

Pennsylvania Debriefing After Critical Events

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Debriefing After Critical Events

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Background/ Introduction

- It is common among emergency room nurses and nurses working with children to be exposed to traumatic experiences and suffering.
- Moral distress often occurs in high-stakes, high stress health care environments. Dealing with these life and death moments on a daily basis and the numerous emotionally and physically demanding variables can take a great toll on nurses

PICO

- Would implementing a debriefing model to clinical staff following a critical event make staff feel more prepared both emotionally and clinically in future events compared to not debriefing.

Methods and Implementation

- Perform a literature review to determine the advantages of a debriefing tool.
- Create a survey to determine the need for a debriefing tool in particular units.
- Send survey to staff in children's ED, Cedar Crest ED, Pediatrics, Pediatric ICU, and Muhlenberg ED.
- Analyze data

Results

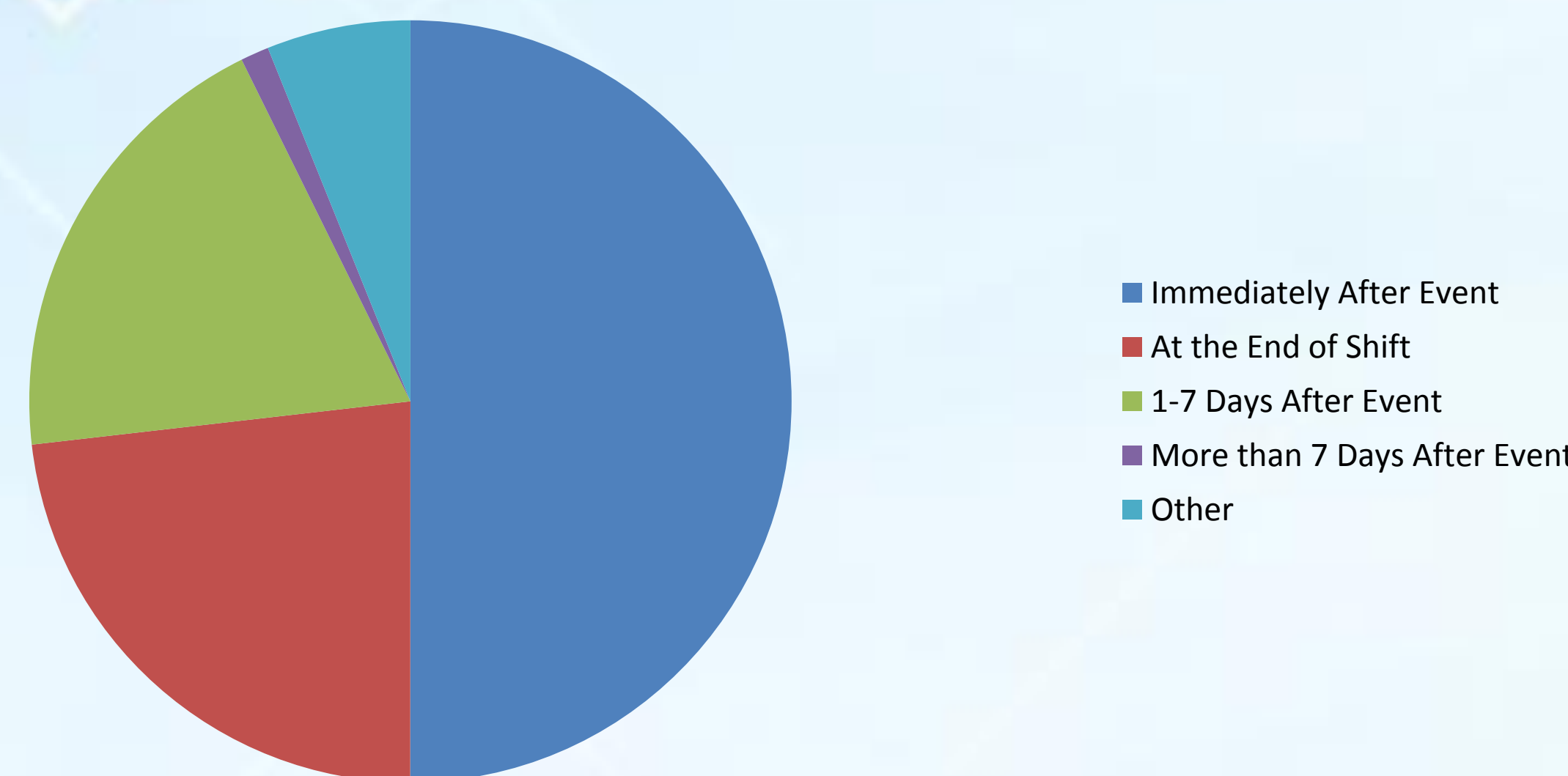
Do you think debriefing after a critical event would be beneficial?



How would you like debriefing after a critical event to be conducted?



When Would Debriefing After a Critical Event Be Most Beneficial to You?



Conclusion

- In conclusion, staff in the pediatric and emergency department believe it would be beneficial to debrief after critical events.
- Staff believe an in-person debriefing immediately after a critical event would be most beneficial.

Next Steps

- Implement the Mitchell Model of Debriefing in the Emergency Department
- Perform a second survey to determine effectiveness of the model

References

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