Developing a palliative care debrief

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Developing a palliative care debrief to provide support and education from the hospital palliative care team to ward staff following a patient death.





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There has been an increased incidence of ward staff approaching members of the Hospital Palliative Care team (HPCT) to initiate conversation regarding a patients death.

Specifically deaths of a younger patient or patients with young families, patients with uncontrolled symptoms or patients that had a traumatic death (for example catastrophic bleed)

Staff were keen to reflect on the care provided, ask questions on the decision making and seek reassurance that they had delivered good quality end of life care.

This encouraged discussion of the need for a staff 'debrief' – to allow staff to discuss the patient and their death, reflect on the care given, provide closure and give the hospital palliative care team an opportunity to provide education, support and develop relationships with the team.

With the aim of developing a Palliative Care Debrief I sent a survey to hospital ward staff across two sites to gain insight into the thoughts and feelings of the staff on palliative care and debriefing and debriefing



Techniques and Methods

A survey was sent to ward staff across two sites.

Six questions were asked:

- 1 How comfortable do you feel delivering end of life care to patients?
- 2 Do you have any current unmet learning needs or questions about end of life care?
- 3 Have you experienced any distress or grief (physical, mental, spiritual and/or emotional) following a patient death?
- 4 Are you aware of the Hospital Palliative Care Team?
- 5 Do you currently reflect or debrief following a patients death? If so, what do you do?
- 6 Is there anything else you would like to add?

There were 21 responses



Results

100% of staff felt confident to very confident in delivering end of life care to patients

24% of staff have current unmet learning needs or questions around end of life care

81% answered that they have experienced distress or grief (physical, mental, spiritual and/or emotional) following a patient death

20 out of 21 responders had heard of the Hospital Palliative Care Team

Only 9% of staff currently debrief following a patients death (another 14% replying they very rarely debrief)

When asked if there is anything else to add staff responded with...

"Think debrief is a great idea" "More training in this field would be helpful" "I would like more support after a difficult death"

Next step is to facilitate a preliminary debrief with ward staff and assess staff feelings before and after



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