

ADVERSE EVENT DEBRIEFING

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Introduction: Adverse events come in many forms, are often unexpected and traumatic, and cause excessive amounts of stress among nurses. Nurses are trained to respond to clinical situations but do not always have the coping mechanisms necessary to manage their emotional response and subsequent stress following adverse events.

Identification of the Problem: Stressful experiences have negative psychological and physical implications for nurses. Stress can impede a nurse's ability to provide high quality care, create safety concerns, and undesirable patient outcomes.

EBP Question: What is the best practice and methodology in conducting a structured debriefing among nurses after an adverse event to reduce their stress levels?

Methods/Evidence: Evidence was collected through a literature review using the CINAHL research database that consisted of 45 articles reviewed, and 27 appraised. The evidence was then summarized to create a clinical practice guideline and evidence-based documentation tool. A lesson plan was subsequently designed to educate nurses on the adverse event debriefing process.

A qualitative study evaluated responses from 20 nurses. Questionnaires were given before and after participation in a lesson on adverse event debriefing. The objective was for nurses to rate their feelings on a Likert scale when answering questions about their knowledge of adverse events and their awareness and comfort level with various aspects of the debriefing process. Evaluation of the 20 questionnaire responses showed an overall 26.4% improvement in nurses' awareness and comfort with adverse event debriefing after receiving the lesson.

Significance of Findings/Outcomes: The evidence obtained in the literature search supported conducting structured debriefing sessions after adverse events to decrease subsequent stress levels, and the survey validated that nurses need further education to be knowledgeable and comfortable with the process.

Implications for perianesthesia nurses and future research: Practice recommendations include performing debriefing sessions after adverse events by following a clinical practice guideline and utilizing a debriefing tool for documentation and process consistency.