

# Well-Being Debriefings for Healthcare Workers

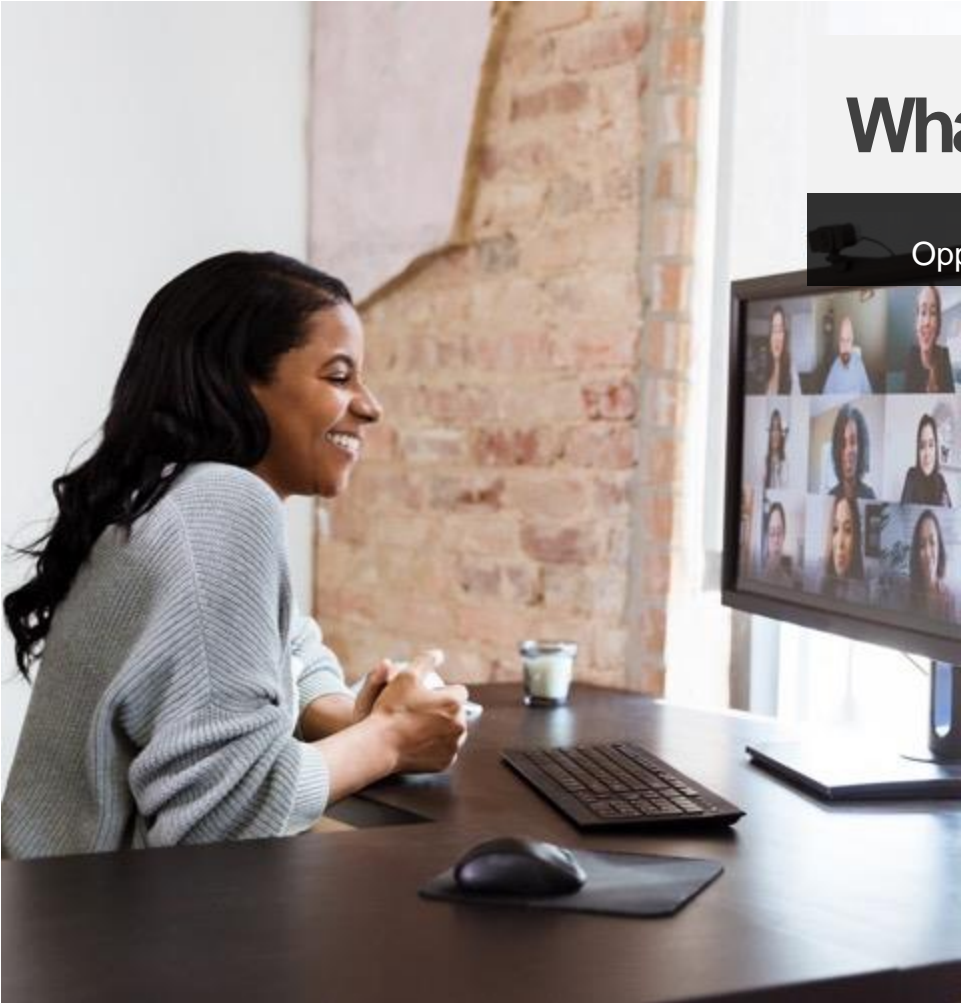
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A photograph of a bright room with large windows and a potted plant. The windows look out onto a lush green garden with trees and a lawn. A wooden table with a cushion is in the foreground, and a large potted plant is on the right side of the frame.

# Take time to reflect and acknowledge.

This work is complex and impacts everyone in some way. We must normalize this experience & learn from each other to be able to do the work for the **long haul**.



# What are Well-Being Debriefings?

Opportunities for collegial support, reflection and understanding.

- Peer-facilitated informal groups
- Structured time for healthcare workers to give voice to the impact of the work on them
- Opportunity to increase social support, reduce isolation, normalize emotional reactions to difficult situations and learn coping strategies from colleagues



# More than a resilience strategy

Ongoing, baked into the culture,  
opportunity & obligation

# Social Support

**“Positive social support**  
can have a buffering  
effect on neurobiological  
mechanisms,  
physiological stress  
responses, **help with**  
**mental and physical**  
**health.”**

Southwick. Why are some individuals more resilient than others:  
the role of social support. World Psych. 2016



Intentionally and deliberately  
creating a community of support

Harvard  
Business  
Review



Beating  
Team Burnout

## Beating Team Burnout

A five-week newsletter series for managers

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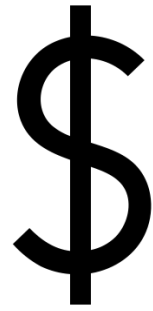
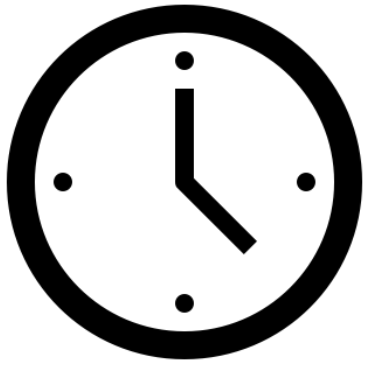


# Underlying Goals

- Build self awareness
- Identify self-care strategies
- Improve team communication
- Increase team support
- Identify barriers
- Identify solutions
- Provide opportunity to grieve
- Encourage finding meaning
- Model support and communication techniques
- Identify symptoms of burnout and secondary trauma (education)
- Learn self-reflection skills
- Create, develop and nurture supportive culture

# Healthcare Debriefings Are Not...

- Critical Incident Debriefings
- Psychotherapy support groups
- Related to simulation activity for students
- Crisis intervention
- Trauma care



→ Sounds like a good idea, where will anyone find the time to organize, or attend?



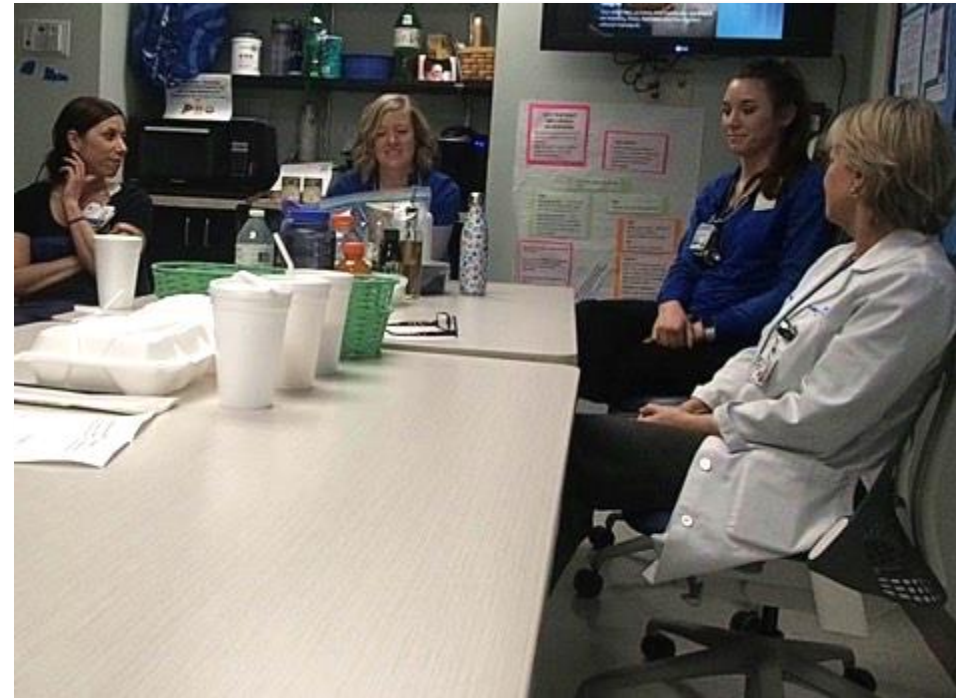
## Well-Being Debriefings

Healthcare workers are really busy!



# Structure of Well-Being Debriefs

**What they look like**



# Structure

## Types

- Virtual
- In-person

## Frequency

- Regularly scheduled, monthly, bi-weekly, etc.
- In-the-moment, as response to situation
- For specific situation

## Content

- Open topic
- Defined topic (i.e. grief, moral distress, etc.)
- Situational (i.e. case, meeting, etc.)

# Who Will Attend the Debriefs: What Fits Your Culture?

## → By Profession

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→ Nurses, MD's, CM's, SW,  
NP, PA, RT, PT, etc.

## → By Unit/Clinic/Agency

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→ Nurses on unit/team/clinic  
→ IDT members  
→ Any specialty

## → By Department

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→ Hospice home team  
→ Palliative care  
→ Case management

## On-the-fly, in the moment

- ✓ Every fourth Thursday at noon
- ✓ Twice a month for each shift
- ✓ After staff meeting



- ✓ During lunch
- ✓ Twice a month for each shift
- ✓ Off campus monthly



Virtual, regularly  
scheduled  
with/without topic

- ✓ For 5 minutes after a code
- ✓ After a challenging family meeting
- ✓ Team is distressed

*(Works well when the peer-facilitator is on site/unit).*



In person, scheduled  
with/without topic

# Virtual Debriefings



Pro: Many can attend; bridging professions; arrange quickly; may feel “less exposed”

Con: Not as nimble a format to offer support to each other (non verbals, etc.); may not feel as “connected”

They Work.





# Logistics & Launch

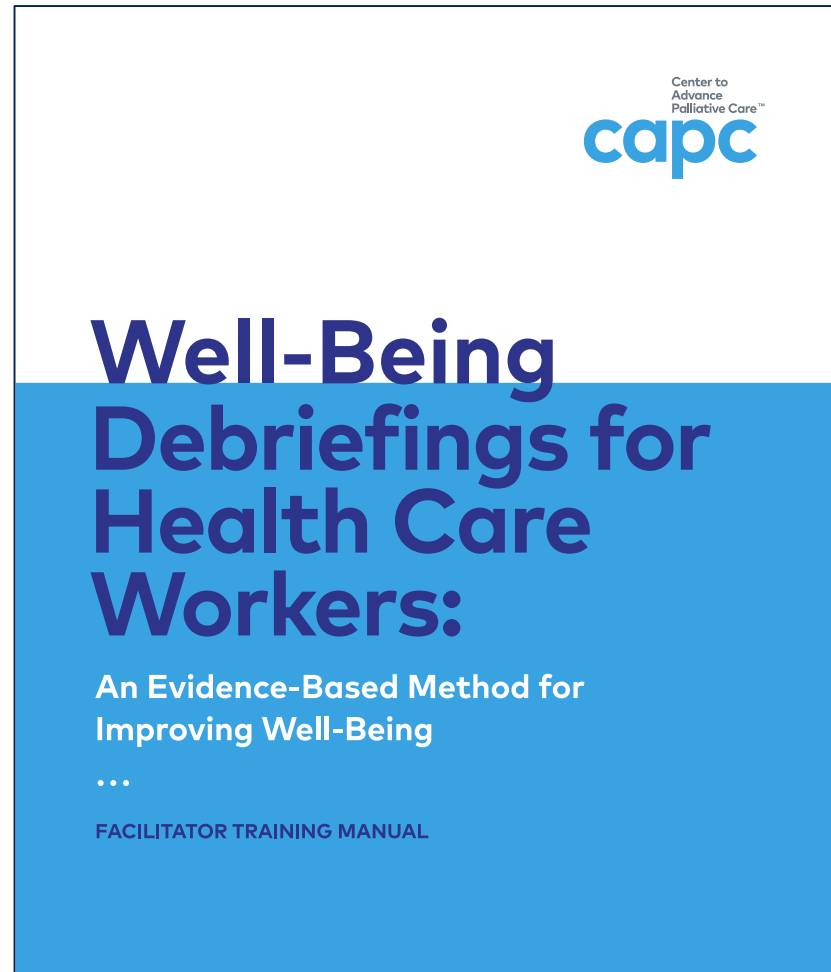
Planning a successful Well-Being Debriefing Program

## Getting Started Steps:

1. Stakeholder support
2. Identify group of healthcare workers
3. Be clear on purpose and goals



# The Manual



## THE BUSINESS CASE FOR A COMPREHENSIVE ORGANIZATIONAL HEALTH & WORKPLACE WELLNESS PROGRAM

### WORKPLACE STRESS CONSEQUENCES

When we consider the economic and social burden of workplace stress, the costs are staggering. A decade of research has demonstrated a pervasive set of negative effects – on productivity, organizational culture, recruitment and retention, and presenteeism. All these arise from the impact of stress on individuals, which has profound effects on performance, health, behaviors and interpersonal abilities.

Levels of workplace stress have been increasing over the past decade and are expected to continue to escalate – along with the negative effects. It is critical that organizations approach the issue as a central operational concern.

There is already a strong business case for addressing workplace stress and research consistently demonstrates a return of \$2.00 to \$5.00 for every dollar invested in comprehensive population based wellness programs.

## Making the Case

Quick facts and data to support organizations investing in staff wellness.



# Get everyone on the bus!

No better or more important time



# Peer Facilitation

Why? Who? How?



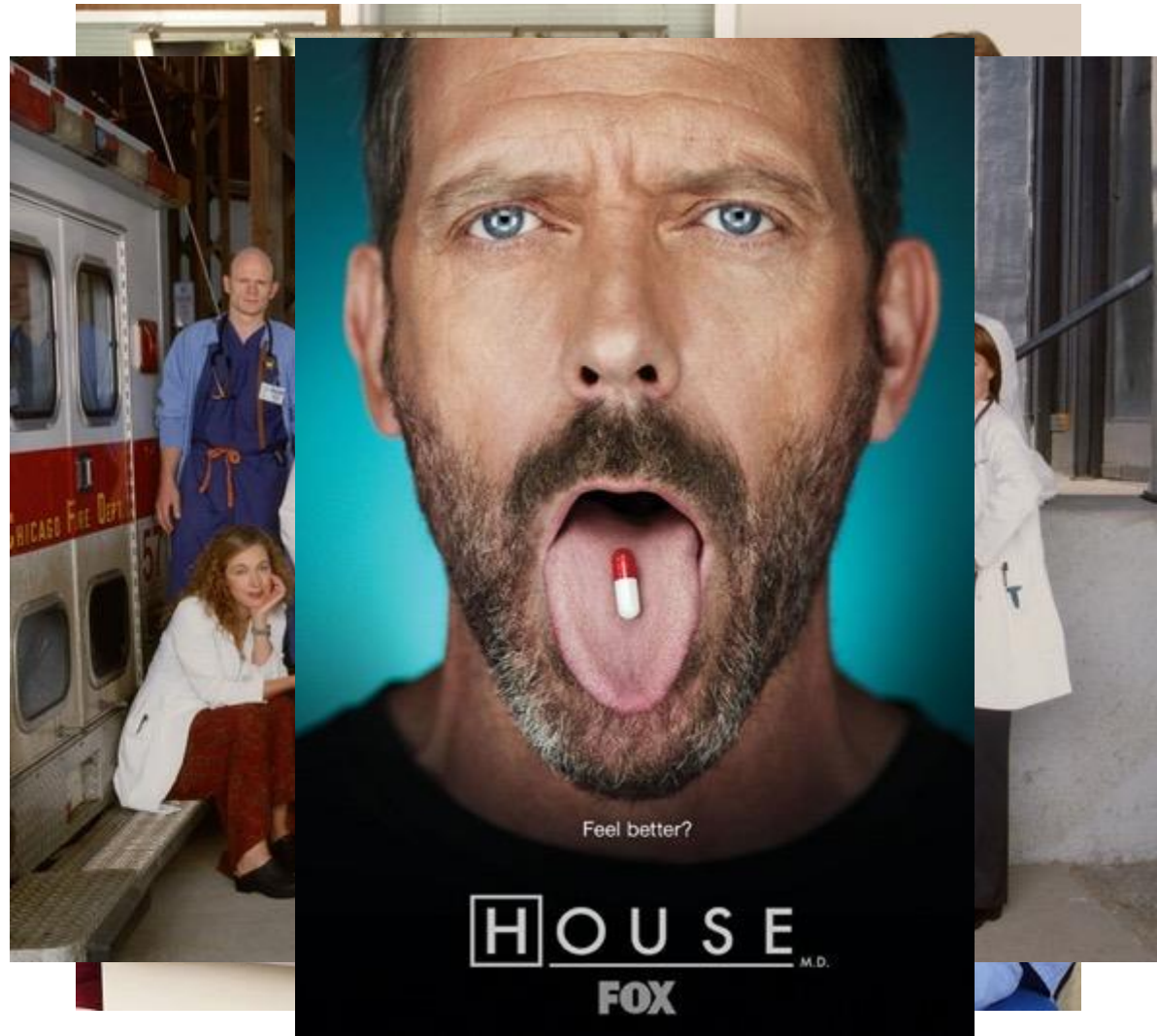
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# Why Facilitated?



# Who Are Facilitators?

- Clinical Social Workers
- Nurse Practitioners
- PAs
- Clinical Nurse Specialists
- Chaplains
- Fellowship members
- Attendings





# Key Attributes

- \* They understand the medical setting/system
- \* Know the staff, a familiar face
- \* Engender trust
- \* NOT in a managerial/supervisory position to any attendees
- \* Strong emotional intelligence (i.e. able to use insight into their own reactions)

# Facilitator Skills and Responsibilities

- Recognize limitations of the group (not therapy)
- Set realistic goals for the group
- Normalize reactions and emotions
- Encourage participation
- Encourage peer support
- Redirect away from complaining (“What CAN we do?”)
- Listen for themes (summarize at the end)
- Keep your ears open for distress



**Not here to fix it.**

You will want to.

# The Debrief

## Details



# Start: Opening the Meeting

Open the meeting with a clear expectation and time frame:

“This meeting is an opportunity to give voice to the difficult nature of the work you do everyday.

Everything we say here is confidential. We will end the meeting at \_\_\_\_.”

# When You Open the Meeting...

You may say something like:

“We are going to get started now.

I hope you will feel comfortable talking about how this difficult work impacts you, and how you deal with that.

We can learn from each other.”



# Openers That Help Set Boundaries

“The purpose of these debriefings is to give you a chance to give voice to the difficult nature of this work.”

“How have things been going for all of you?”

“Have you had some difficult cases lately?”

# Group Begins

- ✓ Sit quietly
- ✓ Be present
- ✓ Look around for reactions, “read the room/zoom”
- ✓ Allow for silence
- ✓ Offer reflection, your own experience if appropriate
- ✓ Praise their ability to support each other
- ✓ Use first names for everyone (equalize)

# Keep Things on Track

As group gets going, facilitate reflection to keep things on track.

Use **basic reflection** techniques to empower group members to add their own experience.

*This helps to normalize emotions and encourages support of each other.*

# Reflection Techniques

Invite participants to reflect:

“Have others had similar experiences or reactions?”

“What did YOU do?”

## Redirecting & modeling, normalizing as the facilitator

“Sue just mentioned she doesn’t talk with her husband about work. What do others of you do?”

”I know that I have trouble talking with my spouse about work; he says it’s just too sad. What do others do?”

“I think it’s pretty normal to feel that way. I know I have.”

# Be Careful

Easy to want to add your own experience.

Be careful and aware of using your experience to open discussion not to focus on you or your own need to debrief.



# Facilitator Techniques

Invite solutions:

“What did you do that helped? Anything?”

*(Acknowledging that sometimes nothing helps)*

“Who do you talk to? Each other? Spouses?”

# What If....

... no one says anything:

You can use a recent experience to get the conversation started:

“Yesterday, I experienced some serious distress when I spoke with a patient and they were so sad. I felt helpless, it was overwhelming for me.”

Steering, not  
leading, the  
conversation.  
Keeping on  
track.

**Enable  
reflective  
comments**

**Modeling**

**“You mentioned that sometimes the only way to deal with this is to compartmentalize everything. Can you tell me more about what you mean, or an example?”**

One strategy is re-directing the conversation, gently;

***“Wow, thanks so much for sharing that story. I’m wondering if others here have stories they’d like to share as well?”***

Or, you may need to be a bit more direct,

**“Thanks, Cheryl, for your insight. I’m going to switch gears a bit and ask if there are others who want to tell us about how they cope with this work.”**

**Providing  
guidance, when  
needed**

**Foster reflection**

# Checking in During Meeting

- **“What was it like for you?”** *(getting more detail to further discussion)*
- **“What surprised you?”**
- **“How did others feel?”** *(getting validation from others, social support)*
- **“Who supports you?”**

## Purpose:

- Opportunity to voice distress
- Get validation from peers and mentors
- Reduce intensity of emotion
- Re-focus for next tasks

# Ending Debrief

“We have about 5 minutes left.”

“You talked about a lot of important things today, including how critical it is to have peers to talk to about stuff...”

“I really appreciate you being so open today, we learn a lot from each other, together.”

## Opening & closing

Setting expectations provides safety & predictability.

# Tips

- Someone interrupting
- Cutting others off
- Finding systemic issues
- Emotionally provocative
- “I want to make sure everyone has an opportunity to join in.”
- “Could you repeat what you were saying?”
- “Is that something that can be brought to leadership, or perhaps a QI project?”
- Provide closure to the meeting

Sitting with discomfort, tolerating ambivalence

# Next Time: April 1, 2021 (no kidding!)

- Review of the peer facilitator role
  - Finding & training facilitators
- Practicing opening a Debrief
- Practicing managing difficult situations (i.e. someone gets emotional; overruns the debrief; silence)
- Support for the Facilitator
- Maintaining momentum ideas



# Homework

Engage people at work about starting debriefings.



# Evidence

- Shanafelt, 2020 – **Need unambiguous support from institution**
- Whitehead; Hamric; Epstein; Rathert: **Helps moral distress** in nursing
- Back: **Helps with resilience of PC providers**
- Southwick: **Role of social support**
- Perez: **Role of shared experiences**
- Browning: **improves patient care; team collaboration**
- Meier: **Conscious awareness helps protect patients**
- Leff: Impacts **house staff**
- Hough: **Death rounds for docs**
- Wallace: **Pandemic – need to be heard & understood**
- Perez: **Palliative Care providers**
- Sanso: **Palliative care docs**

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