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Original article

ROLE OF BRIEFING AND DEBRIEFING IN RUNNING SURGICAL WARD ROUND EFFECTIVELY: A PROSPECTIVE OBSERVATIONAL STUDY.

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Abstract.

Background:

It has been observed that the application of briefing and debriefing protocols has proven to be effective when it comes to surgical protocols. Here, an attempt is made to apply the protocol to running a surgical ward. Surgical ward rounds are an important part of treatment for surgical patients, and using briefing and debriefing protocols can make it more efficient and reliable.

Methods:

This study is prospective observational conducted over 40 days. A systematic protocol was established to conduct a briefing before the surgical ward round and a debriefing after the surgical ward round. Predetermined objectives were set to be achieved during the briefing and debriefing sessions. Feedback from the ward round members was taken, and observations were analyzed.

Results:

Feedback obtained from the surgical ward round members was positive, with improvement in the working environment of the healthcare professionals, learning outcomes improved in juniors and medical students, and healthcare services provided to the patients also improved significantly.

Conclusion:

Briefing and debriefing protocol can significantly impact and play a positive role in improving the efficiency of surgical ward rounds and thus ensure better healthcare services are provided after the surgery.

Recommendation:

Briefing and debriefing is an effective technique for the conduction of surgical ward rounds it should be applied and tested for its suitability in a hospital setting where surgeries are conducted.

Keywords: surgical ward round, briefing, debriefing, Submitted: 2023-09-22, Accepted: 2023-09-26

1. INTRODUCTION.

Patients admitted after the surgery for observation and investigation are monitored regularly through surgical ward rounds conducted by surgeons or their interns [1, 2]. There are a large number of patients to be monitored. There is a high chance that preventable adverse events are not identified by the surgeons. Changing shift timings, lack of communication, and unawareness of the history of patients contribute to poor quality of surgical ward rounds [3].

If the surgical ward rounds are not conducted with vigilance, the occurrence of adverse events is inevitable. This increases the workload of the doc-

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tors, puts financial strain on the patient, and possibly irreversible health loss [4]. Systems and protocols for surgical ward rounds can prevent these occurrences. As in the case of surgery, surgery the briefing and debriefing have proven to make the procedure more efficient and reliable. Clearer communication between various stakeholders in the operation theater helps in delivering efficient optimal health services and promotes teamwork. Various studies have reported that such briefing and debriefing have reduced the rate of mortality and morbidity in patients [5-7].

Similarly, when briefing and debriefing are conducted before and after the surgical round it can make the procedure simpler and the identification of errors and occurrence of adverse events becomes easier. It provides support to the interns and juniors and develops a learning process for the prognosis of the disease. It also generates a system of feedback and helps physicians raise concerns, if any. WHO has developed protocols and checklists for surgical ward rounds which has improved the efficacy of the procedure [8].

In this study, the surgical ward rounds conducted at the emergency department of gastroenterology surgery are evaluated, and briefing and debriefing are introduced before and after the surgical ward rounds. This study aims to track improvements in identifying preventable errors, providing optimal healthcare services, and improving communication between doctors.

2. METHODOLOGY.

2.1. Study design.

This cohort study was conducted based on the role that briefing and debriefing can play in conducting surgical ward rounds. Briefing was conducted before the surgical ward round, and debriefing was conducted after the surgical ward round. This study was carried out for 40 days and data was recorded on the Microsoft Excel sheet. The data was regarding the features of the briefing and debriefing, feedback from the surgeons and physicians, and improvements observed during the study.

2.2. Study Population.

1000 patients were monitored during this study, irrespective of the duration of admission. The population included in the study were those who were newly admitted to the surgical ward after the surgery or were not discharged and were under observation. The surgical ward round team consisted of 3-6 members, which included senior doctors, clinician assistants, physician consultants, medical residents, and medical students. The average of the surgical ward rounds conducted was recorded during 40 days and the average was calculated; the duration of the surgical rounds was recorded and the average was determined; the duration of briefing debriefing was recorded and the average was determined, and number of patients monitored were recorded. The points covered during briefing and debriefing were enlisted, and the feedback of the surgical ward round team was recorded.

2.3. Statistical analysis.

All the information obtained from the study was tabulated and records of the feedback was maintained. The improvements that resulted from this procedure were thoroughly analyzed.

When the study was conducted no patients were missed during the surgical ward rounds.

3. RESULTS.

The average period of surgical ward rounds was observed to be 170 minutes. The average time of briefing and debriefing was 7 minutes respectively. On average 1000 patients were monitored. In 40 days, 520 wards were monitored including all the surgical ward rounds. Proceedings of the briefing session included the following: each member was introduced, the responsibility of each member during the surgical ward round was delegated, the procedure for monitoring each patient was illustrated and thus the pattern of identification of adverse events was noted, and the route of the rounds was explained in detail.

Debriefing proceedings included a feedback system, where each member of the team gave feedback about the ward round concerns regarding the

occurrence of adverse events, available machinery in the ward, scope of improvement, responsibility for monitoring and devising plans for patients requiring urgent treatment, and learning and training advantages for resident and medical students were established.

An environment of positivity was generated among the team members, team members including juniors felt responsible, the workflow went smooth, a delegation of work reduced the workload of seniors, the predetermined protocol helped organize the surgical ward round better, and better communication amongst the healthcare stakeholders made identification of the adverse events easier, patients felt secured and looked after due to structured monitoring, brainstorming the patient's prognosis helped devise better treatments plans, limited work helped each member perform well, planned route of the round ensured that no patient is left out during surgical ward round, cost effectivity due to simpler proactive monitoring approach, confidence was instilled amongst the juniors and trainees, and learning process for the junior, trainees and transient members became simpler yet effective. Table no. 1 illustrates the benefits of briefing and debriefing in a summarized manner.

4. DISCUSSION.

From this study, it is clear that briefing and debriefing improved the efficiency of the surgical ward rounds. It can be observed that the proceedings of briefing and debriefing require a minimal amount of time but the impact of these proceedings is significant. A healthy work environment and improved communication amongst the healthcare providers significantly improve the quality of services delivered which in turn improves the health of patients and builds trust.

This cohort study is rare as this method of briefing and debriefing has been effective before and after the conduction of surgery but when it comes to surgical ward rounds this method has not been exploited much. Here, the results obtained are similar to the results obtained in briefing and debriefing in case of surgeries. WHO has also issued a checklist for the conduction of surgical ward rounds [9]. However, including a protocol of briefing and debriefing in surgical ward rounds improves the efficiency to a greater extent.

The working environment of the team members improves, identification of the errors becomes simpler, and patient care is optimal. It has been reported in studies that there are many cases of mortality and morbidity after surgery due to improper monitoring of the patients [10, 11]. It increases the workload of the healthcare professional, puts a financial strain on the patient, and compromises the healthcare services provided.

Apart from the key objectives it also improves the learning process of the juniors and trainees. The debriefing process after the surgical ward rounds makes every team member involved in the process [12, 13]. The contribution of each individual improves the treatment of the patients. When the planning is done before the round, the role of each member during the ward round becomes limited and well-defined. If such a protocol is applied to surgical ward rounds it can efficiently turn the systems in the favor of healthcare professionals and patients. However, there are certain limitations such as briefing being prolonged when the history of the patients varies significantly and if the team member does not complete a ward round then the debriefing can be ineffective.

5. CONCLUSION.

Briefing and debriefing protocol can significantly impact and play a positive role in improving the efficiency of surgical ward rounds and thus ensure better healthcare services are provided after the surgery.

6. LIMITATION.

However, there are certain limitations such as briefing being prolonged when the history of the patients varies significantly and if the team member does not complete a ward round then the debriefing can be ineffective.

Table 1: **Objectives and improvement observed in surgical ward rounds during briefing and debriefing.**

	Briefing	Debriefing
Objectives	• Planning • Delegation of task • Role of members • Route of ward round	• Constructive feedbacks • Raising concerns • Reviewing the ward round • Suggesting improvements • Delegation of further responsibility
Improvement observed	• Organized workflow • Reduced work load of seniors • Juniors are involved • No patient was left behind	• Improved communication • Effective healthcare services • Learning & training of juniors • Well devised treatment plan.

7. RECOMMENDATION.

Briefing and debriefing is an effective technique for the conduction of surgical ward rounds it should be applied and tested for its suitability in a hospital setting where surgeries are conducted.

8. LIST OF ABBREVIATIONS.

WHO- World Health Organization
SWR- surgical ward rounds

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10. CONFLICT OF INTEREST.

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