from leadership needs to know that a debrief has just occurred?
- ☐ How will teams get a leadership response?

What's protected?
Legal, ethical, and risk considerations

- ☐ How are protected health information (PHI) risks mitigated?
- ☐ What confidentiality and medicolegal assurances are given to debriefing participants?
- ☐ What employee safeguards exist for those reporting the issues in debriefings?



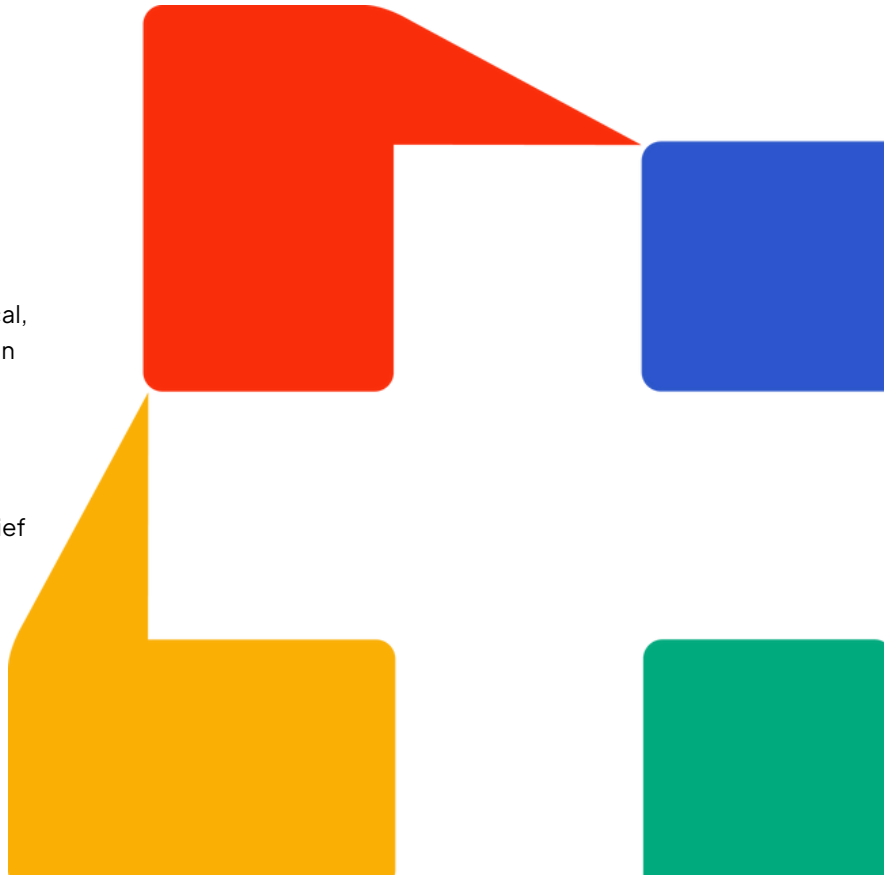
About StatDebrief

StatDebrief is an AI-powered SaaS platform for hospital teams to rapidly debrief after patient care, resolve quality issues, and improve outcomes.

This solution addresses the problem of low workforce engagement and underreporting of safety issues, both of which contribute to high staff turnover, poor outcomes, and costly waste. The solution aims to address the widespread lack of team debriefing in healthcare despite the evidence-based recommendations from numerous quality and safety organizations to conduct debriefings after critical events.

Our mission is to empower hospital teams with debriefing technology that accelerates collaboration to create healthier teams, safer care, and more resilient healthcare systems.

Learn more at statdebrief.com



info@statdebrief.com