

# Healthcare Provider Debriefings

A long term strategy for  
sustainability



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- **Understanding Purpose & Goals of Debriefing**
- **Getting Buy-In for program**
  - Set expectations clearly.
- **Choosing structure for your culture**
- **Challenges: i.e. scheduling**
- **Communication Strategies**
  - Opening; closing; redirecting
- **Facilitator Training**
- **Problem Solving**



## Goals

Today


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**Peer Facilitated Healthcare Debriefings**

- Supported by the institution, these are regularly scheduled (i.e. 1xmonth) opportunities for healthcare providers to come together in small groups and talk about the impact of the work on them. The peer facilitator is a trusted healthcare provider from the same institution.
- Providing an ongoing opportunity for social support, validation and normalization which can reduce the turnover rate and improve patient safety levels.

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## Why it Matters

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.

“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.”

Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecellius, 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., Malthur, 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

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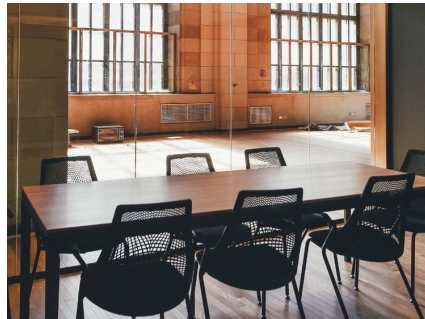


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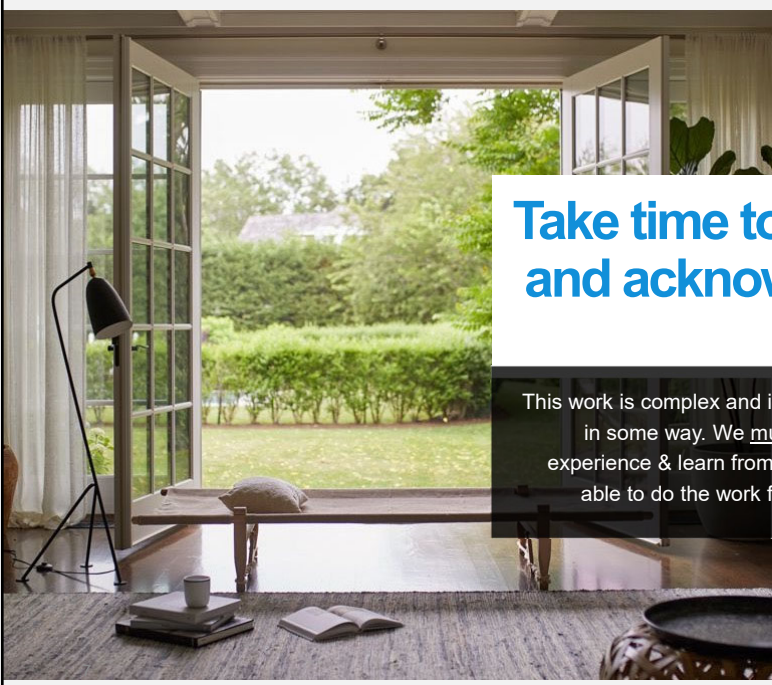
## What are Healthcare Debriefings?

- Peer-Facilitated informal groups for healthcare workers.
- 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.

**Opportunities for collegial support, reflection and understanding.**



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**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**.

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## Working in Healthcare



You witness difficult situations/emotions

- Moral distress
- Helplessness
- Chaotic situations
- Secondary trauma
- Sadness
- Frustration
- Grief/Loss
- Powerlessness

Nurses, physicians, CNA's, NP's social workers, chaplains, Fellows, students

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## Not a problem to be solved, rather

It is predictable.

- Expectable & natural consequences to difficult work
- Not a “Prevention” measure
- Part of a moral culture

“I’m a professional, I got this. I don’t need to talk to others.”

Reframe

Everyone else looks like they are doing fine, what aren’t I?”

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## Social support, reduced isolation = increased retention

### BECKER'S CLINICAL LEADERSHIP



Newsletters Events Virtual Events Webinars Partner Content Podcasts Lists Print  
Infection Control Patient Safety & Outcomes Public Health Nursing

#### Intermountain hospital boosts nurse retention to 97% with group mentoring

Mariah Taylor (Email) - Updated Wednesday, January 22nd, 2025

... 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%**

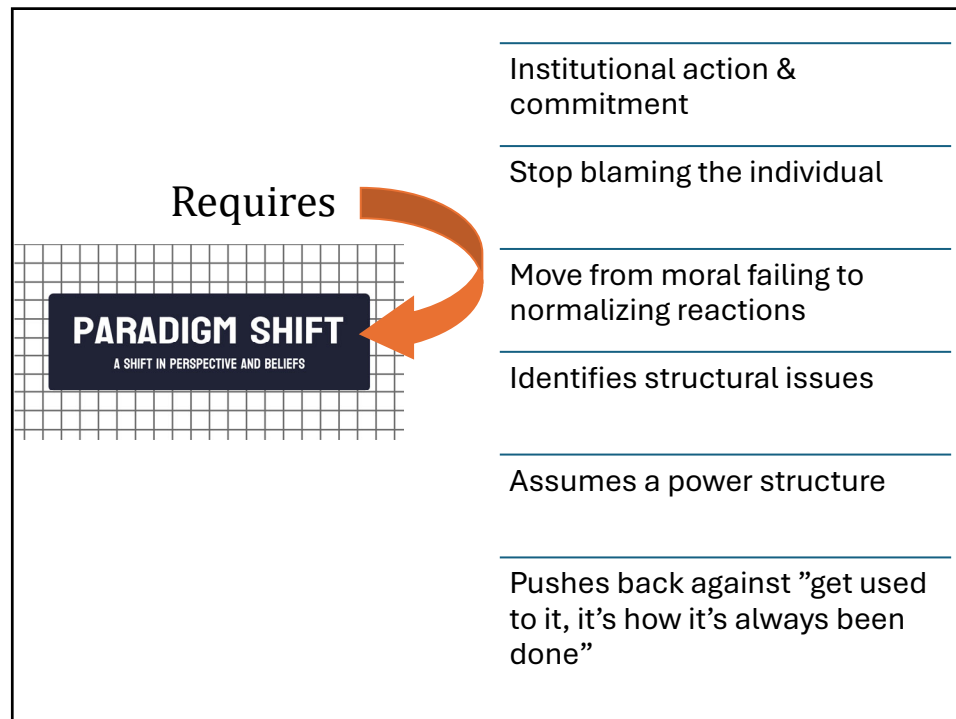
Beckers Healthcare, Jan. 22, 2025

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## 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.
- **Related to simulation activity for students** – not a test or graded.
- **Crisis intervention** – Not meant to provide psychological first aid, secondary trauma assistance.
- **Trauma care** – see above. Refer to ER.

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Invites



A different conversation



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## Sustainable Strategies

- Those that acknowledge the normalcy of stress
- Those that also acknowledge system & institutional issues that need changing, i.e. caseloads, protected time, etc.
- Those that empower the individual and allow for pushback to the institution
- Those that bring all parties to the table for invited and ongoing discussion

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## 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

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## Not meant to “fix” anything. Invites reflection & learning over time.

### Provide 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.

### Dealing with these reactions

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

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- Validation
- Normalization
- Community support
- Structured Reflection



**Connection**

**Purpose**

**Goals**

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## Organizational Opportunity



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

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## Organizational 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.”

Macintyre, 2022

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

Courtney, 2019

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## SUPPORT AND BUY-IN

Institutional support	✓ Critical
Manager support	✓ Necessary
Setting expectations with staff	✓ Helps clarify purpose
Location, time!!!!	✓ Being respectful, staff focused and driven
Getting paid to attend?	✓ Professional activity
Voluntary	✓ Not mandatory

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## 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

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## Who can benefit from Debriefings?

Everyone.

- Physicians
- Nursing
- Med Students
- Fellows
- Case Managers
- Child Life Specialists
- Respiratory Therapists
- Unit Staff
- Chaplains
- Psychiatrists

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## Blueprint & Structure of debriefs

Type, frequency, content and more.

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<b>How many</b>	• 2-10 people
<b>How often</b>	• Minimum once a month
<b>How long</b>	• 20-60 min

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## Who will attend the debriefs : what fits your culture?

- |                                |  |
|--------------------------------|--|
| → <b>By Profession</b>         | → Nurses, MD's, CM's, SW,<br>NP, PA, RT, PT, etc.                |
| <hr/>                          |  |
| → <b>By Unit/Clinic/Agency</b> | → Nurses on unit/team/clinic<br>→ IDT members<br>→ Any specialty |
| <hr/>                          |  |
| → <b>By Department</b>         | → Oncology team<br>→ Staff meetings<br>→ Clinic meetings         |
| <hr/>                          |  |

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## Step One: Who & When

### Who are your participants?

- Limited to a category (i.e. nurses)?
- Open to team?
- 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).

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### 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)*

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## Scheduling



### 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.
- Deciding who to invite, the makeup of the group.
- Keeping the momentum going between debriefings.

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## 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.

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**Structural Overview:  
Key ingredients to success**

- Environment is safe and structured
- Involves emotional expression
- Provides validation
- Provides opportunity for meaning making
- Involves all healthcare professions
- Strengthens self awareness - sustainability

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## Ongoing challenges

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- We don't have time
- People won't attend off hours
- Too 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
- Too busy

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## Step Two: Structure of the Well-Being Debriefs

### What they look can like:

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





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## Deciding on Theme (if any)

→ Open vs topic related  
debriefings

 assess group

 concerns, if any

 hesitancy or  
confusion

 alternate

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# Suggestions

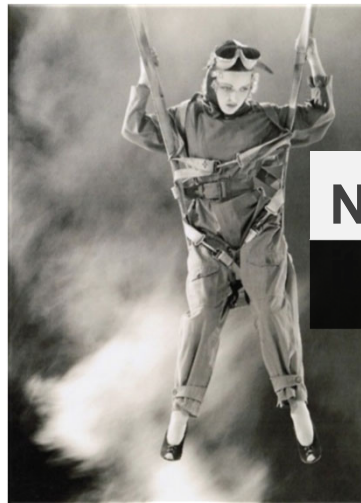


- Moral Distress
- Empathic strain
- Grief & Loss

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

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**Not here to fix**

**You will want to**

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## The Facilitator: Their Role?



Not the Therapist

Not the Fixer

Not a Participant

Not the Manager/Supervisor



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## 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)



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## What do they 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)

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### Facilitators:

- 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)

## Key Attributes

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## Overview: Facilitator Skills and Responsibilities

- Recognize limitations of the group (not therapy)
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## Co-Facilitate

Two different specialties –

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## The Debrief

Techniques &  
Tips

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## 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 \_\_\_\_.”**

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## Getting started

“Have others had similar experiences or reactions?”

“What did YOU do?”

As group gets going, facilitate reflection to keep things on track. (Steer, don't lead)

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

Use first names for all. Equalize the hierarchy.

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

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## Ending Debrief

Opening & closing

Setting expectations provides safety & predictability.

“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.”

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**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)

or

”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)

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## Checking in During Meeting

→ “**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

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<h2>Tips</h2> <ul style="list-style-type: none"> <li>→ Someone interrupts</li> <li>→ Cutting others off</li> <li>→ Finding systemic issues</li> <li>→ Emotionally provocative</li> <li>→ Stuck?</li> </ul>	<p style="text-align: center;">Sitting with discomfort, tolerating ambivalence</p> <ul style="list-style-type: none"> <li>→ <b>“I want to make sure everyone has an opportunity to join in.”</b></li> <li>→ <b>“Could you repeat what you were saying?”</b></li> <li>→ <b>“Is that something that can be brought to leadership, or perhaps a QI project?”</b></li> <li>→ <b>“I can hear that was very difficult”</b></li> <li>→ <b>Wish, Worry, Wonder</b></li> </ul>
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<p>Easy to want to add your own experience. Be Careful</p>	<p>Be careful and aware of using your experience to open discussion not to focus on you or your own need to debrief.</p> <p>Ask yourself first: Why am I offering this experience or anecdote? Not sure? Wait.</p>
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- 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

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## Training the Facilitators

Workshop format

Shadow facilitator

**Practice**

Watch/Teach/Do

Ongoing Support




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## Facilitating Tips

- Build trust.
- Normalize distressing reactions.
- Identify what helps/doesn't help.
- Use yourself as an example when appropriate (modeling).
- Silence is helpful.
- Small talk and humor are welcome and help build trust.
- Help the participants feel heard.
- Repress your urge to Fix It!

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**Support for Facilitators**

They will also need to debrief.

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## Suggested Reading



Renee Katz:  
*When Professionals Weep*



**Mirrors  
&  
Windows**  
Reflections on the Journey in Serious Illness Practice.  
Edited by  
Terry Ahlilo  
Alexa Reisman  
Vickie Leff  
Arika Moore Patenaude

Articles

- Resisting Resilience. Mark Neocleous. 2013
- The Dark Side of Resilience. Hamideh Mahdiani, Michel Ungar. 2021

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