

Twitter Thread by Elke Reunis



Elke Reunis

@EReunis



Incredible paediatric ST3 regional teaching day organised by @DrSeanMon

Feel so privileged to be a @WMPaeds Trainee and have monthly study leave to attend this amazingness ■

#PaedsRocks #ChoosePaediatrics

A summary of my highlights:

First up Sean did an interactive session on #debriefing sharing frameworks for structuring a debrief both from literature & his own top tips(using pics to illustrate rather than lots of text -love this @DrSeanMon #MedEd technique, def going to steal this for future teaching ■)

T.A.K.E
S.T.O.C.K
HOT DEBRIEF TOOL

Does this event meet the criteria for a hot debrief?
Unexpected death ○ Paediatric Standby ○ Distressing event ○
Staff request ○ Unexpected Outcome ○

Take an instruction sheet
Ask "Is everyone OK?"
Know if anyone needs a break
Equipment issues?
Summarise the event
Things that went well
Opportunities to learn
Could debrief necessary?
Know who is present

STOP for 5 Minutes

Thank the full team and ask "Is everyone ok?"
If YES then continue as below and **STATE FIRST**:
• Vile are going to have a 5 minute team debrief
• Purpose is to improve quality of patient care; it is not a blaming session
• Your participation is welcomed but not compulsory
• All information discussed during this debrief is confidential

S Summarise the case
T Things that went well
O Opportunities to improve
P Points to action and responsibilities

Why Debrief?

- Process challenging experiences
- **Make sense** of what *actually* happened
- **Learn and Grow** as a movement
- Develop **conflict resilience**

Simple structure of debrief:

- Roots - what each person **actually** saw or heard?
- Rose - **what went well?**
- Thorn - **what didn't go so well?**
- Bud - **suggestions, learnings, opportunities?**

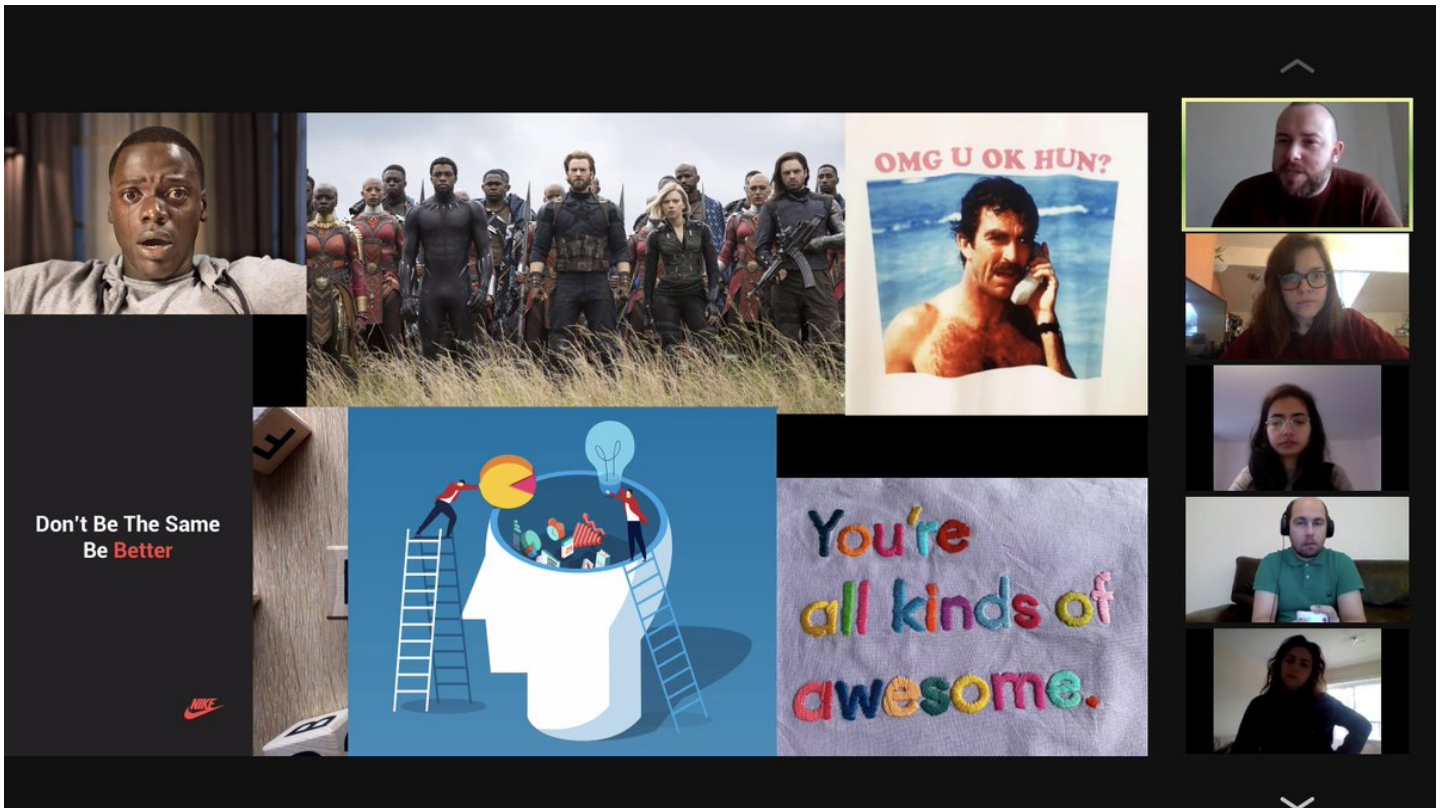
Debrief after any action or event in particular after a major incident
Start and end debrief with a **grounding and check-in**
A **map or timeline** can help clarify events. Aim to have a full debrief a few days after the event. Share tensions that might build unless tended to now.

Table 2. Multiphase Debriefing Structures

PEARLS	TeamGAINS	Healthcare Simulation AAR
1. Reaction	1. Reaction	1. Definition of Rules
2. Description	2. Discussion of Clinical component	2. Explanation of Learning Objectives
3. Analysis	3. Transfer to reality from simulation	3. Benchmark performance
4. Summary	4. Discussion of behavioral skills	4. Review of expedited actions
	5. Summary	5. Identification of what happened
	6. Supervised practice of clinical skills, as necessary	6. Examination of how Events Unfolded
		7. Formalized Learning

Sean's framework top tips:

- 1) Get Out --> get off the shop floor, go to private place and fill it with tea and biscuits
- 2) Get the whole team together
- 3) Ask "Are you ok?" then ask again #asktwice
- 4) Recap what has happened



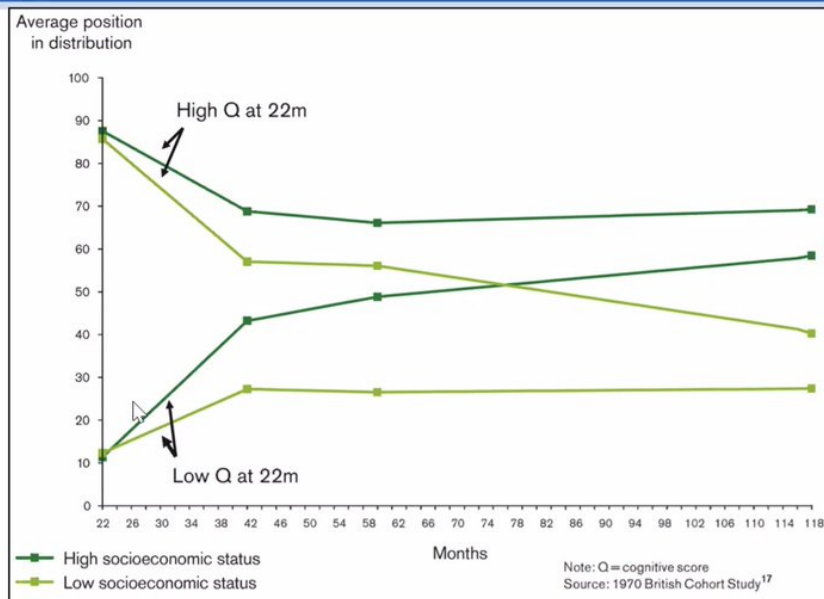
Sean's tips continued...

- 5) What went well - although outcome may be sad, your team was likely all kinds of awesome, highlight this!
- 6) Could anything have gone better?
- 7) Is there any other learning here to be discussed?
- 8) Summarise and thank your team ■

Next up Dr Doug Simkiss gave an incredibly engaging talk about Social Determinants of Health:

- Striking graphs illustrating the effect of social deprivation on child outcomes
- Actions we can take as trainees - take a detailed SHx!
- List of essential & additional reading

Fair Society, Healthy Lives, 2010 (The Marmot Review)



Best Care
Healthy Communities

My personal favourite session of the day & one that I think should form part of every regional teaching day: "In This Bleak Midwinter" with the [@BWC_NHS](#) Chaplaincy Team [@BCH_CPSC](#)

Using the beauty of zoom break out rooms we were put into small groups & given the opportunity...

... to discuss a challenging case guided by the excellent chaplain. The last few weeks at work have been particularly hard for me but sharing these experiences with my peers & the chaplain has been so healing. Informal Swartz Round/Balint groups really are so, so powerful! ■

We then had a break to get more coffee, reflect, digest (so important to avoid Zoom fatigue!)

[@DominiqueWhyte0](#) then spoke passionately about inequalities in Healthcare, challenging us to identify our biases

<https://t.co/yO0EnWaiYn>

address our biases, learn & speak up!

Recommendations.

- Be willing to learn
- Be willing to teach others
- Addressing your own bias
- Being vocal when witnessing inequality
- Appreciating the lived experiences of others
- Be an allie
- Join staff network groups
- Speak their name
- Speak up

Dr Wholala 2021

Back to [@DrSeanMon](#) for lots of buzz words and a recipe to great QIP: CQUIN, PDSA, identifying measurable outcomes, drawing process diagrams & primary/secondary/tertiary drivers, modifying ONE and then studying it to see if it has had the desired effect.

The image is a screenshot of a Zoom meeting. The main part of the screen displays a presentation slide with a yellow background. In the center is a large lightbulb graphic with rays emanating from it. Inside the lightbulb, the text reads: "Quality Improvement For Dummies", "Sean Monaghan", and "6th January 2021". To the right of the main screen, there is a vertical column of five video feeds of participants. From top to bottom, they are: Sean Monaghan (a man with a beard), Elke Reunis (a woman with glasses), Shosh Layman (a woman with dark hair), christinarasayanayagam (a woman with long hair), and Sam Danaher (a woman with long hair). The Zoom interface includes a navigation bar at the bottom with a home button and a list of participants.

Lots of time to have a good lunch, before we were joined by the inspiring [@whosalama](#) teaching us about her two big passions: Human Factors Ergonomics & Quality Improvement Science.

What I loved most was how she put all the theory to practice by getting us to...

... brainstorm ideas to improve trainee wellbeing (!■■■ omg how amazing is [@whosalama](#)) 1 min individually, 2 minutes each with a buddy in a break out room and then share it with the whole group.

And the [@WMPaeds](#) ST3s had sooo many inspiring and excellent ideas for #wellbeing :

- 1) [@ShoshLayman](#) 's yummy food & essentials HOC boxes deanery wide!
- 2) [@BCH_CPSC](#) guided small group discussions/Schwartz rounds as part of every regional teaching day
- ...

- 3) Annual planning meetings for trainees to discuss career aspirations w/ TPDs to help inform future placements
- 4) Socials & mixing with other year groups
- 5) PDF of all annual leave allowances & rules which we can refer to at every new trust if disputes
- 6) rest facilities
- & more!

Finally [@docmjc](#) told us all about GRID, Spin, LTFT, OOPR/T/E/C/P and Shape of Training, really inspiring - the opportunities for [@WMPaeds](#) are endless, the future is bright, and that #lifebalance seems so much more achievable after your talk - thank you!

Thank you to [@DrSeanMon](#) for organising an incredible day, thank you to all of the amazing speakers & thank you for all the ST3s for being a great bunch of doctors to train with and chat to ■■■

I really ■ my #WMPaedsFamily

#FeelingBlessed #inspired