

# Debriefing Form

## Pre-Debriefing

1. Patient identifier: \_\_\_\_\_
2. Today's date: \_\_\_\_\_
3. Event type: \_\_\_\_\_
4. Debrief leader: \_\_\_\_\_
5. In attendance at debrief:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Debriefing

1. Team's description and understanding of events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What went well: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What didn't go well: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What we can do better next time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. For follow up:  
Who: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_  
Who: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_  
Who: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_  
Who: \_\_\_\_\_ What: \_\_\_\_\_ When: \_\_\_\_\_

FOR QUALITY IMPROVEMENT - DO NOT SCAN OR PLACE IN PATIENT CHART