

Introduction of a Hot Debriefing Tool in Obstetric Theatres: “Hot Takes”

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AIM: To introduce a debriefing tool in obstetric theatre to improve clinicians' confidence in leading hot debriefs and to support the identification of key learning points (“Hot Takes”) from significant cases.

INTRODUCTION

Hot debriefing is a multidisciplinary discussion conducted after a significant clinical event, aiming to improve patient outcomes and safety culture, yet it is not routinely performed[1]. Obstetric theatres are complex, high-acuity environments where teams manage time-critical emergencies and emotionally challenging cases. Debriefing provides a psychologically safe platform to reflect on performance and identify learning opportunities.

METHODS

- A four-step debriefing tool was introduced in Obstetric theatre as an aide to structure hot debriefs.
- Clinicians' confidence in leading hot debriefs was assessed using a baseline survey prior to implementation.
- Multidisciplinary teaching was delivered to Anaesthetists, Obstetricians and Midwives on the use of the tool and principles of effective debriefing.
- Impact will be evaluated through a post-implementation survey.
- A secondary aim was to assess the nature and frequency of learning points (“Hot Takes”) highlighted during debriefs.

BASELINE SURVEY (n=12)

Have you ever participated in a hot debrief?



Never participated

How confident are you in leading a hot debrief?



No confidence

Stage One and Two anaesthetic trainees

THE “HOT TAKES” DEBRIEF TOOL – 4 STEP TOOL



1. REACTIONS

How are we feeling?

Allow space for immediate reactions and check on wellbeing.



2. REVIEW

What happened?

Briefly review the key events and clinical management.



3. REFLECT – “HOT TAKES”

What went well? What could we do differently? What can we learn?

Identify key learning points (“Hot Takes”) for individuals, the team and the system. Focus on actionable insights.



4. NEXT STEPS

What will we do differently?

Agree on actions to improve practice and patient safety.



Psychological safety is essential – this is a learning conversation, not a blame discussion.

8 WEEK TRIAL – RESULTS (7 RESPONSES)



7 responses
(2 Consultants,
5 Trainees)



100% stated the
debriefing tool
was easy to use.



100% stated
...but debrief was
difficult to implement
in practice.



MAIN HOT TAKE

Lack of training
for the TEG machine.



RESULT & ACTION

Operating Department Practitioners
now lead regular monthly
TEG training.



TEG LOGBOOK – TRAINING TRACKER

A logbook is in place to record attendance and competency for TEG training to ensure ongoing skills development and accountability.

TEG Training Logbook				
Date	Name	Role	Topic Covered	Signature

BARRIERS TO COMPLETING DEBRIEF



HUMAN FACTOR THEMES

Influence of seniority, hierarchical culture and discomfort in speaking up.



TIME PRESSURES

Competing clinical demands and pressure to move on to the next case.



SPECIALTY NON-ANAESTHETISTS

Different priorities and variable familiarity with debriefing principles.



POLICY & SYSTEM

Discussion and implementation of new policy has time lags.

POSITIVE OUTCOMES



EMPOWERING MULTIDISCIPLINARY TEAMWORK

Promotes inclusion of all team members in reflection and learning.



FLATTENING THE HIERARCHY

Creates a safe space for everyone to speak up during debrief.



CULTURE CHANGE & LEARNING

Consistent identification of “Hot Takes” promotes learning, reflection and improvement.



This debriefing tool is designed to complement, not replace, formal psychological support and offers a reproducible intervention applicable across all theatre environments.

REFERENCES

- Diaz-Navarro, Cristina et al. Implementation of the TALK® clinical self-debriefing tool in operating theatres: a single-centre interventional study, British Journal of Anaesthesia, Volume 133, Issue 4, 853 - 861
- Royal College of Anaesthetists Chapter 1: Guidelines for the Provision of Anaesthesia Services: The Good Department 2025.



HOT DEBRIEFS. HOT TAKES. BETTER CARE.

Reflection today, safer care for mothers and families tomorrow.