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Poster Title

Preventing Internal Combustion: Healing the Healers Following Critical Incidents in Obstetrics and Gynecology

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Objective: (1) To identify the prevalence of critical incidents experienced by OBGYN residents during their training; (2) to evaluate whether post-incident debriefing could be used as a tool to help OBGYN residents approach and process future critical incidents.

Background: Healthcare professionals confront suffering, disease and death on a daily basis and the cumulative effects of these experiences can be taxing.¹ Trainees are especially vulnerable to these experiences and their lasting impact. Among these experiences are critical incidents – powerful and overwhelming events that lie outside of the range of normal human experience with the ability to exhaust usual coping mechanisms. Proponents of debriefing suggest that talking about critical incidents can improve the work environment and alleviate stress.^{2,3} Branch et al also note the importance of reflection as a way of promoting moral and psychological growth in learners.⁴ Yet, there is a paucity of formalized curricula for educating residents about critical events and associated second victim stress. There is also little data on the utility of post-event debriefing during medical training. Finally, there are no studies that examine how debriefing during training might influence future clinical practice.

Methods: Following a single, “sentinel,” critical incident in July 2013, the OB/GYN faculty organized a formal debriefing session to help residents psychologically cope with the adverse outcome. The debriefing involved all available OB/GYN residents (including 5 residents directly involved in the sentinel incident) and was moderated by a faculty member not involved in the sentinel incident as well as a member of the hospital Employee Assistance Program (EAP). Participants discussed the details of the case as well as the impact of the incident on their professional and personal lives. Moderators offered validation of expressed emotions and suggestions as to how affected residents might move forward. Following this debriefing session, a retrospective needs assessment using a Likert scale (always, sometimes, never), yes/no, and free text responses, was conducted. The assessment explored prevalence of critical events experienced by OB/GYN residents, how often these events were reviewed, and whether residents felt they had the skills to cope with the adverse effects of such events. To evaluate whether debriefing could be used as a tool to help residents process and learn from future experiences, the needs assessment also posed targeted questions related to the utility of this particular “sentinel incident” debriefing and explored whether there was a desire for future post-incident debriefing.

Results: 28 residents responded to the survey (96.5% response rate). 82% reported being involved in at least one critical incident during residency. 18% and 46% reported “always” or “sometimes” having an opportunity to review those incidents. 61% reported “sometimes” feeling they had enough support to cope. Of the five residents directly involved

in the sentinel incident, 100% felt negatively affected by the incident and 60% did not discuss the incident prior to the debriefing. Before the debriefing, only 20% of residents involved in the sentinel incident felt equipped to cope with its impact; after the debriefing session, 100% felt equipped to do so. Overall, 92% of residents believed debriefing after any critical incident was helpful and endorsed a desire to debrief after future incidents. 77% of residents who participated in the sentinel debriefing believed that their experience in the sentinel debriefing would change their clinical practice going forward.

Conclusion: Residents in OB/GYN commonly experience and are significantly affected by critical incidents. Post-incident debriefing is not currently standard practice in OB/GYN but may be beneficial to providers, particularly trainees. While the aforementioned sentinel debriefing session required external guidance, residents may derive more timely and valuable benefits from initiating and facilitating debriefing sessions themselves. Our current work includes the development of a curriculum to teach residents about critical events and how to facilitate a debriefing. We aim to assess the impact of the curriculum and also whether post-incident debriefing can change perceived levels of secondary traumatic stress, burnout, and compassion.