

COACH NEWS

SON Dean:
Dr. Michael Evans
806-743-2738

Department Chair:
Dr. Melinda Mitchell-Jones
806-743-4842

Second Degree BSN
Program Director:
Dr. Laura Opton
806-470-9642

Veteran to BSN
Program Director:
Dr. Debbie Sikes
915-494-1558

Education Technology
Services:
806-743-4248
sonistaff@ttuhsc.edu

Student Business
Services:
806-743-7867
ext. 332

Coach Hire Liaison:
Meghan Reid
806-743-1435
Meghan.reid@ttuhsc.edu

Debriefing a Critical Incident

During the course of the clinical year, students may at some point (or multiple points) experience a critical incident. “Critical incidents can be defined as events that provoke strong emotional reactions from … healthcare professionals. … Such stressful events can include aggression and violence, care of critically ill patients, the involvement of families in major incidents and death or resuscitation of patients, especially children (Tyrrell & Healy, 2011, cited in Tyrrell & Healy, 2013, p. 32). It may be useful to broaden the definition to incidents that are critical from a learning/student perspective; examples might include medication preparation errors, providing incomplete information/answers to a coach/patient/family member question, and/or inability to recall normal lab values. According to Malone (2012), “major events, such as workplace violence or aftermath after a large disaster, may seem obvious opportunities for {student; nurse} support; the daily incidences that nurses confront can have a profound and lasting impact. Some evidence shows that when nurses do not receive situational support after experiencing distress in the work setting, they are not able to easily process the experience (p. 110).”



Coaches are instrumental in assisting students to develop confidence in their nursing knowledge as well as in their skills and professional practice, as well as developing the ability to process various critical incidents

experienced during the clinical year. This tool will serve them as they progress to independent practice after graduation. This processing skill is similar to a critical incident stress debrief. “Critical incident stress debriefing was developed by Mitchell (1983) after he … attended” a road traffic accident in the role of health care provider (Healy & Tyrrell, 2013, p. 33). After the incident he became fixated on an item in the vehicle, and later realized his fixation was due to stress. “As a result, he decided to develop a debriefing model that would help people with stressful and high-risk jobs” deal with similar events (Healy & Tyrrell, 2013, p. 33).

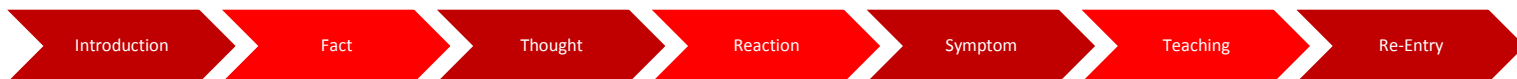
Fara, Mora and Latham (2015) recommend a standardized debrief process with a designated person functioning in the role of facilitator. The end goal for the debrief process is to empower an individual to recognize the need for and request a critical incident debrief of any event that sparks an emotional response. Fara and Hiner (2015) state that “critical events are self-defined, often unexpected, traumatic events with the potential to involve multiple staff members that result in strong emotional responses for which usual coping mechanisms may be ineffective. Health care professionals are trained to clinically respond to patient-related events; however, they may not have the resources to adequately respond to emotions triggered by these events. Health care providers in these situations may have feelings of worry or grief after the event. If these feelings are not addressed, they may lead to increased stress, hindrance of the ability to provide good care, and burnout. Debriefing is a meeting/discussion undertaken for the purpose of recounting (retelling) reflection (continued processing) after a critical event has occurred.

The purpose is to help review processes and improve clinical practice, provide staff with emotional and psychologic support, and foster teamwork (p. S36).” The authors continue that the debrief session provides the nurse (or student) a safe environment in which to examine thoughts, feelings and responses to the particular event, which will enable the nurse to prepare for future similar events.

Coaches are encouraged to be sensitive to students’ stress related to various events that may trigger emotional responses in the clinical setting. Not all incidents will result in the same stress level for each student; additionally, some emotional responses may be delayed for days or weeks following the event. Consider spending time with your student to facilitate the debrief process as soon as possible after identification of any event that may trigger a strong emotional response on the part of the student. The following phases have been identified:

- Introduction: Ensures an appropriate environment and defines expectations of student/coach during the debrief
- Fact: Student describes the events and her/his role during the critical incident
- Thought: Participant describes initial and most prominent thought immediately following the incident; helps the student transition to the emotional response
- Reaction: Identification of the most traumatic aspect of the emotional reaction
- Symptoms: Description of affective, behavioral, cognitive or physical reactions during or after the incident
- Teaching: Identification of signs/symptoms of stress, as well effective coping strategies
- Re-Entry: Clarification of issues, summarizing of any relevant interventions, brings closure to the discussion and facilitates ending the session on a positive note

(Everly & Mitchell, 2005 as cited in Malone, 2012)



REFERENCES

- Faron, S. & Hiner, J. (2015). “Enhancing clinical support and collaboration through creation of a standardized critical event debrief process.” *Journal of Obstetric, Gynecological, & Neonatal Nursing*, 44(S1), S6-S40. [Professional Issues Poster Presentation]
- Faron, S., Mora, J., & Latham, M. (2015). “Supporting nurses to navigate critical events.” *Journal of Obstetric, Gynecological, & Neonatal Nursing*, 44(S1), S1-S5. [Paper Presentation]
- Healy, S. & Tyrrell, M. (2013). Importance of debriefing following critical events. *Emergency Nurse*, 20(10), 32-37.
- Malone, C. (2012). Critical incident stress debriefing and pediatric nurses: An approach to support the work environment and mitigate negative consequences. *Pediatric Nursing*, 38(2), 110-113.



THRID SEMESTER COURSE INFORMATION & CLINICAL FOCUS



Summer Semester Course Timeline:

FALL: 8/24 – 12/9			
Labor Day: 9/5, Thanksgiving Holiday: 11/24-25			
Aug/Sept	Oct	Nov	Dec
		10/28-12/9 NURS4310 Synthesis of Nursing Knowledge ATI Comprehensive Predictor on 10/28 & 12/5	
8/24-12/2 NURS4398 <i>Acute Care Nursing Didactic</i>			
8/24-12/5 NURS4310 <i>Acute Care Nursing Clinical</i>			
8/24-9/23 NURS4317 <i>Community Nursing</i>			
9/26-10/28 NURS4318 <i>Management & Leadership</i>			
	10/31-12/2 NURS4316 <i>Health Promotion</i>		
		** 11/7-12/5 NURS4219 <i>Clinical Competence II</i>	
COMPLETION DATE: 12/10/2016			
TTUHSO OFFICIAL GRADUATION CEREMONY: 5/2017 - TBD			

Mark Your Calendar with these Important Dates:

- 12/1/16- Patient Education Project Evaluation Due. Your student should have more information for you on this assignment
- 12/5/16 - Final Evaluations due
- 12/5/16 – Clinical checklist due
- 12/5/16 - Last day for clinical
- 12/10/16 - Graduation Weekly review of clinical checklist and performance feedback

Clinical focus for November:

- Gastrointestinal:
 - Pancreatitis, Appendicitis, Hepatic Failure
 - Cholecystitis/Cholelithiasis
 - Parenteral/Enteral nutrition
- Musculoskeletal:
 - Crush injuries, Compartment Syndrome
 - Fractures & Immobilization Devices
 - Amputations, Burns
- Perioperative Care:
 - Anesthesia & Moderate Sedation
 - Postoperative airway & wound management
- Endocrine:
 - Antidiuretic hormones
 - DKA/HHS
 - Hyperthyroid/Hypothyroid/Thyrototoxicosis
 - Acute Adrenal Insufficiency
- Palliative Care and End of life care

THANK YOU FOR YOUR CONTINUED SUPPORT AND DEDICATION TO OUR PROGRAM AND PROFESSION

