An exploration of clinical staff's experiences of debrief sessions following critical incidents within a paediatric critical care ward and neonatal unit within LTHT

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Background

This service evaluation project (SEP) has been commissioned by Dr. Johanna Farrington-Exley. Joanna is a Clinical Psychologist working into the staff support service in the paediatric critical care and neonatal wards within Leeds Teaching Hospital Trust. Joanna and her colleagues facilitate voluntary debrief sessions for staff following critical incidents on the wards.

What is a debrief?

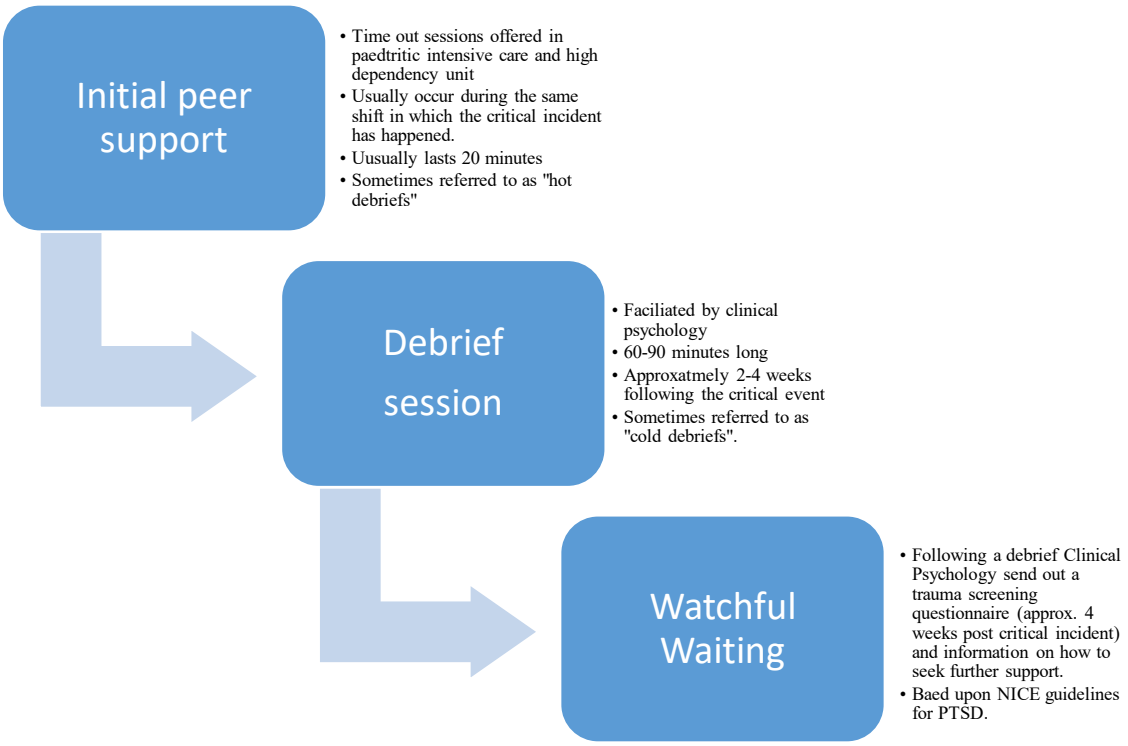
Debriefs are a post trauma intervention that clinical psychologists can offer staff following distressing, often unexpected, events. It is important to recognise that there are a wide range of formats in which a debrief can be delivered. Within organisations such as healthcare services, the three most widely utilised formats are critical incident stress debriefing (Mitchell, 1983); trauma risk management (Jones et al., 2013) and psychological debriefing (Dyregrov, 1989).

Within the context of this SEP a debrief refers to a safe and contained space for staff to reflect upon their thoughts, feelings and emotions following difficult incidents for example an unexpected patient death on the ward. Mitchell (1983) provides a helpful definition of debriefs within organisational contexts…"meeting between the rescue worker and a caring individual (facilitator) able to help the person talk about his feelings and reactions to the critical incident" (Mitchell, 1983; p. 37). The session's goal is to promote peer support and to offer an opportunity for individuals to explore coping strategies including how to access ongoing emotional support. The Clinical Psychologist facilitating the session will also offer psychoeducation relating to common reactions to potentially traumatic events.

Within the neonatal and paediatric critical care departments at Leeds Teaching Hospital these debriefs form part of a wider model of staff support following traumatic events (see figure 1).

Figure 1

Diagram displaying the support system in place for staff working within Leeds paediatric critical care unit after they have been involved in or witnessed a traumatic event.



Literature review

Working into a paediatric critical care or neonatal unit caring for unwell infants, children and adolescents can feel rewarding however it is important to recognise how challenging and demanding these environments can be. Poor staff wellbeing and high levels of burnout, specifically within critical care medicine, remains a significant problem within the national health service and contributes to attrition rates and subsequently patient safety, care, and satisfaction (Spencer, Nolan, Osborn & Georgious, 2019; Panagioti et al., 2018; Hawryluck & Brindley, 2018). Healthcare workers are continually confronted on a daily basis with high rates of mortality, families experiencing unprecedented stress and the conflict of ethical dilemmas (Acker, 1993). Staff are continually exposed, directly and indirectly, to suffering and distressing events that have the potential to elicit trauma

responses in staff members with a long lasting and detrimental psychological impact for some (Rodruguez-Rey et al., 2019; Skogstad et al., 2013).

Reactions to trauma

Witnessing events such as an unexpected resuscitation or sudden death will inevitably elicit difficult emotions and feelings for some healthcare professionals, especially with such a young patient population. Commonly these responses are fairly short-lived, and distress tends to gradually diminish over time (Adriaenssens, De Gucht & Maes, 2012). A trauma response can present in many ways however typically individual's experience flashbacks where an individual may feel as though they are actively reliving the traumatic event; an avoidance of locations, objects or activities that trigger the distressing memory and hyperarousal including heightened vigilance and irritability. There is the risk of developing long term and persistent psychological difficulties that can greatly impair an individual's ability to function in day to day life , this may be diagnosed as post-traumatic stress disorder (National Institute for health and Care Excellence [NICE], 2018).

Research has indicated that healthcare workers, especially within critical care settings, are at an increased risk of longer-term psychological consequences, including the onset of PTSD (Mealer, Shelton, Rothbaum & Moss, 2007). Individual's may also experience ongoing problems with their mood, anxiety, and compassion fatigue (Huddlestone et al., 2016). These are all difficulties that can cause significant and prolonged emotional unrest alongside functional impairments including reduced productivity and capability within their professional role (Tehrani, 2000; McNally et al., 2013).

The use of debriefs following traumatic events

Given what is known about the impact of witnessing traumatic incidents, especially when this is repeated exposure like in critical care environments, support for staff to help them to understand and manage their emotional reactions is important.

There is a substantial body of literature that examines the effectiveness of debriefs as an early intervention to support indiviudals within organisations following an incident. It is important to acknowledge that the purpose of early interventions is not to prevent PTSD or to treat trauma related symptoms (Ruck et al., 2013). Instead, debriefs provide an early opportunity to help alleviate difficult and sometimes painful emotions and distress (Raphael and Wilson, 2000).

There has been some controversy about the use of debriefs since the NICE guidelines were updated following a concerning study by Bisson et al (1997) that found debriefs were correlated with a higher prevalence of trauma related symptoms 13 months post the incident. As a result of this, NICE did update their guidelines and recommended against the use of single session early intervention sessions in fear of longer term negative effects including re-traumatisation. However, NICE have since acknowledged a lack of good quality evidence evaluating the effectiveness of debriefs. Despite Bisson et al (1997) providing the first randomised controlled study within this field, the results had to be treated with caution due to a low prevalence of PTSD across the sample, resulting in poor statistical power. NICE has recognised that its previous guidance was not designed for emergency response services such as hospitals offering psychosocial support for trauma exposed staff (Hawker & Hawker, 2015). The current guidance therefore places the responsibility to evaluate organisational interventions within the roles of the occupational and public health bodies (NICE, 2018b). The guidelines have since been updated highlighting the lack of sufficient and good quality research to determine the true effectiveness of early interventions.

In a recent scoping review of 50 studies, Richins et al. (2020) concluded that debriefs can benefit individuals by providing an opportunity to provide psychosocial education to peers (colleagues), subsequently promoting a sense of social cohesion and connectedness within a team (Dyregrov, 2003). Furthermore, they offer a space to collectively construct a shared narrative of the incident. Olff (2012) found that debriefs allow teams to communicate about their own experiences in order to gain a more detailed more complete picture of the timeline of events and exactly what had happened. The sessions enabled indiviudals to fill in the gaps in their own knowledge and also feel less alone. The literature also suggests that debriefs can be valuable as a provision of psychoeducation about managing distress (McNalley, Bryant & Ethlers, 2003).

Effectiveness of debriefs within paediatric critical care settings

The research base about how effective debriefs are for staff working in paediatric critical care settings remains sparce despite it being commonly utilised within these settings (Ireland, Gilchrist & Maconochie, 2016). Evaluating staff support systems within paediatric settings is vital given the high rates of burnout and emotional exhaustion in this particular population (Tedesco et al, 2014).

Aims

To evaluate psychology led debriefing sessions offered to NHS staff working within the neonatal and critical care paediatric units within Leeds Teaching Hospital Trust.

- To explore the aspects of the debriefs that have felt valuable for attendees.
- To explore how the debriefs could be improved going forward to best suit the needs of those who could attend.
- To explore the experience of attending a debrief facilitated online via Microsoft teams

Method

Design

A mixed methods approach was taken for this SEP. Pre-existing feedback forms (appendix A and B) were analysed using quantitative and qualitative methods. In addition to this and with the aim of capturing richer and potentially more meaningful data, the initial plan was to conduct 1-1 semi-structured interviews with staff members. Due to significant difficulties in recruitment no interviews were conducted.

Participants

Feedback forms were completed by staff who had attended a debrief between January 2019 and September 2022. All identifiable information was excluded from the forms prior to analysis therefore specific information i.e., job role, cannot be obtained. All staff who are directly involved or who feel affected by a specific incident are welcome to attend the debrief and therefore could form part of the participant sample. This largely encompasses clinical and non-clinical staff working into the paediatric critical care and neonatal units within Leeds teaching hospital. However, staff who do not work directly into these clinical areas who may have been involved in the incident are also welcomed to attend i.e., midwifes and paramedics.

Data collection

Data was collected using a physical survey (prior to Feb. 2020) or an online survey via google forms (Feb.2020 onwards). The survey included likert scales and free text questions. The data was already being routinely collected following every debrief session that was offered. At the end of the

debrief session all attendees were requested to complete a form (in person or online). In total, 88 feedback forms were analysed that were collected between January 2019 and June 2022. Between January 2019 and January 2020, 58 physical feedback forms were completed over 12 debrief sessions. In 2020, when debrief sessions were facilitated remotely, google forms was used as a means to gather feedback. Between July 2020 and June 2022 30 electronic forms were completed over 11 debrief sessions.

The physical feedback form consisted of three 5 point likert scales and two questions with a free text box response.

The online form included an additional question with a 5 point likert scale and a question with a free text box response that specifically addressed the debrief being facilitated online and not in person.

Ethical considerations

Ethic's approval was granted by the University of Leeds Faculty of Health and Medicine Research Ethics Committee. Given that pre-existing feedback data was being analysed no active participant consent processes were required. Respondents were aware when completing the forms that the data provided could be used to help inform service development. To ensure that respondent's identifiable information remained secure and confidential all responses were anonymised prior to the external researcher having access to the data.

Procedure

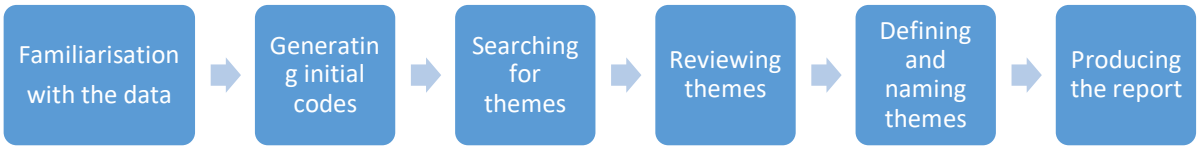
Scanned in anonymised physical feedback forms were sent to the researcher via a secure NHS net email account from the service evaluation's commissioner and service led, Dr Joanna Exley-Farrington. Access was provided for the researcher to access the google forms where the online feedback forms were saved.

Analysis

Descriptive statistics have been used to analyse the quantitative data gathered from the 5 point likert scales. Thematic analysis (Braun & Clark, 2012) has been used to analyse the qualitative data derived from the free text responses. Thematic analysis involves identifying the main themes (topics discussed) that are present within an interview transcript or written survey response. The six stages of thematic analysis are summarised in figure 2.

Figure 2.

The process of thematic analysis summarised from Braun & Clark (2012).



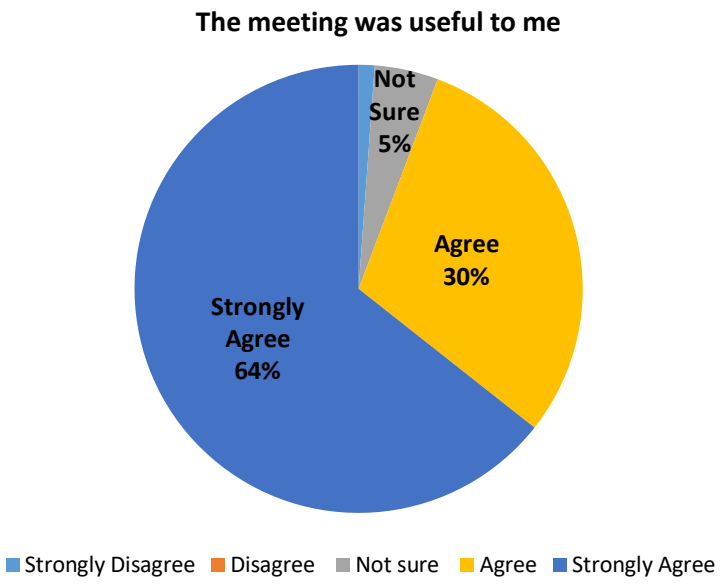
Results

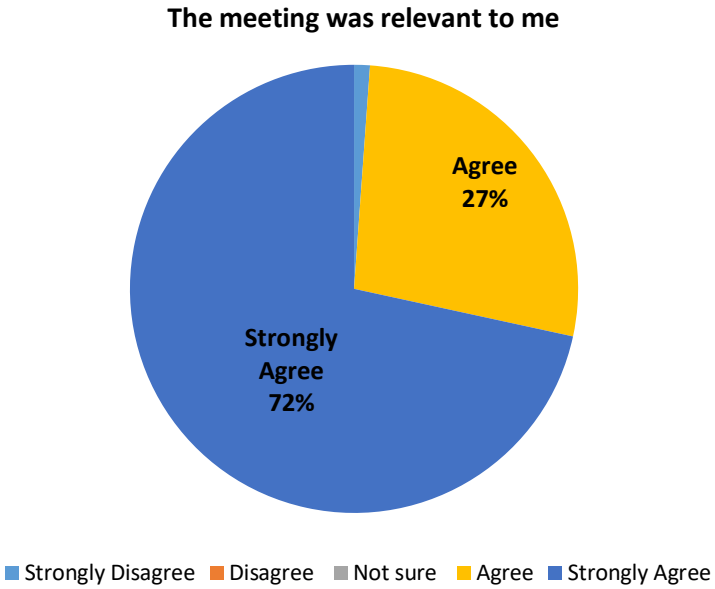
Quantitative feedback

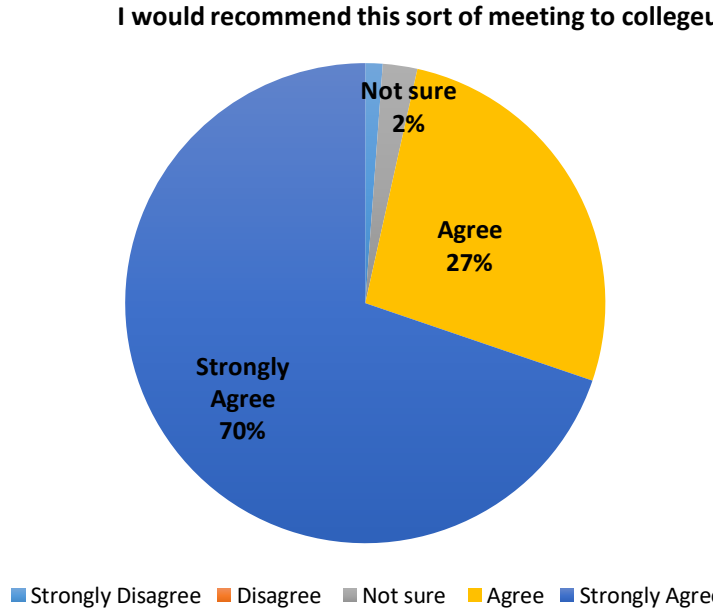
The pie charts below (figure 3) displays a summary of how attendees responded to the initial likert scales on the survey about whether they found the debrief meeting beneficial.

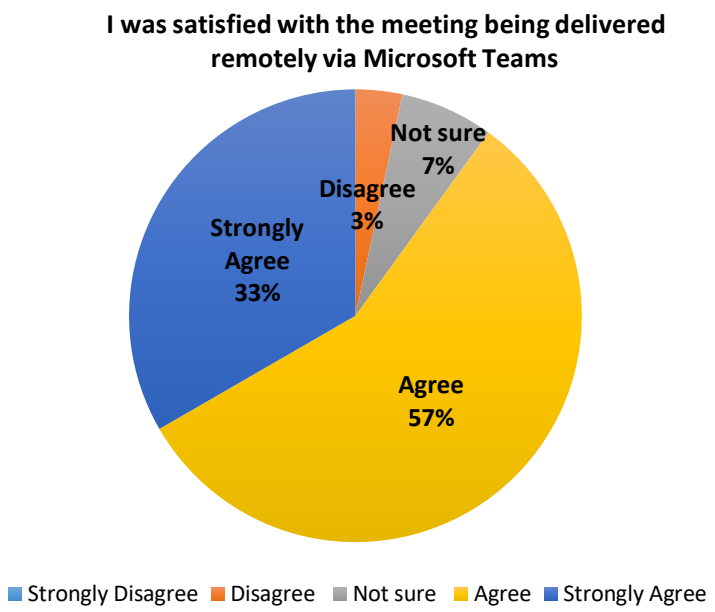
Figure 3.

A series of four pie charts that display a summary of the responses for the likert scale questions from the feedback survey (appendix A & B).









Usefulness

Out of the 87 responses analysed for this question 64% (56 respondents) reported strongly agreeing with the statement “the meeting was useful to me”. A further 30% agreed (26 respondents) whilst 5% (4 respondents) stated they were unsure. Less than 1% (1 respondent) stated that they strongly disagreed with the statement.

Relevance

Out of the 88 responses analysed for this question 72% (63 respondents) reported strongly agreeing with the statement “the meeting was relevant to me”. A further 27% (24 respondents) reported agreeing whilst less than 1% (1 respondent) strongly disagreed.

Recommendations

Out of the 86 responses analysed for this question 70% (60 respondents) reported strongly agreeing with the statement “I would recommend this sort of meeting to colleagues”. A further 27% (23 respondents) agreed that they would recommend the meeting whilst less than 1% (1 respondent) strongly disagreed.

Satisfaction of attending online

Out of 30 responses analysed for this question 33% (10 respondents) reported strongly agreeing with the statement “I was satisfied with the meeting being delivered remotely via Microsoft teams”. A further 57% (17 respondents) agreed with the statement whilst 7% (2 respondents) were not sure and 3% (1 respondent) disagreed.

Qualitative feedback

Thematic analysis was used to analyse the free text responses to the following four questions:

1. Overall, what did you like about the meeting?
2. Is there anything you would change about the meeting?
3. What went well about delivering the meeting via Microsoft Teams?

4. Do you have any comments about running debriefs over MS Teams?

Three superordinate themes were derived across all of the qualitative feedback:

1. Positive experience
2. Areas to improve
3. Experience of attending online

The report will now explore each of these superordinate themes separately identifying the main themes and subthemes within the format of a thematic map.

Positive Experience

Figure 4

A thematic map to show the themes and subthemes within the subordinate theme of "positive experience".

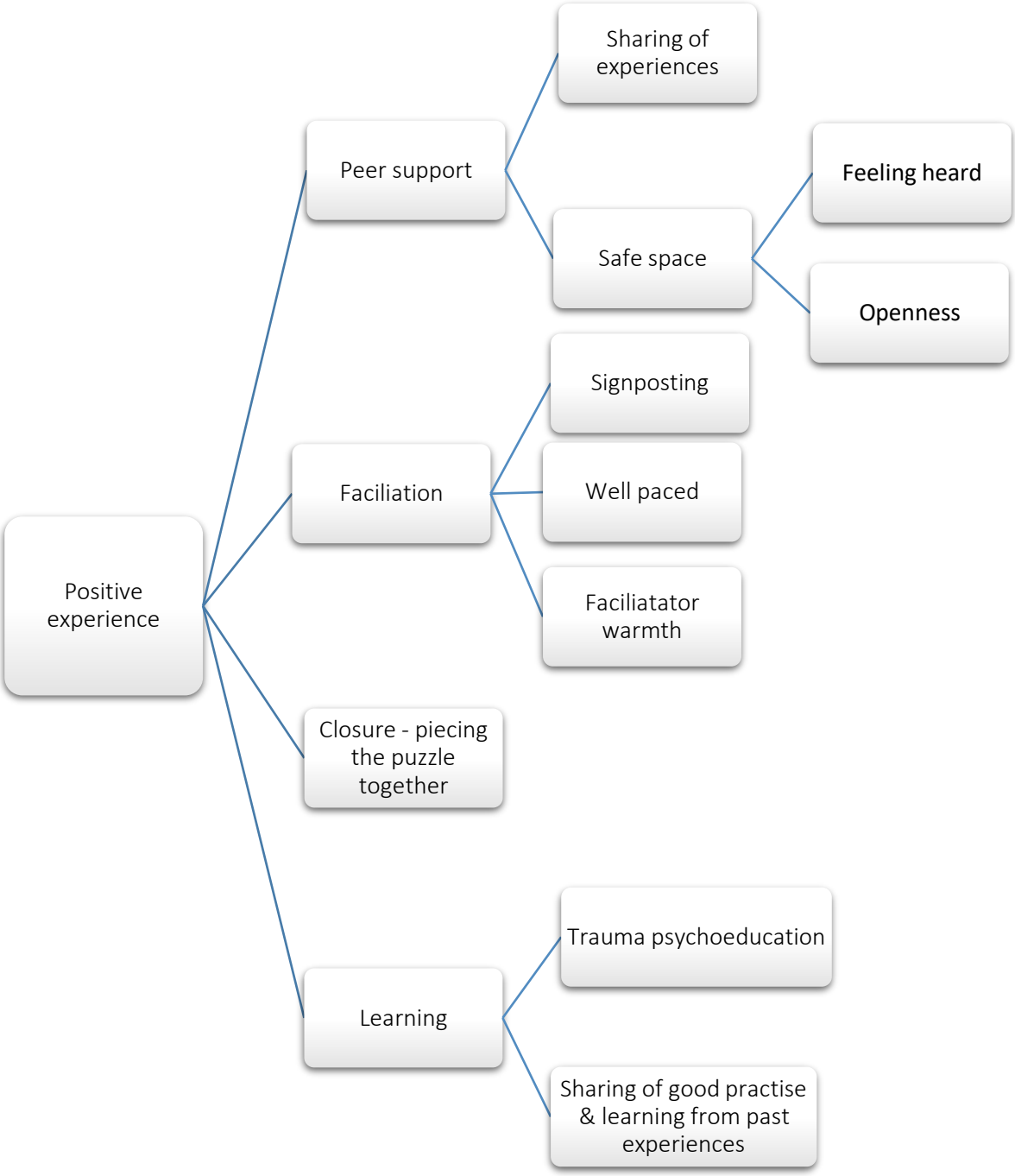


Table 1

Table to display supporting quotes for the themes identified within the subordinate subtheme "positive experience".

Superordinate theme	1st order	Supporting quote(s)
Peer support	Sharing of experiences	"Reassurance from team members that we were all feeling the same/ that we did absolutely everything for the baby and family."
		"Chance to hear what others were feeling."
		"Input from all involved, feelings and perceptions."
		"Ability to talk freely and hear from other people involved."
		"Talking about the event. Seeing I am not alone. Seeing that my reactions are normal."
		"Helpful to hear that other people had similar feelings about what happened, that I wasn't alone."
		"Chance to discuss care, outcomes, and feelings about event. Be able to rationalise my feelings. Awareness of colleague's feelings involved in incident."
		"A chance for all involved to meet and talk freely in a non-judgemental setting. Enabled all to realise the thoughts and feelings we have had are common and felt by all."
		"Open forum to discuss event. Good recognition of how traumatised everyone is by the event."
	Safe space	"Safe environment to talk, felt like everyone was being listened too."
		"Supportive environment. Chance to all give our opinions."

		"I was able to express how I felt about the event without being judged. Everyone listed to each other's views." "Informal chat about events and emotions surrounding this. Allowed me to discuss feelings and impartial listeners to help me to gain some elements of closure." "People's honest answers." "Really open environment where discussions were encouraged, felt like a safe space." "The opportunity to talk openly." "It was honest, open and cathartic." "Open and confidential." "Open space to talk with colleagues that feel the same…" "A safe forum to express feelings/ reaction to a serious incident. An open environment enabled sharing between professionals." "Openess of individuals, helpfulness of others, listening to experiences of others." "Openess and honesty that everyone had, no one members input was less valued and allowed for open discussion about the case."
Facilitation	Signposting	"Where to get further support if needed.**"** "Useful signposting to other resources."
	Well-paced	"Facilitation was good – allowed enough time for non-directed discussion."

		"Well moderated. Joanna did well to try and ensure that each person had the same amount of time to talk."
	Facilitator warmth	"Joanna was easy to talk to very approachable."
Closure - Piecing the puzzle together	NA	"Good to hear views and reflections from various team members. Good for closure to find out what finally happened with the patient, as I wasn't sure how they had passed before we discussed it." "Found out answers which may have otherwise not been communicated." "Discussing the event and hearing everyone else's point of view on what happened." "I felt the meeting was a very valuable much needed meeting. It was very helpful to gain closure to the event and fantastic to know how well the baby is doing."
Learning	Trauma psychoeducation	"…thought it was good that she took some time to explain stress symptoms and that this is normal following an event such as a death." "Good to understand what normal reactions are." "It was useful to find that the psychologists thought the situation was stressful/traumatic as that gives justification to my feelings of being upset and sad." "Coping strategies discussed."
	Sharing of good practise & learning from past experiences	"It was good to come together and discuss events with colleagues to share what went well and learning. Makes you feel well supported." "Discussing learning points for the future." "It made us feel supported and happy in the knowledge that we did a great job."

	"First time had chance to see/discuss what happened with colleagues who were involved and support/ had input on day. Good to reflect some positives/ what people did well not just focus on negatives."
	"Good learning points."

Within the superordinate theme of "positive experience" four main themes were identified across the participant responses. Table 1 displays direct quotes from the raw data in support of these themes.

Peer Support

The benefits of colleagues supporting each other was highlighted consistently throughout the feedback responses indicating that it was a strong contributory factor to how helpful the sessions were. There were two subthemes derived from this theme.

Sharing of experiences

This refers to individuals commenting upon how beneficial it was to hear about and feel connected to the emotions and experiences of others. Some respondents spoke about finding it useful to know that others had experienced similar emotional reactions following the event, enabling them to 'justify' and validate their own response.

Safe space

The debrief was commonly referred to as a safe and containing environment. A space where attendees felt comfortable to be open and honest about their emotions and experiences. The feedback frequently focussed upon attendees feeling heard and listened too by their colleagues in both a supportive and non-judgemental non-hierarchical way.

Facilitation

This theme was in relation to the positive aspects of how the sessions were facilitated. There were three main topics discussed.

Signposting

Feedback indicated that signposting information about where to seek further emotional support was beneficial.

Well-paced

Attendees commented about the 90 minute session feeling well-paced. There was a common consensus across the responses that all indiviudals who wished to speak were able to whilst still having time for facilitator led discussions about trauma responses or signposting for support.

Facilitator warmth

The understanding and empathy of the facilitator was valued. Feedback highlighted that attendees valued not being put under pressure to actively participate i.e., speak, if they didn't wish too, enabling attendees to feel more at ease and comfortable.

Closure- piecing the puzzle together

Attendees referred to feeling a sense of closure after attending a debrief session. Closure referring to having a problem resolved in some way. Attendees frequently commented within feedback about valuing the opportunity to learn more about what had happened as this helped them to move on and not be left with unanswered questions. In particular, there was an importance placed upon the ability to form an accurate timeline of what had happened to the patient, where and when. Having a space where all indiviudals involved in the incident, across various settings and disciplines, were invited enabled attendees to ask questions to fill in missing parts of the story. Subsequently, enabling them to feel a sense of closure as they could seek answers to any unresolved questions. Furthermore, having the chance to find out what happened to the patient after the staff members professional responsibility/contact with them had ended was really valued. For some, this provided a feeling of relief as the patient recovered well, again providing a sense of closure.

Learning

The last theme to discuss as part of the superordinate theme of "positive experience" refers to the helpful learning that attendees felt they could take away from the session.

Trauma psychoeducation

Attendees seemed to benefit from learning more about common trauma reactions, which in

turn helped to normalise their own emotional responses.

Sharing of good practise & learning from past experiences

The session was seen by some as a useful space for reflecting kindly on what had happened that could be improved on in future scenarios. Attendees also commented that it felt positive to be recognised and praised for their work and to be able to share good practise examples with colleagues.

Areas to improve

Figure 5.

A thematic map to show the themes and subthemes within the subordinate theme of "areas to improve".

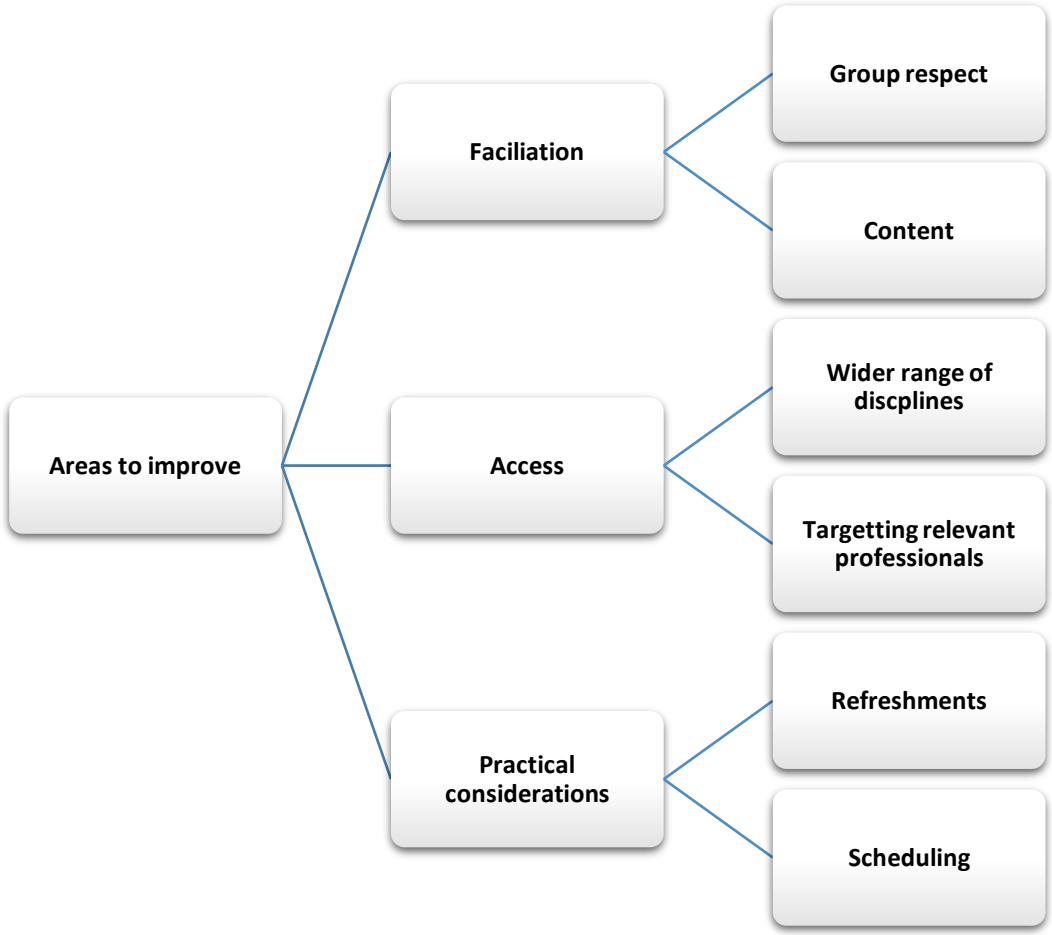


Table 2

Table to display supporting quotes for the themes identified within the subordinate subtheme "areas to improve".

Theme	Subtheme	Supporting quote(s)
Facilitation	Group respect	"Many different people speaking simultaneously at times, set rules at the start to let people finish and not interrupt someone." "I felt that particularly given I'd expressed guilt over my feelings that I shouldn't have been criticised for them as I really expected this to be a safe space"
	Content	"More of a structure" "Would have been helpful to have more of a clear timeline of how … entire stay went, when … started to get more sick etc." "Could possibility ask questions before the meeting so the answers can be discussed in the meeting"
Access	Wider range of professionals	"…it would be good to raise the profile of the benefits of the meeting so that more professionals get the opportunity to attend." "Encourage more people to come as useful". "Wider range of staff but difficult to implement."
	Targeting relevant professionals	"Feeling very exposed to the members of the team who were not actively involved in the case". "Try to get senior clinical personal to attend as I feel it's important having clinical staff here that can / could provide us with some clinical answers to aid in conclusions". "More participation of people involved. Not always possible but ideal if happens."
Practical considerations	Refreshments	"Think tea/coffee. Refreshments should be included"
	Scheduling	"Closer date to the actual event where" "Closer to the incident"

There were only 15 responses (17%) to the question that focussed upon what aspects of the session could be changed to improve the support offered. The rest of the responses were either left blank or the attendee indicated that they had no suggestions to improve the session by writing "nothing" or "no". Three main themes were derived from the data which are explained in further detail below. See table 2 for a table of supporting quotes.

Facilitation

Despite facilitation being widely spoken about within the feedback as a positive aspect of the debrief sessions it is important to note that some attendees did highlight areas for improvement.

Group Respect

There was feedback that commented upon attendees feeling criticised and negatively judged by others within the debriefing session. The feedback also highlighted problems with indiviudals speaking over each other which subsequently prevented attendees to feel heard and actively listened too. This is indicative of the importance of creating a space where attendees do feel respected.

Content

Attendees commented about several aspects that they felt were lacking within the debrief session they attended. Attendees commented that the sessions could be more structured and include a clear timeline of the incident itself and the outcome. A suggestion was made that questions and answers were considered in the led up to the debrief amongst the attendees so that individuals could be better prepared to think about the exact timeline of events and what actually happened. It was acknowledged in the feedback that this would require a wide range of professionals involved in all aspects of the patients care to attend, which practically is difficult to achieve.

The feedback also included more specific however less generalisable suggestions about what individual attendees would have preferred to have spent more time focussed on during the debrief they attended i.e., coping strategies.

Access

Within this part of the feedback, there was a significant focus upon issues around people's ability to access the session. There were suggestions about raising the awareness about the purpose/function of the sessions to ensure everybody impacted by a specific incident is invited to attend. There was also a comment in relation to communication with managers to ensure that staff were allowed to attend if they wish too.

Wider range of professionals

It was suggested in the feedback that it would be helpful for a wider range of professionals from all relevant disciplines involved in a patients care to attend to enable a complete timeline of the event to be pieced together. There was however an acknowledgement that practically collaborating across different departments/wards and professions can be difficult to achieve.

Targeting relevant professionals

Another theme was that indiviudals would have appreciated that attendance was limited to professionals who were directly involved within the specific incident being discussed. There was a concern relating to this about feeling exposed to others who couldn't connect or empathise with the situation being discussed.

Practical considerations

There were two main practical considerations proposed within the feedback that are listed below:

Refreshments

There were several references made about how attendees would appreciate refreshments e.g., tea and coffee to be made available at face to face debrief sessions.

Timing

Attendees spoke about the importance of considering the groups of people who may be unable to attend when scheduling a time and date e.g., staff who have previously been on a night shift.

A suggestion was made that questions and answers were considered in the led up to the debrief amongst the attendees so that individuals could be better prepared to think about the exact timeline of events and what actually happened. It was acknowledged in the feedback that this would require a wide range of professionals involved in all aspects of the patients care to attend, which practically is difficult to achieve.

Perspectives on debriefs being facilitated online (via Microsoft teams)

Figure 6.

A thematic map to show the themes and subthemes within the subordinate theme of "experience of attending online"

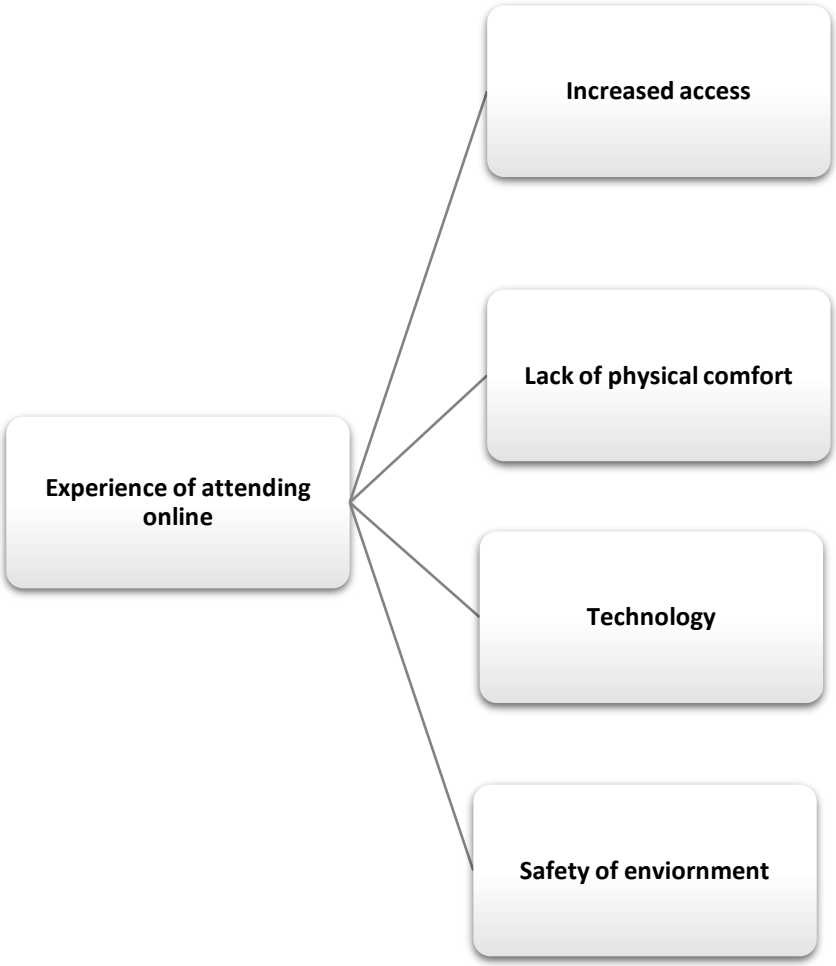


Table 3.

Table to display supporting quotes for the themes identified within the subordinate subtheme "experience of attending online".

Theme	Supporting quote(s)
Increased access	"…makes them more accessible to all staff even if not at work"
	"It also allows more people to come so more of the team are involved."
	"It was very useful as the uptake was great. I believe more people-including myself were able to attend that may have not been able to if it had been in person."
	"Good that more people were able to attend and nice to be able to 'attend' by being at home."
	"Means I can attend from home"
	"More attendance of those that perhaps would not have been able to attend if it had not been online."
	"People not on shift were able to join easily without having to make trip into work."
	"Flexibility to be involved regardless of other commitments."
	"Teams allows others to join in who aren't working clinically."

	"It can allow more people to attend without having to come in to work, if on days off etc." "People could join from work or at home." "Meant I was able to attend, as Mondays are usually my day off."
Lack of physical comfort	"I suppose it was just a little harder as very emotional to discuss and harder to support and comfort colleagues virtually." **"Whilst face to face is sometimes more personal in that if someone gets upset you can be there to offer physical comfort** it is sometimes difficult to get everyone together and most people are used to the team's format now."
Technology	"Joanna let everyone know to mute their mic so that we could hear properly." "It was a small group, all the cameras were on, everyone had the opportunity to reflect and talk." "Wasn't any major technology issue."
Safety of environment	"You could be in your own environment and still able to speak freely." "Able to discuss in own private/comfortable environment."

Experience of attending online

Within this superordinate theme four main themes were derived that are explored below. Relevant quotes to support the themes are identified in table 3.. The feedback was in the majority positive and the shift to delivering the sessions online appears to have been well received with some clear advantages highlighted.

Increased access

The feedback suggests that facilitating the sessions online has increased the number of indiviudals who are able to attend. Attending online gives indiviudals more flexibility as they can attend from work or from home, making it easier to work alongside other commitments. Being able to attend online has the advantage of minimising travel for indiviudals who wish to attend however are not on shift at the time of the meeting.

Lack of physical comfort

The inability to provide physical touch based comfort to colleagues who are upset was raised as a potential weakness of meeting online.

Technology

Feedback about how the online videoconferencing technology was used was positive. There were a few comments that specifically mentioned how the use of microphones (being able to mute when not speaking) on teams enabled individuals to respect one another and actively listen, even when interacting online. Furthermore, keeping cameras on seemed to encourage a sense of presence in the virtual meeting.

Safety of environment

Attendees liked being able to attend in their own private space as this encouraged them to feel at ease and comfortable, helping to facilitate a sense of safety.

Discussion

Overall, this service evaluation has highlighted how beneficial debriefing sessions can be for staff following traumatic incidents. The main themes about what went well mirrors the existing evidence closely. Debriefs being a function of psychosocial peer support was highlighted both within this service evaluation project and in the recent scoping review of 50 studies by Richins et al (2020). The experience of feeling understood through a collective narrative of shared experiences echo's what we know already about how debriefs can promote individual wellbeing as well as a sense of connectedness and cohesion within teams (Dyregrov, 2003; Olff, 2012; Harder, Lemoine & Harwood., 2019).

The vast majority of responses (83%) did not comment upon how the sessions could be improved, with feedback mainly focussing upon the positive and valued aspects of the experience. Despite this, 17% of responses did suggest ways in which the sessions could be improved going forward. Within the current literature, there is a limited focus upon the practical and logistical barriers services may face when implementing regular psychological debriefing i.e., issues relating to accessibility. This may in part be because of the wide variability in how debriefs are set up and organised within healthcare settings. Furthermore, the scoping reviews available on this topic tend to include debriefs that differ significantly in their content and the purpose of the session.

The timing of a psychological debrief has been greatly debated within the literature with evidence dismissing the claim that they have to take place within 24-72 hours following the critical incident. There is support for a more flexible approach to PDs where facilitators consider the specific event and those involved (Arendt & Elklit, 2001). Within this service evaluation it is important to be aware that the paediatric critical care unit do offer a medically led "hot debrief" known as a "time out" very soon after the event. Having these ad hoc opportunities can allow staff to touch base with colleagues about what happened, explore their immediate emotional reactions, praise excellent examples of care and identify learning points for future practise (Gilmartin, Martin, Kenny & Salter, 2020). Going forward it is important for the services to consider how these different formats of support can best compliment each other as part of a wider package of support for staff.

Some tangible recommendations can be gleamed from this evaluation to improve the experience of those attending. These are listed towards the end of this discussion. However, it is important to recognise that with any group of this nature there will always be occasions where an individual's needs may differ greatly from the needs of others and of the group as a collective. For example, given the nature of the demands within healthcare settings, facilitators are not going to be able to logistically schedule a date and time that is suitable for all who may wish to attend. However, it is important to consider this when planning a session and consider how all staff (whether they can attend or not) are aware of other ways to seek support if required. This may involve regular awareness raising sessions about trauma responses and the support available both within the trust and externally. Regular communication with managers will be helpful to aid the facilitation of the groups and staff attending.

This service evaluation has identified that the transition to online debriefs seems to have mitigated some of the difficulties around accessibility. The online format was received positively by many with two of the main themes being around a sense of safety and having increased flexibility to access the meeting. However, there is the possibility of sample bias present as those who did not access the online debrief were not asked about why they hadn't attended. Exploring the reasons why people do not attend debriefs would be a helpful way of thinking about developing the staff support service going forward.

Limitations

It is important to acknowledge that there are several limitations to this project that could impact upon how useful the findings are which I will briefly discuss below.

Lack of interview data

Firstly, there is the lack of interview data due to being unable to recruit. Interviews could have provided richer and more detailed information than the self-report surveys alone. Furthermore, within an interview the interviewer can explore responses and main themes further by asking additional questions and clarifying meanings (Phellas, Bloch & Seale, 2011). This would have been particularly

useful in this project as the free text responses often elicited brief and sometimes ambiguous information.

Self-report measure

Despite self-report surveys having several advantages including being a relatively inexpensive, convenient, and quick method of obtaining data from a large sample there are problems with this type of methodology.

Social desirability bias. This can impact upon the validity of responses. Indiviudals can consciously or subconsciously report experiences that they feel will be considered as socially acceptable, even when this isn't a true depiction. Staff who did complete the feedback forms would have been aware that it was their colleagues in the psychology team who also work directly into the wards providing 1-1 staff support who would be reading them. This may have made attendees feel weary about what they did disclose and possibly apprehensive about providing negative feedback. Being able to complete the forms anonymously should have helped to reduce the effect this.

Questions open to interpretation. Self-report survey questions can be open to interpretation, the words "useful" and "relevant" used within this survey could have different meanings attached to them by different people.

Sampling bias. It is also important to think about the impact of sampling bias. All attendees are requested to complete a feedback form however this is not mandatory. Those who do decide to provide feedback may not necessary be representative of the opinions of all who attended.

Recommendations

- Overall, the findings were largely very positive and showed that the sessions were highly valued. Therefore, the recommendation is to continue to provide psychosocial support for staff following traumatic incidents.

- To consider implementing psychological debriefs as part of a wider package of support across both departments. If this is not already offered immediately after the event, individuals could be signposted to information about common trauma responses and how to seek further support.
- To actively raise an awareness of debriefs and the potential value they have amongst all staff, including those at a managerial level whose buy in is essential to ensure staff are provided with the time to attend. As part of this, to ensure all disciplines involved in an incident (including those working clinically outside of the ward environments i.e., maternity/paramedics) are approached and invited to relevant debriefs.
- To consider how a safe and containing environment for all can be encouraged during a debrief. It is important to note that the majority of responses praised how supportive both their peers and the facilitator was during the session. Facilitators could consider how they best manage any ruptures within the group both within the present moment to help maintain a sense of safety and following the end of the session i.e., being availability for further one to one discussions.
- To consider the provision of refreshments. If this is not possible, attendees could be told in advance that they are welcome to bring their own drink/snack along with them if they wish too.
- Ideally, further research on this topic is required to explore the themes relating to what didn't go so well. Given the lack of uptake for interviews, a focus group may be a more realistic way of capturing this rich in-depth qualitative data. Gathering feedback from individuals who do not attend psychological debriefs would also be beneficial in identifying barriers to accessing appropriate support.

Dissemination of findings

The findings of this SEP and suggested recommendations have been shared with the commissioner. On October 28th, 2022, I presented a short summary of the project to staff and students of the clinical psychology doctorate programme at the university of Leeds.

Conclusion

To conclude this SEP has shown how valuable debriefs are for staff within the paediatric critical care and neonatal units following traumatic incidents. The debriefs have several beneficial functions from offering an opportunity for peer support to providing knowledge about common typical reactions to trauma. The SEP did provide some helpful insights into aspects of the debrief session that individuals feel could be improved however further evaluation would be helpful to explore this further.

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Appendix A

Meeting Evaluation Form (paper)

Date of meeting: _____

1.	The meeting was relevant to me	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
2.	The meeting was useful to me	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3.	I would recommend this sort of meeting to colleagues	Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. What did you like about the meeting?

_____

_____

_____

_____

_____

_____

5. What would you change about the meeting?

_____

_____

_____

_____

_____

Thank you for your feedback

Appendix B

Meeting Evaluation Form (online)

We would welcome any feedback regarding the recent debrief meeting you attended. Please note responses will be kept anonymous. To maintain anonymity, please do not write anything that could identify you.

Thank you for taking your time.

Date of the meeting (optional)
Date

Name of facilitator

Your answer

The meeting was relevant to me:

Stongly Disagree
Disagree
Neutral
Agree
Strongly Agree

The meeting was useful to me:

Stongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I would recommend this sort of meeting to colleagues:

Stongly Disagree
Disagree
Neutral
Agree
Strongly Agree

I was satisfied with the meeting being delivered remotely via Microsoft Teams:

Stongly Disagree
Disagree
Neutral
Agree
Strongly Agree

What went well about delivering the meeting via Microsoft Teams?

Your answer

Overall, what did you like about the meeting?

Your answer

Is there anything that you would change about the meeting?

Your answer

Thank you for your feedback