

**REPLY TO: SANDHU ET AL,
"POSTRESUSCITATION DEBRIEFING IN
THE PEDIATRIC EMERGENCY
DEPARTMENT: A NATIONAL NEEDS
ASSESSMENT"**

To the editor: Regarding the article "Postresuscitation Debriefing in the Pediatric Emergency Department: A National Needs Assessment" by Sandhu and colleagues,¹ we appreciate their attention to the postresuscitation debriefing (PRD) process, a historically underperformed and understudied area in the emergency department (ED).²

The authors advocate for the development of a debriefing tool for PRD. We developed a tool called the Debriefing In Situ Conversation after Emergent Resuscitation Now (DISCERN)³ at Texas Children's Hospital for structured, standardized debriefings based on best evidence practices⁴ for the goals of education, quality improvement, team building, and emotional processing. It was initially used voluntarily by multidisciplinary teams after resuscitations, including those involving intubation (23%), cardiopulmonary resuscitation (77%), defibrillation (80%), and death (88%). Our PRDs were timely (median start time 33 minutes) and efficient (median duration 10 minutes). Our most common findings related to teamwork, consistent with the main objective for PRD identified in their article (see Table 4). At Children's National Medical Center, we recently implemented the DISCERN tool after all resuscitations with similar preliminary results.

Feasibility and acceptability are known barriers to PRD. Sandhu and colleagues stated that 31.7% of subjects reported "an expectation at their institution that debriefing occur after every resuscitation," yet only 13.7% of respondents report debriefing > 75% of the time. We agree that it would be ideal for all pediatric ED nurses and physicians to receive formal training (and periodic recertification) in facilitating debriefings, but achieving such a goal is often difficult and resource intensive (see Table 5, comment #7). The DISCERN tool is self-explanatory and has been used with minimal training. Implementing a standardized debriefing tool offers front-line providers guidance and structure. Sandhu and colleagues emphasized that "debriefing is a skill that tends to improve with practice." Given the relative rarity of pediatric resuscitations, we strongly recommend that teams improve their debriefing skills after more frequent, lower acuity events that involve team coordination of complex care. Practice during simulation can add to the overall efficiency and timeliness of the debriefing process, which over time could improve the acceptability among ED staff.

We encourage the implementation and testing of debriefing tools such as the DISCERN tool and others for efficacy and outcome research to help develop best practices in PRD.⁵

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