

Effectiveness of Emergency Department Staff Coping Post Implementation of a Debriefing **Educational Session**

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Introduction

- -Most ED's don't have a structured debriefing process
- -Studies show that ED staff members would like some form of debriefing program
- -Debriefing is an organized group discussion aimed at improving patient care, processes and teamwork (Kessler et al., 2015)
- -Most effective when performed as a group
- -Lack of debriefing can lead to negative coping mechanisms

Background

- -Debriefing leads to
 - -better communication
 - -improved teamwork
 - -increased patient safety
 - -increased patient satisfaction
- -Negative coping leads to higher burnout rates
 - -rates higher in the ED
- -Implementation of debriefing programs is not universal



Clinical Question

How susceptible are ED staff members to adopt or develop negative coping mechanisms post traumatic event without a debriefing program?

Aims and Objectives

At the end of the implementation of the debriefing educational session, ED staff members were able to:

- -recognize PTSD/negative coping signs and symptoms
- -verbalize and understand strategies of debriefing to avoid negative coping
- -understand how negative coping can negatively affect the work environment and patient care
- -understand the importance of debriefing post traumatic events
- -commit to creating a healthier and safer work environment.

Methodology

Pre-survey distributed to all staff members that agreed to participate

Educational session provided to staff members

- -positive vs negative coping
- -debriefing template

Post-survey redistributed to participating staff members to gauge improvement in coping mechanisms and current debriefing process

Results

Areas of improvement were found in:

- Effectiveness of current debriefing process pre vs. post intervention
- Effective education post critical event pre vs post intervention
 - -Debriefing process and effectiveness
 - -Emotional support
 - -Positive coping mechanisms
 - -Burnout

References

•Allen, R., Judkins-Cohn, T., deVelasco, R., Forges, E., Lee, R., Clark, L., & Procunier, M. (2013). Moral distress among healthcare professionals at a health system. JONA's Healthcare Law, Ethics, and Regulation, 15(3), 111-118. doi:10.1097/NHL.0b013e3182a1bf33

•Kessler, D. O., Cheng, A., & Mullan, P. C. (2015). Debriefing in theemergency department after clinical events: a practical guide. Ann Emerg Med, 65(6), 690-698. doi:10.1016/j.annemergmed.2014.10.019

•Nadir, N. A., Bentley, S., Papanagnou, D., Bajaj, K., Rinnert, S., & Sinert, R. (2017). Characteristics of Real-Time, Non-Critical Incident DebriefingPractices in the Emergency Department. West J Emerg Med, 18(1), 146-151. doi:10.5811/westjem.2016.10.31467

•Schooley, B., Hikmet, N., Tarcan, M., Yorgancioglu, G. (2016). ComparingBurnout Across Emergency Physicians, Nurses, Technicians, and Health Information Technicians Working for the Same Organization. *Medicine*, *95*(10), 1-6. doi: 10.1097/MD.00000000002856

- Tuckey, M. R., & Scott, J. E. (2014). Group critical incident stress debriefing with emergency services personnel: a randomized controlled trial. Anxiety Stress Coping, 27(1), 38-54.doi:10.1080/10615806.2013.809421
- Van Osch, M., Scarborough, K., Crowe, S., Wolff, A. C., & Reimer-Kirkham, S. (2018). Understanding the factors which promote registered nurses' intent to stay in emergency and critical care areas. Journal of Clinical Nursing 27, 1209-1215. doi: 10.1111/jocn.14167
- Zavotsky, K. E., & Chan, G. K. (2016). Exploring the Relationship Among Moral Distress, Coping, and the Practice Environment in Emergency Department Nurses. Advanced Emergency Nursing Journal, 38(2), 133-146. doi: 10.1097/TME.000000000000100

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Examples of Positive Coping (given by participants)

Hiking, Running, Discussion with peers

Talking

Music, sports

Taking a break to decompress

Discuss amongst each other and Don't dwell

Talking to each other, smoking

Discuss with each other, individual if needed

Talking with co-workers, exercise

Running, sleeping

Talk to friends, family

Family, gym, dog

Exercising and talking

Talking to husband, bath

Talking with therapist, talking with colleagues

Discussing what happened with those involved

Differentiating home life and the work place, talking to friends or co-workers, taking breaks to recoup

Exercise, sleep, talking to other co-workers

Deep breathing, music and art Family, friends, calming activities, talking with other co-workers, venting

