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A Guide to Debriefing Sessions in the NICU

For the Purposes of Staff Support*

Sometimes when we have a particularly difficult case, providing care to baby and family can be distressing and/or discouraging, leaving us drained or upset due to our unresolved questions and emotions. It may be hard for us as staff to go forward after such a case, whether or not it resulted in the baby's death. The purpose of this type of debriefing is for everyone involved to have a chance to process their emotions, ask and answer questions related to the situation, give each other feedback, acknowledge the challenges we faced as a community and provide support to each other. We may also find out things we could have done better.

Who should be a facilitator? (There are many choices.)

- Preferably a mental health professional (psychologist, social worker)
- A NICU Medical Director
- A neonatologist on service at the time of the baby's death or problematic issue
- Someone from the Palliative Care Team

Who should attend?

- Any staff mental health professionals
- All staff involved in baby's care, from all disciplines, especially those involved in the event being discussed such as a death
- Someone from Chaplain service, and someone from Palliative Care if appropriate

When should it be held?

- This type of debriefing should be held within a week or two after the patient's death (or other issue being discussed). This gives staff a chance to give the family and their patient care responsibilities their full attention at the time of the incident, and then collect their thoughts afterwards while not under the immediate stress of the situation.
- It should be held when the maximum amount of involved staff can participate.

Welcome and introduction

- Review purpose of debriefing session
- Invite participants to give names and answer the question, "How were you involved in care for this patient and family?"

Factual information

- Review time of death circumstances
- How long was the patient ill before death?
- Was death expected or unexpected?

Case review

- What was it like taking care of this patient?
- What was the most distressing aspect of the case?
- What was the most satisfying aspect of the case?

Grief responses

- What have you experienced since the death? (Elicit physical, emotional, behavioral, cognitive or spiritual responses)

Emotional responses

- What will you remember most about this patient/family?

Strategies for coping

- How are you taking care of yourself so you can continue to provide care for other patients and families?
- Provide grief coping strategies
- Provide available resources

Lessons learned

- What lessons did we learn from caring for this patient/family?

Conclusion

- Acknowledge care provided
- Provide bereavement support available for families and staff

It's important to remember that team leaders and debriefing facilitators will also experience the emotions of grief, guilt, pain and sadness no matter how many times we have had a patient die. We need to look out for each other and help each other cope with these emotions.

*Adapted from: Keen EA, Hutton N, Hall B, Rushton C. Bereavement debriefing sessions: an intervention to support healthcare professional in managing their grief after the death of a patient. *Pediatric Nursing* 2010; 36 (4); 185-9.