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Improving Resilience and Professional Quality of Life in the Emergency Department Using Standardized Debriefing

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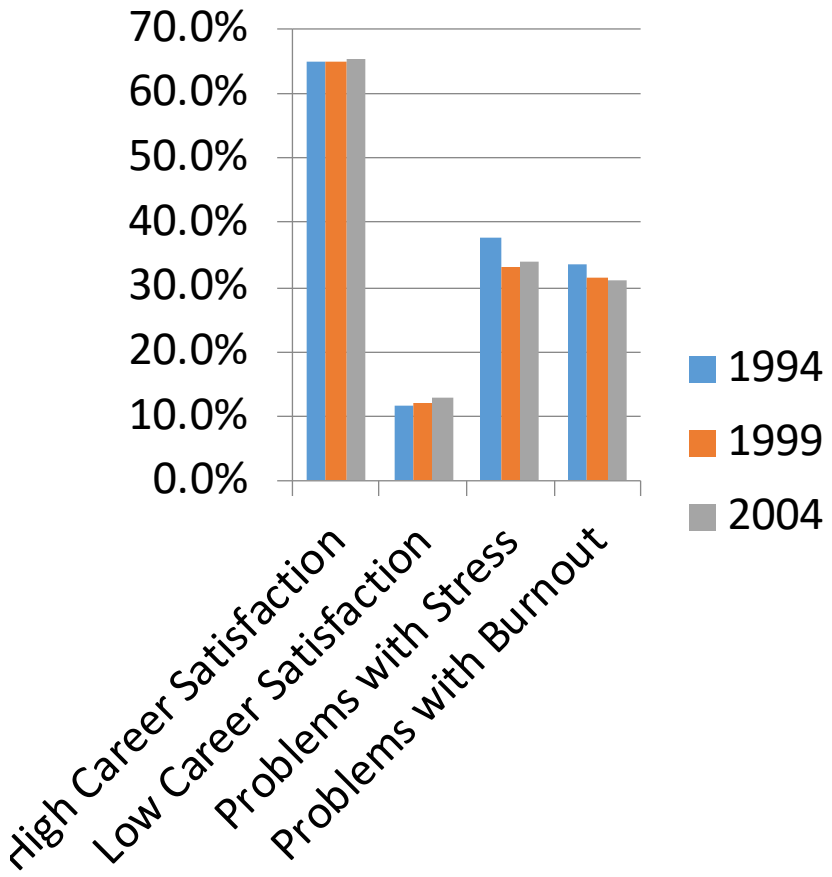
Motivation for Conducting Study

- Kern Medical Emergency Department
  - Fast paced
  - High acuity Level II trauma center
  - 44,000 ED visits annually
    -Witnessed death ranging from neonates to elderly
    -Aggression and violence
    -Elder and child abuse
    -Disaster event
- Lack of debriefing and structure for managing burnout, compassion fatigue and resilience
  - Employee dissatisfaction
  - Reduced job performance
  - Disengagement
  - High turn over rates
  - Medical errors
  - Clinician suicide
  - Negatively impact patient care and satisfaction

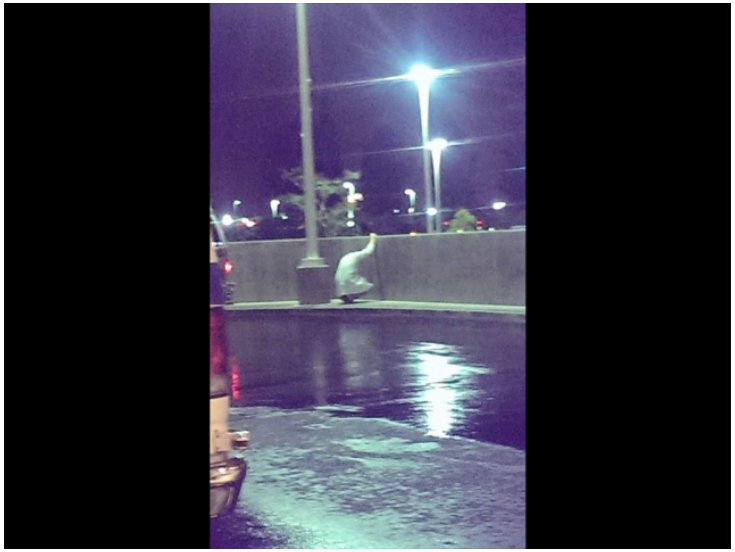
Literature Review: Cydulka and Korte (2008)

- Measured self reported career satisfaction among 740 Emergency Physicians from1994 to 2004
- Despite high career satisfaction with Emergency Physicians, perceived burnout is substantial



Literature Review: DeLucia et al (2019)

- Level II Trauma ED Attending and Resident Physicians are at highest risk for PTSD when compared with colleagues



Rate of Post Traumatic Stress	Group
3.8%	General Population
5.2%	Internal Medicine Residents and Pediatric Residents
15.8%	Emergency Physicians
22%	Surgical Residents
29%	Emergency Medicine Residents
39%	Emergency Residents working Level II Trauma Hospitals

Literature Review: Healy & Tyrrell (2013)

Stress experiences (97%)

- Work environment
  - Inadequate staffing
  - Excessive workload
  - Overcrowding
  - Staff conflict
- Aggression and violence of patients

Perceived needs for debriefing strategies

- Debriefing after stressful events
  - 84% rated "important" or "very important"

Quasi-Experimental Study: Methods

- Sponsored by ED Physicians, Nursing and Quality Department
- Survey Pre/Post-intervention:
  - Voluntarily recruited from sample of employees
    - Position, years of service, hours per week, time of shift, personal trauma, etc.
  - CONFIDENTIAL and placed in locked study boxes
  - Reliable and valid scales
    - Professional Quality of Life Scale (ProQOL): assesses compassion fatigue, compassion satisfaction and burnout
    - Connor-Davidson Resilience Scale: quantify resilience
- Debriefings
  - Post Critical Event Debriefing Tool
  - Potential barriers: timing, scheduling, location, discomfort, buy-in from participant and leaders
  - Best practice: closer in time to event, duration 5-10min
- Duration: 6 months

ED POST CRITICAL EVENT DEBRIEFING TOOL

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PURPOSE: To provide a confidential, voluntary and educative process following critical events in a safe, non-judgmental, collaborative & confidential setting designed for event review, emotional processing, support, discussion of potential stress reactions & self-care information exchange.

GOAL: To support team communication, quality improvement, and a healthy / healing work environment that stabilizes the team & promotes resiliency following unusually high levels of stress related to critical events

INSTRUCTIONS: ***Complete this form for all critical events***

1. Use this form to guide discussion & to document highlights of the debriefing. Complete as soon as possible, but no later than 12 hours after any critical event/incident.
2. Review Debriefing steps on back of this form.
3. Engage participants and stress confidentiality / non-investigative, non-blaming focus / all viewpoints are important and equal / no one forced to speak.
4. Ensure all participants receive the self-monitoring guide before the debrief ends.

Event Date:_____**/Time:**_____ **Debriefing Date:**_____**/ Time:**_____ **Form Completed by**: _____

If no debriefing, indicate reason: ☐ Extreme load of urgent patient care issues prevented meeting ☐ CL/Phys/Primary RN all agree not needed ☐Other:_____

*Complete Critical Event **Type** and Brief **Overview** of Event*

CRITICAL EVENT TYPE: (any abrupt unexpected or particularly traumatic event(s) that has an emotional impact sufficient to overwhelm the usual effective coping skills of an individual or group)

- ☐ Verbally Abusive Patient/Family
- ☐ Combative/threatening patient or visitor
- ☐ Undisclosed on-scene death – patient/family unaware
- ☐ Pediatric trauma/abuse
- ☐ Unexpected death/code blue
- ☐ Disaster event
- ☐ Employee crisis/traumatic event

Other:_____

PARTICIPANTS: Debrief Leader: _____

☐ Primary RN ☐Primary ED Physician ☐Clinical Leader ☐Chaplain ☐ED Tech ☐MSW ☐PCT ☐Pharmacist ☐Resident(s) ☐RT ☐Other RNs ☐Shift Sup ☐Unit Sec

ASK: *Is everyone emotionally able to assess our clinical care at this time? If NO: Would anyone like to speak about how you feel? Feel free to step away for a moment if needed.*

BRIEF OVERVIEW OF EVENT:

What did we do really well as a team?

- ☐ Communication went well
- ☐ Teamwork went well
- ☐ Leadership went well
- ☐ Decision-making went well
- ☐ Assessing the situation went well
- ☐ Noise Level appropriate
- ☐ Patient/Family support & Reassurance went well
- ☐ Other

Briefly describe:

TEAM SUMMARY

As you look back on the incident, are there any prominent thoughts that come up for you?
Is there anything we can do as a team to enhance our resilience and ability to cope with these tough situations?
Is there anything else the organization/department should consider when dealing with similar situations?

STRESS RESOURCES

People respond to critical events differently and reactions or "emotional aftershocks" can vary over time. It may be one significant event or the cumulative effect of multiple events over time that set off emotional responses so it is important to be aware of your own reactions and coping and those of your colleagues.

Review the information sheet with common stress reactions and resources.

DEBRIEFING PROCESS STEPS

ADDITIONAL NOTES:

INTRODUCTION

- Remind the group "these debriefings are confidential and intended for those clearly involved in this event as caregivers or support. If anyone was not involved please reach out to me and we can discuss your concerns after the debriefing."
- Encourage those involved in incident to attend
- State purpose / describe process: *education, quality improvement, emotional processing & support*
- Set ground rules
    - Stress confidentiality
    - Not investigative or blaming session
    - No one forced to speak
    - All viewpoints are welcome & important
    - No hierarchy

EXPLORATION

- Ask for or provide brief description of event
- What went well?
- What could have gone differently?
- Ask clarifying questions
- Group members share experiences of the event only as much as wish
- Look for themes/concerns
- Reassure as necessary
- Be aware of team members that may need more support

INFORMATION

- Acknowledge / summarize the discussion and exploration of group members
- Normalize experiences and/or reactions
- Review *Self-Monitoring Guide*
    - *Common stress reactions*
    - *Key stress management skills / Self-Care Guide*
    - *Review additional help such as EAP, Grief and Trauma*
    - *Counselors, Suicide Prevention resources*

IMPACT OF A CRITICAL INCIDENT

"Critical incident" is defined as any situation faced by emergency personnel or care givers that causes them to experience unusually strong emotional reactions, which have the capacity to interfere with their ability to function or perform tasks effectively, and can impact their personal life.

Every person will have unique reactions from stress following a critical incident. Learning to identify signs and developing prevention strategies not only builds resilience (the ability to recover quickly from difficulties) but also allows for a more meaningful career and a stable work/life balance. The impact of a critical incident may vary depending on the severity of the traumatic event. If you experience any of the following signs or symptoms, there is help! Following a critical incident, talk to your supervisor.

DON'T WAIT TO GET HELP!

Speak with your supervisor if immediate help is needed.

National Suicide Prevention Lifeline:
1-800-273-8255

Greif and Trauma Counselors through Victims Chaplain Association:
1-888-537-6876

EAP service self-referral hotline:
1-844-416-6386 or anthemeap.com (enter county of kern to log in for self-referral)

Physical

- Fatigue/Exhaustion
- Sleep Problems
- Headaches and migraines
- Increased susceptibility to illness
- Muscle tension
- Rapid heart beat
- Dizziness
- Significant weight change
- Chest pain

Behavioral

- Increased use of alcohol and drugs
- Anger and irritability
- Exaggerated sense of responsibility
- Impaired ability to make decisions
- Forgetfulness
- Problems with intimacy
- Difficulty separating personal and professional life
- Outbursts
- Flashbacks
- Feelings of inadequacy

Psychological

- Guilt
- Depression
- Persistent sadness
- Anxiety / Irritability
- Loss of hope
- Decreased ability to connect with others or feel empathy
- Cynicism
- Dread going to work
- Preoccupation with trauma or event
- Hypervigilance
- Spiritual crisis
- Thoughts of self-harm or harm to others
- Self-criticism
- Social withdrawal
- Feelings of Sur-reality (disassociation with reality)

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SELF CARE AND SELF-COMPASSION GUIDE

This is a vital step to ensuring personal resilience & well-being.

1. Realize that self-care is not a "One-Time Deal." It's a lifestyle.
2. You are normal and may be experiencing those "after shocks" from the event; don't label yourself crazy.
3. Feelings in themselves do not cause trauma, but resisting your feelings creates suffering.
4. Talk to people; talk is the most healing medicine so reach out; people do care and also need you.
5. Do one constructive thing today just because it makes you happy.
6. Practice deep breathing. Breathe into your abdomen, and let the air puff out your stomach and chest. Anxiety and deep breaths cannot co-exist.
7. Seek help for potentially addictive patterns.

Try these self management apps or create healthy habits to manage stress and build resilience long term

- ☑ SuperBetter
- ☑ Breathe2Relax
- ☑ Pilates Anytime
- ☑ Try a gratitude journal
- ☑ Unplug from technology for an hour a day
- ☑ Focus on your health-get regular physicals, exercise, and eat healthy foods

Signs of decreased resilience at work

- Increased absenteeism
- Change in working relationships
- Conflict at work
- Inability to complete assignments and tasks
- Lack of flexibility and reluctance to change
- Negativity toward leaders
- Inability to believe that improvement is possible
- Apathy and cynicism

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Discussion and Conclusions

- Hypothesis
  - A significant positive change in resilience of staff who participated in the study
    - Positive effect on other staff, volunteers and patients
- Current developments
  - Education regarding debrief process to all staff
  - Pretest questionnaires completed
  - Training for debriefing facilitators
  - Debriefing when deemed necessary
- Conclusions
  - Further analysis of our data is needed
  - Expand our research hospital wide of hypothesis is correct

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