

Track 3: Caring for the Caregiver Session 303

## **Building a Staff Emotional Support Program**

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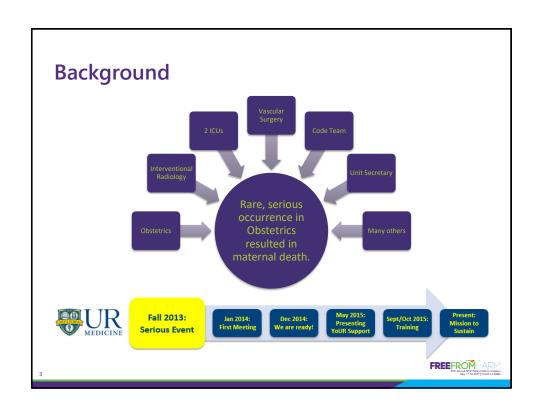


### University of Rochester Medical Center at a Glance

- 838 bed Academic Medical Center
- Quaternary care center
- Level 1 trauma center
- 17,000+ total employees
- 3,950+ nurses
- 858 residents/fellows









### **Evidence**

## When Disaster Strikes...

### The Critical Incident Stress Debriefing Process

Major disasters over the past five years have brought attention to the fact that rescue workers themselves can become psychological casualties from the overwhelming

geht, savice perso. . . 1 harvey new form of crisis intervention that is specifically designed to assist them is now under development at the Emer-gency Health Services Program of the University of Maryland Baltimore County. It is called "Critical Incident Stress Debriefing" and its main goal is to support those who are involved in emergency operations under condiemergency operations under condi-tions of extreme stress. A critical inci-

### incidents:

- The serious injury or death of an emergency team member in the line of duty.
- The serious injury or death of a civilian resulting from emergency

by Jeffrey T. Mitchell

service operations. This would in-clude a shooting by a police officer or a civilian injury or death caused

suspiciousness.3.4 Even Freud was impressed with the quantity and inten-sity of the stress response symptoms experienced by World War I veterans. He found that those who had been ex-posed to traumatic events repeatedly experienced mental images of those frightening scenes even when they tried to forget them. More recently, researchers have concluded that just

JANUARY 1983 jems



JT Mitchell, 1983

### **Evidence**

Research Report

### **Wisdom in Medicine: What Helps Physicians After a Medical Error?**

Margaret Plews-Ogan, MD, MS, Natalie May, PhD, Justine Owens, PhD, Monika Ardelt, PhD, Jo Shapiro, MD, and Sigall K. Bell, MD

### Abstract

### Purpose

Confronting medical error openly is critical to organizational learning, but less is known about what helps individual

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Acad Med. 2016;91:233–241. First published online September 4, 2015 doi: 10.1097/ACM.0000000000000886

Interviews were recorded, professionally transcribed, and coded by two study team members (kappa 0.8) using principles of grounded theory and NVivo software.

recovery . occurs when people coping with a traumatic event move through a process of rumination and, with self-disclosure and the right social supports, are able to rework their understanding of themselves, learning

wisdom.36,

Can physicians move through the experience of making a harmful error and not just survive but, rather, learn something essential about themselves

training. Investigators identified eight

wisdom exemplars cope positively

alking about it disclosure

themes reflecting what helped physician

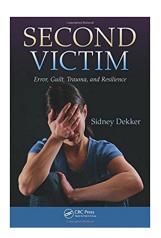


Plews-Ogan, MD, MS, et al. 2016

### **Evidence**

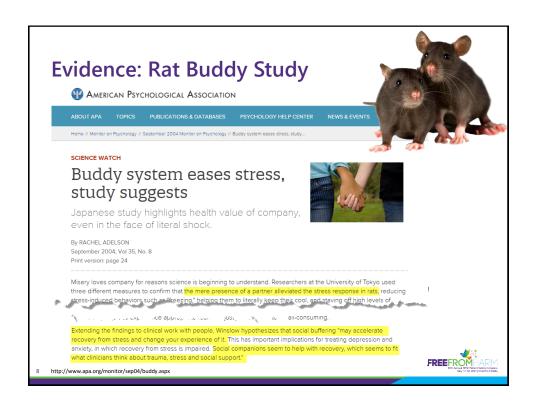
"Implementing a support system...involves preventative teaching and training measures... This aims at a minimum, to educate people about the basic psychological processes that follow and accompany incidents..."

"Most importantly, the second victim should feel assured that he or she does not stand alone in the aftermath..."

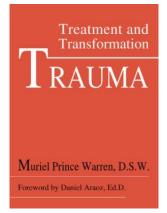




Sidney Dekker, PhD, 2013



### **Evidence**



"Today, our survival depends on our ability to face our problems artfully rather than use our prehistoric defense resources: fight, flight, or freeze."

"...deal with trauma, its psychological and biological effects on mind and body...and treatments plans that deal with the resulting problems and transform them into growth."

"Demobilizing, defusing, and debriefing are the three major techniques for dealing with the victims of a critical incident..."

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Muriel Prince Warren, 2003







## **Revised Membership**

Quality Assurance Senior Leadership

Nursing Employee Assistance Program

Providers Chaplaincy

Palliative Care Human Resources

Psychiatry Office of Council for Medical Center





Jan 2014: First Meeting









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## **Continuous Reframing**

### **Mission Statement**

When traumatic situations and difficult events occur in our environments, URMC managers shall ensure that staff has necessary emotional resources and support. URMC managers should address security, quality, safety and legal concerns that accompany these situations.

### Vision Statement

The vision of the YoUR Support is that all managers are well prepared to recognize, assess and respond to staff support needs.





Jan 2014: First Meeting



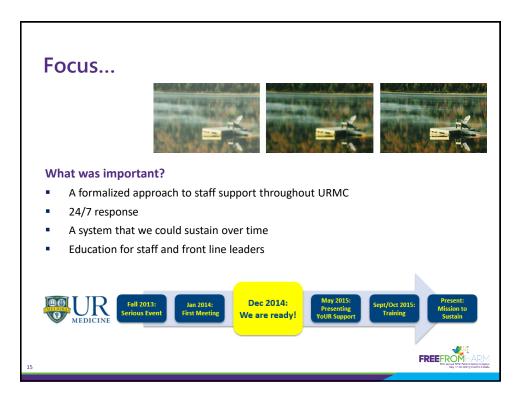


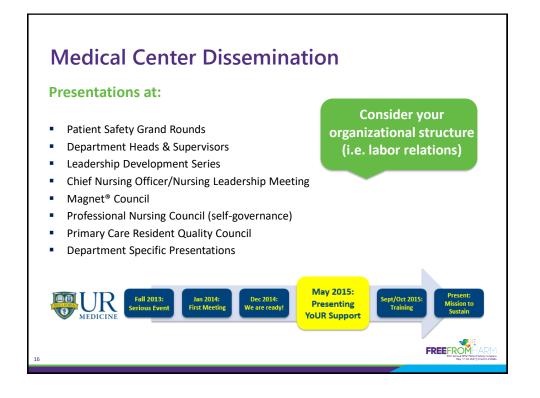




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ediately event min	"Standing meeting" very quickly after incident to acknowledge, normalize, regroup and get the work done	Regroup and tend to physical safety and security needs to finish shift or care
		episode professionally
nd of 0 min	At the end of shift (if possible) clarify, validate, recognize teamwork and focus on what went well	Reinforce individual and team healthy coping strategies to get personnel off duty safely
r incident	Formal sit down meeting facilitated by a trained Responder to support recovery after a critical incident.	Restore personnel to "usual state of health" and accelerate normal recovery process
	0 min 72 hours r incident 70 min	0 min teamwork and focus on what went well  2 hours Formal sit down meeting facilitated by a trained Responder to support recovery after a critical incident.  May 201

## **Training Plan**

Experienced Responders Overview Sessions- validate & support work they are already doing in their roles, orient to program, standardize language and use of terms, mentor level 2 Responders

**Level 1 Responders**- train local unit level leadership personnel to demobilize and diffuse situations in real time

**Level 2 Responders**- train and mentor Critical Incident Responders to provides formalized debriefing sessions

Experienced Responders Support Sessions- bi-annual informal peer support for Level 2 and Experienced Responders to review tough debriefings and receive personal support

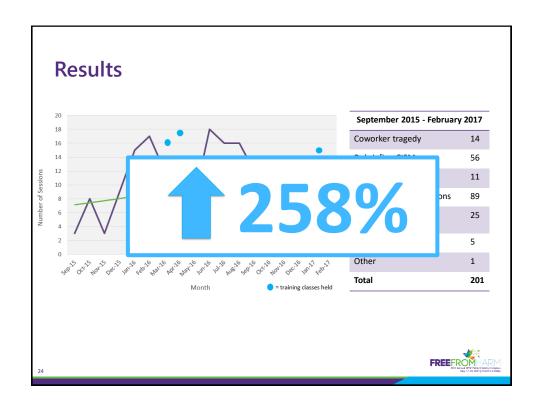


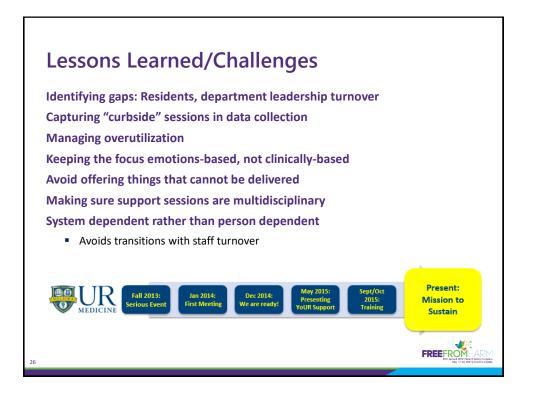
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## \*Debriefing Closure\* Acknowledge the engagement of the team in the process. Remind them that normal high level stress reactions were activated in each of them, and they need to attend to their self-care needs. Review self-care activities they plan to engage in to care for self and support the team. Acknowledge that they are special people for choosing to work 'in the trenches' and we are committed to supporting them.

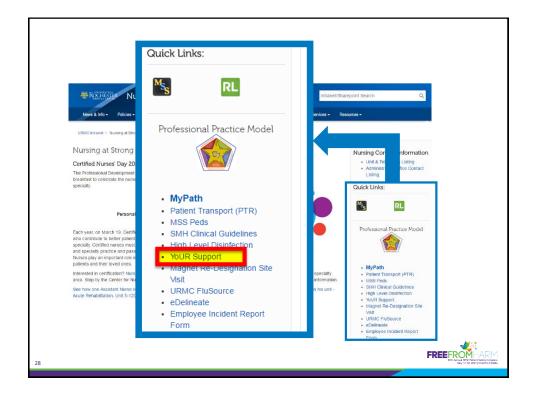


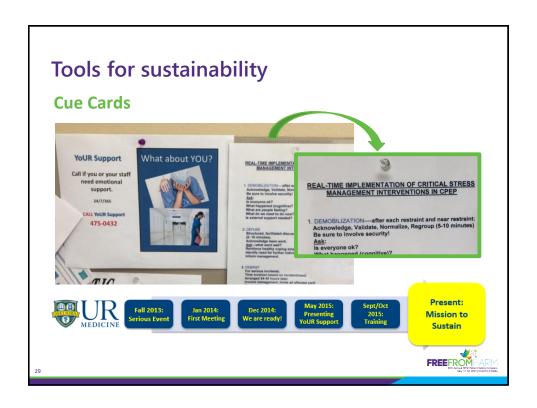
## **Results - Demonstrating Cultural Shift** "Can we do that thing we usually do...you know... Talk about what just happened?" - Public Safety Officer after restraining patient in Psych ED "While they aren't directly caring for the patient, my staff have some real sadness from cleaning up the trauma bay after difficult cases." - Environmental Services Supervisor "YoUR Support came up in Resident Wellness Committee "We had a serious event...and a nurse was -Attending Physician today..." injured. Has anyone called YoUR Support yet?" -Quality Officer, at morning safety briefing after discussion of a serious event

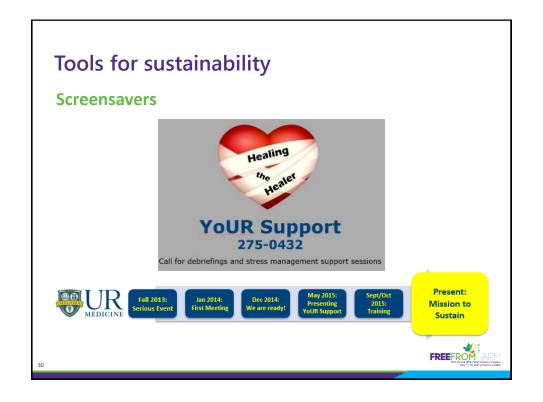


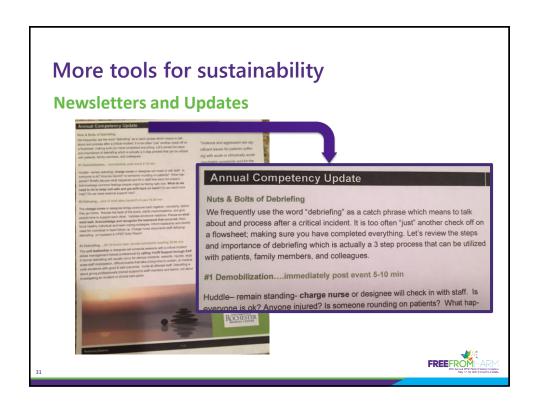


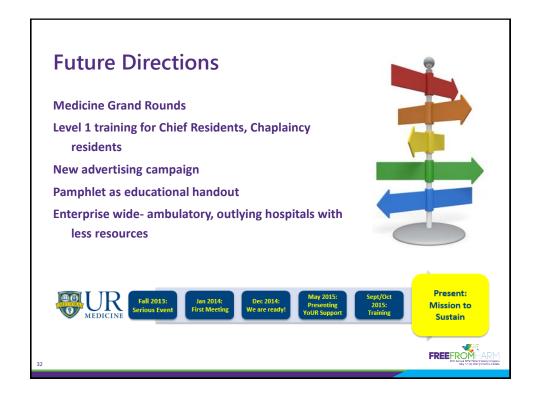
## Sustaining the efforts The Value Today Quarterly YoUR Support Task Force meetings Ongoing education- frequent requests for additional classes Engrained in the culture (Daily Safety Briefing with accountability) Able to provide rapid mobilization of resources • Distribution Lists for Facilitators • Weekend Calendar | Dec 2014: | Presenting Presen

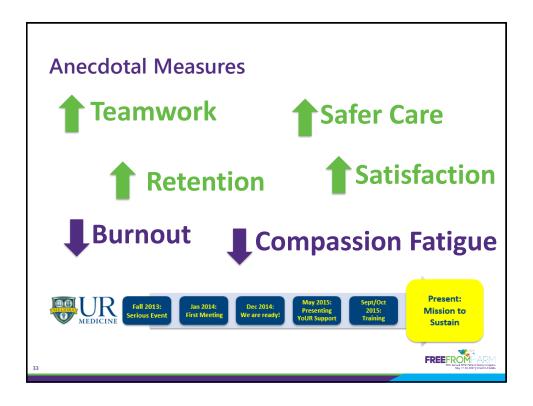
















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Thank you!

