

Healthcare Debriefings

A sustainability strategy for
staff and clinicians in
healthcare



Center to
Advance
Palliative Care™

capc

Training: Today

Understanding Purpose & Goals

Getting Buy-In for program

→ Set expectations clearly.

Choosing structure for your culture

Challenges: i.e. scheduling



Group dynamics

Communication Strategies

→ Opening; closing; redirecting

Facilitator Training

Problem Solving

Part Two: Tuesday, July 22 1:30 (est)

Patient Safety Matters



Studies show that higher levels of **emotional exhaustion** and **depersonalization** are associated with **lower quality of care** and **patient safety incidents**.

Long shifts, lack of sleep, and high workload contribute to **fatigue**, reducing attention to detail, memory, and decision-making — all critical for safe care.

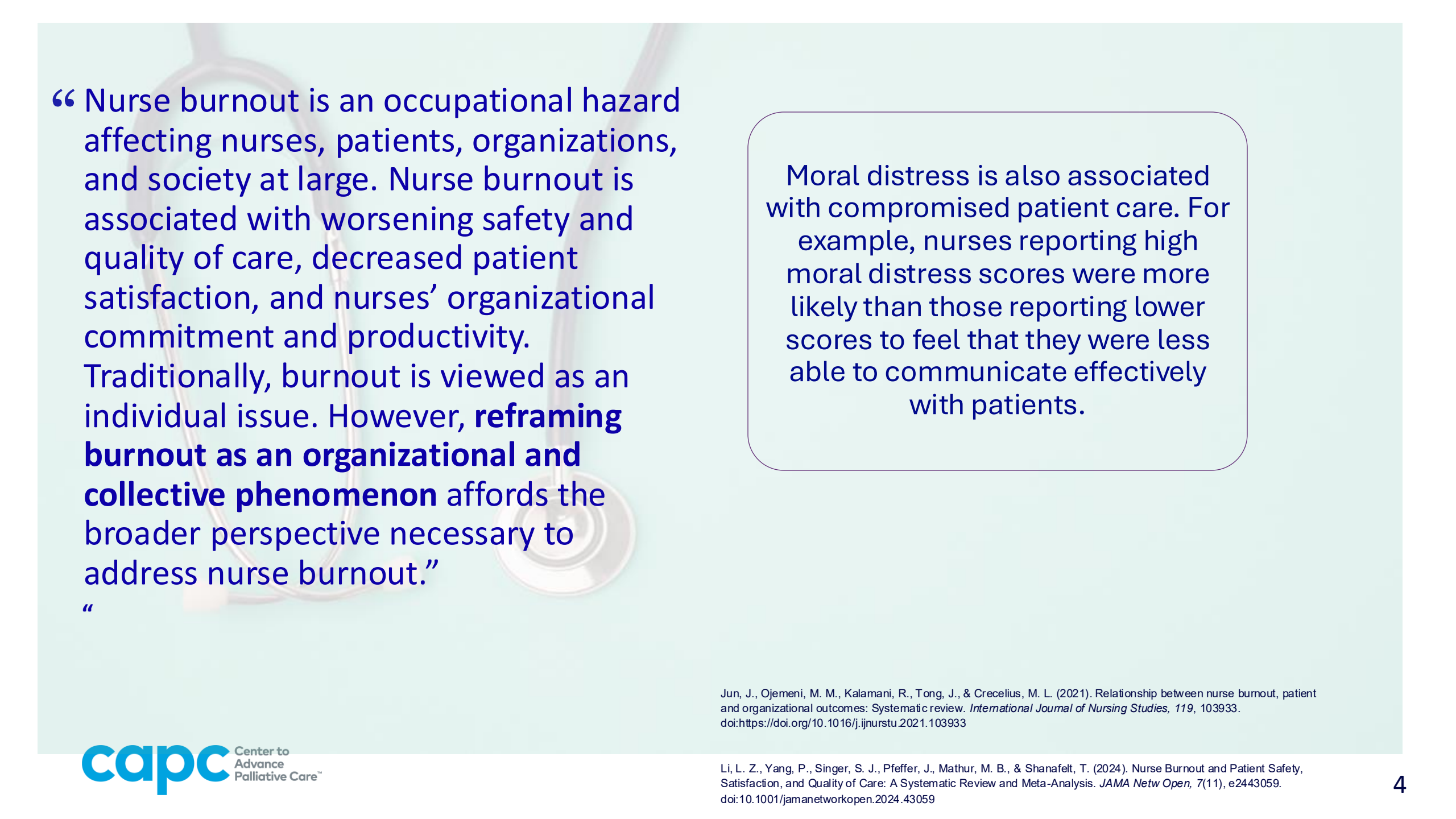
Fatigued clinicians may **miss early signs of patient deterioration** or **skip safety protocols**.

Burnout often leads to withdrawal or irritability, which can affect **interprofessional communication**.

Poor teamwork increases the risk of **handoff errors, misunderstandings, and missed information** — major causes of preventable harm.

Unwell clinicians may disengage from institutional efforts around **quality improvement** and **reporting safety issues**.

This weakens the overall **safety culture**, as fewer staff feel empowered or energized to speak up about concerns.



“ Nurse burnout is an occupational hazard affecting nurses, patients, organizations, and society at large. Nurse burnout is associated with worsening safety and quality of care, decreased patient satisfaction, and nurses’ organizational commitment and productivity. Traditionally, burnout is viewed as an individual issue. However, **reframing burnout as an organizational and collective phenomenon** affords the broader perspective necessary to address nurse burnout.”
“

Moral distress is also associated with compromised patient care. For example, nurses reporting high moral distress scores were more likely than those reporting lower scores to feel that they were less able to communicate effectively with patients.

Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelesius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *International Journal of Nursing Studies*, 119, 103933. doi:<https://doi.org/10.1016/j.ijnurstu.2021.103933>

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse Burnout and Patient Safety, Satisfaction, and Quality of Care: A Systematic Review and Meta-Analysis. *JAMA Netw Open*, 7(11), e2443059. doi:10.1001/jamanetworkopen.2024.43059




“Ongoing organizational support and intervention can reduce compassion fatigue and foster compassion satisfaction among pediatric oncology nurses”.

Macintyre, 2022

Organizational Sustainability Strategy

“**Clinician burnout and retention** were found to be complex and multifaceted organizational and individual issues, which most importantly evolved from accumulative exposure to specialty-specific stressors. Interventions to prevent clinician burnout and improve staff retention, therefore, need to comprise individual **and organizational level strategies specific to the healthcare context.**”

A healthcare professional in teal scrubs is shown in profile, listening intently with her hand on her chin. In the background, another healthcare professional in a white lab coat is visible, and a man in teal scrubs is partially visible on the right. The setting appears to be a meeting or a collaborative workspace.

Healthcare Provider Debriefings

Foundations & Organization

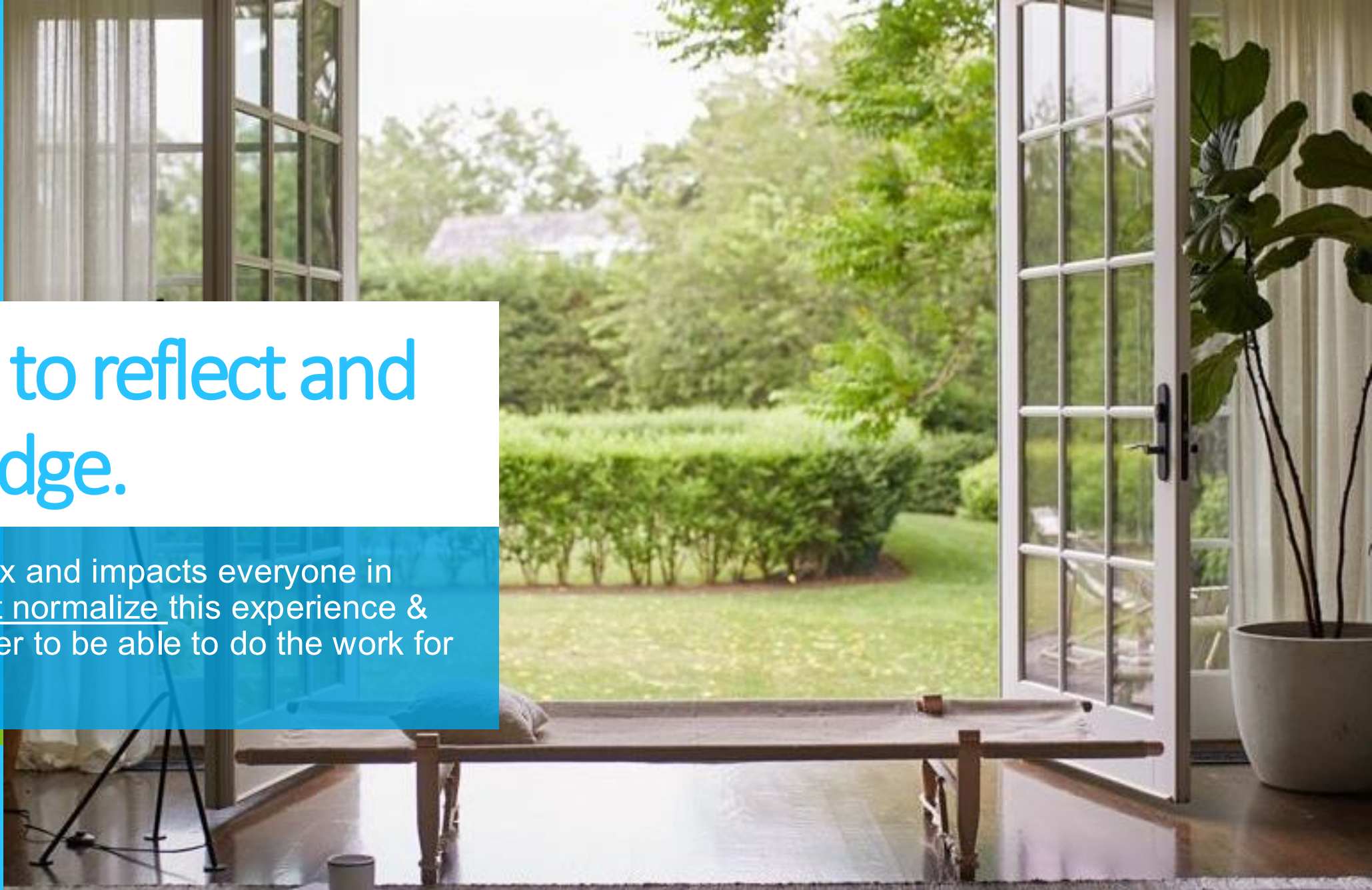
A photograph of a modern meeting room. In the foreground, there is a long, dark wooden conference table surrounded by several black chairs with a white grid-patterned backrest. The room has large, multi-paned windows in the background, letting in natural light. The walls are made of light-colored stone or concrete blocks. A small, dark rectangular object, possibly a microwave or a small refrigerator, is visible on a counter in the background.

Foundation of Healthcare Debriefings

- Peer-Facilitated informal groups for healthcare workers.
- Structured & protected time (i.e. 1x month) for healthcare workers to give voice to the impact of the work on them.
- Ongoing opportunity to increase social support, reduce isolation, normalize emotional reactions to difficult situations and learn coping strategies from colleagues.

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**.



Peer Facilitation

•Who

- Ideally, someone who is familiar with the hospital setting: perhaps a clinician such as
 - Nurse
 - Social worker
 - Doctor
 - Chaplain
 - NP
 - Fellow

•Why

- To provide safety and structure for the meeting and;
 - Start/end meeting
 - Set expectations
 - Remind of purpose
 - Steer when necessary

“

... attributes part of the program's success to nurses having an opportunity to bond with peers, share experiences and feel less isolated.

Since launching the group mentoring, nurse retention rate has **risen to 97%**

Beckers Healthcare. Jan. 22, 2025

The screenshot shows a webpage header for 'Behavioral Health Summit' on June 19, 2025, at the Swissotel Chicago, with a 'REGISTER HERE' button. Below the header is a navigation bar with links: Newsletters, Events, Virtual Events, Webinars, Partner Content, Podcasts, Lists, and Print. A secondary navigation bar includes links for Infection Control, Patient Safety & Outcomes, Public Health, and Nursing. The main content area features the article title 'Intermountain hospital boosts nurse retention to 97% with group mentoring' and the byline 'Mariah Taylor (Email) - Updated Wednesday, January 22nd, 2025'.

BECKER'S
CLINICAL LEADERSHIP

Role of Social Support

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

Intentionally and deliberately creating a community of support.



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

Quick Reminder: Healthcare Debriefings Are Not...

- **Critical Incident Debriefings** — meant for a specific incident, event, occurrence that needs immediate attention.
- **Psychotherapy support groups** — feel free to refer to your EAP.
- **Crisis intervention** — Not meant to provide psychological first aid, secondary trauma assistance.
- **Trauma care** — see above. Refer to ER.



Purpose

→ Goals

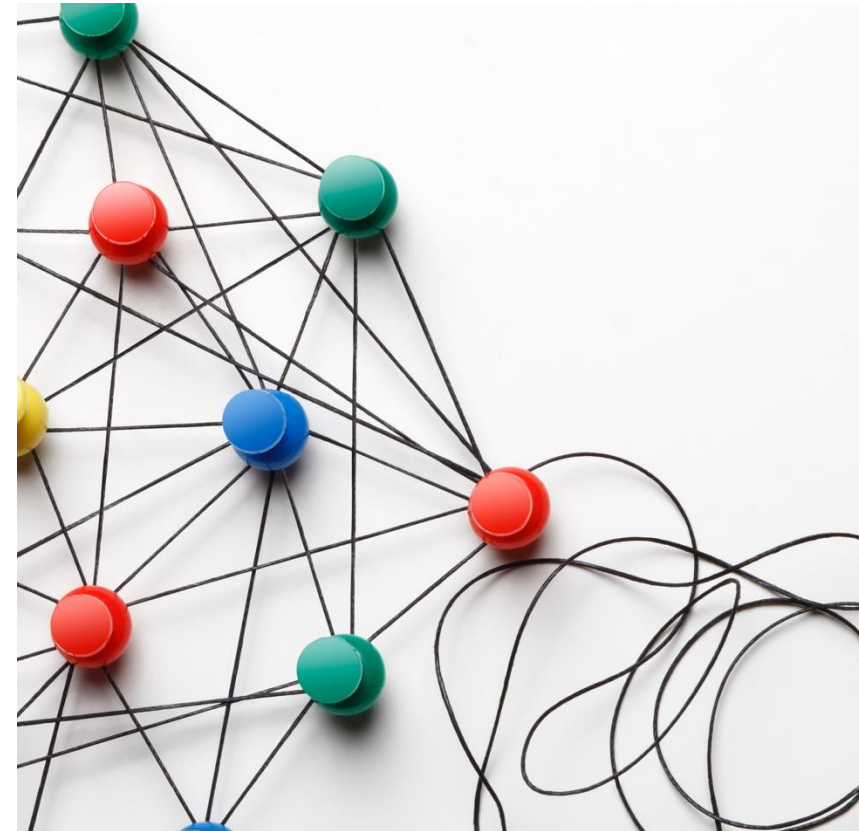
Validation

Normalization

Community Support

Structured Reflection

Connection



Structural Overview: Key ingredients to success



- Environment is safe and structured (i.e. planned, predictable)
- Involves emotional expression
- Provides validation
- Provides opportunity for meaning making
- Involves all healthcare professions
- Strengthens self awareness - sustainability

Organizational Opportunity



Debriefings are opportunities for **agencies & institutions to support their staff**, add to a culture of caring & sustainability.

VIEWPOINT

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Opinion Viewpoint

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email, suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Health care professionals indicate they appreciate leaders visiting hospital units that are caring for patients with COVID-19 regularly to provide reassurance. They do not expect leaders to have all the answers, but need to know that capable people are deployed and working to rapidly address their concerns. Leaders should ask team members for their input and listen to their concerns.

Health care professionals do not expect leaders to provide everything asked for, but having them ask, listen, and acknowledge requests is appreciated. Health care professionals also want to have confidence that their voice and expertise are a part of the conversation as organizations develop their emergency preparedness plans to respond to the pandemic.

Health care professionals are often self-reliant and many do not ask for help. This trait may not serve them well in a time of burgeoning workload, redeployment outside of a clinician's area of clinical expertise, and dealing with a disease they have not previously encountered. Leaders should encourage team members to ask for help when they need it and provide support for their needs.

each other. Leaders should ensure that no one feels they must make difficult decisions alone. Health care professionals should also feel empowered to defer less important and time-sensitive activities.

The importance of simple and genuine expressions of gratitude for the commitment of health care professionals and their willingness to put themselves in harm's way for patients and colleagues cannot be overstated. A final overarching request of health care workers—often implicitly recognized—is “honor me.” The genuine expression of gratitude is powerful. It honors and thereby could serve to reinforce the decision of health care workers who risk their lives to help patients and deal with this deadly disease. Reinforcing health care professionals’ decision helps them overcome empathetic distress and fear to provide care under extraordinarily difficult clinical circumstances even when they are overwhelmed. Organizations need not and should not outsource gratitude entirely to the public. This process starts with leaders. Gratitude from leaders rings hollow if not coupled with support, protection, prepare, support, and care for health care professionals in this challenging time.

“...need to be unambiguously supported”

“Health Care professionals are often self-reliant and many do not ask for help.”

Who can benefit from Debriefings?

→ Everyone.



Physicians

Nurses

Med Students

Fellows

Case Managers

Child Life Specialists

Respiratory Therapists

Unit Staff

Chaplains

Psychiatrists

Management

Getting Buy-In



It's about the relationship

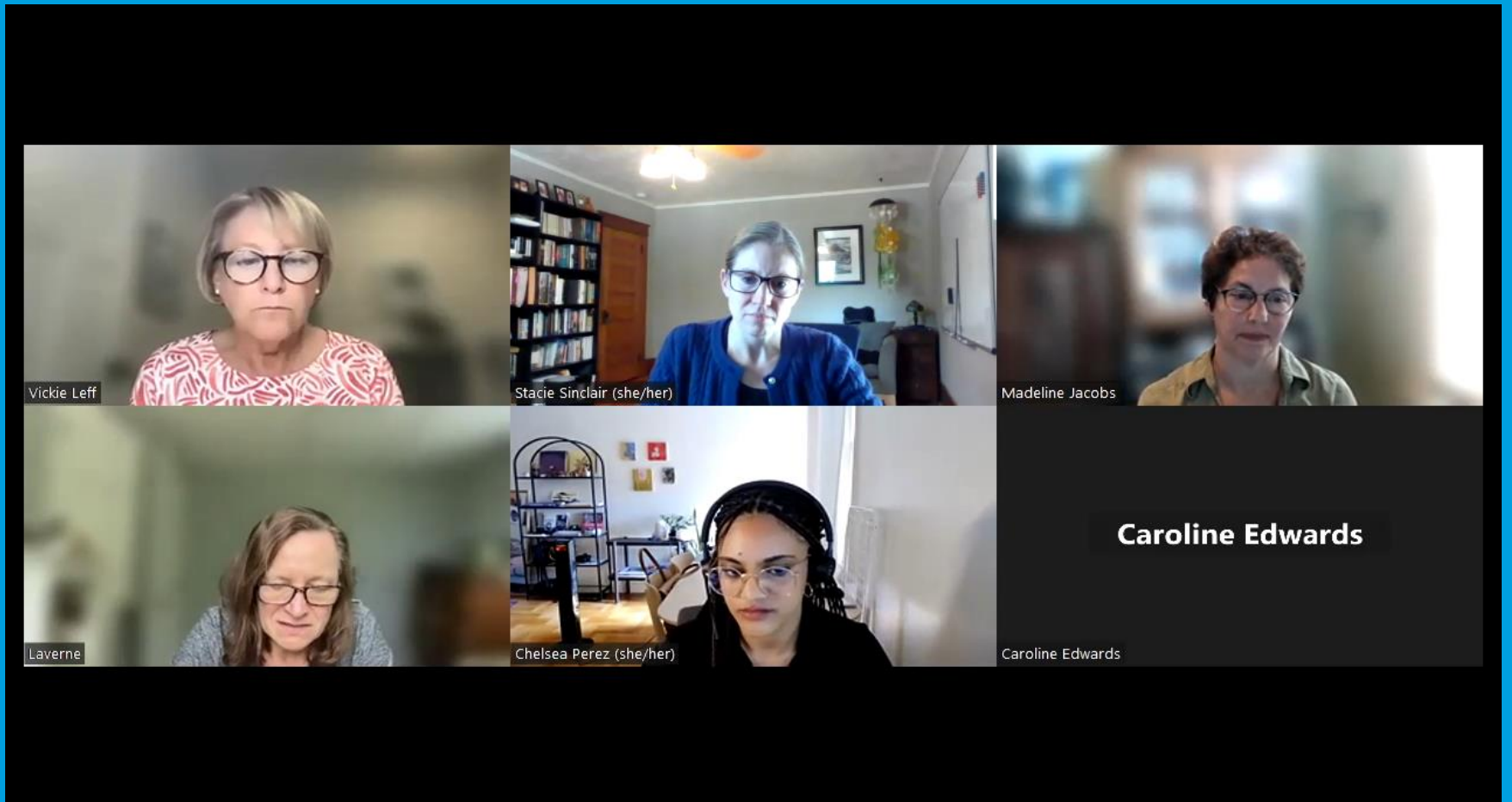
- Address financial issue of turnover
- Find champion on several units
- Provide the evidence
- Propose as a Pilot Project (6 mos)
- Propose as a QI
- Show data
- Set expectations realistically
- Synergistic with other well-being programs

Anticipating Resistance

- We don't have time
- Can't bill for these
- If I start talking about this, I'll crumble
- I have to maintain professional self
- I went to the Resilience Workshop, I get it.
- I don't want to share



Brief Clip from sample Debrief



Blueprint & Structure of debriefs

Type, frequency, content and more.



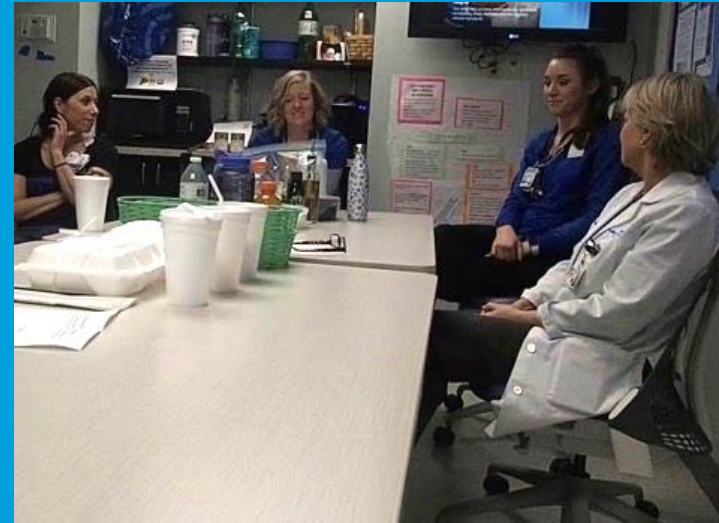
Scheduled, Ongoing Wellbeing Debriefings: Decisions

- Who will facilitate
- How often
- When starting
- Schedule coverage
- Location

Step Two: Structure of Debriefs

What they look can like: Suggestions

- 3-10 people (in person/zoom)
- 30-50. min (usually no less than 20 min)
- Weekly; monthly; separate or part of staff meeting, IDT (i.e. every Friday) etc.
- Open or topic focused? (be flexible)



Virtual debriefings



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

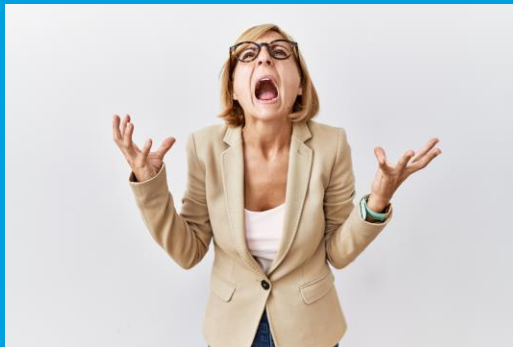
Con: not as nimble format to offer support to each other (non verbals, etc.), may not feel as “connected”.

They Work.

Step One: Who & When

Who are your participants?

- Limited to a category (i.e. nurses)?
- What binds them together?
- What are the natural groupings?
- Dig where the ground is soft (i.e. don't work to change the culture putting groups together that may be challenging, at first).



When will you meet?

- Ask.
- Get leadership approval.
- Make the space.
 - Remind of cost effectiveness.
 - Reduces turnover.
 - Obligation: tend to staff. (*i.e. moral community. Epstein, 2020*)

Who will attend the debriefs : what fits your culture?

•By Profession

- Nurses, MD's, CM's, SW, NP, PA, RT, PT, Managers

•By Unit/Clinic/Agency

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

•By Department

- Oncology team; Cardiology
- Staff meetings
- Clinic meetings

Scheduled; Ongoing

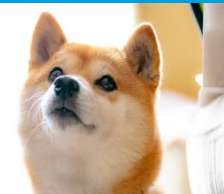
Planning Advantages

- Provides predictability for staff.
- Can accommodate a variety of schedules.
- Creates a culture of value & caring; “The institution supports our taking time to do this”.
- Normalizes the structure and process.

Challenges

- Finding best time for most people to attend.
- Explaining the purpose clearly.
- Demystifying group meetings (*i.e. it's not like a committee meeting!*).
- Deciding who to invite, the makeup of the group.
- Keeping the momentum going between debriefings.

Can you provide covering staff during debriefings?
Can you pay staff for attending (off-duty)
Can you provide food?



Suggestions for Themes



- Moral Distress
- Empathic strain
- Grief & Loss

- ✓ 5 minutes overview
- ✓ Prompt Questions for group
- ✓ Available resources/articles

Challenges/Push Back

Which of the following might you anticipate as responses to presenting the program?

1. No Time
2. No Money
3. Won't work
4. Already have well-being programs
5. Too busy
6. Other

Logistical challenges

- We don't have time
- People won't attend off hours/shift change
- Too emotionally threatening
- Talking won't help
- We already have an EAP, people can ask for help
- Docs will want another doc to facilitate
- Managers will want to know the content
- Just too busy

Peer Facilitation

Why? Who? How?



The facilitator role

- Creating a safe/neutral environment for participants.
- Help to maintain boundaries within the group meeting.
- Identify opportunities for reflection, emotional & cognitive.
- Provide redirection if needed.
- Normalize reactions.
- Open and close the meeting.

Key Attributes



- 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)

Choosing a Facilitator: Ideally

- Someone who is familiar with the culture of the group;
- Has facilitation experience (running a group, committee, etc.);
- Not in a managerial role to the participants;
- Has good boundaries;
- Can commit to the time.



**Not here to
fix it.**

You will want to.

How/What Debriefings impact

Dealing with these reactions

- Isolation
- Feeling overwhelmed and stressed
- Morally distressed, conflicted (i.e. cure focus)
- Frustrated
- Grief
- Empathy strain
- Emotional exhaustion
- Depersonalization

Provides opportunity

- ✓ Social support among colleagues
- ✓ Normalization of reactions
- ✓ Learn from each other: What works & what doesn't
- ✓ Build a culture of caring (organization supports takes time).
- ✓ Encourages self-awareness leading to improved coping and understanding.

The Facilitator: Their Role?



Not the Therapist

Not the Fixer

Not a Participant

Not the Manager/Supervisor



**Creating a safe/neutral environment
for participants.**

**Establish expectations including
confidentiality, respect of all ideas – setting
the tone & expectations.**

What do facilitators do?

- Guide
- Driver
- Safety Patrol
- Model
- Normalizer
- Verifier
- Able to be PRESENT
- Witness
- Teachable skills
- Facilitator will need support also
- Belief in the structure and goals
- No hidden agendas (perceived or real)

**Help to maintain boundaries within
the group meeting.**



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 ears open for distress (that may need attention)





Providing guidance, when needed.

Invite solutions:

- **“What did you do that helped?
Anything?”**

*(Acknowledging that sometimes
nothing helps)*

- **“I’m curious what people do after
a particularly difficult day?”**

*(gathering and normalizing strategies –
no judgement)*

Facilitating Tips

- Build trust & relationships
- Normalize distressing reactions
- Use yourself as an example when appropriate (modeling).
- Small talk and humor are welcome and help build trust
- Help the participants feel heard
- Repress your urge to Fix It!



Co-Facilitate

Two different specialties



Training the Facilitators

Workshop format

Shadow facilitator

Practice

Watch/Teach/Do

Ongoing Support

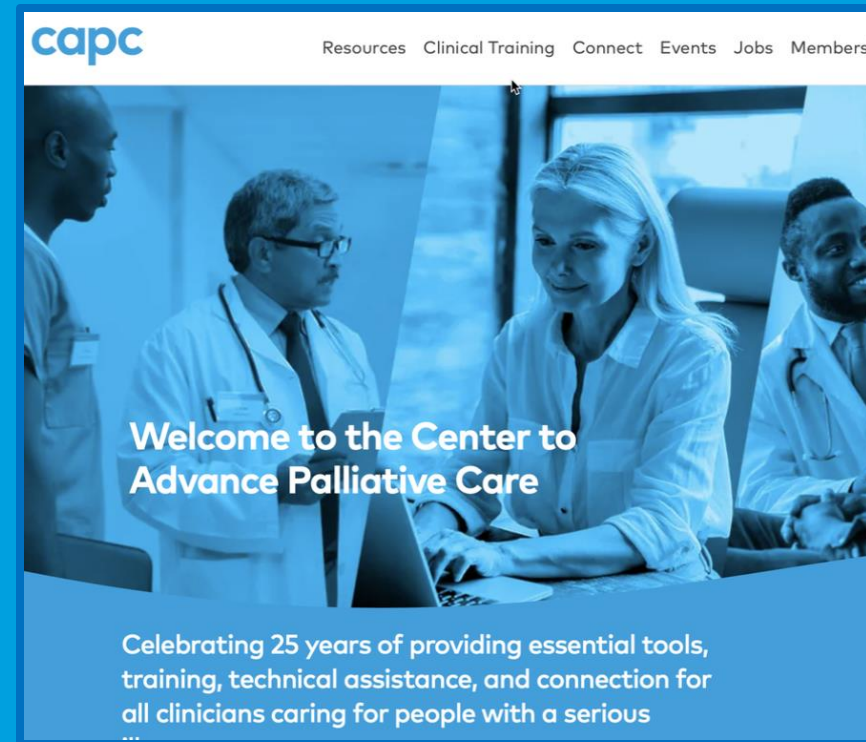
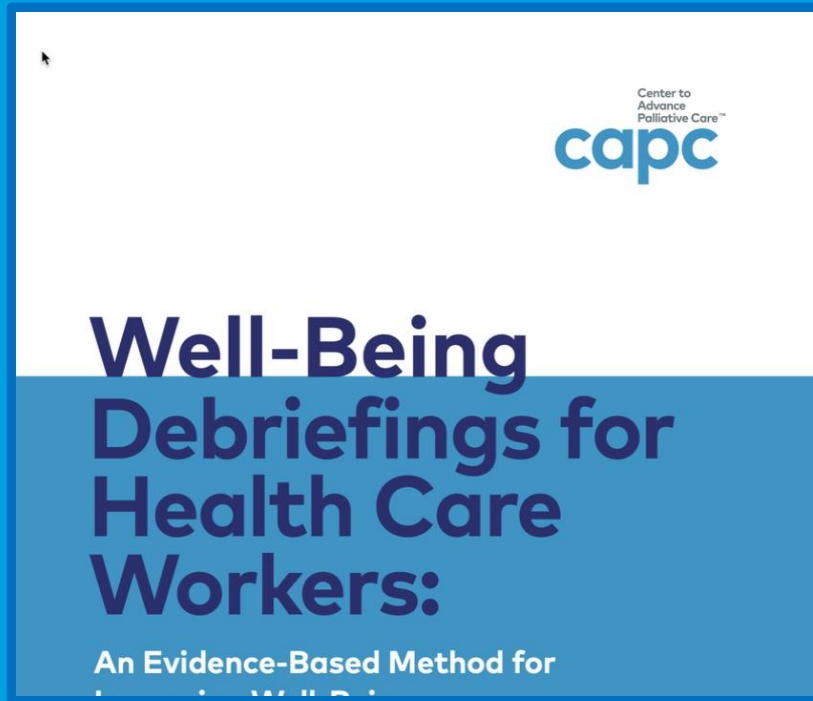


Support for Facilitators

They will also need to
debrief.



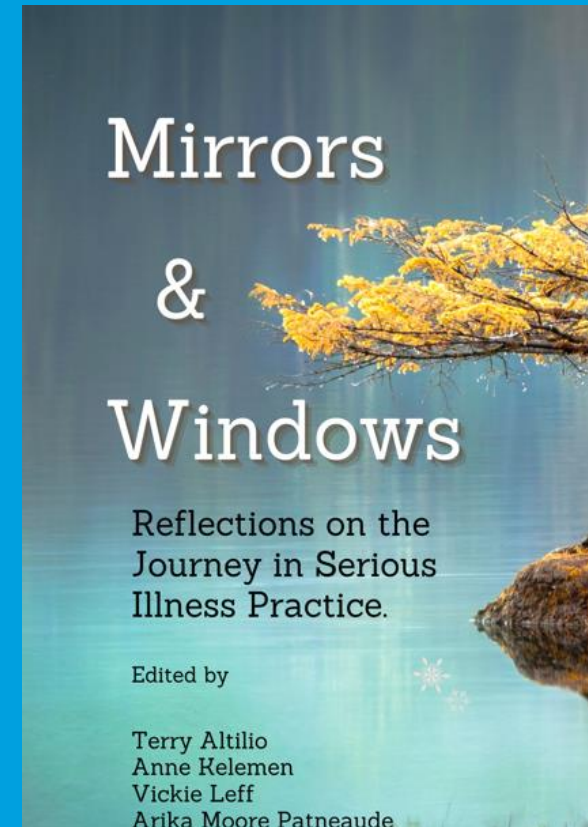
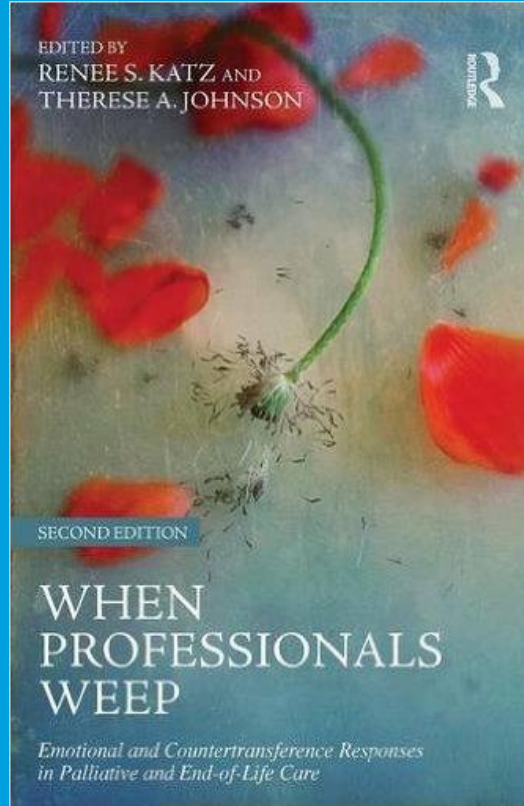
More Resources: From CAP-C



www.capc.org

Suggested Reading

Renee Katz:
When Professionals Weep



*Mirrors & Windows:
Reflections of
the Journey in
Serious Illness
Practice*
Brief (700 word)
essays on the
clinical work.

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Ventovaara, P., af Sandeberg, M., Blomgren, K., & Pergert, P. (2023). Moral distress and ethical climate in pediatric oncology care impact healthcare professionals' intentions to leave. *Psycho-Oncology*, 32(7), 1067-1075. doi:https://doi.org/10.1002/pon.6148

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