



**Cambridge
University Hospitals**
NHS Foundation Trust

An evaluation of staff debriefings to support staff resilience

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on behalf of Lisa Enoch**

Our perioperative care department

- Three critical care areas
- 55 beds
- 350 staff
- Repeated exposure to work related stressors
- Searching for interventions to help improve resilience in our health care professionals within critical care

5 debriefing sessions across critical care

- Rules
 - Confidential
 - “A safe place”
 - Staff allocated time to attend
- Facilitators
 - ICU Consultant
 - CNS Critical Care
 - Clinical Psychologist
- Focus
 - Complex cases
 - Youth suicide

Evaluation via anonymous online survey

- All staff email inviting them to complete the online form
- 13 responses (1 didn't complete survey)
- 10 had attended one or more debriefing sessions
- 2 hadn't attended

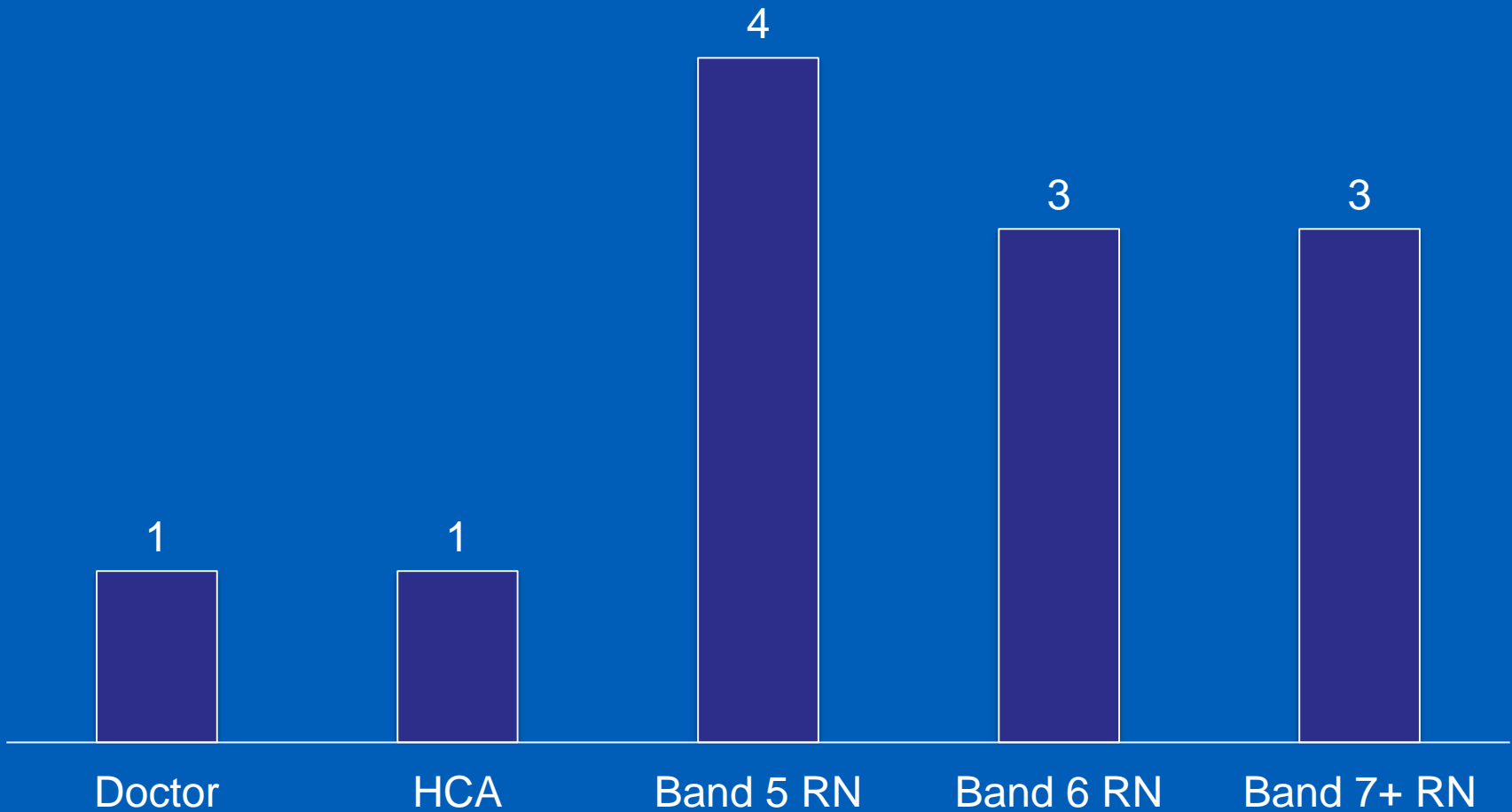
Evaluation via anonymous online survey

- Open and closed questions
- Questions based on feedback from Schwartz Rounds from Point of Care Foundation

www.pointofcarefoundation.org.uk/our-work/schwartz-rounds

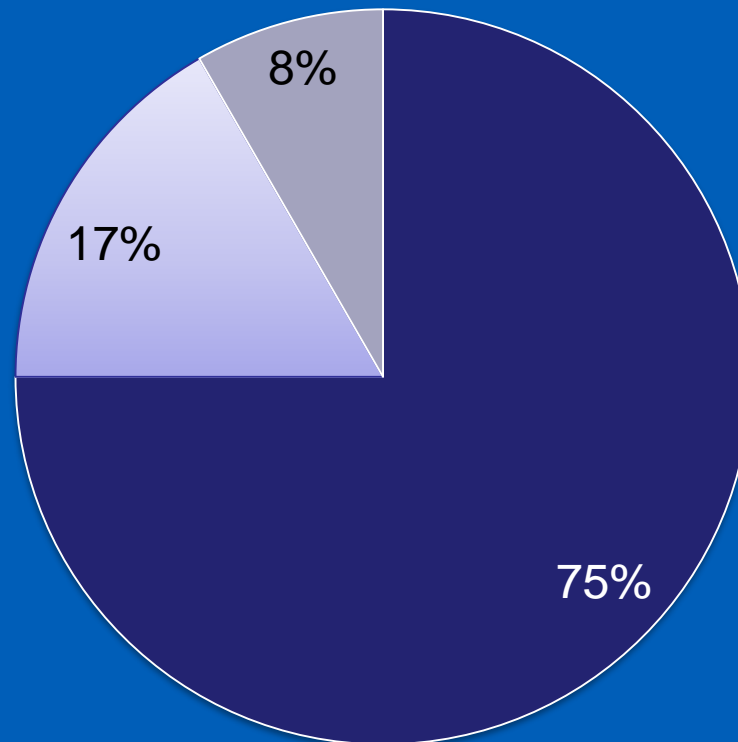
- Asking for the staff experience of attending
- What worked well, but also what could be improved?

What is your professional affiliation?



Where are you currently working?

■ General ICU ■ Neuro ICU ■ Critical Care



2 respondents hadn't attended any debriefs

- What would you expect from attending a 'debrief'?
 - to be able to talk about what was difficult, what went well, what could be done better or differently
- When do you think it would be useful to attend a debrief?
 - a few hours after the event to allow people to reflect on own and others actions

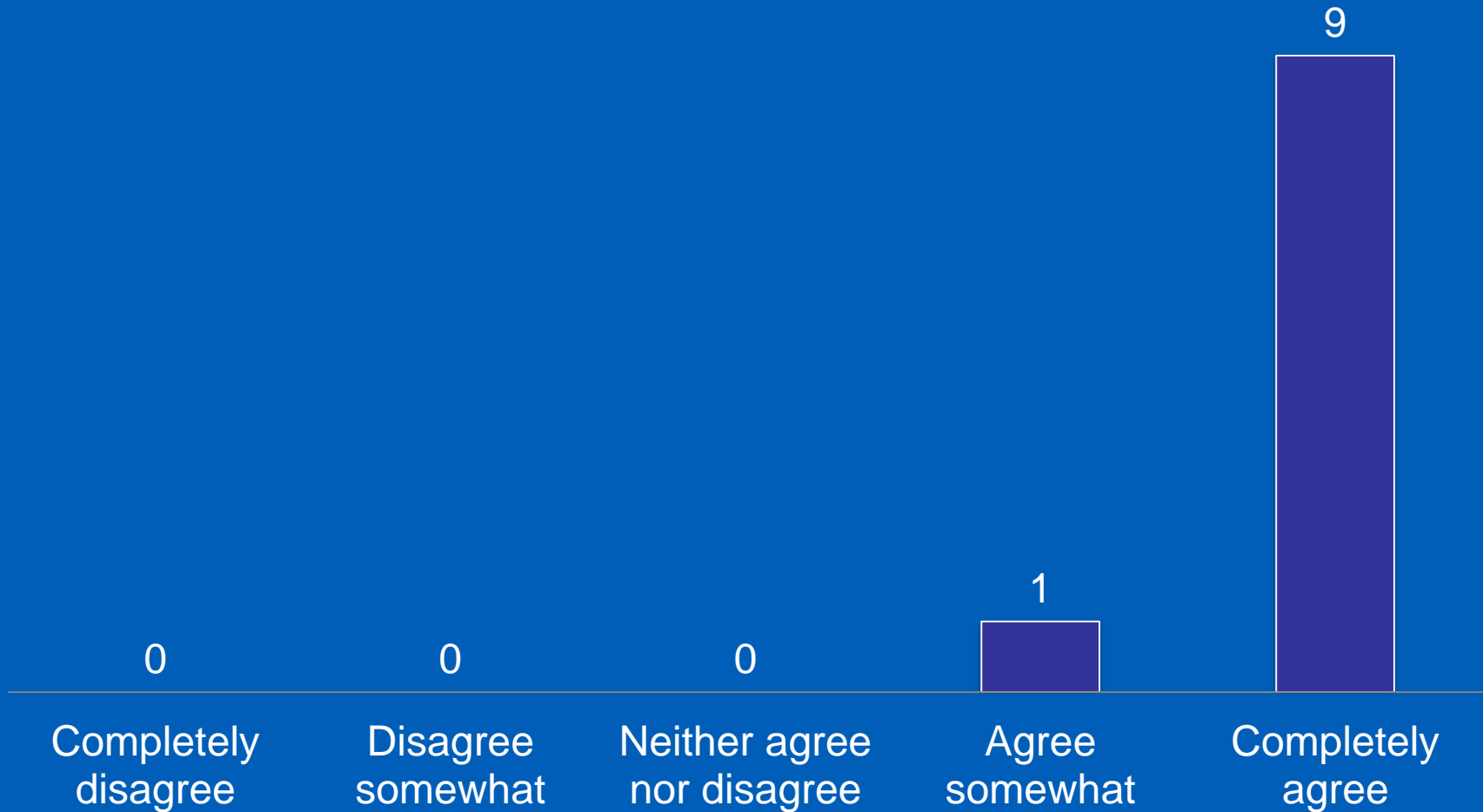
Did you find attending the debriefing session useful or helpful?

- 6x Yes
- 1x Very useful
- 2x Somewhat helpful
- 1x Completely unhelpful

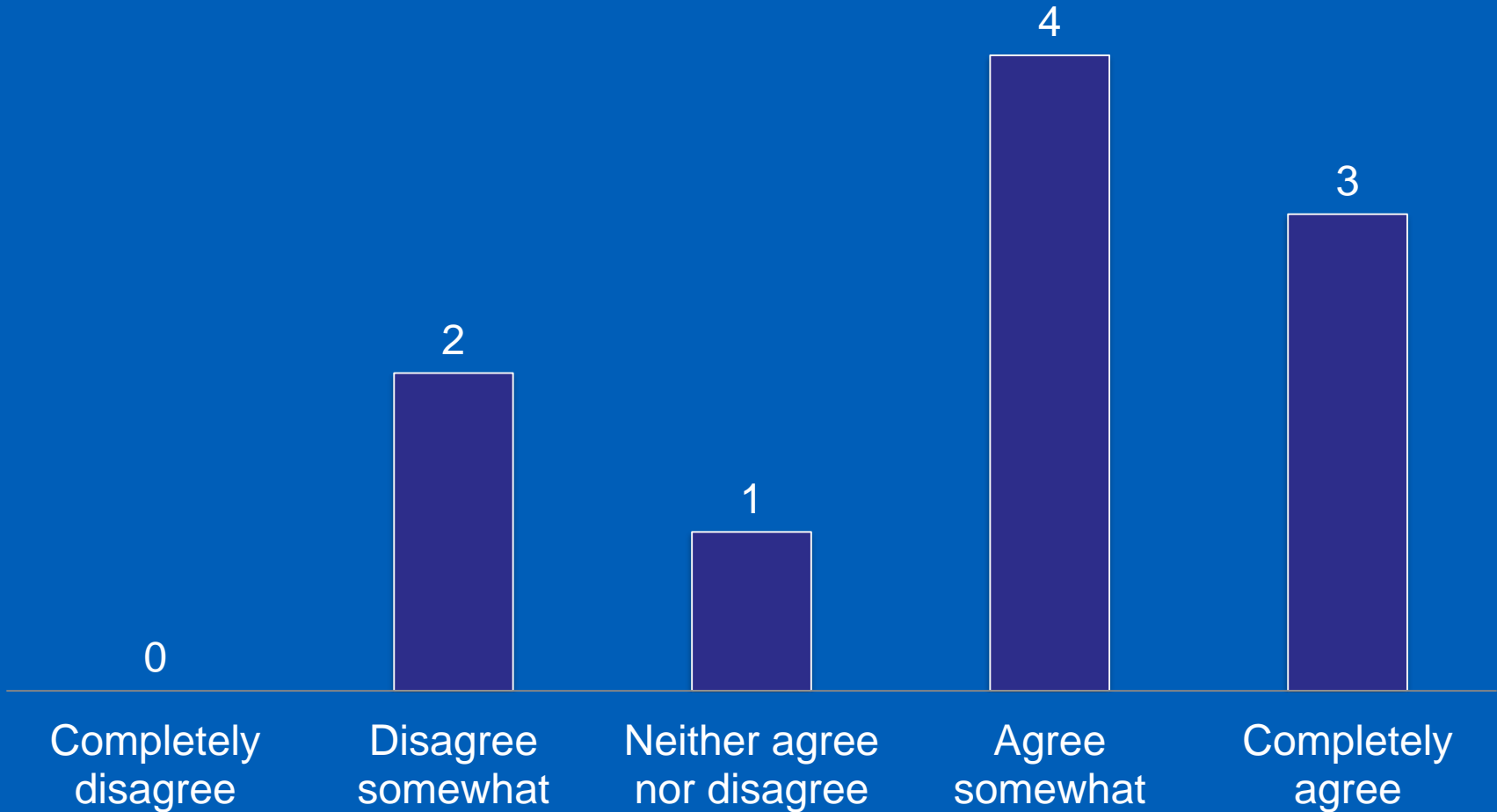
Are you able to tell us your reasons for attending the debriefing session?

- Closure
- Follow up team concerns that had been raised
- Team support
- Had a lot of contact with the patient and their family
- To learn from any issues that came up
- To understand what had happened during patients stay
- Unanswered questions
- Advocate for the need for specialist palliative care nurses in ICU

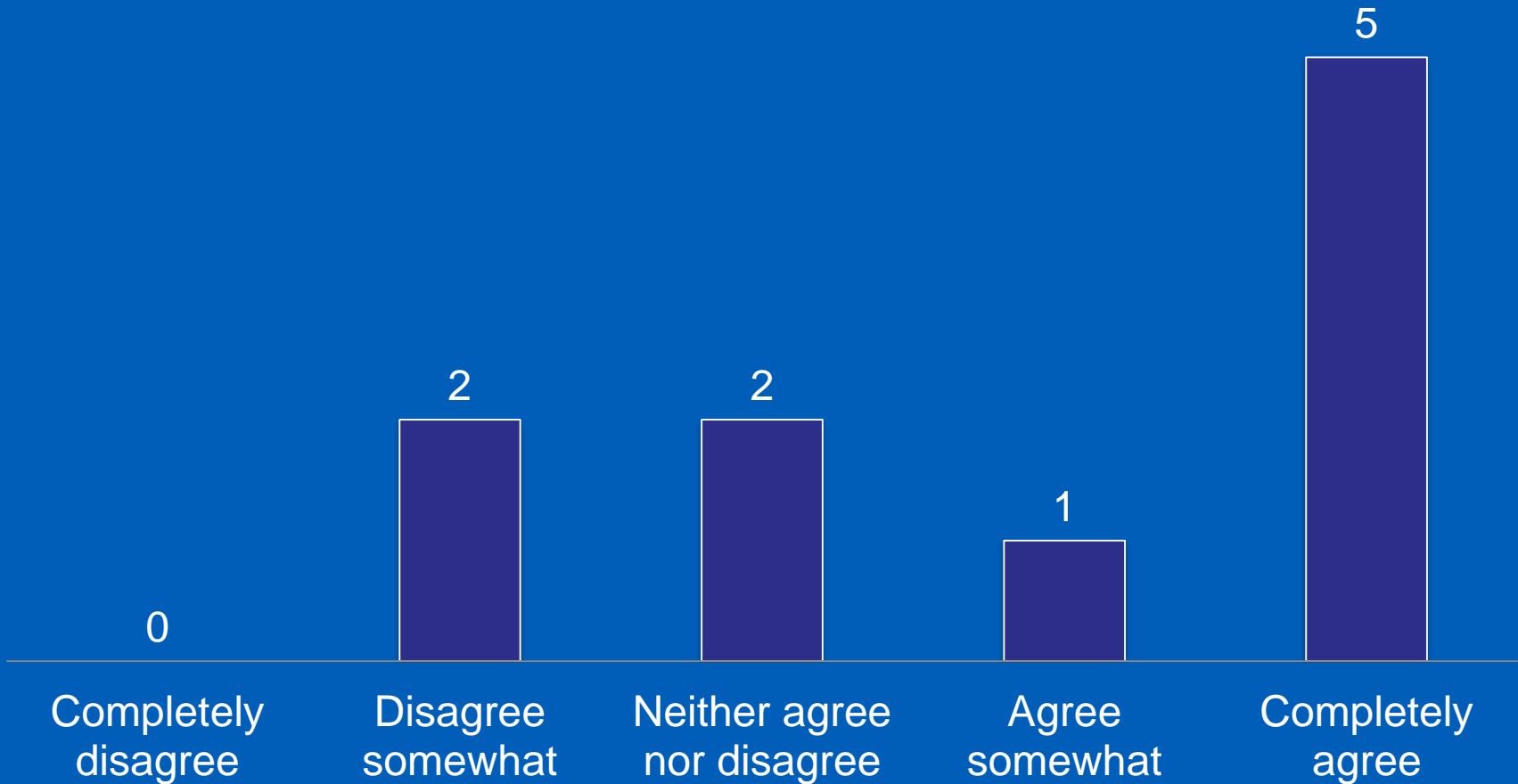
The cases discussed during the debriefs were relevant to my clinical work.



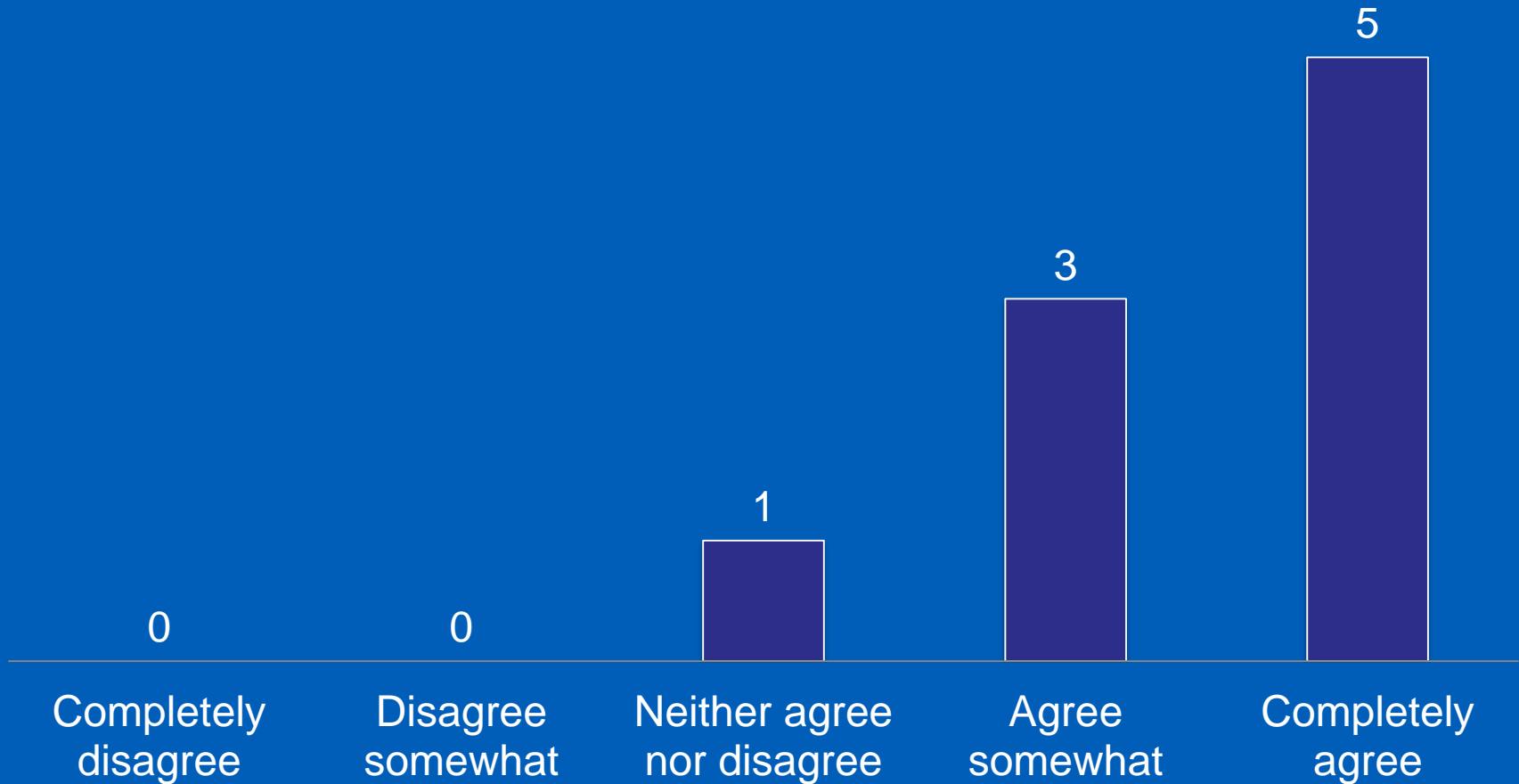
I gained knowledge that will help me to care for my patients



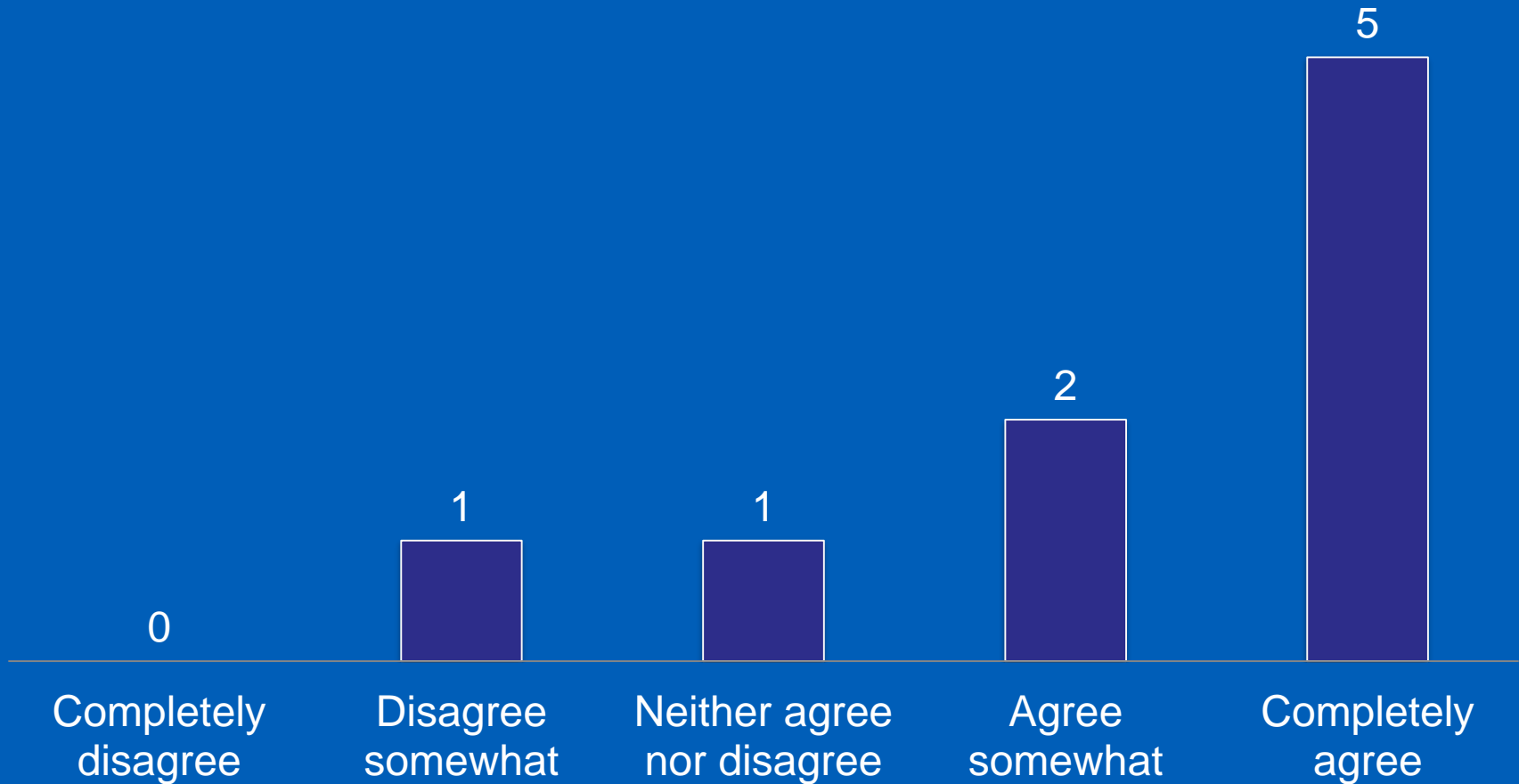
Attending the debrief has helped me work better with my colleagues



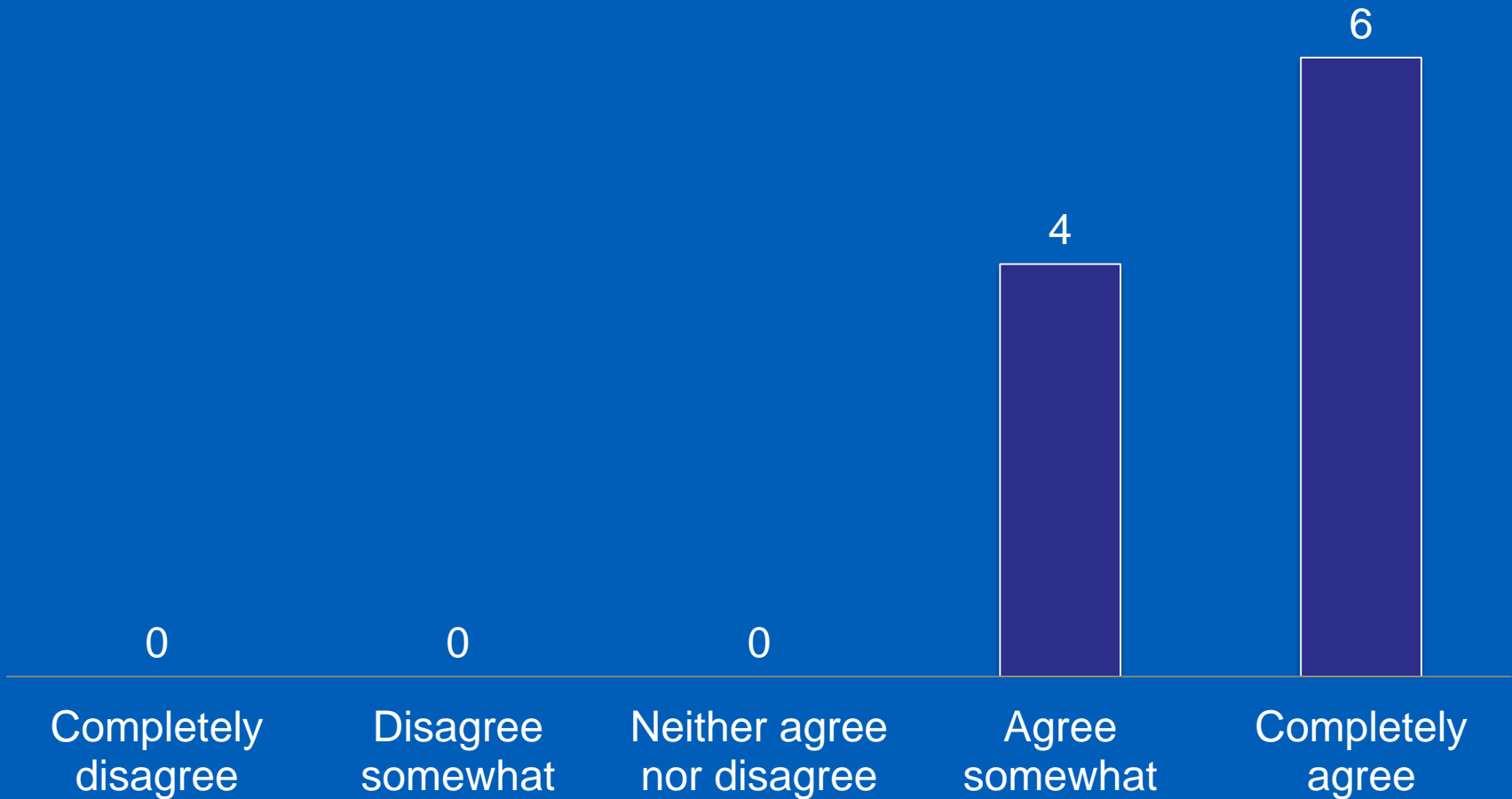
The overview and presentation of the cases were helpful to me.



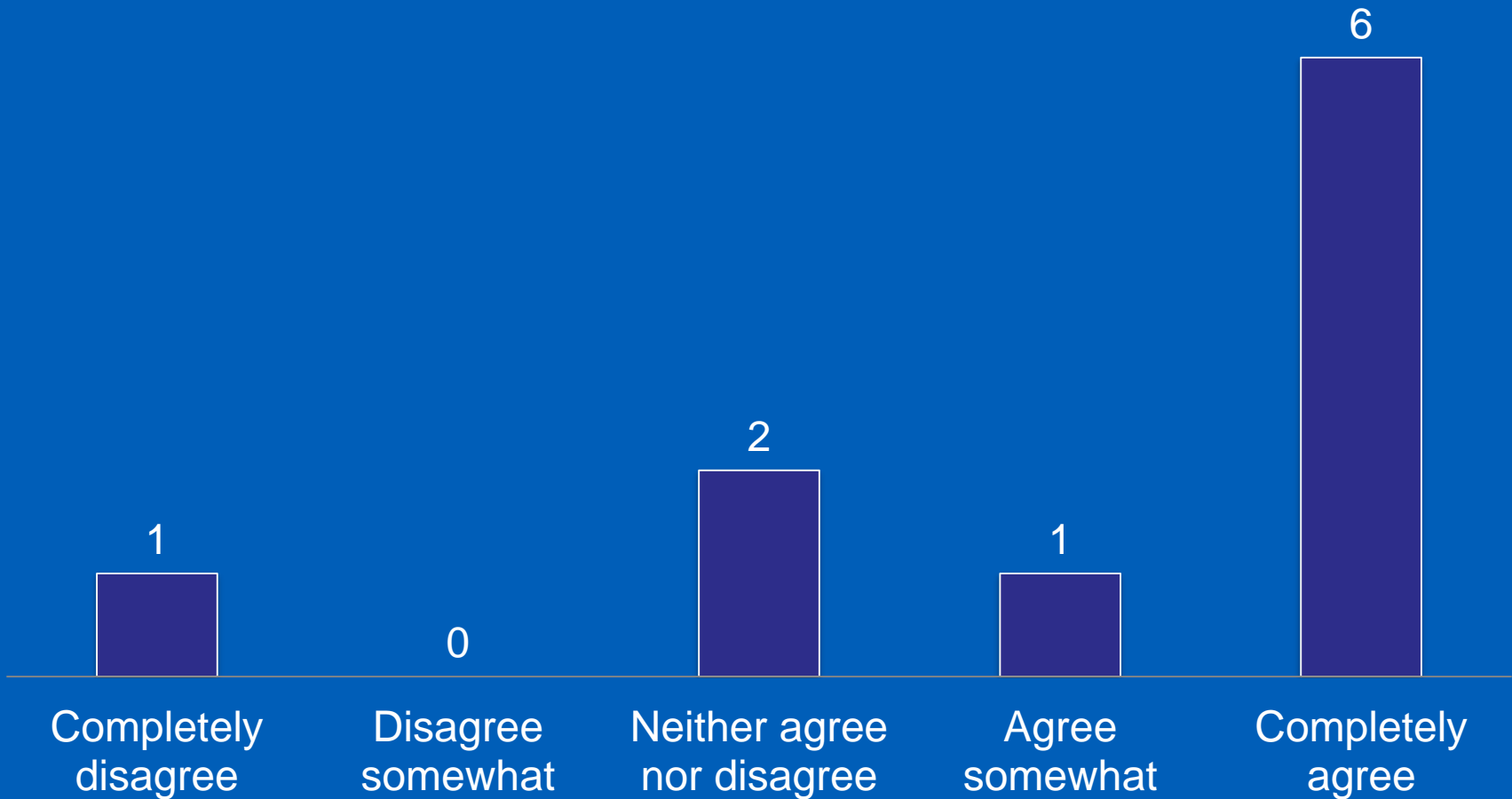
The group discussions have been well facilitated.



I have gained insight into how others think / feel in caring for patients



I plan to attend a 'debrief' again



What were you hoping to get out of the debriefing session?

- I was hoping change mentalities ... to dying in critical care ... need for support from palliative care
- Hoping to get a bit of closure about the death
- Feedback from colleagues to make sure we did everything for the patient
- Help improve team work

What worked well as part of the debrief?

- Discussing the care, having doctors (not just nurses) present, multidisciplinary team attendance
- Supportive team and environment
- Group discussion
- ... gained more knowledge of how we can support families and especially children better.

What worked well as part of the debrief?

- It was good to talk and see other colleagues having emotions over situations. It definitely helps you to support each other.
- Nice to hear the doctors point of view [which individual nurses don't always get to hear]
- I thoroughly enjoyed the debriefs, and would love to come to another one.

What do you think could be done better?

- It turned into a slagging off of the doctors. This was unfair.
- I think maybe there should be a structure to the debrief ... [to manage] opinions and emotions.
- It only works for you if you are willing to contribute
- There were some high emotions and some people took some comments very personally. Had to build relations for these people after

Suggestions for going forward

- Should have debriefs for all long term patients or those for whom care is withdrawn
- Need for defined structure to the debriefs
- To be facilitated by psychologist not clinical team

Actions taken and key messages

- Valuable learning points – need for independent facilitator
- 1:1 discussions with colleagues may be more beneficial
- Provide space for individual reflection not necessarily formal debriefings
- Need for open communication between nursing & medical teams
- Staff have opportunities for 1:1 with Psychological Wellbeing Service

