

Navigating Equity, Diversity and Inclusion in Simulation-Based Education Debriefs: A Qualitative Study of Educators' Lived Experience

Simisola Sodeinde

s.sodeinde@nhs.net

Guy's and St Thomas' NHS Foundation Trust

Hannah Maple

Guy's and St Thomas' NHS Foundation Trust

Research Article

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Abstract

Background

Equity, diversity and inclusion (EDI) themes arise in healthcare simulation, surfacing in debriefs regardless of design. National standards require simulation faculty to embed EDI principles into practice, yet how educators are prepared to facilitate it remains unclear. Although some faculty-facing resources exist, little is known about how educators experience facilitating these themes in the moment. To our knowledge, this is the first UK study exploring simulation educators' experience of navigating spontaneous EDI-themed debriefs. This will inform how they might be better supported through faculty development.

Methods

This study originated as a service evaluation at a large London NHS Trust, serving a diverse patient population and workforce. All eligible simulation educators trained in human factors skills and experienced in facilitating debriefs participated ($n = 11$). Semi-structured interviews explored their experiences of debriefing unplanned EDI themes, and the support required to enhance their practice. Data were analysed using Braun and Clarke's reflexive thematic analysis with a constructionist framework and insider positionality. Coding and theme development were reviewed and reflexively challenged by an EDI subject-matter expert external to the simulation faculty.

Results

Five themes were developed. Educators described fears around causing harm or losing credibility, which prompted a tendency to retreat from EDI themes. Facilitation drew heavily on their emotions and values, creating tension between their professional and personal selves. Their identities shaped their practice, offering confidence to some and doubt to others, though what mattered most was their examined awareness of their positionality. Participants perceived a theory-practice gap between how EDI was presented and enacted. They safeguarded learners' psychological safety while giving little consideration to their own, and described an absence of support in developing this work.

Conclusion

Facilitating EDI-themed debriefs asks more from educators than general debriefing. It occurs regardless of how experienced they are and reflects a gap that current faculty training does not address. As simulation faculty are expected to embed EDI principles into practice, understanding why intentional preparation matters is vital. This work should be grounded in approaches that improve continuous professional development and transform learning for both educators and their learners.

BACKGROUND

Equity, diversity and inclusion (EDI) is an increasingly prominent topic in healthcare simulation, driven by recognition that simulation-based education (SBE) shapes the delivery of equitable care to the diverse communities that healthcare organisations serve¹⁻². The immersive, reflective nature of simulation allows exploring this topic in safe learning environments, where EDI weaves through what a scenario represents, what surfaces in debriefs and what learners carry into practice. However, missteps in design and delivery risk causing harm³. The Association for Simulated Practice in Healthcare (ASPiH) Standards name EDI as a “core value” for simulation faculty and require its inclusion in faculty development training⁴. Yet it remains unclear how educators can be prepared to meet them.

The growing literature on EDI is predominantly learner-centric. Simulation is well-established for teaching learners behavioural and communication skills related to EDI⁵, and a broader review shows this learner-focused emphasis across curricula, education and training⁶. The current landscape also offers a reflexive tool and competency framework for simulation educators, alongside debriefing scholarship that highlights cultural considerations, social justice and health advocacy⁷⁻¹⁰. These resources bridge theory and practice, but faculty preparation is largely unaddressed. This gap is critical because facilitating EDI carries risks; fears of causing offence or unawareness of biases may deter educators¹¹.

EDI themes may surface, especially in debriefs, regardless of how a scenario or programme is designed and irrespective of whether educators feel equipped⁸. What remains underexplored is their own account of navigating these themes in the moment. This study foregrounds that insider perspective, examining how educators experience debriefing EDI to inform how they might be better prepared and supported.

METHODS

Aims

The aims of this study were:

1. To explore simulation educators’ lived experiences of facilitating EDI themes that surface spontaneously within SBE debriefs.
2. To provide empirical grounding for tailored faculty development that supports educators to navigate these conversations while preserving psychological safety.

Study Design

This study originated as a service evaluation to inform local faculty practice and development in advanced debriefing. Participants were interviewed towards the end of the academic year about their experiences of debriefing EDI themes not planned or scaffolded into course design, and the support required to facilitate them. We adopted Braun and Clarke’s reflexive thematic analysis, within a

constructionist framework, with themes actively generated through our engagement with the data and our insider positionality as faculty in the same department^{12–14}.

Setting and Participants

This study was conducted at Guy's and St Thomas' NHS Foundation Trust, one of the largest NHS Trusts in England, United Kingdom (UK), serving a diverse inner-city London population and workforce. The Simulation and Interactive Learning (Sall) centre delivers a range of interprofessional programmes, within which these debriefs take place. Faculty are trained in scenario-based skills and human factors skills. All educators experienced in facilitating SBE debriefs were eligible and consented to participate in the study.

Data Collection

Stage 1: Pre-Interview Questionnaire and Interview Guide Development

A pre-interview questionnaire captured demographic characteristics including occupational data. Participants were allocated alphanumeric codes (P01–P11) and completed the questionnaire at least two days before their interviews. This approach allowed responses, such as years of experience as simulation faculty and in debriefing, to be explored during the interviews to determine their influence on facilitating EDI themes.

Following preliminary scoping discussions during faculty development days, an interview guide was created by SS, a medical simulation fellow known to the team. It explored participants' experience of EDI in health professions education and in SBE debriefs, especially difficult or high stakes moments. It also examined how participants navigated these moments, whether their practice evolved or their identities shaped these experiences and their faculty development needs. The guide was piloted on an external educator and reviewed by HM, a simulation research consultant, before use.

Stage 2: Interviews

Semi-structured interviews were conducted by SS, via Microsoft Teams¹⁵ between March and June 2026, lasting approximately 60 minutes. Interviews were audiovisually recorded and transcribed verbatim by Microsoft Teams¹⁵, then checked against recordings and corrected for accuracy by SS. Identifiable information was removed and each interview matched to participants' alphanumeric codes. Data adequacy was considered through information power¹⁶, with sufficiency judged during analysis rather than predetermined.

Data Analysis

The dataset was inductively coded by SS using Delve Tool (Version 2086)¹⁷, adopting a latent orientation through the six-phase approach to reflexive thematic analysis^{12–14}. Themes were constructed as patterns of shared meaning around a central organising concept, with reporting checked against the Reflexive Thematic Analysis Reporting Guidelines (RTARG)¹⁸. Coding and theme development were reviewed and reflexively challenged by HM and CWB, a Trust-appointed EDI Champion, who brought subject-matter expertise to examining interpretations as they developed.

Reflexivity

As simulation educators and researchers with marginalised identities, we bring lived experience that shapes this study's approach and analysis. Our understanding of how EDI surfaces in debriefs is informed by both the literature and our insider perspective of facilitating them and encountering the themes that arise. This work stems from an observed gap within our local practice around a topic that educators, even experienced ones, felt ill-equipped to hold. This positionality directed what we noticed in the data and the commitment behind the work, to recognise challenges our team face and what support is required.

Our decision for participants to be interviewed by an educator known to them was informed by this reflexive awareness. We treated the proximity and knowledge of the setting as a means for building psychological safety through familiarity, encouraging candid discussions on a sensitive topic without concern for professional judgement. However, we were mindful it may have also shaped what participants shared, introducing a degree of social desirability in how they spoke about EDI, especially to a colleague with marginalised identities.

To maintain rigour, our interpretations were challenged by an EDI subject matter expert outside the simulation faculty. Our broader experience of medical education, social justice and social sciences research further guided our findings and their relevance to this field. We recognise our experiences cannot represent the full spectrum of themes and contexts through which EDI may manifest and approached this work with that limitation in mind.

Ethics

This study was approved as a service evaluation and quality improvement project (ID: 19711) within the Trust's institutional governance and did not require formal NHS Research Ethics Committee review. Participation in the study was voluntary. Written consent for service evaluation, research and publication purposes was obtained through the pre-interview questionnaire. All data were stored securely in accordance with institutional information governance and applicable data protection regulations, including the UK General Data Protection Regulation (GDPR).

RESULTS

Descriptive Characteristics

Eleven educators consented to take part in the study. The cohort was predominantly female (81.8%), ethnically white (63.6%), and aged 25–34 years (54.5%). Experience in simulation education and debriefing ranged from under one year to over fifteen years, with all participants recently facilitating debriefs. Professional backgrounds broadly reflected the local workforce (Table 1).

Table 1
Participant Characteristics of Simulation Educators (n = 11)

Age	n	n (%)
25–34	6	54.5
35–44	4	36.4
55–64	1	9.1
Gender		
Female	9	81.8
Male	2	18.2
Sexual Orientation		
Bisexual	1	9.1
Gay/Lesbian	1	9.1
Heterosexual	9	81.8
Ethnicity		
Asian or Asian British - Bangladeshi	1	9.1
Asian or Asian British - Indian	1	9.1
Mixed or Multiple ethnic groups	2	18.2
White - English, Welsh, Scottish, Northern Irish or British	7	63.6
Professional Background		
Medicine	4	36.4
Medicine and Dentistry	1	9.1
Midwifery	1	9.1
Nursing	3	27.3
Physician Associate	2	18.2
Simulation Faculty Experience		
Less than 1 year	2	18.2
1–2 years	2	18.2
3–5 years	4	36.4

Age	n	n (%)
6–10 years	2	18.2
More than 15 years	1	9.1
Debriefing Experience		
Less than 1 year	4	36.4
1–2 years	2	18.2
3–5 years	2	18.2
6–10 years	2	18.2
More than 15 years	1	9.1

Developed Themes

Theme 1: Innumerable fears

This theme captured the fear and anxiety participants brought to facilitating EDI-themed debriefs, consistent from those debriefing for years to those new to it. However, the source of unease varied depending on what made a debrief feel ‘difficult’ or ‘challenging’. Many described fears around language - the dread of saying the wrong thing that could cause offence or harm, or being seen as prejudiced. Some worried about their credibility as educators, being seen to struggle or unable to contribute meaningfully if the debrief moved beyond their knowledge.

“People are scared of saying the wrong thing, of causing upset or being called a sexist, a transphobe, a racist. And so then their way of coping with that is avoiding it, rather than actually addressing it head on.” (P04)

“I worry that if a topic came up that I hadn’t encountered before, and EDI can be quite complex, I might not have anything tangible to offer.” (P06)

The fear of “rocking the boat” (P05) was also highlighted, especially where it provoked conflict between learners that could escalate beyond recovery or expertise. Beneath these fears was a shared sense that EDI conversations were “very high stakes” (P01), so the cost of mistakes felt more prominent than in usual human factors debriefs.

Subtheme: The retreat reflex

The response to this was avoidance or pivoting from the EDI theme, with a tendency to move away from discomfort rather than an unwillingness. This retreat took different forms: deflecting to familiar clinical

content or engaging superficially by avoiding conversations that might become unmanageable, emotive or cause cognitive overload.

"With high cognitive load I might think, 'I'll talk about leadership in general, or followership', defaulting to something that feels less nuanced and maybe more straightforward." (P03)

"...some of it is just sadly going back into your safe space of talking about clinical stuff. You're not trained for it, and you don't see it that often." (P10)

"if I felt things were getting a little uncomfortable, rightly or wrongly I might shy away a little bit from the conversation, or try and make it an agree to disagree type situation." (P11)

Some participants deliberately held these debriefs at distance, adopting what one called an "actively passive" style of questioning that mitigated saying anything that might land badly (P05). Participants acknowledged these approaches did not serve reflective practice and shared learning; but were accommodations in the absence of alternative strategies.

Theme 2: When the personal and professional collide

This theme captured tensions between participants' personal self and their role as educators. Most were competent debriefing human factors skills; while these skills are transferable, EDI debriefs carried an increased demand. They drew on participants' own values, opinions and emotions, especially when themes such as discrimination, power dynamics, bias or hierarchy surfaced. Some found it hard to balance regulating their reactions with holding space for constructive learner discussions; most acutely when debriefs touched on topics significant to their personal lens. Navigating clashing views was also difficult, particularly where these seemed intolerant, potentially harmful to colleagues, patients and relatives, or misaligned with organisational values.

"I feel more comfortable if I can feel that I have responded or behaved or engaged in a way that aligns with my values." (P03)

The weight of professional even-handedness led one participant to even "carry that [discomfort] home after a session and ruminate over it" (P11). For educators who held privilege, the tension sat awkwardly against the alignment they wished to see between their values and self-image, especially those who saw themselves as allies but felt they could not hold the room.

"There's a cognitive dissonance that happens, especially when you hold privilege, where you want to think of yourself as, well, I'm one of the good ones." (P04)

However, not all participants felt this discomfort had to be smoothed over. For some, acknowledging privilege openly, rather than working around it, was itself part of good EDI facilitation.

"You shouldn't feel you have to avoid talking about or acknowledging your own power and privilege. You also shouldn't feel embarrassed that you have privilege." (P06)

The tension also presented as self-censorship, with participants filtering contributions until they “[lost] some of the power behind what [they’re] saying because [they’re] just trying to keep the peace” (P08). This tension was not always resolved, but rather unpacked and reflected upon for future practice.

Theme 3: Identity as resource and constraint

This theme explored how participants’ identities influenced their facilitation. Their positionality shaped how they interacted in a room, how they responded to arising themes and what they felt able to hold. This experience was described in two distinct ways: participants with proximities to privilege found their identity a source of doubt while participants with marginalised identities described it as a source of confidence.

Participants in privileged positions felt “a little bit fraudulent [when] trying to have a really authentic conversation” (P01), worrying whether they had standing to facilitate topics outside their own social location. Others recognised they carried less personal risk into the room but still felt the pressure of underperforming, limited by a vantage point shaped by experiences they could never share. They acknowledged that allyship could not close the distance between their positionality and the experiences being shared by learners.

“I appreciate there’ll be things that I will just never experience. I’ll never understand, and you can empathise, and you can be an ally, but you’re never really going to be able to experience that.” (P02)

For participants with lived experience of marginalisation, positionality gave insight and credibility to facilitate these debriefs. This significance was illustrated by P09, who drew on “enough anger as a [person] of colour to sustain [them]” and felt comfortable discussing EDI, and empowered to call in or challenge negative perceptions in the room. However, this relationship between lived experience and facilitation was not a straightforward advantage for all marginalised participants. P11 described how personal experiences of healthcare disparities heightened their awareness of these topics, but also their apprehension over whether drawing on those experiences was appropriate or would leave them vulnerable. Despite this, many participants from marginalised groups felt their lived experience enabled them to remain in conversations others might leave, driven by a personal investment in seeing these debriefs handled well.

Reading these accounts together, we interpreted that the position an educator held mattered less than whether they had examined their relationship to it. Where that reflective work had been done, it acted as a resource to their facilitation. Conversely, where it had not, lived experience alone, without preparation and training, was sometimes insufficient.

Theme 4: Gap between appearance and reality

This theme captured the perceived disconnect between how EDI is presented and how it is enacted; a theory-practice gap present both institutionally and individually. Institutionally, across both local and wider contexts, participants described EDI initiatives that existed in name only and failed to translate into

culture or align with professed organisational values. They questioned the intent of EDI work that appeared tokenistic or risk averse rather than integrated into practice, whether generic e-learning clicked through in a “slap dash” manner (P10) or reduced to buzzwords. Some felt the “system is quite rigid” (P07), leaving little room to prioritise, invest or approach this work differently.

“I truly believe there’s really not much out there. I think people like to say [that] it’s part of their agenda... but what are you actually doing?” (P01)

This incongruence held practical consequences for participants who described learner-led debriefs where EDI themes surfaced spontaneously, triggered by systemic or societal inequities that learners had witnessed, experienced or seen affecting their practice.

Participants also recognised a performance element in their own practice, facilitating EDI at a surface level by emulating practice they had seen modelled – offering a brief acknowledgement, maintaining neutrality and then moving on. They questioned how to avoid this “tick box” (P04) approach. These two levels mirrored each other, reinforced by a lack of support to develop their practice.

Theme 5: Comfort versus safety for whom

This theme explored how psychological safety differed for learners and educators. For learners, it was well recognised and actively protected; for faculty, it was less prioritised. Participants readily took responsibility for making the environment feel safe for learners – a practice many held central to their work – without holding the same expectations for themselves. P03 noted they were “quite used to prioritising the comfort of the learners and co-debriefers” while admitting they were unsure if their own comfort was a conscious thought. This asymmetry was particularly significant given participants’ awareness that their own identities were also represented in the room.

“When we think about EDI, we often think about learners, not facilitators’ safety and guidance, but we as facilitators also have our own EDI characteristics we want protection for.” (P08)

This exposure was difficult to manage with certain EDI themes, enough to “compromise [their own] psychological safety” (P09). These competing safeties could be at odds; creating space for learners to share sometimes required educators to sit with discomfort without appropriate support. The distinction between comfort and safety was vital – comfort meant working within a manageable, acceptable level of challenge that was part of the job. In contrast, avoidance was a method of dealing with discomfort that some recognised maintained safety for neither themselves nor their learners. This finding raised the question of how faculty psychological safety could be sustained.

Subtheme: The support void

Participants emphasised a lack of institutional support for developing their practice. They received no formal training fostering tangible, transferable skills for the EDI debrief itself, instead relying on their own resources or feeling underprepared when its theme surfaced.

Instead, participants developed through informal means, building some resilience over time through accumulated experience and reflection, though these were “not necessarily a tool” (P02). The strategies they valued most – such as peer conversation, reflective dialogue with trusted colleagues, subject matter expertise – were precisely what they felt were missing from faculty development. Self-guided practice helped but could not close the gap between the confidence general debriefing training provided and the readiness to facilitate EDI themes. Some suggested a progressive training model to address this, moving from “clinical skills, human factors skills then socio-complex topics like EDI” (P07). Facilitating EDI was viewed as an advanced skill that current provisions failed to develop, and doing justice to themselves and learners required educators to be properly equipped.

DISCUSSION

Our participants showed how facilitating EDI-themed debriefs feels, the demands it places on them and what their accounts imply for faculty development. To our knowledge, this is the first UK study exploring simulation educators’ experience of facilitating EDI themes that surface spontaneously in debriefs.

Our educators described similar anxieties, regardless of whether they were new to debriefing or had been debriefing for years, that did not settle with increasing experience of EDI themes in their practice. This pattern was also evidenced by faculty leading discussions around race, who remained uneasy and underprepared despite long teaching careers¹⁹. This raises the question of what faculty development could offer, as experience nor repeated exposure appears to resolve it. These themes were demanding to facilitate and carry, requiring faculty to manage their emotions as they did so – a process Hochschild termed “emotional labour”²⁰. A distinction has been drawn between educators’ labour towards their students, widely accepted as part of the job, and the labour done to protect themselves, which is harder where educators hold less power in the room²¹. For our participants, this meant ruminating after a difficult debrief, filtering their words, or withdrawing when the effort became too great.

The same reluctance to protect themselves extended to how participants thought about psychological safety²². This concept is widely acknowledged as something educators build for learners and into the learning environment, where they are seen as the providers of safety^{23–25}. Our participants add an overlooked perspective: how can psychological safety be maintained for providers when their comfort is misaligned to whether they felt safe? The safe container supports learners in feeling secure enough in uncomfortable situations²³, yet participants felt their own safety was compromised when discomfort led to retreat. That withdrawal offered relief, but it came at the cost of the safety they were meant to scaffold for the room.

This was observed in another study where an educator found the effort of choosing careful language paralysing enough to affect their psychological safety⁸. Since then, the field has shifted to view psychological safety as relational, co-created with learners rather than provided by the educator alone, with established literature examining what considerations educators actively give to their own safety^{26–}

²⁷. Our findings begin to answer this question: faculty safety is seldom considered, is easily mistaken for comfort and is most fragile at the point of retreat, though what sustains it remains unclear. This gap sits alongside the ASPIH Standards, which require faculty training to protect the psychological safety of everyone present, including faculty⁴.

Meeting this standard requires more than encouragement, as holding inclusive values does not guarantee acting on them, especially under pressure. Current resources for faculty⁷⁻⁸ sit at a different point from what participants found challenging and unsupported – the unplanned moments and themes within the debrief they felt ill-equipped to facilitate. They relied on their own accumulated experiences, personal reflection and conversations with their colleagues. However, these communities of practice²⁸ work best when intentionally supported; our participants' learning was solely self-directed, so the effort required goes unseen and with minimal accountability for its quality.

This is made harder by a wider culture in which EDI was more often stated than practised, leaving participants few models beyond surface-level work that they then risked reproducing – a concern already raised in efforts to resist performative EDI¹¹. The literature on facilitating difficult social justice dialogues offers a way forward, treating readiness for this kind of work as continual self-examination, rather than static competencies to be met. This work is also tiring, and facilitators must monitor the energy needed to navigate these conversations²⁹. Cultural humility makes a similar case for a lifelong commitment to reflective practice and asks for faculty to pursue the development they expect of their learners³⁰. Preparing educators for EDI means centralising the personal demands of this work, offering dedicated spaces to practise these conversations³¹, building organisational and peer support and giving attention to their own psychological safety.

Strengths and limitations

All eligible educators in the department participated in this study. The accounts were rich, drawn from across varied professional backgrounds and levels of experience. This provided a robust narrative of how these themes are met in practice, ensuring the challenges described were recognisable across the whole faculty rather than confined to a few individuals. The analysis was strengthened by reflexive challenge from an EDI subject-matter expert, who reviewed the data interpretation and theme development as they formed. The study also followed established methods for reflexive thematic analysis, judging data sufficiency through information power and reporting against validated guidelines, thereby supporting its transparency and rigour.

The study was conducted within a single-site setting, with limited diversity within the participant cohort. The accounts are therefore shaped by this shared setting, its case mix, its faculty and its culture. This is a condition of the knowledge produced, and its wider relevance is for readers to weigh against their own healthcare simulation contexts.

Local implications and future work

Since this work began, several changes have developed within the department. Faculty development sessions with the Trust's EDI team, focusing on positionality, were introduced. Educators have been encouraged to engage intentionally with challenging EDI themes, and to bring these debriefs to meta-debrief sessions. A learner-facing EDI workshop, delivered at the beginning of all courses, was developed by SS to scaffold these conversations, incorporating identity tools such as the "Social GRRRAACCEEESSS"³² and "Wheel of Power/Privilege"³³ which are linked to human factors skills and clinical practice. This is further supported by faculty resources, such as pre-reading material, and an animated video currently in development. This is accompanied by an advanced debrief toolkit, informally developed to support educators with EDI themes as they arise within the debrief itself (Fig. 1).

These changes are local and their effect is yet to be evaluated. Therefore, future work exploring whether they alter what educators experience is needed, including the impact of the toolkit in supporting educators during debriefs. Faculty psychological safety also warrants further exploration, given that it is largely unconsidered as a starting point for understanding how to sustain it. Learners were not part of this study, and further work into their accounts of how EDI is handled in the debrief would highlight whether the challenges described are felt on both sides.

CONCLUSION

EDI themes arise in debriefs unbidden, and this study explored how simulation educators experience facilitating them. The difficulty they described was not a shortcoming in debriefing technique, but rather it drew on their own values and emotions, did not lessen with experience and placed a demand that their training had not prepared them for. Facilitating EDI-themed debriefs is different from general debriefing skills. As standards require faculty to engage with EDI, understanding what preparation is needed is of growing relevance across simulation education. It calls for faculty development shaped around what they actually encounter in practice, and for organisations to take responsibility for this development rather than leaving educators to build it alone.

Abbreviations

EDI
Equity
diversity and inclusion

Declarations

Ethical approval and Consent to participate

This study was approved by Guy's and St Thomas' NHS Clinical Governance Team as a service evaluation and quality improvement project (ID: 19711) and did not require formal NHS Research Ethics review. Written informed consent was obtained from all participants.

Consent for Publication

Written consent for publication of anonymised quotes was obtained from all participants.

Competing Interests

The authors declare no competing interests.

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Author Contribution

SS conceived and designed this study, collected and analysed data, drafted and revised the manuscript. HM supervised this study, provided critical analytic guidance and contributed to manuscript revision before submission. Both authors approved the final manuscript.

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Data Availability

The datasets analysed during this current study are available from the corresponding author upon reasonable request.

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Figures

Advanced Debriefing Toolkit: ‘EDI’ Themes

When a theme surfaces (if appropriate):
“That sounds like it relates to EDI. Would it be helpful to explore and understand it a bit more together?”

Probing question to surface theme (if appropriate):
“Reflecting on the Social GRRRAACCEEESSS we discussed earlier, could we also consider/ what do we think about...”

NAME THE THEME

What is it? - define the theme
Relevance to clinical practice - reflection
How do we recognise it? - awareness in practice

- Barriers - how do we overcome them?
- Strategies (self/team/organisation/system)

Summarise



Figure 1

In-house advanced debrief toolkit for EDI themes informally developed for local support.