

Educational Debriefing in Prehospital Medicine: A Qualitative Study Exploring Educational Debrief Facilitation and the Effects of Debriefing

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Abstract : 'Educational' debriefing - a construct distinct from clinical debriefing - is used following simulated scenarios and is central to learning and development in fields ranging from aviation to emergency medicine. However, little research into educational debriefing in prehospital medicine exists. This qualitative study explored the facilitation and effects of prehospital educational debriefing and identified obstacles to debriefing, using the London's Air Ambulance Pre-Hospital Care Course (PHCC) as a model. Method: Ethnographic observations of moulages and debriefs were conducted over two consecutive days of the PHCC in October 2019. Detailed contemporaneous field notes were made and analysed thematically. Subsequently, seven one-to-one, semi-structured interviews were conducted with four PHCC debrief facilitators and three course participants to explore their experiences of prehospital educational debriefing. Interview data were manually transcribed and analysed thematically. Results: Four overarching themes were identified: the approach to the facilitation of debriefs, effects of debriefing, facilitator development, and obstacles to debriefing. The unpredictable debriefing environment was seen as both hindering and paradoxically benefitting educational debriefing. Despite using varied debriefing structures, facilitators emphasised similar key debriefing components, including exploring participants' reasoning and sharing experiences to improve learning and prevent future errors. Debriefing was associated with three principal effects: releasing emotion; learning and improving, particularly participant compound learning as they progressed through scenarios; and the application of learning to clinical practice. Facilitator training and feedback were central to facilitator learning and development. Several obstacles to debriefing were identified, including mismatch of participant and facilitator agendas, performance pressure, and time. Interestingly, when used appropriately in the educational environment, these obstacles may paradoxically enhance learning. Conclusions: Educational debriefing in prehospital medicine is complex. It requires the establishment of a safe learning environment, an understanding of participant agendas, and facilitator experience to maximise participant learning. Aspects unique to prehospital educational debriefing were identified, notably the unpredictable debriefing environment, interdisciplinary working, and the paradoxical benefit of educational obstacles for learning. This research also highlights aspects of educational debriefing not extensively detailed in the literature, such as compound participant learning, display of 'professional honesty' by facilitators, and facilitator learning, which require further exploration. Future research should also explore educational debriefing in other prehospital services.

Keywords : debriefing, prehospital medicine, prehospital medical education, pre-hospital care course

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