Best Practice Recommendations for Conducting Patient Post-Event Huddle

These considerations for the care team matter as much as the words on the form. In the early aftermath of medical emergencies, patients may be especially sensitive to cues of threat, accusation, loss of control, or being overwhelmed. How the huddle is conducted can either mitigate or intensify these responses.

When bedside conversations are approached in ways that emphasize support, clarity, and respect, they can help shape how the event is integrated and remembered. Evidence suggests that supportive, well-timed debriefing may positively influence the trajectory of post-traumatic stress symptoms by reducing distress and supporting a more adaptive recovery.

1. Introductions in plain language
After the patient has agreed to participate:

- Begin with simple introductions from everyone present.
- Describe staff roles in functional, non-technical terms rather than titles or credentials (e.g. "I help coordinate care here").
- Confirm who the patient would like to have present for the conversation ahead of time, if possible.
- Facilitate warm introductions of any partners or support people.

2. Recommendation for clinician's present
Aim for 1 to 3 staff members in the room.

- **Why**: additional people rarely add meaningful value to the patient, and larger groups increase the likelihood of being overwhelmed, mixed messaging, and the patient feeling outnumbered or unheard.

- **Who to include:** the key is selecting people who can (1) answer likely questions with accuracy, (2) clarify next steps and follow-up, and (3) connect the patient to support and resources. Often, that looks like a lead provider who has insight into the event, plus one more (a nurse, charge nurse, or educator who can translate and coordinate follow-up).

If it helps, one additional practical tip is to keep roles clear in the moment. For example, one person leads the conversation, and one supports and documents, so the patient does not feel like they are being interviewed by a group.

3. Body positioning and presence
Sit at eye level when possible and use a tone and volume that mirrors the patient.

- **Why:** Avoid standing over the bed, clustering around the patient on all sides, hovering at the doorway, or multitasking. Environmental and positional cues carry meaning, and small actions such as asking permission before sitting or adjusting lighting based on patient preference can help signal that this interaction is supportive rather than procedural. Body positional cues can help affirm to a recently traumatized patient that this is not a medical procedure or an emergency.

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4. Purpose statement
Begin with a brief orienting statement, such as: "We wanted to check in with you after what happened, hear any questions you might have, and see how we can support you. We can keep this brief. Is now okay?"

- **Why:** Clearly naming the purpose of the huddle and affirming goodwill helps frame the conversation as collaborative and supportive. In the absence of a clear intention, recently traumatized people may infer a punitive interaction, danger, or ongoing medical risk.

5. Patient-led narrative
Invite and center the patient's recollection first.

- **Why:** Following high-stress events, memory may be fragmented or imprecise. Avoid correcting details or offering explanations too often or too early. Listening fully to the patient before clarifying supports dignity and helps the team assess what information will be most helpful.

6. Validation and containment
Briefly acknowledge the patient's expressed emotional experience (for example, "That sounds scary" or "That was a lot to go through") while keeping the focus on support and stabilization.

- **Why:** The aim is to acknowledge the emotional impact of the event without moving into deeper processing at the bedside, helping patients feel seen while keeping the conversation grounded and appropriate to the moment for staff.

7. Clarity and follow-up
Conclude by summarizing key points, inviting final questions, and clearly naming next steps, including who will follow up, how, and when.

- **Why:** Predictability and follow-through help restore a sense of safety after an emergency. When possible, provide written resources for the patient and support persons to review later in a calmer setting, such as contact information, screening tools, and follow-up support available.

8. Post-Event Huddle Timing
A Post-Event Huddle is a trauma-informed, patient-centered debrief offered after every birth to clearly and compassionately explain what occurred during care. Timing should be individualized based on the severity of the event and the patient's emotional and cognitive readiness. In serious or emergent situations, the conversation may be delayed and revisited later. **The patient and family portion must always occur first, followed by a separate staff/clinician debrief.**

- **Why:** Providing a structured debrief promotes transparency, supports psychological processing, reduces confusion or distress, and strengthens trust. Prioritizing the patient conversation reinforces autonomy and emotional safety, while the subsequent clinician debrief supports team learning, reflection, and quality improvement.

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