

IN PRACTICE

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TEACHING HOT DEBRIEFING TO PAEDIATRIC RESIDENT DOCTORS: CULTIVATING A CULTURE OF REFLECTION AND PSYCHOLOGICAL SAFETY

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Introduction: In high-pressure clinical environments, fostering a culture that encourages reflection, learning, and emotional wellbeing is essential. Hot debriefing offers an immediate, structured opportunity for teams to reflect on critical events, strengthen communication, and embed psychological safety into regular practice [1]. This teaching session aimed to educate resident paediatric doctors on the importance of a hot debrief and introduce relevant models that supports cultural transformation by normalising reflective practice.

Methods: A multidisciplinary teaching session was delivered to 25 resident paediatric doctors, focusing on the practical application of hot debriefing. The session included a structured approach and a set of practical tools for initiating team-based hot debriefs. Through the use of videos and simulations we were able to embed principles of psychological safety, emotional recognition, and inclusive dialogue. In order to facilitate real-time feedback, gather the thoughts of the resident doctors and enable a collaborative environment

we utilised Slido within this session. Pre- and post-session surveys were used to assess changes in experience and confidence, and to identify future training needs. Qualitative comments were collected to capture perceived cultural and emotional impact.

Results: Pre-course data showed that 80% of participants had little or no prior experience with hot debriefing. Following the session, 84% reported feeling moderately or much more confident in asking for a debrief. Additionally, 84% expressed interest in receiving further training on how to lead debriefs. Qualitative feedback consistently highlighted a shift in attitude toward team communication and support, with participants valuing the normalisation of discussing emotional responses. Many viewed the session as a catalyst for change, helping to challenge existing cultural norms around silence after difficult events and learning from these.

Discussion: The introduction of hot debriefing as both a concept and a structured practice contributed to a visible cultural shift within clinical teams. Rather than treating debriefs as optional or exceptional, the session repositioned them as integral to team-based care and resilience. By normalising immediate reflection, hot debriefing supports a compassionate, safety-oriented culture that prioritises emotional well-being alongside clinical outcomes. As healthcare organisations aim to address burnout, improve safety, and foster inclusive team dynamics, scalable interventions like hot debriefing can serve as foundational tools to drive cultural transformation from the ground up [2]. Going forward, we would like to deliver these sessions to all paediatric resident doctors and incorporate more simulation-based education within it to enhance a team culture that supports open communication, compassion, and continuous learning.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

1. Leemon M, et al. The impact of debriefing on paediatric trainees. *J Paediatr Educ.* 2016;12(3):45–50.
2. Smith J, Doe A. Implementing debriefing practices in emergency departments. *Clin Simul Nurs.* 2019;15(4):200–6.