Embracing our Humanity while Fostering Resilience: The Perinatal Virtual Bereavement Debrief

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Introduction

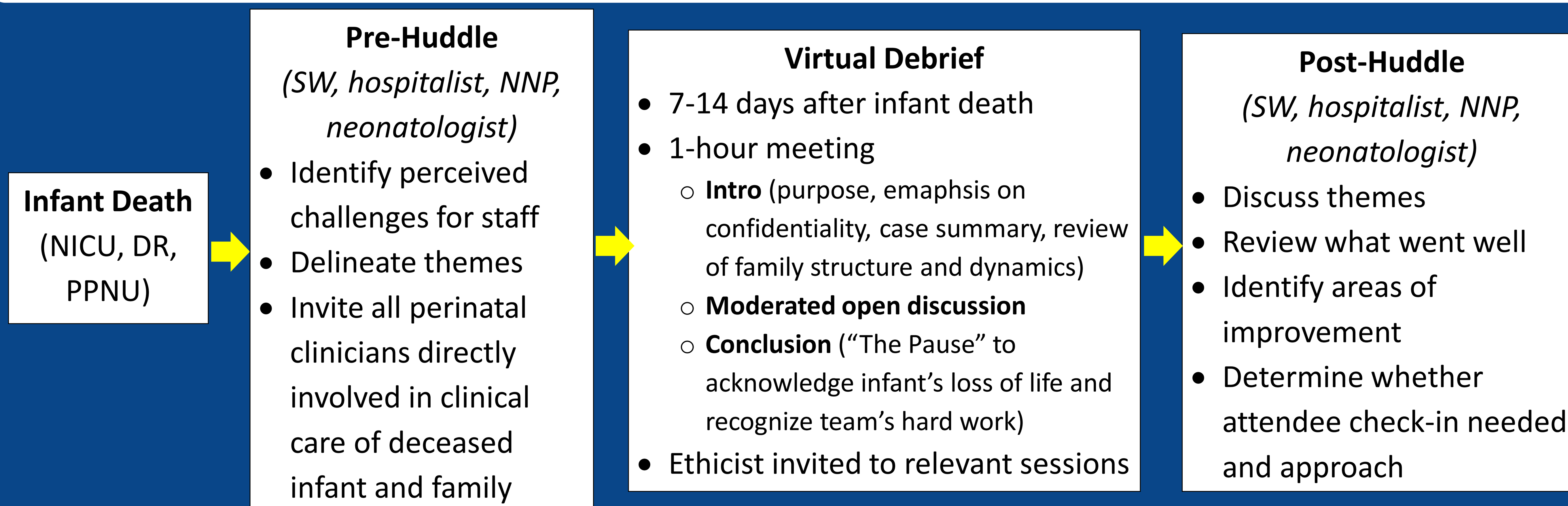
Healthcare workers routinely experience traumatic events and emotional stress, commonly understood as occupational hazards. When a patient dies, grief, moral distress, rumination over mistakes, and even impostor syndrome are some possible emotional responses felt by the team.

At the beginning of the COVID-19 pandemic, a Neonatology Wellness Committee survey found that staff sought improved debriefing experiences after patient deaths. While the medical aspects of the cases were reviewed immediately after the demise at well attended M&Ms, there were limited opportunities to process the holistic aspects of care and the secondary effects on team members.

Goal

To acknowledge and embrace the emotional impact of caring for a dying patient and to foster resilience amongst staff, we introduced a multidisciplinary, structured, facilitator-led virtual debrief session focused on what it meant to care for this patient.

Intervention: The Perinatal Virtual Bereavement Debrief



-14 sessions, multi-disciplinary: neonatologists, NNPs, obstetricians, nurses (L & D, NICU, Postpartum), SWs, RTs, spiritual care providers, specialists (BCH PACT team, cardiologist)

-n=12 attendees/session (largest - 34 staff from BIDMC, BCH, and a community hospital)

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Progress to Date (since Feb 2021)

Themes	Descriptions	Impact of Virtual Debrief
High standards of team members	Team members worry: Did I miss something? Was I present with parents in the way they needed? Did I say too much or too little? Did I do enough?	Discussions recognize limits of interventions & sense of helplessness one may feel when those limits are met. Discussions lifted a perceived burden of responsibility that some providers were carrying by acknowledging the larger team involved in supporting the patient.
	Team wishes to see patient through their entire journey and when absent at the time of death, perceive a lack of closure.	Sharing the patient's story and post-discharge family update can provide closure in a vicarious manner.
Unanticipated events or rapid redirection of goals →added angst	Team rapidly pivots to meet the clinical and emotional needs of patients and families in dire situations; yet, the very nature of these events results in limited real-time processing for staff.	Providing this dedicated time signals to healthcare workers that their emotional responses are normal, respected and valued. While clinician emotional responses must be deferred in the moments of intense operational demands, there is time and space for these responses once the situation is defused.
Challenge of balancing hope and reality with family	Team struggles with need to disclose infant's expected poor outcome and removing all hope.	Discussions allow senior attendees to offer approach, including importance of titrating information and meeting families where they are at. Discussions acknowledge that being with a family, supporting and not abandoning them, provide family with the feeling that they were cared for.
Priority of family-centered care	Team cares deeply about providing time for parents to be with their critically ill baby. Team honors cultural differences.	Discussions allow attendees to witness the exceptional meaning in well-coordinated family-centered care, show how healing occurs even if outcome is poor, and inspire providers to look for healing opportunities that transcend typical approaches.
Appreciation of neonatal team & interdisciplinary collaboration	Team values supporting each other during emotionally difficult periods and unexpected outcomes.	By offering reflection on the compassionate care provided, team members can recognize the amazing good that was done even in a bad situation. Interdisciplinary discussion allows providers to see the case from one another's perspective and allows cross-discipline support of each other.

Next Steps

1. We plan to evaluate the impact of these debriefs by surveying attendees after a 15-month period.
2. If NICU staff are interested, we plan to broaden these virtual debriefs and hold them during times of increased stress in our unit such as periods of extremely high acuity, high morbidity, care of a complex challenging patient, and limited resources.

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