

## **Holding Space: The use of virtual breakout rooms for an adverse clinical event debriefing workshop for Internal Medicine residents**

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### **Introduction:**

Over the past year, the COVID-19 pandemic has led to isolation, impersonal family discussions, and traumatic patient deaths. Residents have been at the forefront of this pandemic, working longer, more stressful hours with a loss of meaningful outlets due to limitations in social gathering. Previous research has shown that residents benefit from training on debriefing after adverse clinical events. We delivered a virtual debrief training workshop to upper-level internal medicine residents and measured its effect on debriefing frequency, individual emotional wellbeing, and the residency program's overall culture.

### **Methods:**

We created a structured pocket card that was adapted from one created by Keene et al. to guide residents through key steps of an effective debriefing session. We conducted a peer-led training session for upper-level internal medicine residents over Zoom®. Before the workshop we obtained a pre-intervention needs assessment. We subsequently introduced the concepts and virtues of effective debriefing sessions. Participants recalled a recent clinical experience they felt would have benefitted from debriefing and were divided into virtual breakout rooms to practice debriefing using the pocket card. We concluded the session with a large group discussion. Post-intervention survey data was collected including residents' 1) understanding of the importance of debriefing, 2) ability to recognize situations that could benefit from debriefing, 3) knowledge of the general steps to initiate a debriefing conversation, 4) comfort in leading a debrief, and 5) familiarity with resources for ongoing support. Pre- and post-intervention survey data were analyzed using a 2-sample t-test for statistical significance. Qualitative data was collected in the form of open-ended comments. This project is program evaluation and IRB exempt.

### **Results:**

65 residents provided pre-intervention data and completed the intervention while 56 provided post-intervention data only. Only 44% of those surveyed reported prior exposure to debriefing training. Less than 50% believed there was a culture of debriefing at our institution. After the session, residents felt more capable of identifying clinical situations that could benefit from debriefing ( $p=0.009$ ). Significantly more residents felt comfortable leading a debrief session compared to prior (80.36% vs. 43.76%,  $p<0.001$ ) and had a process by which to do so (94.64% vs. 34.94%,  $p<0.001$ ). Finally, post-intervention, 80.35% of residents were familiar with resources for ongoing support following a distressing clinical event compared to 20.32% prior,

$p < 0.001$ . Qualitative feedback revealed that residents felt this session was beneficial and wished it had occurred sooner in training and included more time for discussion.

**Discussion:**

Dedicated graduate medical education on debriefing is infrequent and inconsistent, as demonstrated by previous research and our qualitative and quantitative data. The COVID-19 pandemic increased residents' personal and professional stress and their feelings of isolation. Our training dramatically increased residents' recognition of the importance of debriefing and their ability and comfort in leading these sessions and demonstrated the efficacy of virtual breakout rooms in delivering this workshop. Our ultimate goal, which will be assessed by a future survey, is to significantly increase the number of debrief sessions occurring and consequentially improve personal wellbeing, resilience, and performance at and outside of work.