Healthcare Debriefings

A sustainability strategy for staff and clinicians in healthcare

Part Two

Center to Advance Palliative Care™

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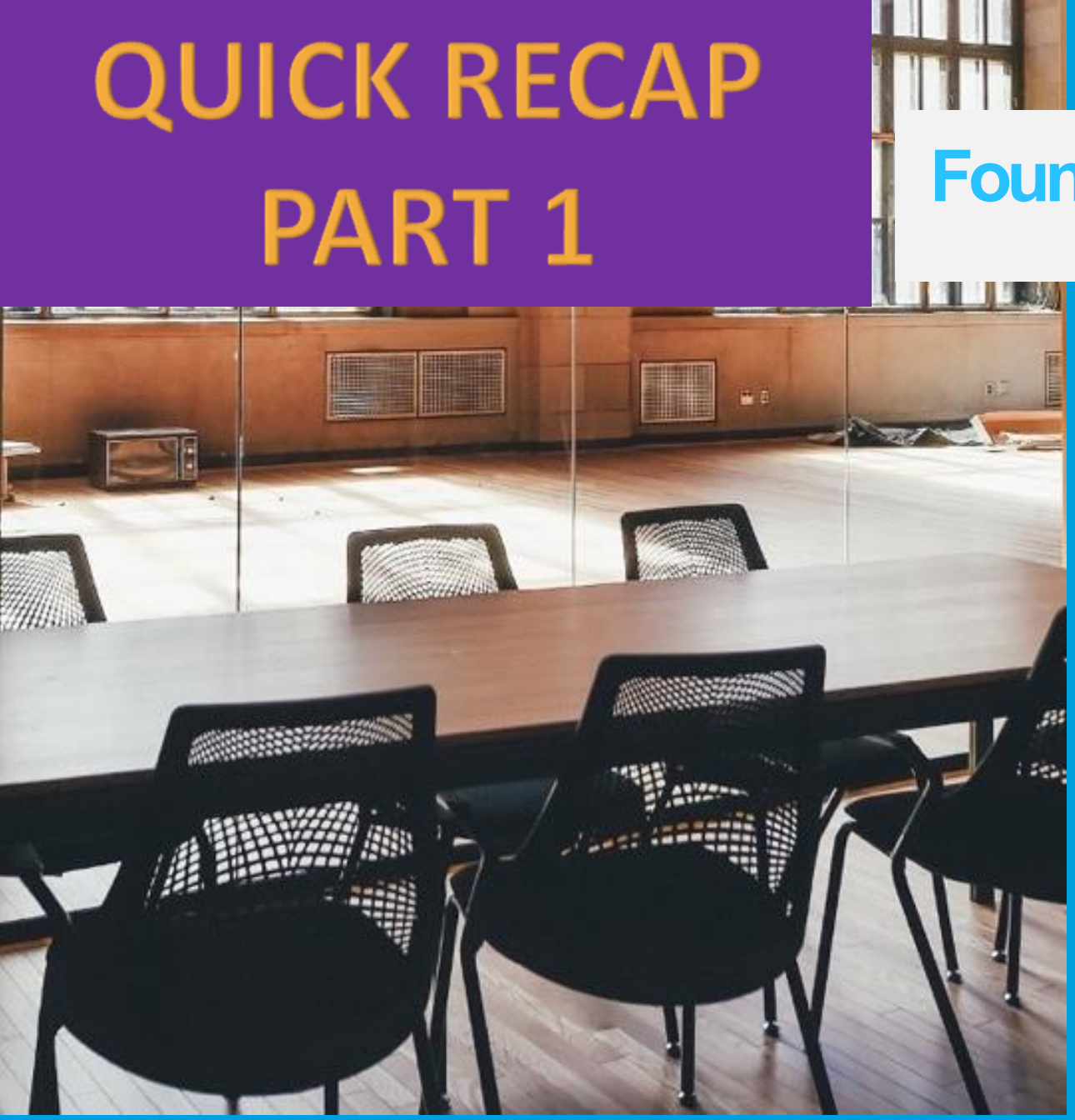
QUICK RECAP PART 1



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.

The Debrief

Facilitation

&

Techniques

Peer Facilitation

Why? Who? How?

How/What Debriefings impact

Dealing with these reactions

- Isolation
- Feeling overwhelmed and stressed
- Morally distressed, conflicted (i.e. cure focus)
- Frustrated
- Grief
- Empathic 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.

Choosing a Facilitator: Ideally

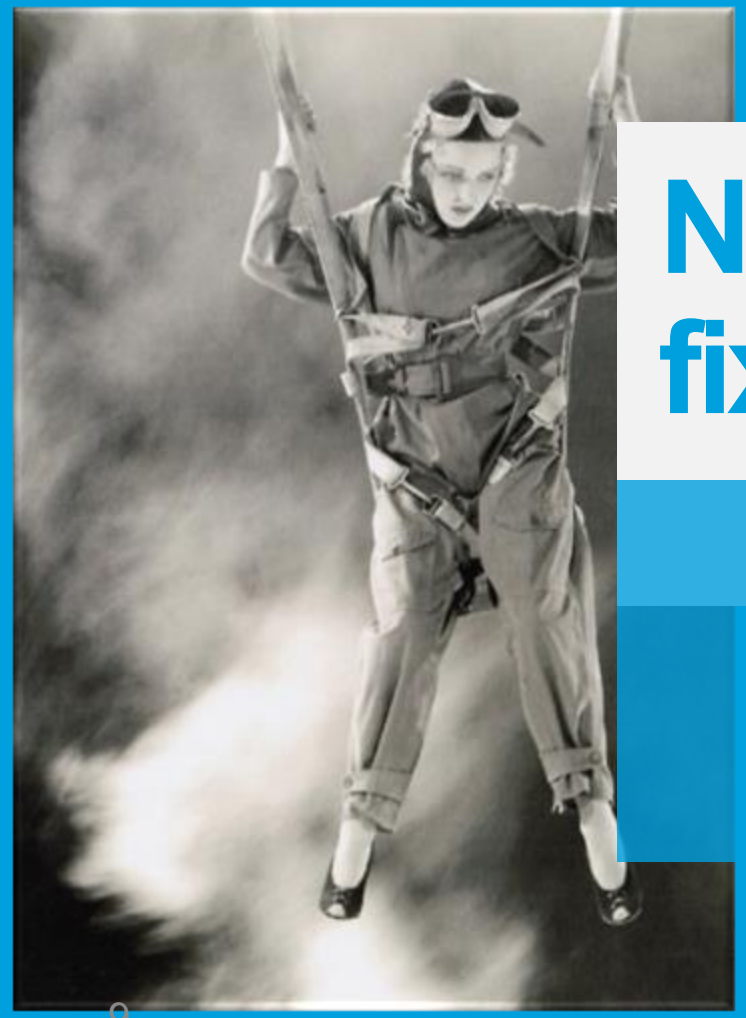
- Someone who is familiar with the culture of the group;
- Has facilitation experience (running a group, committee, etc.);
- Not in a managerial role to the participants;
- Has good boundaries;
- Can commit to the time.

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)



Not here to fix it.

You will want to.

The Facilitator: Their Role?

- Not the Therapist
- Not the Fixer
- Not a Participant
- Not the Manager/Supervisor

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)

Help to maintain boundaries within the group meeting.

Providing guidance, when needed.

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/Do/Teach
- Ongoing Support

Support for Facilitators

They will also need to debrief.

Getting started

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 ____.”

“How are things going?”

Start: Opening the Meeting

Set Expectations

Checking In

Getting started

Techniques

•Use first names for all. Equalize the hierarchy.

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

•As group gets going, facilitate reflections to keep things on track (steer, don't lead).

Examples

"Have others had similar experiences or reactions?"

"What did YOU do?"

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

Redirecting,

Modeling &

Normalizing

- “Sue said she can’t talk to her partner about stuff at work, they get really sad hearing the stories. What do others of you do? Who do you talk to?” (redirecting)
- ”I can’t talk about work at home, it’s just too intense. Do others have that experience also?” (use of self as model)
- “I think it’s pretty normal to feel that way. I know I have.” (normalizing)

Getting out of the weeds!

“What did you do when you got home?”

Stuck in details? Gently redirect;

“We’ve talked a lot about the case details, I wonder if we could switch focus, I’m curious about how people dealt with the emotions?”

(focus on emotional aspects)

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.”

Re-Direct when needed

Invite group participation

Invite strategies:

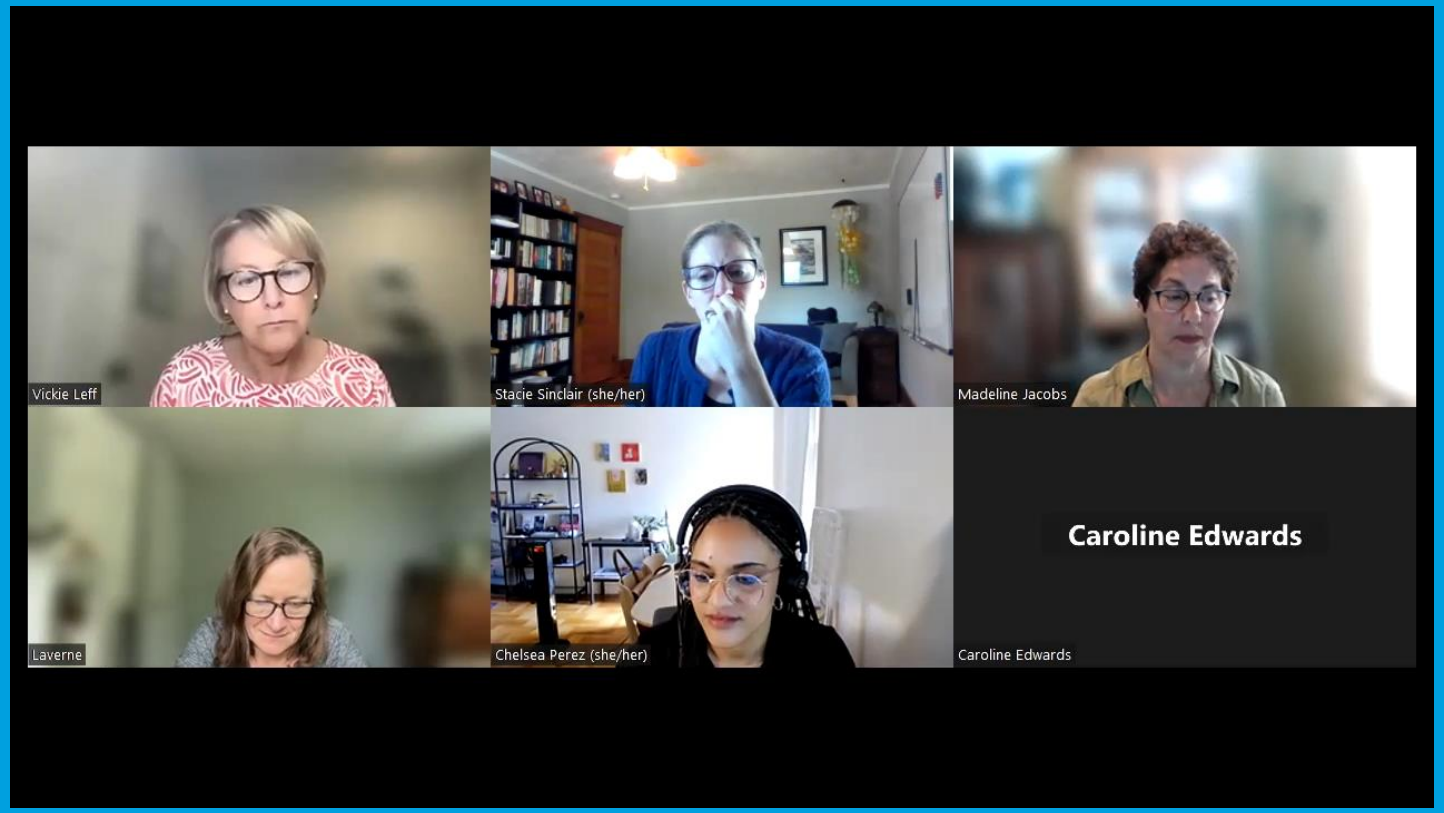
- **“What did you do that helped? Anything?”**

(Acknowledging that sometimes nothing helps)

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

(gathering and normalizing strategies – no judgement)

Another clip from a Debriefing



Checking in During Meeting

Ask

- **“What was it like for you?”** *(getting more detail to further discussion)*
- **“What surprised you?”**
  (modeling self reflection)
- **“How did others feel?”** *(getting validation from others, social support)*
- **”Who supports you?”**
  (not everyone has support)

Purpose

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

Quick Tips

- Someone interrupts
- Cutting others off
- Finding systemic issues
- Emotionally provocative
- Stuck?

KEY: Sitting with discomfort, tolerating ambivalence

- **"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?"**
- **"I can hear that was very difficult"**

Wish, Worry, Wonder

What If… … no one says anything:

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

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

“Have others ever felt this way?”

What type of situation worries you the most? Which would be challenging for you

1. No one (or very few) shows up
2. Someone monopolizes the meeting
3. Group will complain about management
4. Group will ask for my advice
5. No one says anything/long silence
6. I'll say the wrong thing
7. Other

Easy to feel like a participant & want to add your own experience

Be Careful

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

Ask yourself first: Why am I offering this experience or anecdote?

Not sure? Wait.

- Will it be a complaint session?
  - Set expectations clearly.
- Can you facilitate & participate?
  - One or the other.
- How to find time?
  - Setting the time depends on each location – ask them first, then adjust!
- How to dealing with reluctance?
  - Personal conversations; identifying a champion
  - Addressing concerns directly (why are they hesitant?)
  - Use evidence
  - Present at staff meetings, send out information

Ending the Debrief

- **Setting expectations provides safety & predictability.**

Opening & closing

“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 can learn a lot from each other, together.”

Momentum

Keep the interest

Post debriefing

Evaluation, perceptions, changes

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Metrics & Data

Not all things can be quantified, measured, seen.

Evaluating the Debriefing:

- Notes on themes
- Noted barriers, hesitation
- Checking in with management

Sharing Results:

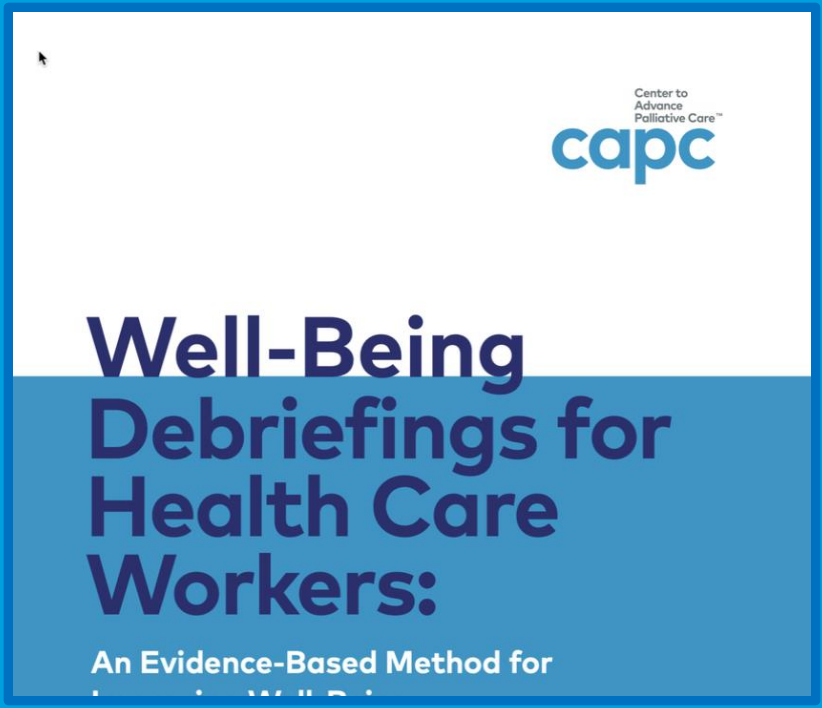
- How it was helpful
- Not breaking confidence
- The process takes time –

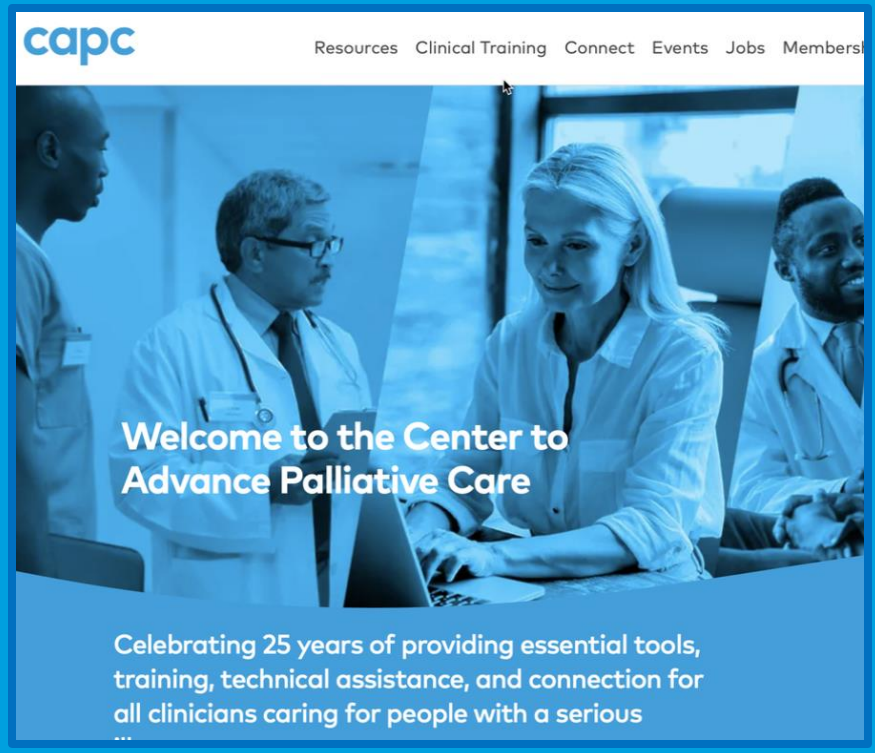
This is a culture shift, not one-time fix.

Identifying barriers, finding alternatives:

- Group make-up
- Time
- Location
- Hesitancy
- Worry

More Resources: From CAP-C





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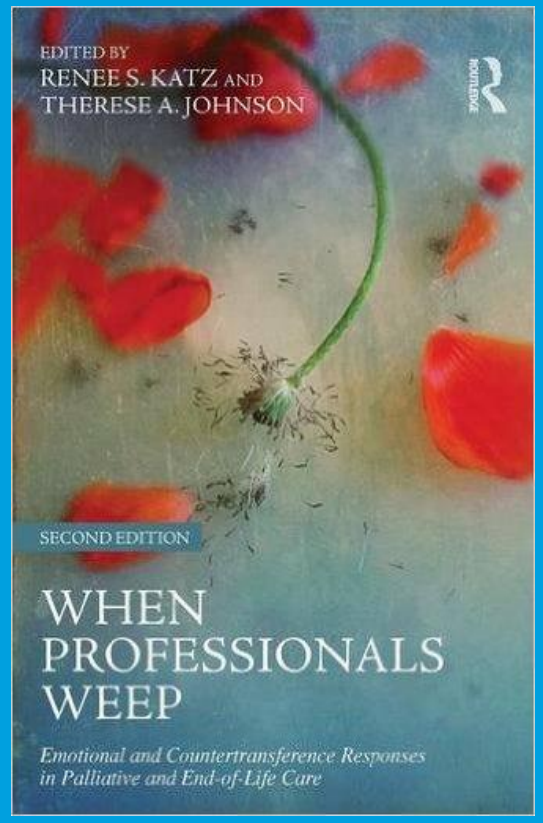
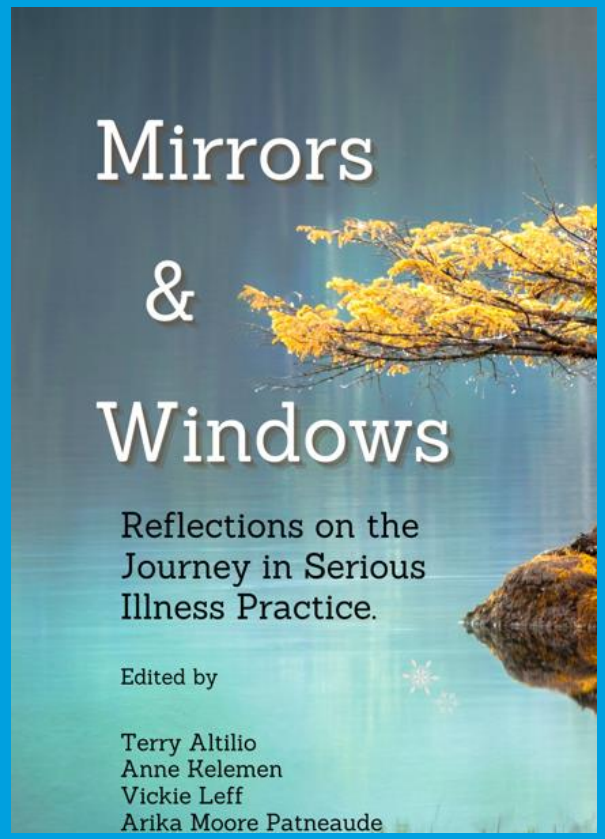
Suggested Reading



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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