

Standardized Debriefing for Nurses After a Critical Situation

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Introduction

- ♥ Provides a way for nurses to use effective reflection to either reinforce or change a behavior from an experience
- ♥ Debriefing after a critical situation (i.e. cardiopulmonary resuscitation [CPR], advanced cardiac life support [ACLS], or cardiac surgical unit advanced life support [CSU-ALS]) is not standardized
- ♥ Addressing both the professional and personal needs of the nurse can reduce the moral distress a nurse feels after a critical situation
- ♥ American Heart Association recommends standardized debriefing after a code in their guideline
- ♥ Debriefing allows for nurses and other healthcare personnel to identify areas of success and improvement, while also identifying feelings about the situation
- ♥ Standardized debriefing can reduce workplace stress and increase attentiveness, self-confidence, and work morale

Purpose & Aims

The purpose of this project is to improve nurse ability to cope with emotional stress after critical situations (i.e. cardiac resuscitation, bedside sternotomy) through implementing an evidence-based debriefing tool.

Aims:

1. Adapt and implement a standardized debriefing tool to be utilized after critical situations over a 12-week period adapted from Copeland and Liska
2. Improve nurse ability to cope with emotional stress after a critical situation through implementation of an evidence-based debriefing tool adapted from Copeland and Liska over a 12-week period

Methods

Design: Pre- post-intervention survey

Setting: Cardiovascular Intensive Care Unit in a metropolitan city in Florida

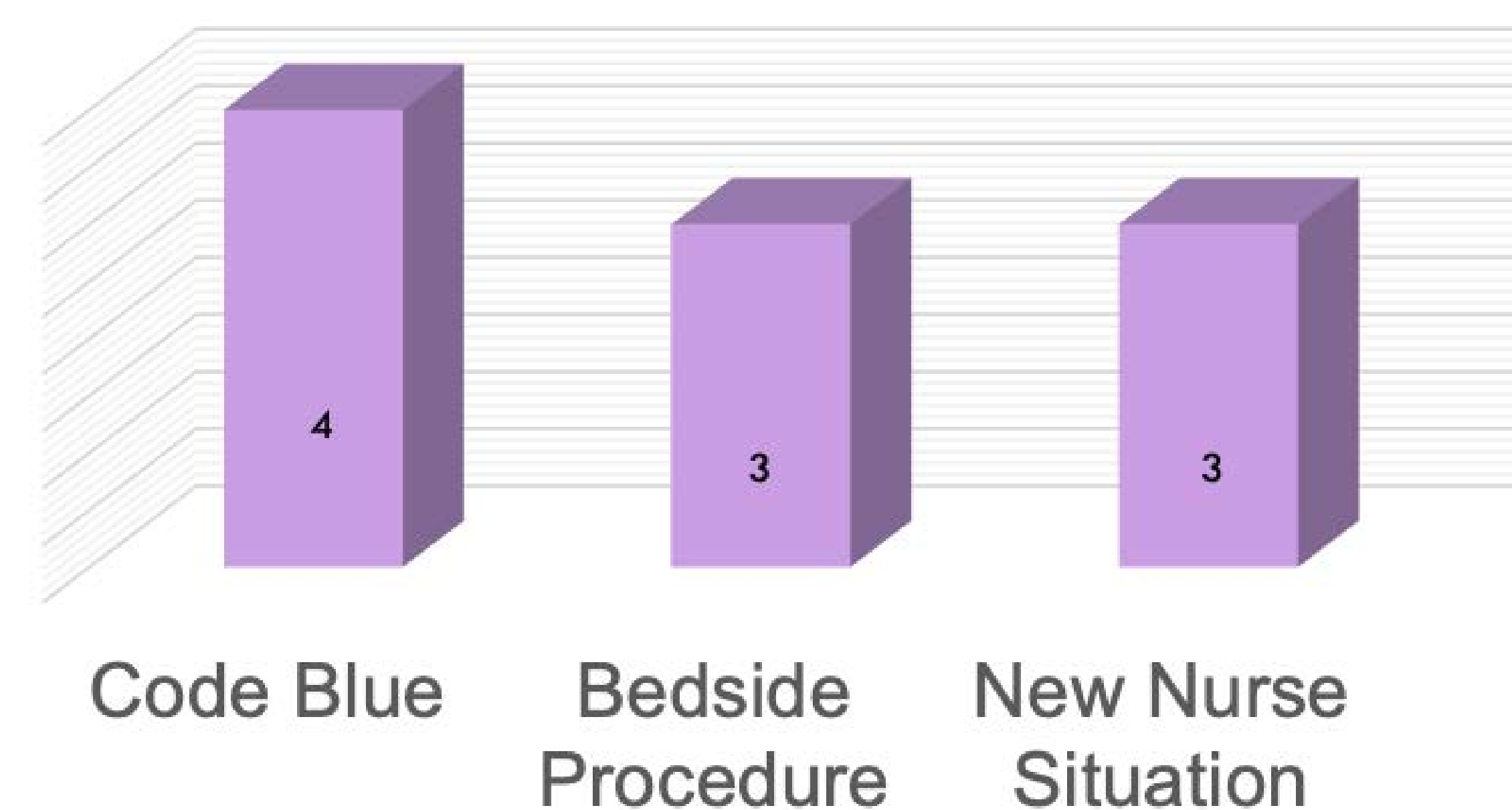
Sample: Cardiovascular ICU nurses

Results

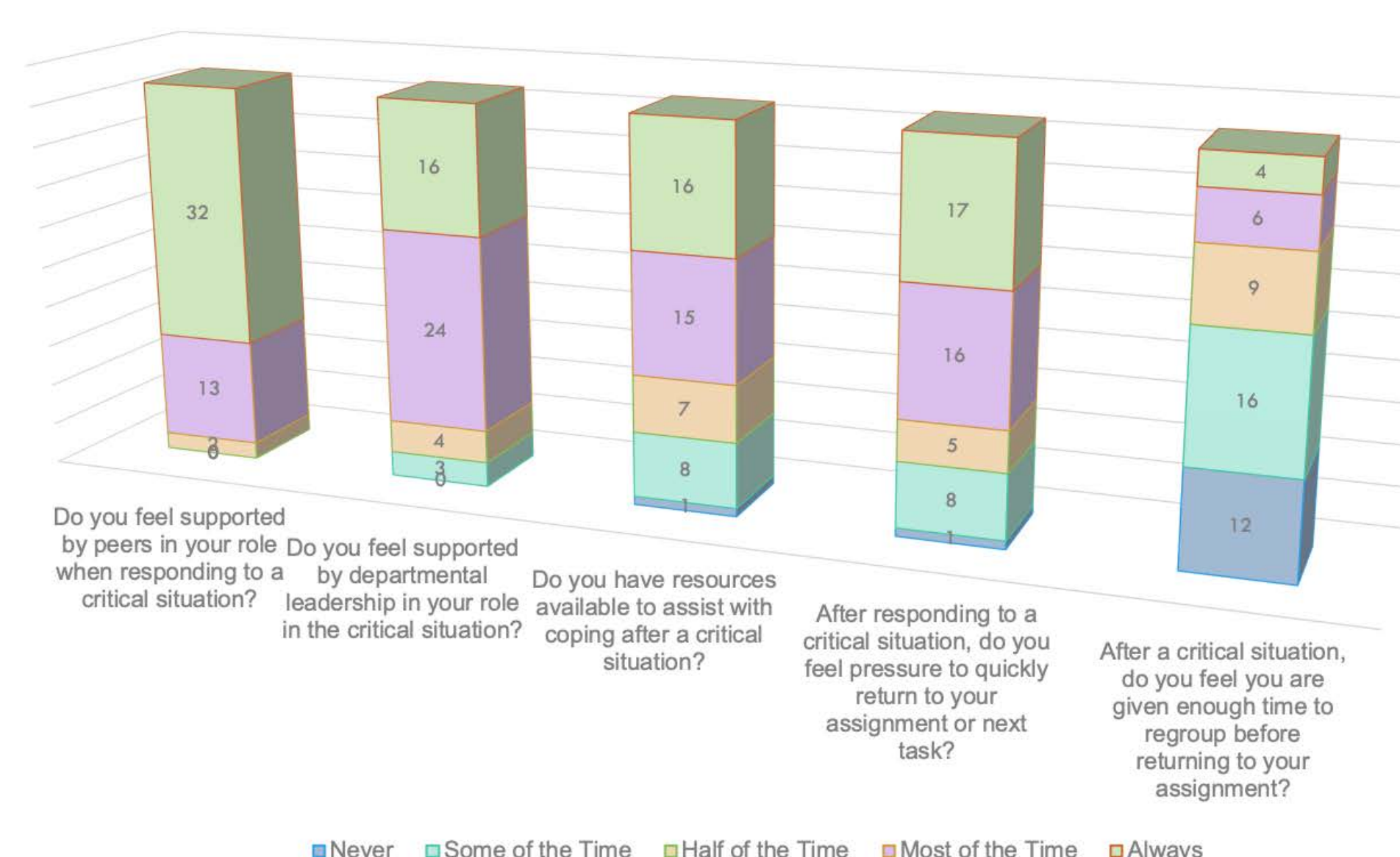
Table 1: Demographics of CVICU Nurses

Demographic Characteristics	N=47
Years as a nurse, mean (SD)	11.31(11.37)
Years as a CVICU nurse, mean (SD)	6.80 (9.52)

Debrief Type



Pre-Intervention Survey Answers



Results

	What is done to relieve thoughts or feeling?	What would be helpful to have available to you?
During the remainder of the shift	Talk/vent to co-worker(s) Redirection efforts (focusing on their patients) "I talk to nurses who have been on the unit longer to understand how they cope with what just happened." "I just focus on my patient(s)."	Know the outcome of the patient Have chaplain available Nothing "Be able to go home if my patient does not survive."
Once the shift ends	Somatic activities (eating and/or drinking, going to sleep, or working out). Talk (co-workers, family, friends) "I get my friends and co-workers to go out after work so we can talk about the shift." "I just go for a run and then bed." "Nothing, I am over it as soon as I walk out the doors of the unit."	Know status of the patient if they survived Have chaplain available Nothing
24-72 hours after the critical situation	Nothing Normalize (return to normal activities) "I return to my normal activities, it's easier if I work so I know what the outcome was." "I just move on and don't dwell on the situation."	Know status of the patient if they survived Have chaplain available Nothing

Limitations

- ♥ CVICU split into 2 units a week before implementation
- ♥ Census in CVICU decreased
- ♥ COVID-19 decrease in surgeries
- ♥ Nurses left unit for various reasons
- ♥ Team nursing assignments to allow for CVICU nurses to float to COVID-19 units

Acknowledgements

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Conclusion

- ♥ Successful implementation because debriefings continue on CVICU after critical situations
- ♥ Debriefing has become standard practice within the CVICU
- ♥ Nursing leadership invested in psychosocial effects of critical situations

References

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