

Creating Patient Death Debrief Sessions in the Haematology & Oncology Department

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Background

Junior Doctors in the combined Haematology and Oncology department expressed feeling unsupported after patient deaths on the ward, without adequate opportunity to process the event. Unexpected deaths and deaths of long-stay patients are not uncommon and can be emotionally difficult to process.

Patient death debrief sessions have been successfully implemented in resident programmes in the USA¹ but rarely implement in UK junior doctor training programmes.

Studies have also shown effective debrief sessions to enhance team performance², which in-turn would improve patient safety and experience.

Aim

Our aim was to improve support for junior members of the Haematology and Oncology team by enabling people to have opportunity to discuss difficult cases and situations they encounter, at work, in a timely manner.



Patient Debrief 15 Minute Session Plan

1. Recall list of patients that have died in the last week
2. 1 minute of quiet reflection, to think about difficult scenarios you have encountered this week or any patients you would like to discuss in the session
3. Identify a couple of patients to be discussed, brief summary from someone on diagnosis and events (sentence or two including which teams were involved e.g. Palliative Care)

Questions for each patient discussed:

- a. Was this patient's death expected or unexpected?
- b. How did this death impact you and the team?
- c. How were the patient and family during the dying process?
- d. Was there anything in particular we did well around this patient's death or anything we could improve for next time?

If there are no deaths to discuss, spend the time reflecting on any challenging patient encounters or management, adapting the questions above to the scenario raised.

Methods

We carried out this quality improvement project following the PDSA Cycle (Figure 1).

Plan	Gathered colleagues' opinions on the impact of patient deaths on the ward on their mental wellbeing using a survey (figure 2)
Do	Developed and delivered structured weekly debrief sessions (figure 3)
Study	Repeated survey post debrief sessions
Act	Act upon the feedback to improve and re-do PDSA cycle once changes implemented

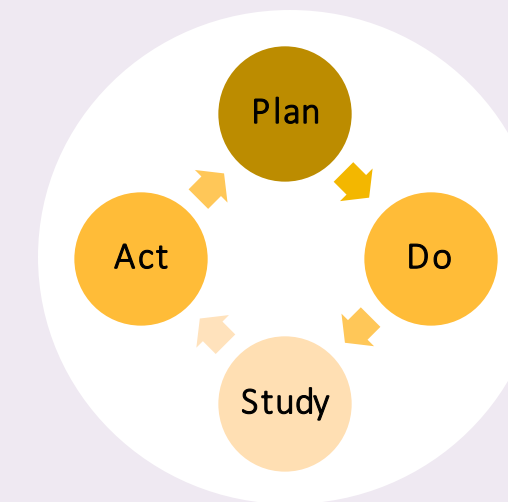


Figure 1 – PDSA cycle

We sent a survey to junior doctors and physician associates asking about how they deal with patient deaths using the following questions which participants responded to using the likert scale.

- How well do you feel you manage your emotional reactions to a patient's death?
- How much help or support do you feel you receive from department after a patient's death?
- How comfortable do you feel discussing emotions around patient death with your team?

Figure 2 – Questions asked pre and post debrief sessions

The survey then asked for suggestions to improve support. The most popular suggestion for improvement was group debrief sessions and 100% of participants wished to involve the wider MDT.

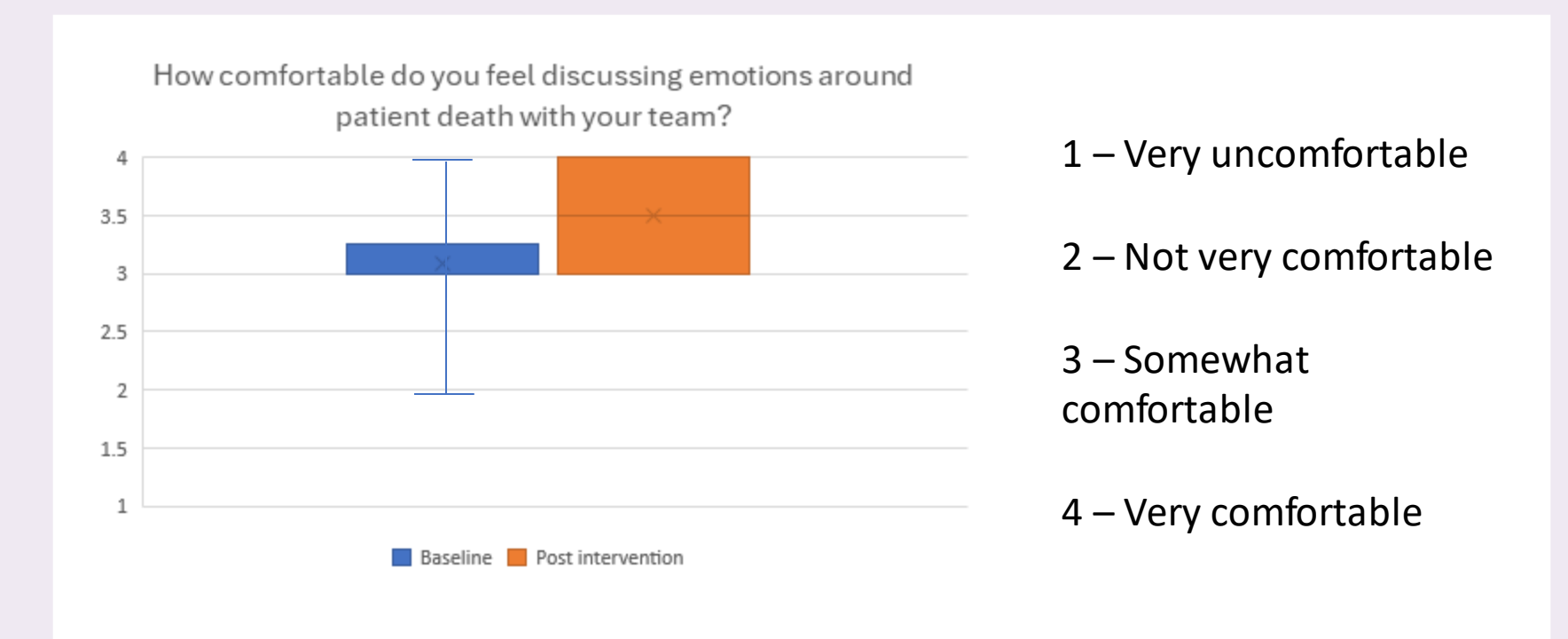
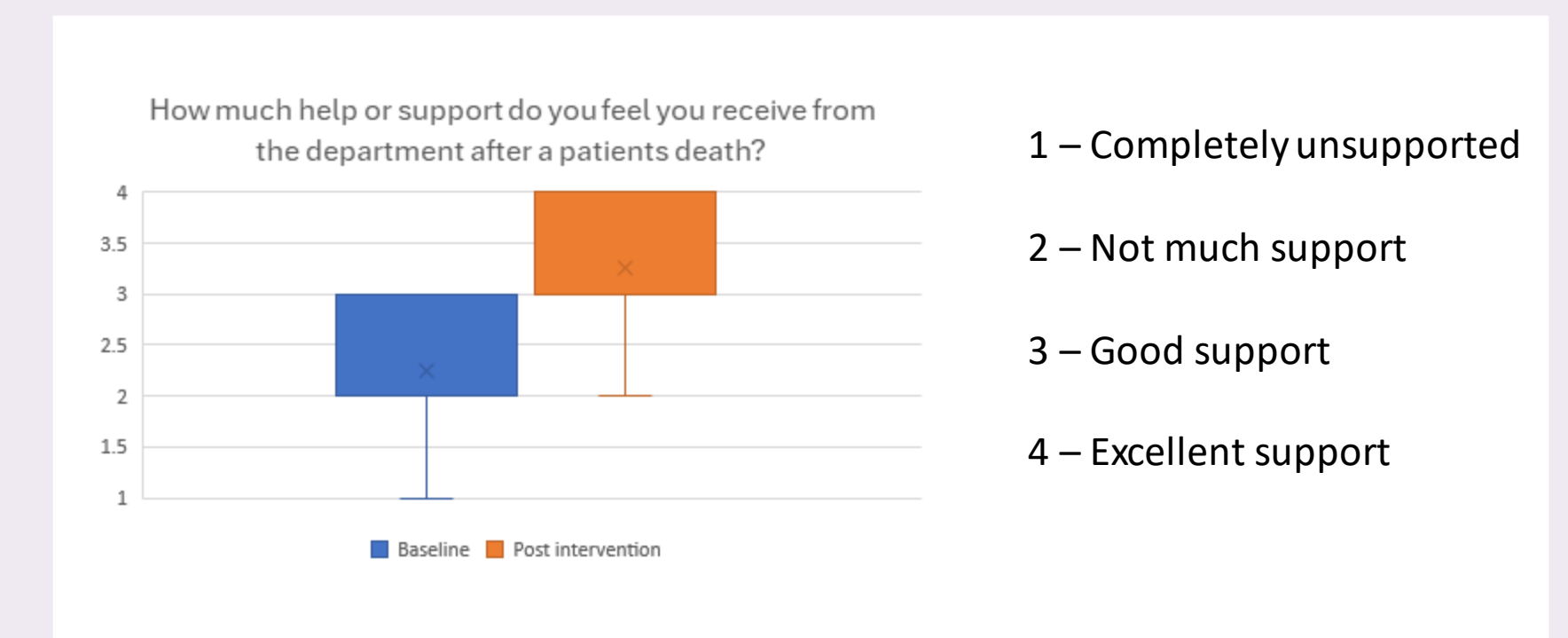
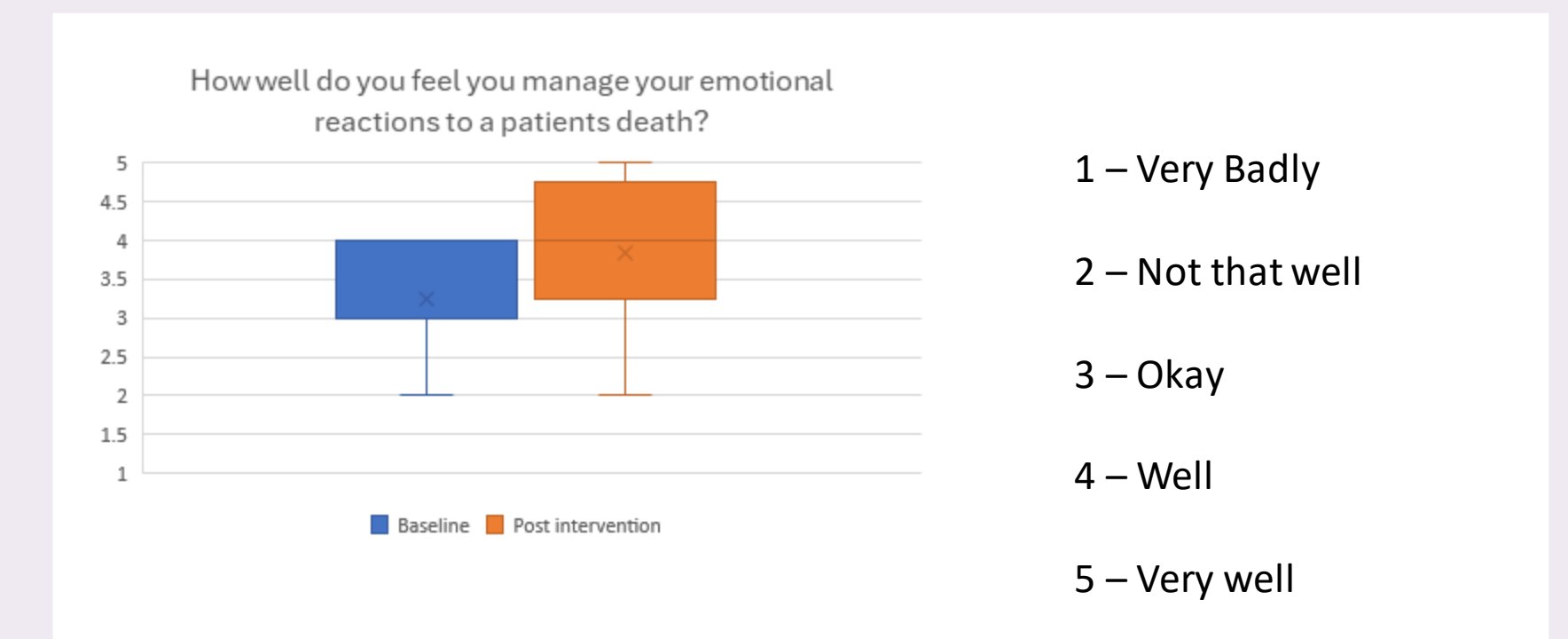
We created a 15 minute debrief during the weekly hour of departmental Oncology teaching. The teaching consultant is present during this to support discussions for learning. The session includes identifying recent deaths, reflecting, and discussing cases that individuals wish to process in more detail.

A debrief card (Figure 2) was created, to enable any member of the MDT to easily facilitate the session.

Once a month we have arranged for the other 45 minutes of teaching to be delivered by relevant teams such as Palliative Care or Macmillan psychologists to increase support and participate in the discussions.

Results

After implementing the debrief sessions 87.5% of people felt they were 'very useful' and the other 12.5% felt they were 'somewhat useful'. We asked the same three questions (Figure 2) after implementing the sessions.



Discussion & Conclusions

Patient death on Oncology wards can have an emotional impact on staff, who require support to process their emotions. Weekly team debrief sessions appear to be a useful way to provide staff with support soon after patient death and were well received within the team.

In future, we could make some of the sessions longer, perhaps once a month, to have more time to discuss more complex cases. We would repeat the PDSA cycle to do this and collect feedback. This simple format would be easy to implement in other departments or hospitals for other ward teams to use.

References

1. Eng J, Schulman E, Jhanwar SM, Shah MK. Patient Death Debriefing Sessions to Support Residents' Emotional Reactions to Patient Deaths. J Grad Med Educ. 2015 Sep;7(3):430-6. doi: 10.4300/JGME-D-14-00544.1. PMID: 26457151; PMCID: PMC4597956.
2. Tannenbaum, S. I., & Cerasoli, C. P. (2013). Do Team and Individual Debriefs Enhance Performance? A Meta-Analysis. Human Factors, 55(1), 231-245. <https://doi.org/10.1177/0018720812448394>