

CLI Intern \_\_\_\_\_ EMT # \_\_\_\_\_  
Course Sponsor \_\_\_\_\_ Location \_\_\_\_\_  
Course # \_\_\_\_\_ Audit Date \_\_\_\_\_ Topic Audited \_\_\_\_\_

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### PREPARING THE DEBRIEF

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| <input type="checkbox"/> <b>Set the tone</b><br>Safe learning environment, establishing respectful and professional ground rules   | <input type="checkbox"/> <b>Objective</b><br>Explain the objective of the scenario and debrief  |
| <input type="checkbox"/> <b>Description</b><br>Make sure everyone has the same understanding of what happened<br><i>“Can someone explain what the scenario was about?”</i> | <input type="checkbox"/> <b>Emotional reactions</b><br>Address any emotional reactions to allow students to be fully participating in the debrief and not distracted.<br><i>“Is there anything that you’re stuck on before we discuss the case and further learning?”</i> |

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### ANALYSIS

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| <input type="checkbox"/> <b>Review objectives</b><br>Ask students to describe how they met the individual objectives and tasks  | <input type="checkbox"/> <b>Clarify facts</b><br>Elicit explanations into the different objectives met, including working diagnosis |
| <input type="checkbox"/> <b>Expound on learning</b><br>Connect the objectives and tasks to didactic/conceptual knowledge learned earlier in class. Explain reasoning for the tasks. | <input type="checkbox"/> <b>Explore plus/delta</b><br>Spend time summarizing the plus/delta – strengths and areas for improvement   |
| <input type="checkbox"/> <b>Application</b><br>Explore other scenarios that this learning would apply to.   | <input type="checkbox"/> <b>Improvement</b><br>Ask students what they will do differently to improve in their practice              |

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### SUMMARY

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| <input type="checkbox"/> <b>Additional concerns</b><br>Ensure that there are no outstanding items or concerns, either addressing them at the time, or following up at a more appropriate time | <input type="checkbox"/> <b>Learner self-assessment</b><br>What did each student take away from the scenario |
| <input type="checkbox"/> <b>Conclusion</b><br>Review the key learning points  |  |

Auditor’s Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_