

Review protocol for experience of post-incident debriefing or formal review after restrictive practices

ID	Field	Content
0.	PROSPERO registration number	CRD420251104175
1.	Review title	Experience of post-incident debriefing or formal review after restrictive practices
2.	Review question	What is the experience of post-incident debriefing or formal review after use of restrictive practices?
3.	Objective	To understand qualitative experiences of post-incident debriefing or formal review after restrictive practices
4.	Searches	<p>The principal search strategy will be developed in MEDLINE and then adapted, as appropriate, for use in the other sources listed, taking into account their size, search functionality and subject coverage:</p> <ul style="list-style-type: none"> • Medline ALL • Embase • Emcare • Cochrane Database of Systematic Reviews (CDSR) • PsychINFO • Social Policy and Practice <p>Database functionality will be used, where available, to exclude:</p> <ul style="list-style-type: none"> • Animal studies • Editorials, letters, news items and commentaries • Conference abstracts and posters • Trial registry entries without an associated journal publication • Theses and dissertations • Papers not published in the English language <p>Date limits: 2015 onwards</p>

		<p>Search filters and classifiers: As required the following standard NICE filters will be used to limit results by study type: systematic reviews / qualitative studies and qualitative studies</p> <p>Supplementary search techniques:</p> <ul style="list-style-type: none"> • Hand-searching of inclusion lists of systematic reviews • Citation searching of included studies <p>The information services team at NICE will quality assure the principal search strategy based on the PRESS 2015 Guideline Evidence Based Checklist. Any revisions or additional steps will be agreed by the review team before being implemented One search will be conducted to cover this qualitative review question as well as the qualitative review question addressing the experience of restrictive practices</p> <p>The full search strategies for all databases will be published in the final review</p>
5.	Condition or domain being studied	Experiences of post-incident debriefing or formal review after restrictive practice use
6.	Population	<ul style="list-style-type: none"> • People who have first-hand experience of receiving restrictive practices in the management of aggressive behaviour, and their parents and carers • Health, mental health and social care practitioners who have direct experience of implementing restrictive practices in the management of aggressive behaviour • Staff or professionals involved in post-incident debriefing or formal review after a restrictive practice has been implemented • Staff or professionals involved in policy making about post-incident debriefing or formal review
7.	Phenomenon of interest	Views and experiences of post-incident debriefing or formal review after restrictive practice use
8.	Comparator	Not applicable as this is a qualitative review

9.	Types of study to be included	<ul style="list-style-type: none"> • Studies using qualitative methods: data collection via focus groups, semi-structured and structured interviews • Surveys conducted using open ended questions and a qualitative analysis of responses • Systematic reviews of qualitative studies (for identification of studies) <p>Note: Mixed-methods studies will be included but only qualitative data will be extracted and risk of bias assessed</p> <p>Exclusion:</p> <ul style="list-style-type: none"> • Articles published before 2015 • Conference abstracts, books and book chapters • Theses and dissertations • Studies that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality • Studies using quantitative methods only (including surveys that report only quantitative data)
10.	Other exclusion criteria	<p>If sufficient* UK studies are identified and included in the review, then studies from other countries will be excluded</p> <p>If insufficient UK-based studies are included, then inclusion criteria will be extended to cover studies conducted in high income (according to the World Bank) countries in Europe as well as Australia, Canada, US and New Zealand, although applicability to the UK service setting will be considered during data analysis and synthesis</p> <p>*Sufficiency of evidence will be judged by the committee based on whether there is enough evidence to support guideline decision making. Factors that will be taken into account include number/quality/sample size of studies</p> <p>Single participant studies will also be excluded</p>
11.	Context	<p>Recommendations will apply to all settings in which NHS or social care is provided</p>

		This guidance will fully update the following NICE guideline: Violence and aggression: short-term management in mental health, health and community settings (last updated 2015; NG10)
12.	Primary outcomes (critical outcomes)	<p>Themes will be identified through meta-synthesis of the evidence (see strategy for data synthesis below)</p> <p>The committee anticipate that data from the included studies will cover a number of overarching themes, and provide some examples below. However, the list below is not exhaustive, the examples given may not be found in the evidence, and other relevant themes may be identified</p> <p>Experiences of post-incident debriefing or formal review may include the following overarching themes:</p> <ul style="list-style-type: none"> • Unmet needs for debriefing or review • Purpose of debriefing or review • Timing of debriefing or review • Content of debriefing or review • Emotional processing and understanding • Communication style • Recording of incident • Opportunity for organisational/professional learning <p>Exclusions Themes related to experiences during restrictive practice use</p>
13.	Secondary outcomes (important outcomes)	Themes will be identified through meta-synthesis of the evidence (see strategy for data synthesis below)
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into EPPI-Reviewer 5 and de-duplicated</p> <p>Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will be performed on at least</p>

		<p>10% of records; 90% agreement is required. Disagreements will be resolved through discussion between the two reviewers, and consultation with the senior systematic reviewer if necessary</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion</p> <p>A standardised form will be used to extract data from included studies, including study reference, country, aims of the study, sample size, participant characteristics, data collection method, data analysis approach, findings (including the primary participant quotes and the author's interpretations). One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer</p>
15.	Risk of bias (quality) assessment	<p>Quality assessment of individual studies will be performed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies</p> <p>The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer</p>
16.	Strategy for data synthesis	<p>Qualitative data synthesis will be guided by a thematic analysis approach and follow the six phases outlined by Braun and Clarke (2006): (1) familiarising yourself with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; (6) producing the report. Included studies will be divided between two reviewers. For their initial half of the studies, each reviewer will perform line-by-line coding of the findings (including the primary participant quotes and the author's interpretations) and inductively identify concepts, categorise concepts into themes and subthemes, and note links between themes. These individual analyses will be shared and a joint coding framework will be developed. The two reviewers will then go through the other half of the included studies, to check if the themes and subthemes in the joint coding frame accurately capture the meaning of the quote or author interpretation and any further refinement of the coding frame will be agreed through discussion between the two reviewers</p> <p>As synthesis progresses analytical themes will be generated through the integration, extension, and re-categorisation of descriptive themes and subthemes. Thematic maps and discussion</p>

		<p>between the reviewers will be used to think about the relationships between themes, to consider the data in the context of the specific review question, and to extend interpretation beyond the individual study findings</p> <p>The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research; Lewin 2015) approach will be used to summarise the confidence in qualitative evidence. The overall confidence in evidence about each theme or sub-theme will be rated on four dimensions: methodological limitations (assessed with CASP), applicability, coherence and adequacy of data</p>		
17.	Analysis of sub-groups	None planned		
18.	Type and method of review	<input type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input checked="" type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)		
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	June 2025		
22.	Anticipated completion date	July 2026		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Piloting of the study selection process	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Data extraction	<input type="checkbox"/>	<input type="checkbox"/>
		Risk of bias (quality) assessment	<input type="checkbox"/>	<input type="checkbox"/>
		Data analysis	<input type="checkbox"/>	<input type="checkbox"/>
24.	Named contact	Named contact: National Institute for Health and Care Excellence (NICE) Named contact e-mail: violenceandaggression@nice.org.uk Organisational affiliation of the review: National Institute for Health and Care Excellence (NICE)		
25.	Review team members	<ul style="list-style-type: none"> • Senior Technical Analyst • Technical Analyst • Information Specialist 		
26.	Funding sources/sponsor	This systematic review is being completed by NICE which receives funding from the Department of Health and Social Care		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline		
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/qid-ng10432/documents		
29.	Other registration details	None		

30.	Reference/URL for published protocol	
31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE
32.	Keywords	Debriefing; post-incident review; restrictive; restraint; qualitative; violence; aggression
33.	Details of existing review of same topic by same authors	Not applicable
34.	Current review status	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
35.	Additional information	None
36.	Details of final publication	www.nice.org.uk