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journal homepage: [www.elsevier.com/locate/tacc](http://www.elsevier.com/locate/tacc)

## Opinion

## Clinical debriefing: TALK© to learn and improve together in healthcare environments

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## ARTICLE INFO

## Article history:

Received 28 May 2021

Received in revised form

10 July 2021

Accepted 11 July 2021

## Keywords:

Clinical debriefing

Reflexivity

Patient safety

Team communication

Quality improvement

## ABSTRACT

The use of clinical debriefing promotes team reflexivity, aligns with Safety II principles and allows organisation leaders to engage clinicians in collaborative change. There is ample evidence of its benefits regarding patient outcomes and team dynamics.

This article introduces TALK©, a practical approach to clinical debriefing which supports an inclusive culture of dialogue and empowers clinicians to act and improve. It is underpinned by well defined values that foster positive communication strategies and continued commitment to patient safety.

The TALK© structure consists of four steps: Target, Analysis, Learning and Key actions, which guide individuals in having focussed and constructive conversations with practical outcomes. It enables effective communication across diverse health care professional teams that work together on a regular or occasional basis in any healthcare environment.

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## 1. Introduction

Clinical debriefing provides unique opportunities for team communication, an essential element in organisations with a culture of patient safety. Its relevance is emphasized by the World Health Organisation (WHO), defining debriefing as the process of an individual or team formally reflecting on their performance after a particular task, shift or critical event [1]. Debriefing allows interprofessional teams to reflect on their experience, support each other, share perspectives, identify learning opportunities and agree on improvement needs.

Debriefing has long been an integral component of routine safety practices in high risk and high stakes environments [2]. International healthcare bodies recommend routine clinical debriefing, advocating its use following invasive procedures (UK's National Safety Standards for Invasive Procedures), post resuscitation

(American Heart Association and European Resuscitation Council), in theatre environments (WHO, UK's Five Steps for Safer Surgery) and overall as a strategy to improve clinical performance (USA's Agency for Healthcare Research and Quality) [3–8]. Furthermore, recent findings suggest that interprofessional team debriefings facilitate leadership interventions [9] and enhance peer support and resilience during the challenges of pandemic surges and the subsequent recovery periods [10,11].

Debriefing can take many shapes depending on its context, environment and purpose. Notably, when debriefing is carried out following an educational experience it should align with pre-determined learning objectives according to the learners' requirements and relevant curricula. Most commonly, debriefing conversations for learning are held after a simulated experience or a group learning activity [12]. However, other types of debriefing aim to address different needs, such as identification of latent errors, system improvement, psychological or post-traumatic support [13–15]. Clinical debriefing typically focuses on interprofessional teamwork, collective learning and patient safety [16].

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<https://doi.org/10.1016/j.tacc.2021.07.004>

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There is extensive evidence of the benefits of debriefing in clinical environments [17] and in particular regarding critical care, resuscitation and operating theatres, where it has been linked to improved learning, staff performance and patient outcomes [18,19], as well as team dynamics and efficiency [20,21].

This article introduces TALK©, a practical approach to clinical debriefing in line with the latest evidence, which aims to promote an inclusive culture of constructive dialogue and empower clinicians to engage in continuous improvement action. It is underpinned by well defined values that steer teams towards positive communication strategies, and continued commitment to patient safety, which in turn support individuals and organisations to adapt to variable and complex healthcare challenges.

### 1.1. The case for clinical debriefing

The relevance of clinical debriefing is advocated by evidence and guidance spanning different spheres: psychology, education, patient safety and quality improvement. Accordingly, its use is aligned with our current understanding of the role of reflexivity as a way of drawing knowledge from experience through critical thinking [22], hence being pivotal in continuous professional development and adult learning. It supports Safety II principles, is beneficial for team dynamics and allows organisation leaders to empower clinicians and engage them in collaborative change.

Debriefing is a key resource in complex workplaces, as it aids to improve team processes, enhance team effectiveness, bolster performance and help organisations reflect and learn [14]. It also supports shared reflective practice [8], which is essential for healthcare professionals to continue their development throughout their careers [23,24]; team reflexivity achieved through debriefing does not only advance collaborative learning, but contributes to staff wellbeing and resilience by decreasing burnout [25].

There is growing evidence of the positive impact of clinical debriefing in patient outcomes [18,19]. As we broaden our focus from safety I (which focusses on learning from risk and failure) to safety II approaches (based on understanding the determinants of success), we must acknowledge that performance variability and adjustments are at the core of complex ever-changing healthcare working environments, and that clinicians are best positioned to identify excellent care as well as emerging improvement needs [26]. It is also becoming widely accepted that we should make use of everyday opportunities to learn from clinical experiences with positive outcomes [27]. Participatory ergonomic methods and human centered design highlight the importance of genuine clinician engagement in patient centered system design and improvement [28]. Clinical debriefing fulfils this need, and TALK© guides clinicians to share reflective conversations exploring how to repeat successful performances or improve, and empowers them to take responsibility for acting upon those reflections.

Empowering clinical teams to make continuous small adaptive changes results in slight improvements in performance at different stages of clinical care, which build up to a cumulative benefit and better patient outcomes, as illuminated by the theory of aggregation of marginal gains [29].

The Institute for Healthcare Improvement (IHI) psychology of change framework advises healthcare leadership to enable and encourage individuals and groups to act with purpose and courage. This involves empowering clinicians to use their skills, knowledge, experience, and capacity to act together in order to achieve patient centered goals. Enabling teams to adapt and improve “generates motivational rewarding experiences of autonomy, growth, and community” and consequently increased commitment to quality improvement [30].

Furthermore, as we move onto a third era for medicine and healthcare, we require a moral milieu where the patient is at the center, clinicians are valued and authentic dialogues are possible [31].

In clinical environments, as in healthcare simulation, there are more than one way to debrief [32]; implementing clinical debriefing programs would benefit from a tailored approach to local goals and context [16]. TALK© uniquely offers an easy, widely applicable, values-based guide to clinical debriefing, designed for clinicians by clinicians.

## 2. The TALK© framework

TALK© was created to promote patient safety and a supportive culture of dialogue by guiding clinical teams to carry out short, structured and solution based debriefings after everyday learning events [33].

Embracing the latest clinical improvement theories, we designed an innovative framework (Fig. 1) to prompt inclusive, democratic and non-hierarchical clinical debriefing episodes, which could be led by any team member with or without expert debriefers. We designed a simple and easy to use tool that requires minimal training in order to fulfil the challenge of adoption in busy and high pressure healthcare environments.

The development process included design sessions and iterative local reviews, involving multi-professional clinicians, academics, quality improvement experts and psychologists from its inception. Later, it included international peer review by a network of collaborators, expert discussions and feedback from initial users. A consequence of both these partnerships and a new awareness of cultural differences, was the development of a “safe container” [34] for clinical debriefing, encapsulated by the TALK© values.

Further refinement of the concept, the production of freely available educational materials and their translations to 8 languages have taken place under the auspices of a Marie Skłodowska-Curie grant, awarded by the European Union’s Horizon 2020 research and innovation programme. The consortium is led by Cardiff and Vale University Health Board (Cardiff, UK) in collaboration with the University of Barcelona, Hospital Clinic (Barcelona, Spain) and Helse Stavanger University Hospital (Stavanger, Norway). Additional information and materials are available on [www.talkdebrief.org](http://www.talkdebrief.org).

### 2.1. TALK© values

Our underlying principles encourage teams to share reflections meaningfully, in an inclusive, constructive and non-judgmental way, looking to continually learn from experience and improve patient care.

- Positivity:** we invite team members to highlight positive strategies and behaviours demonstrated by others, so that they can be repeated by all. For example, “positioning the arm like this works really well for this surgical procedure” or “when you pointed out that the patient looked very pale, it made me realise that he might be bleeding”. We also advise to avoid negative comments such as “you didn’t get me this piece of equipment”, and instead choose neutral expressions during the conversation, for instance “this piece of equipment was not available when needed, how can we organize ourselves differently and ensure that this doesn’t happen again?”.
- Focus on finding solutions,** rather than pointing out blame. For example, we would avoid sentences like “you forgot to check

**T Step 1: Target**  
What shall we discuss to improve patient care?  
Share your perspective.

**A Step 2: Analysis**  
Explore your agreed target, if appropriate consider:  
1. What helped or hindered...  
communication / decision making / situational awareness?  
2. How can we repeat successful performances or improve?

**L Step 3: Learning Points**  
What can the team learn from the experience?

**K Step 4: Key Actions**  
What can we do to improve and maintain patient safety?  
Who will take responsibility for actions? Who will follow up?

**Values**

**Positivity:** Identify positive strategies and behaviours.  
Avoid negative comments, choose neutral expressions.  
**Focus on finding solutions**, rather than pointing out blame.  
**Professional communication**, valuing everybody's input.  
**Step by step:** Identify small objectives and follow up outcomes.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 734753

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Fig. 1. TALK© debriefing card.

this medicine” and encourage “this medicine was not checked; let’s consider what contributed to this and what we could do to prevent it next time”.

- Professional communication** is encouraged at all times, respectful and valuing everybody's input and perspective whatever their background. This generates an environment in which all team members feel able to contribute and voice their thoughts.
- Step by step:** We propose that teams should start by identifying everyday successes that can be replicated and disseminated or small issues that can be easily addressed by their own intervention, such as changes in timing or task allocation. When more complex matters are identified, the team should actively engage with individuals in a position to effect change and endeavour to be part of the solution. A designated team member should take responsibility for following up each initiative and ensuring that the intended outcomes are met.

## 2.2. TALK© structure

A TALK© debriefing involves a team getting together after a clinical event, to have a structured learning conversation in a positive and non-threatening manner. The aim is to review the event emphasizing successful behaviours, and to identify areas where the team can improve their performance. To move forward, key actions are identified and team members take responsibility to ensure these are carried out.

It consists of 4 steps to ensure that individuals are sharing a concise, focussed and constructive learning dialogue relating to the clinical situation experienced (Table 1). It includes carefully considered examples of sentences that enable the team to share their perspective on a clinical situation and consider how to maintain and improve patient safety. This way, team members learn from their clinical experiences and agree on responsibilities in a positive environment which contributes to staff engagement with continuous improvement and to their wellbeing.

Through the fourth step, reflection turns into action. Individual agency and accountability creates purpose and engagement, which impacts positively on staff morale and enhances resilience [10]. Moreover, translating conversations into practical outcomes adds value to the time invested in shared reflection.

## 2.3. Recommendations for use of the framework

TALK© enables effective communication across diverse health care professional teams that work together on a regular or occasional basis; we consider a team to be any group of individuals who

are working together with a common goal. TALK© can be used across a range of clinical settings including acute, non-acute, pre-hospital and community care areas. The conversation should ideally be held in a private and quiet environment.

All team members involved in the experience should be present whenever possible, including not only clinical but administrative, operational and ancillary staff. Any team member can initiate a TALK© debrief. Familiarity with the tool is achieved through a short training session which prepares team members to lead the debriefing in accordance with the TALK© values. However, if the situation experienced is emotionally complex, the team should consider arranging a separate debriefing session, with adequate time allocation and supported by an experienced trained facilitator, a psychologist or a critical incident stress debriefing expert.

A TALK© conversation should take no more than 10 min and can be carried out immediately after a clinical case, at the end of a clinical session or in due course, depending on the circumstances and urgency of the situation. It can be used in pre-agreed circumstances or spontaneously, for example when team members are exposed to new clinical experiences, when a new protocol is being introduced, following good outcomes in difficult clinical situations or after near misses or untoward incidents.

## 3. TALK© implementation

### 3.1. Using the TALK© approach to clinical debriefing in small teams is easy

The authors recommend familiarisation with the TALK© values and structure prior to commencing its use. This can be achieved during a free “TALK© user” training session (approximately 1 h of learning) guided by a local instructor following standardised training materials provided by the TALK Foundation.

However, a successful wider implementation requires the application of improvement methodology. Specific guidance has been developed based on Kotter's “enhanced 8 steps” as its change management model [35]. Its aim is to support anybody acting as a change agent in the promotion of TALK© implementation. It can be used by clinical leaders, managers and teams in their journey to make a difference.

### 3.2. International adoption

TALK© was designed following our drive to promote guided reflection within teams as a way to improve and maintain patient safety, increase efficiency and contribute to a supportive culture of dialogue and learning in any clinical environment. The Marie Skłodowska-Curie grant, awarded by the European Union's Horizon

**Table 1**  
TALK steps.

Step	Description	Recommended questions
1: Target	The first step is to choose the focus of the discussion, being as specific as possible. Team members share their perspective and agree on what is important to discuss.	"What shall we discuss to improve patient care?"
2: Analysis	Team members review the agreed target and explore how to repeat successful outcomes or identify areas for improvement. They are encouraged to consider what helped or hindered communication, decision making and/or situational awareness. As part of this step, team members propose improvement actions.	"This went very well, how can we do this again?" "This was challenging, how can we do things better?"
3: Learning points	New insights gained during the clinical experience or the conversation are shared by the team members.	"What can the team learn from this experience?" "What have we learned during the conversation?"
4: Key actions	Team members agree on solutions. They also take responsibility to carry them out and follow them up.	"What are we going to do?" "Who is going to do it?" "How will we all know that it has been done?"

2020 has supported further development and fostered strong collaborations within and outside the grant consortium.

Current collaborations include initiatives in 18 countries across 5 continents. The TALK© approach has been used successfully even when translated to other languages, allowing teams to gain new insights on situation awareness, decision making, communication and teamwork and leadership and improve their performance [36].

Given the overwhelming organic growth of our network, it became apparent that we needed to protect the non-for profit philosophy of this project. Hence the TALK Foundation was established in 2018. It aims to maximise the opportunity for healthcare improvement, patient safety and staff wellbeing through the use of TALK© in order to empower a culture of patient safety through the education of clinical teams and to promote and encourage further patient safety initiatives.

#### 4. Conclusion

There is a vital need for healthcare institutions to support reflection and learning in the workplace, as healthcare institutions and their staff must continuously adapt to uncertainty and change [37]. Embedding clinical debriefing into routine practice would fill this gap; however, despite growing evidence of its benefits, this is rarely achieved [17].

Clinical debriefing is a relatively new field of practice and research. Multiple tools have been developed in recent years [16]. Overall, a growing body of evidence supports the practice of debriefing in the clinical setting [9–11,15,18–20]. Notably, TALK© is the only values based framework and the only structure designed to be used with or without expert facilitators, requiring minimum training.

We believe that for continuous improvement to be at the forefront of healthcare practice, clinicians need to be enabled and encouraged to be agents of change. Clinical debriefing is an ideal vehicle to prompt this engagement. The addition of everyone's drive and accountability for improvement and the subsequent marginal gains can lead to a substantial transformation of the way we work. We all have a role to play, and each one of us can make a difference.

Nevertheless, many avenues for research remain open, such as how to maintain the momentum after implementation of clinical debriefing programmes, quantifying daily improvement achieved through debriefing or indeed, the cultural impact of embedding debriefing in healthcare organisations worldwide.

#### CRedit

**Cristina Diaz-Navarro:** conceptualization, methodology, funding acquisition, writing – original draft. **Esther Leon-Castelao:** conceptualization, methodology, funding acquisition, writing – original draft. **Andrew Hadfield:** conceptualization, methodology, writing – review & editing. **Sonia Pierce:** conceptualization, methodology, writing – review & editing. **Demian Szyld:** writing – review & editing.

#### Declarations

Ethics approval and consent to participate: ethical approval was not required in the preparation of this article  
Availability of data and materials: not applicable  
'Declarations of interest: none'.

#### Funding

This work was supported by the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 734753. However, this article reflects only the author's view and that the Research Executive Agency of the European Commission is not responsible for any use that may be made of the information it contains.

#### Acknowledgements

The TALK Foundation (legacy to the TALK© Project) registered with the UK Charity Commission under Registration Number 1177093.

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