The Missing Rounds: Using Debriefs to Support Learner Well-Being and Foster Emotional Intelligence

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No disclosures

Objectives

Define emotional intelligence (EI)

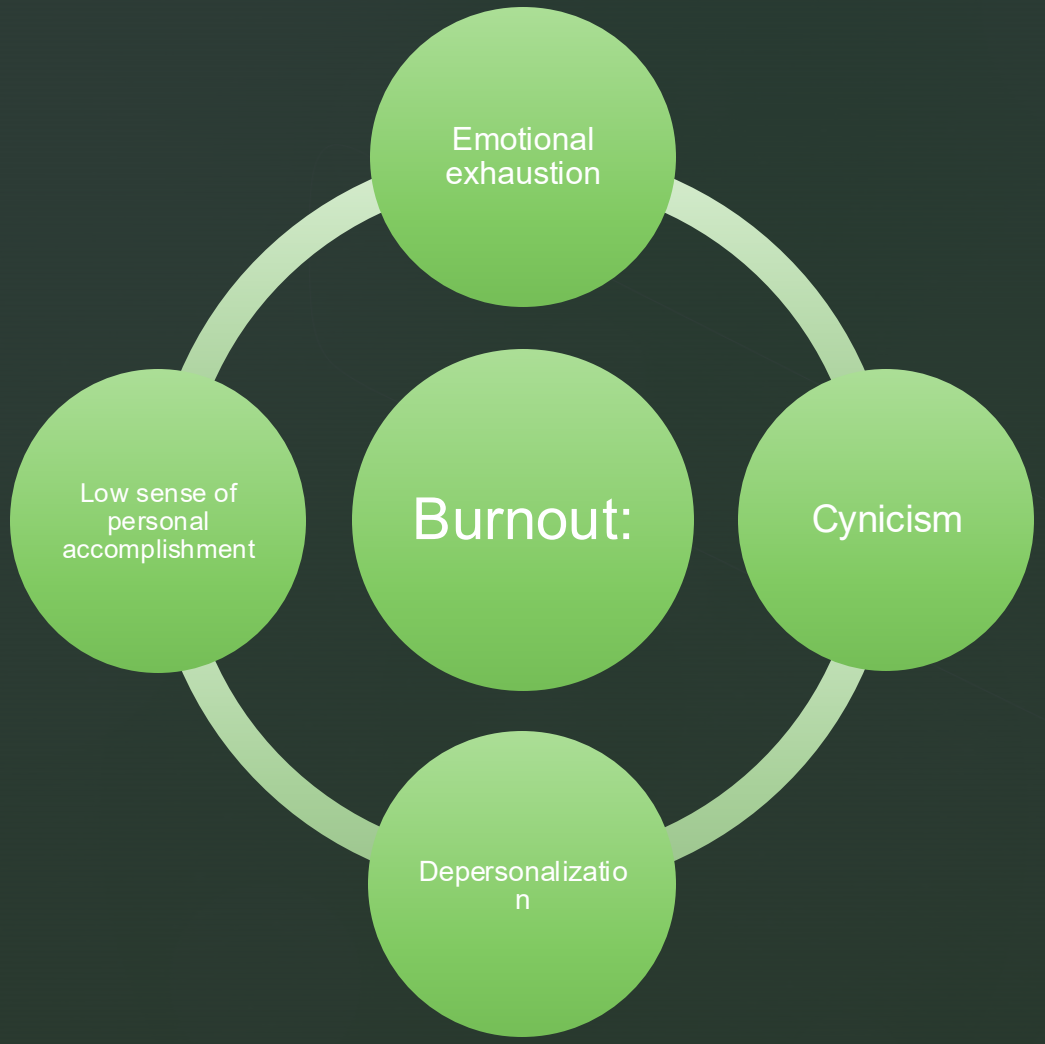
Understand how EI is linked to wellbeing and performance

Explain the importance of debriefing

List triggers that should prompt a debrief

Review debrief tools

Learner wellbeing



Healthcare learners consistently report higher levels of stress, anxiety, depression, burnout and suicide compared to the general population

Table 2

Burnout, Depression, and Quality of Life of Medical Student, Resident/Fellow, and Early Career Physician (≤ 5 Years In Practice) Respondents to a Survey About Burnout and Distress, 2012

Characteristic	Medical students (n = 4,402)	Residents/fellows (n = 1,701)	Early career physicians (n = 880)	*P* value
Burnout index*				
Emotional exhaustion				
Median score	25.0	24.0	22.0	.0002
High level, no. (%)	1,892 (44.6)	752 (44.4)	347 (39.6)	<.0001
Intermediate level, no. (%)	1,188 (28.0)	404 (23.8)	205 (23.4)	
Low level, no. (%)	1,161 (27.4)	538 (31.8)	325 (37.1)	
Depersonalization				
Median score	7.0	10.0	7.0	<.0001
High level, no. (%)	1,562 (37.9)	857 (50.7)	329 (37.7)	<.0001
Intermediate level, no. (%)	1,011 (24.5)	344 (20.3)	206 (23.6)	
Low level, no. (%)	1,547 (37.5)	490 (29.0)	338 (38.7)	
Personal accomplishment†				
Median score	36.0	39.0	41.0	<.0001
High level, no. (%)	1,251 (31.3)	818 (48.5)	494 (57.0)	<.0001
Intermediate level, no. (%)	1,312 (32.9)	499 (29.6)	214 (24.7)	
Low level, no. (%)	1,429 (35.8)	371 (22.0)	158 (18.2)	
Burned out, no. (%)‡	2,378 (55.9)	1,021 (60.3)	451 (51.4)	.0001
Screened positive for depression, no. (%)	2,552 (58.2)	861 (50.8)	349 (40.0)	<.0001
Suicidal ideation in the last 12 months, no. (%)	414 (9.4)	137 (8.1)	55 (6.3)	.0058
Quality of life, mean (standard deviation [SD])				
Overall	7.0 (1.9)	6.8 (2.0)	7.3 (1.8)	<.0001
Mental	6.5 (2.1)	6.5 (2.1)	7.0 (2.0)	<.0001
Physical	6.0 (2.2)	5.7 (2.2)	6.4 (2.1)	<.0001
Emotional	6.3 (2.2)	6.2 (2.2)	6.8 (2.1)	<.0001
Fatigue				
Mean (SD)§	5.0 (2.3)	4.9 (2.4)	5.5 (2.3)	<.0001
High fatigue, no. (%)	2,530 (57.7)	990 (58.5)	441 (50.3)	.0001

Dyrbye, L. et al. Burnout Among U.S. Medical Students, Residents, and Early Career Physicians Relative to the General U.S. Population. Academic Medicine. March 2014.

Burnout and Education

More school failure, absenteeism, and chance to drop out

Prone to adopt unprofessional behavior – cheating, copying

Provide less accurate medical care and commit more medical errors

Higher propensity to consume substances

Emotional intelligence (EI)

The capacity to recognize, express, and manage one's own emotions and navigate interpersonal relationships with fairness and empathy.

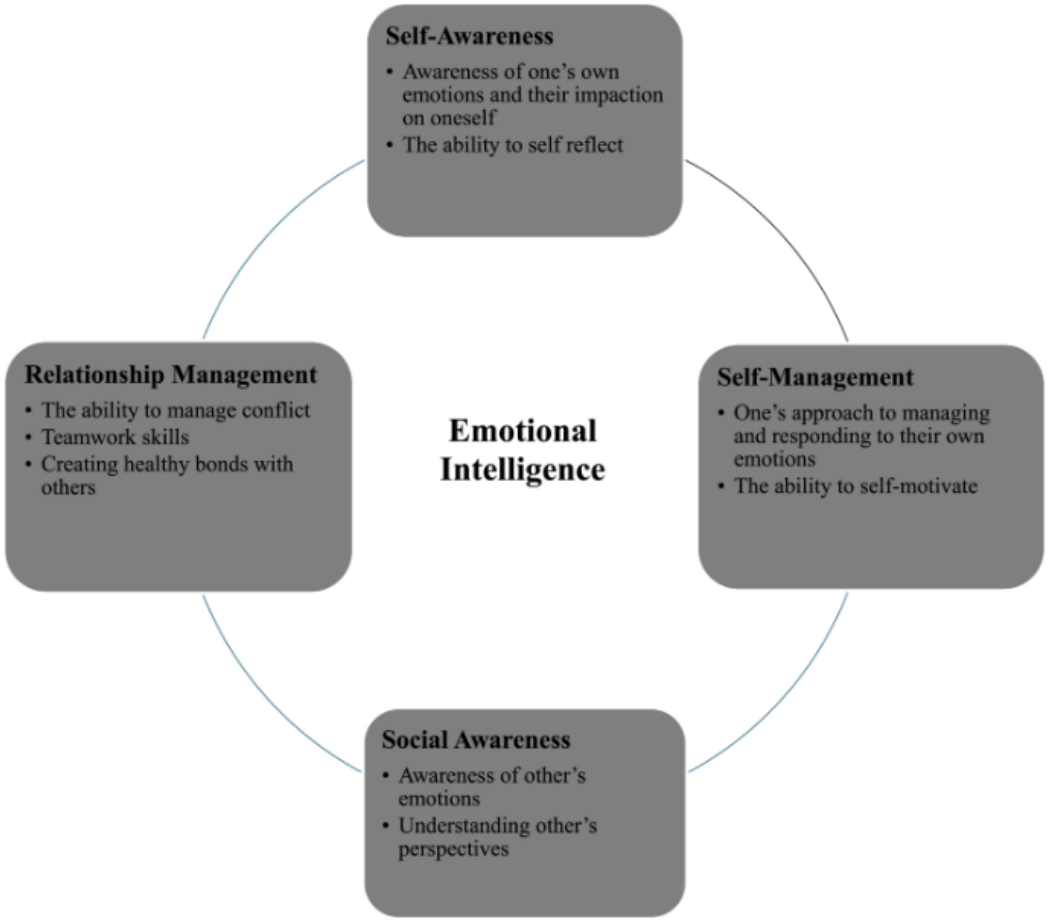


FIGURE 1

Horne, M. et al. Emotional Intelligence in Medicine: An Investigation of the significance for Physicians, Residents, and Medical Students – A Systematic Review. Journal of Surgical Education. December 2024.

Emotional intelligence and positive impacts on learners

- Mental health and wellbeing
- Academic success
- Clinical performance

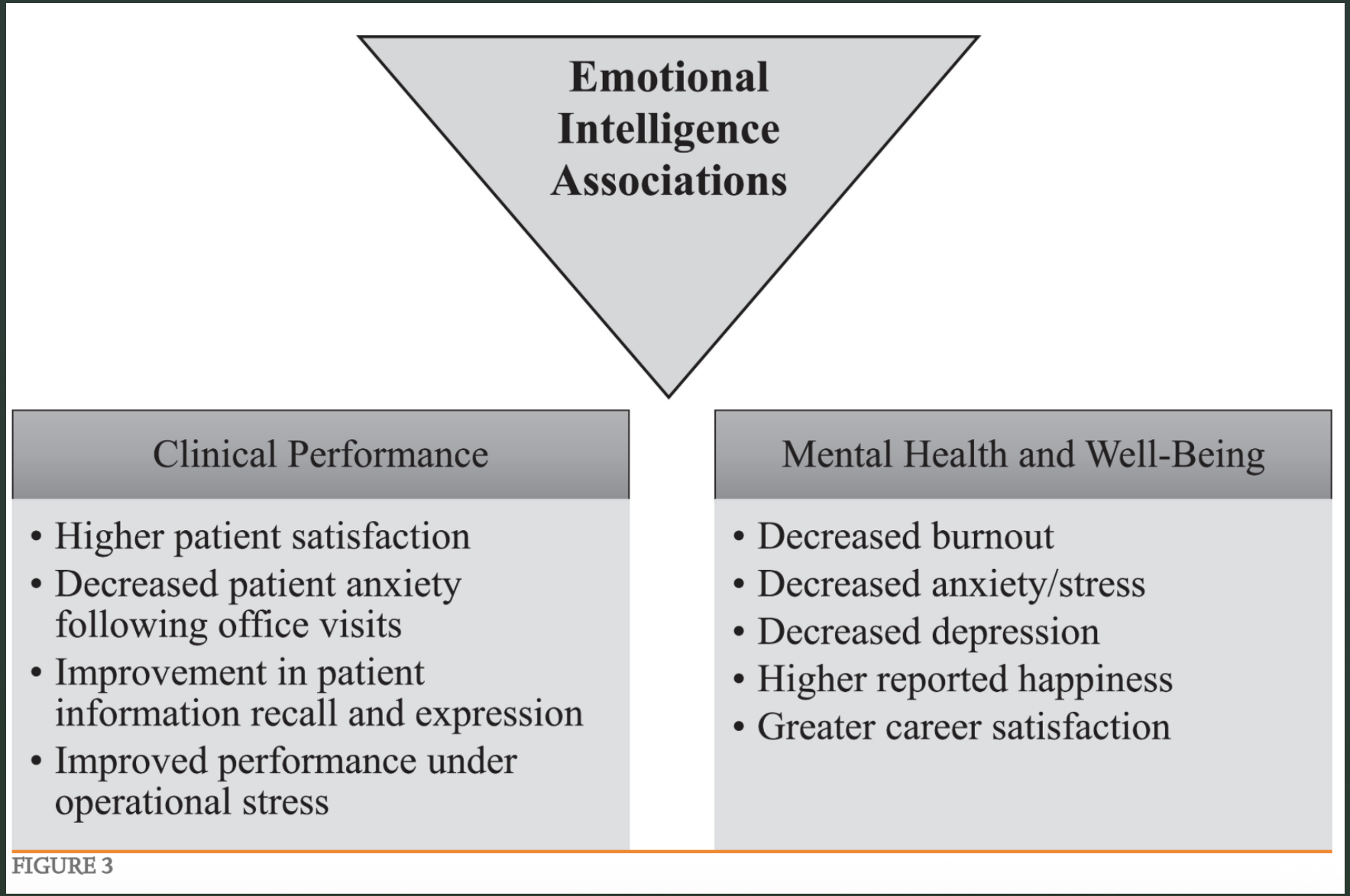


FIGURE 3

Horne, M. et al. Emotional Intelligence in Medicine: An Investigation of the significance for Physicians, Residents, and Medical Students – A Systematic Review. Journal of Surgical Education. December 2024.

Emotional intelligence training

- Is it a personality trait or an ability?

- Methods to encourage emotional intelligence
  - **Structured debriefing**
  - Reflective actives
  - Faculty mentorship
  - Communication training
  - Mindfulness training
  - EI screening in PA/NP school/fellowship applications?

Debriefing as a method to promote emotional intelligence

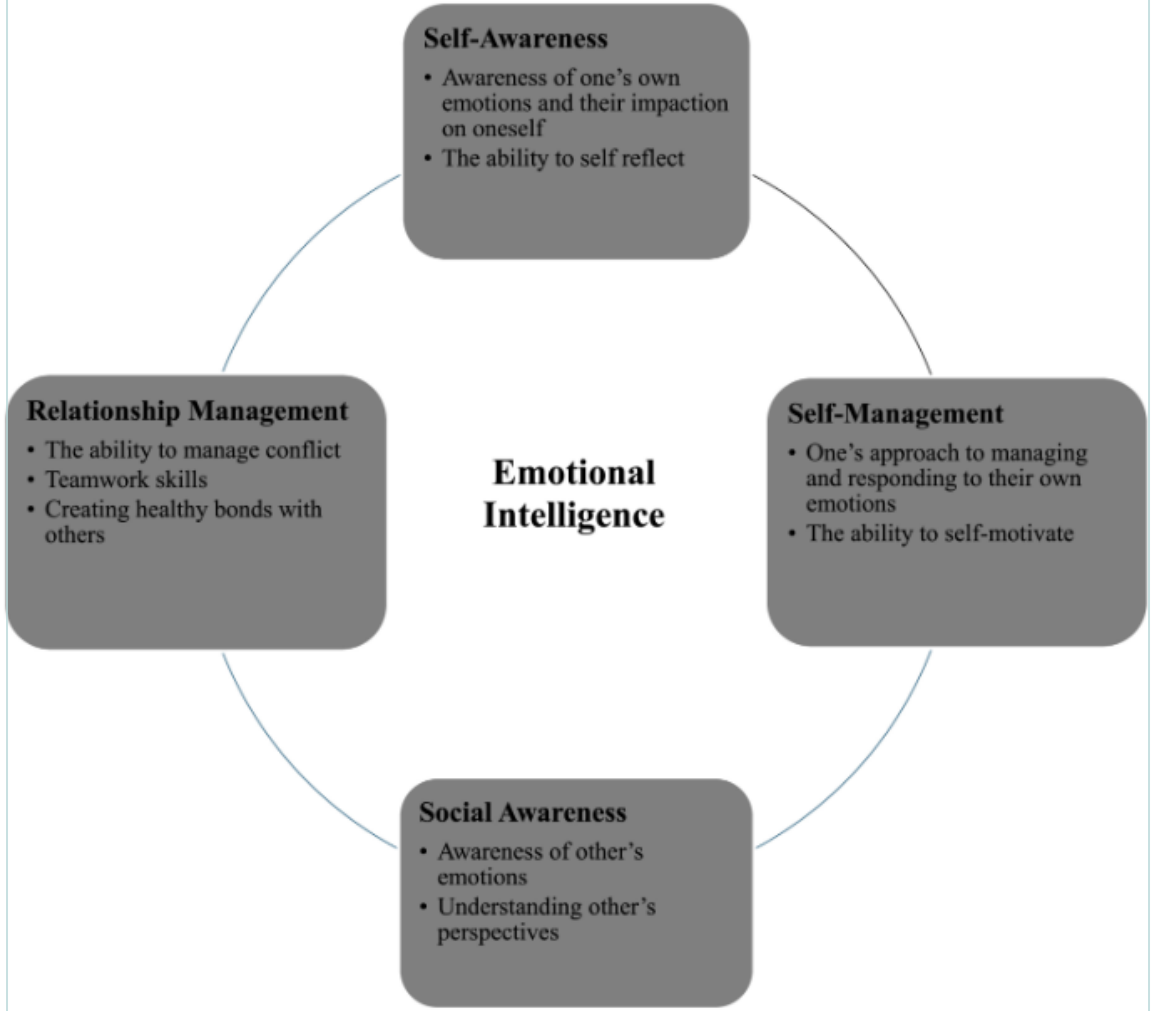


FIGURE 1

How critical events affect our learners

- High risk for stress, anxiety, and PTSD following critical incidents
- Trainees feel unsupported/unprepared during these moments
- Culture of detachment
- Death is viewed as medical failure
- Trainees go to peers/external sources for support
- Risk for developing harmful coping mechanisms or burnout

Why are debriefs important?

- **Trainees want to debrief!**
- Improve emotional intelligence
- Reflection is part of the learning process
- Reduces feelings of isolation
- Improves psychological safety
- Decrease burnout/Cultivate resilience
- Strengthen team dynamics

Why don’t we debrief?

Time

Experience (too much or not enough)

Lack of knowledge

We aren’t trained mental health providers

Types of debriefs

1. Identify errors and improve systems
    - Focus on clinical events
    - Clinical case reviews, morbidity/mortality conferences

2. Improve personal or team-based clinical skills or knowledge gaps

- What went well? What did not go well?
- What could have been done differently?

3. Address emotional wellbeing or psychological stress

- Emotion focused

Situations that should trigger a debrief

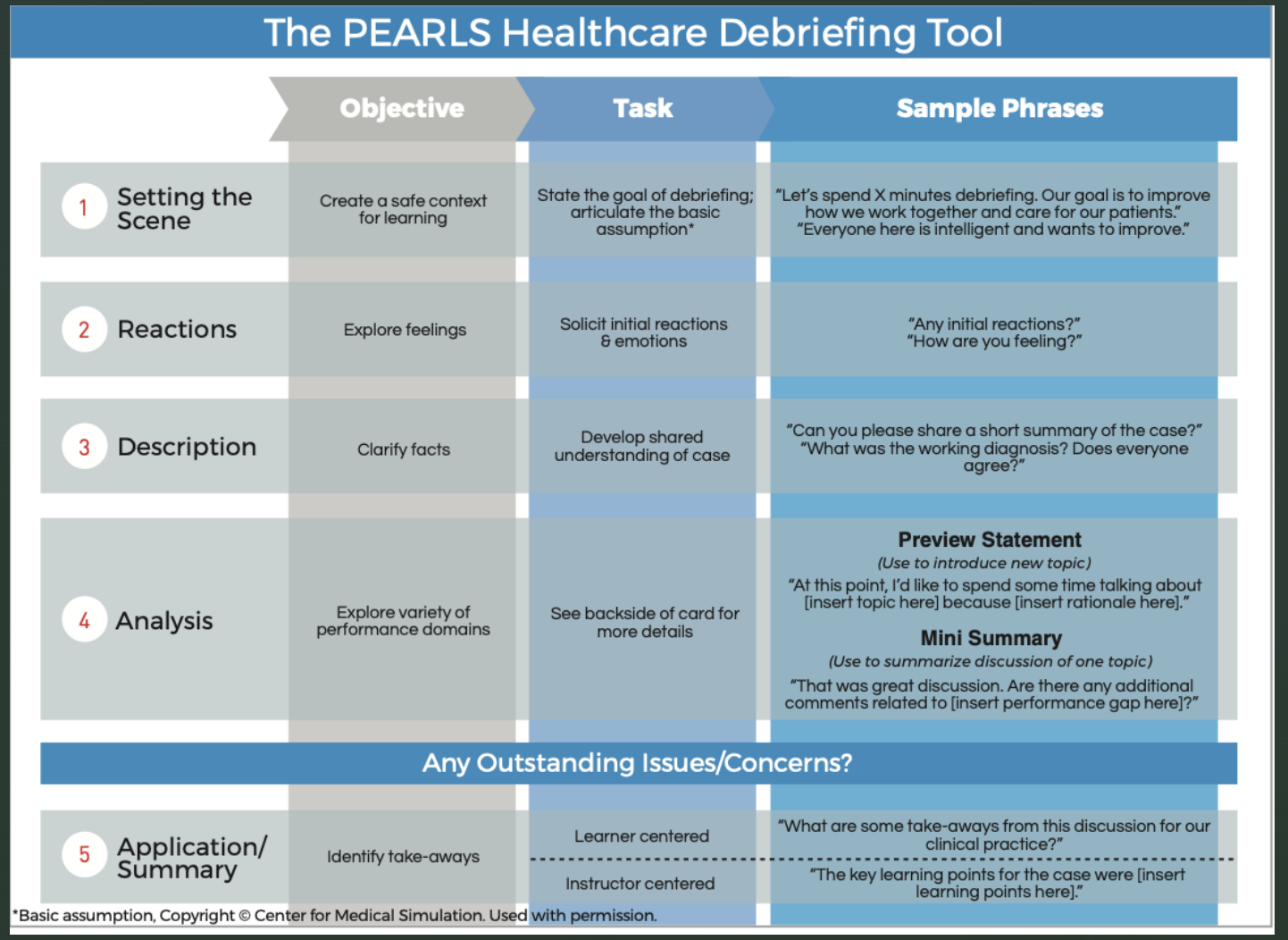
- Patient death or code
- Medical error
- Adverse event
- Delivering bad news
- Challenging patient/family
- Any other significant event

Signs your learner is struggling and needs a debrief

- Difficulty moving on during the day
- Making errors
- Lack of eye contact
- Silence
- Crying, frustration, anger, callousness

Performing a debrief

PEARLS Healthcare Debriefing Tool



The PEARLS Healthcare Debriefing Tool

	Objective	Task	Sample Phrases
1 Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2 Reactions	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3 Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4 Analysis	Explore variety of performance domains	See backside of card for more details	**Preview Statement** *(Use to introduce new topic)* "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]." **Mini Summary** *(Use to summarize discussion of one topic)* "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?			
5 Application/ Summary	Identify take-aways	Learner centered	"What are some take-aways from this discussion for our clinical practice?"
		Instructor centered	"The key learning points for the case were [insert learning points here]."

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Setting the scene

1 Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."

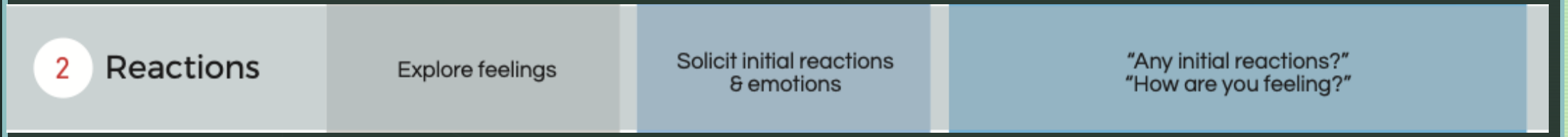
Find a quiet area

Perform within one day of the event

Frame as a judgement free space

Normalize debrief as part of the learning process

Reactions



- Practice active listening
- Discuss initial reactions and emotions
- Normalize emotions
- Provide validation

Description

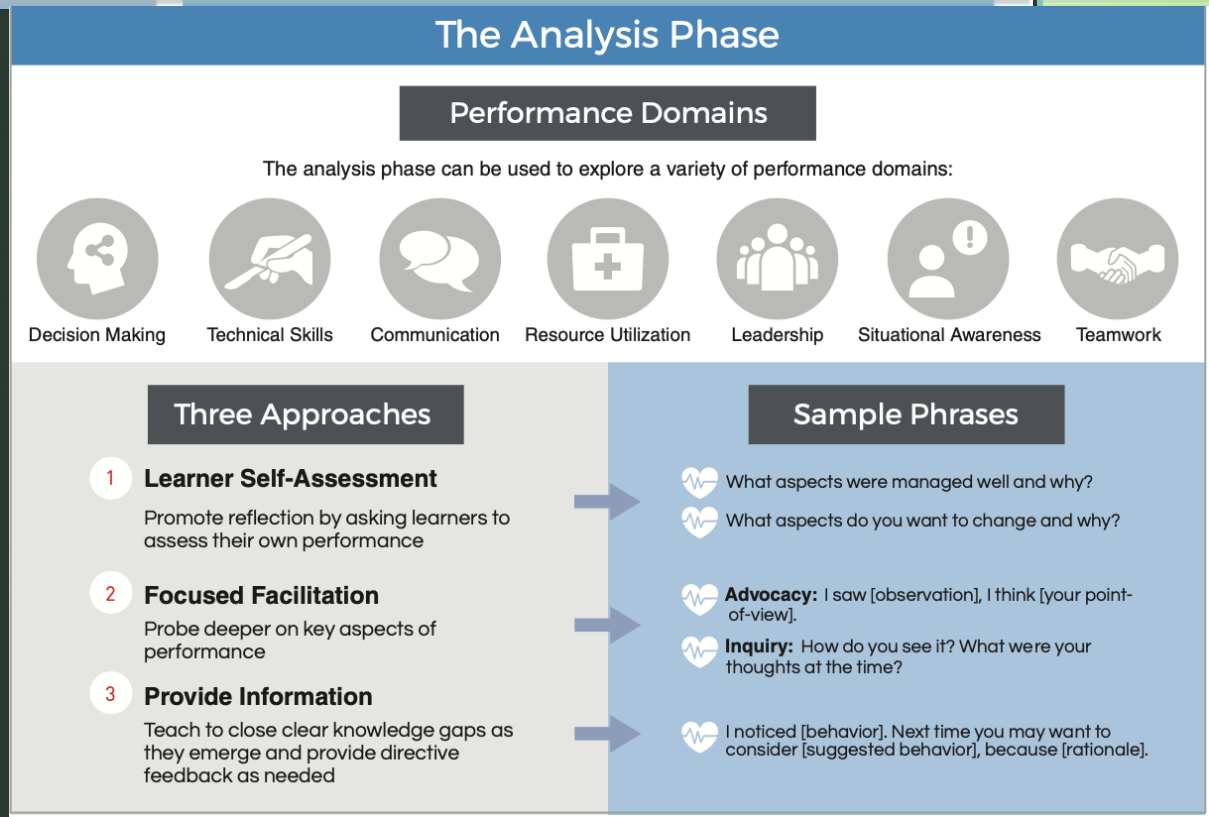
3 Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"

- Review circumstances of the event
- Brief summary

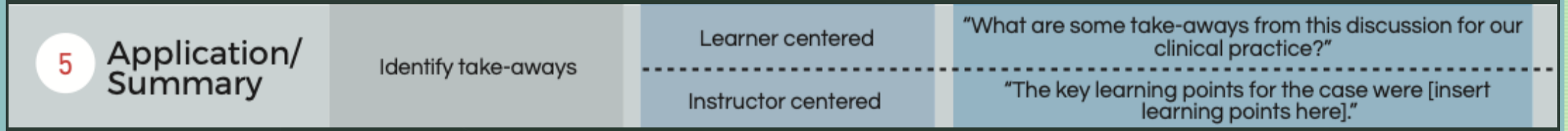
Analysis

4 Analysis	Explore variety of performance domains	See backside of card for more details	**Preview Statement** *(Use to introduce new topic)* "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]." **Mini Summary** *(Use to summarize discussion of one topic)* "That was great discussion. Are there any additional comments related to [insert performance gap here]?"

- Explore what could be learned
- Discuss performance as an individual vs team in applicable domains

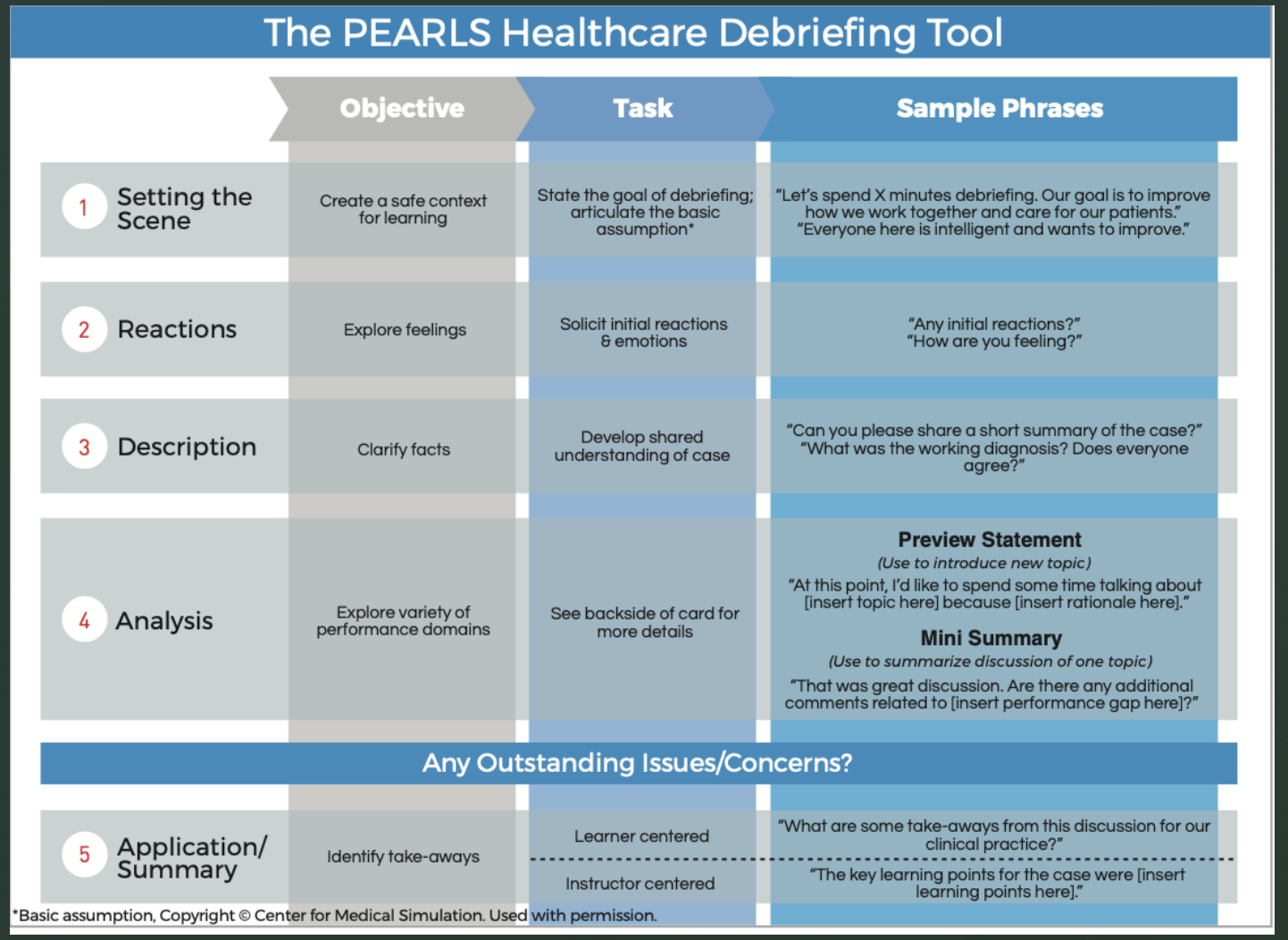


Application/Summary



- Identify take-aways and learning points
- Allow time for questions
- Offer mental health resources
- Consider sharing your own personal experiences

PEARLS Healthcare Debriefing Tool



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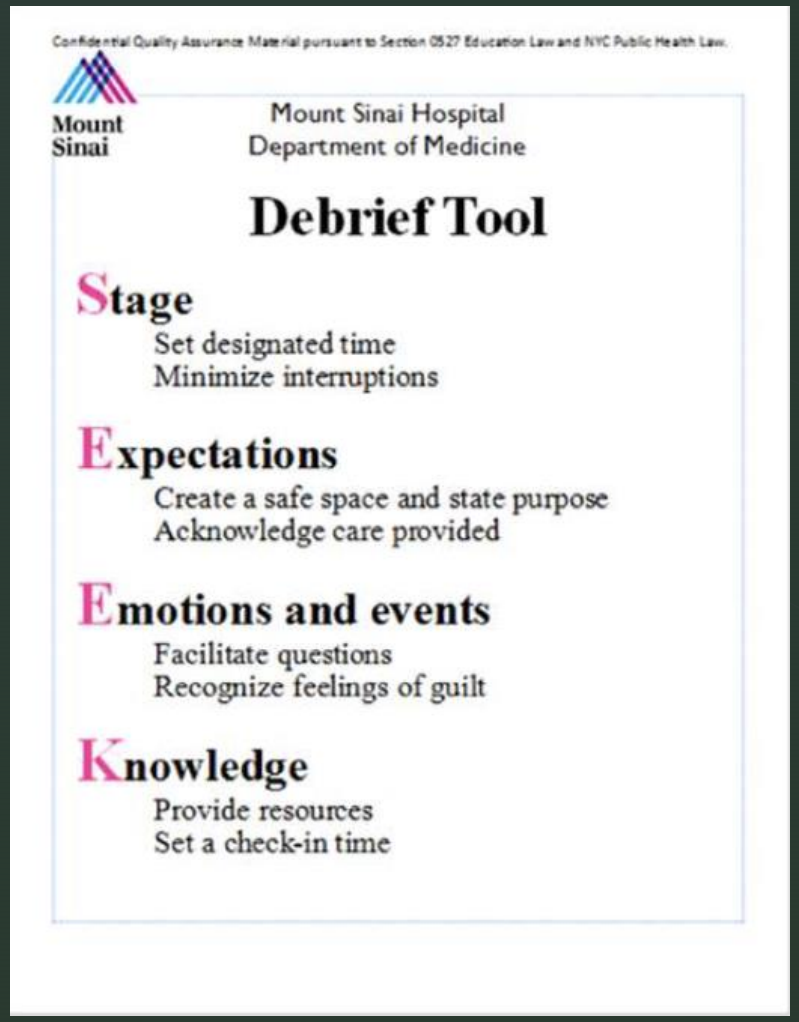
SEEK – Mount Sinai



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Mount Sinai

Mount Sinai Hospital
Department of Medicine

Debrief Tool

Stage
Set designated time
Minimize interruptions

Expectations
Create a safe space and state purpose
Acknowledge care provided

Emotions and events
Facilitate questions
Recognize feelings of guilt

Knowledge
Provide resources
Set a check-in time

Questions:

- ◊ How did you feel right after the event? And now?
- ◊ Have you ever experienced anything like this before?
- ◊ What were you thinking at that moment and why?
- ◊ What bothered you the most and why?
- ◊ What are you feelings about the care we provided for the patient?
- ◊ What was your relationship with the patient/family?
- ◊ What did you do when you got home from the shift?
- ◊ What coping techniques are you using?
- ◊ What did you learn from this experience?
- ◊ What advice on how to cope would you give someone else who has a similar experience?
- ◊ What did we do well in this case?

Resources:

- ⇒ Chief residents, APDs, Wellbeing Champion, PD
- ⇒ Crisis Help:
  - National Suicide Prevention Lifeline call/text 988
  - Psychiatric ED: 212-241-5637
- ⇒ ICare: 212-241-8989 or 4calm@mountsinai.org
- ⇒ Short Term Counseling: Well Connect
  212-241-2400, 1-866-640-4777 (school code: ICAHN)
- ⇒ Education/Psychotherapy/Medication:
  - Student and Trainee Mental Health:
    212-659-8805 STMH@mssm.edu
  - Center for Stress, Resilience and Personal Growth
    212-659-5564 MS-CSRPG@mountsinai.org

S - Stage

- Create a psychologically safe space
- 15 min within 24-72 hours of event
  - Immediately after for a code
- Quiet space
- Set status as do not disturb/forward chats

E - Expectations

- Thank everyone for the care of their patient
- Explain that speaking up is voluntary
- Explain that this is a normal part of patient care
- Explain the goal of a debrief:
  - As a check in to see how everyone is coping
  - To discuss emotions around the event
  - Not to review/analyze the event in detail

E - Emotions and events

- The emotions:
  - How is everyone feeling? How did you feel right after the event? And now?
  - Be ok with silence, if no volunteers offer your own answer
- The experience:
  - Have you ever experienced anything like this before?
- The care:
  - What did we do well?
  - How do you feel about the care we provided?
- The processing:
  - How will you remember this event?

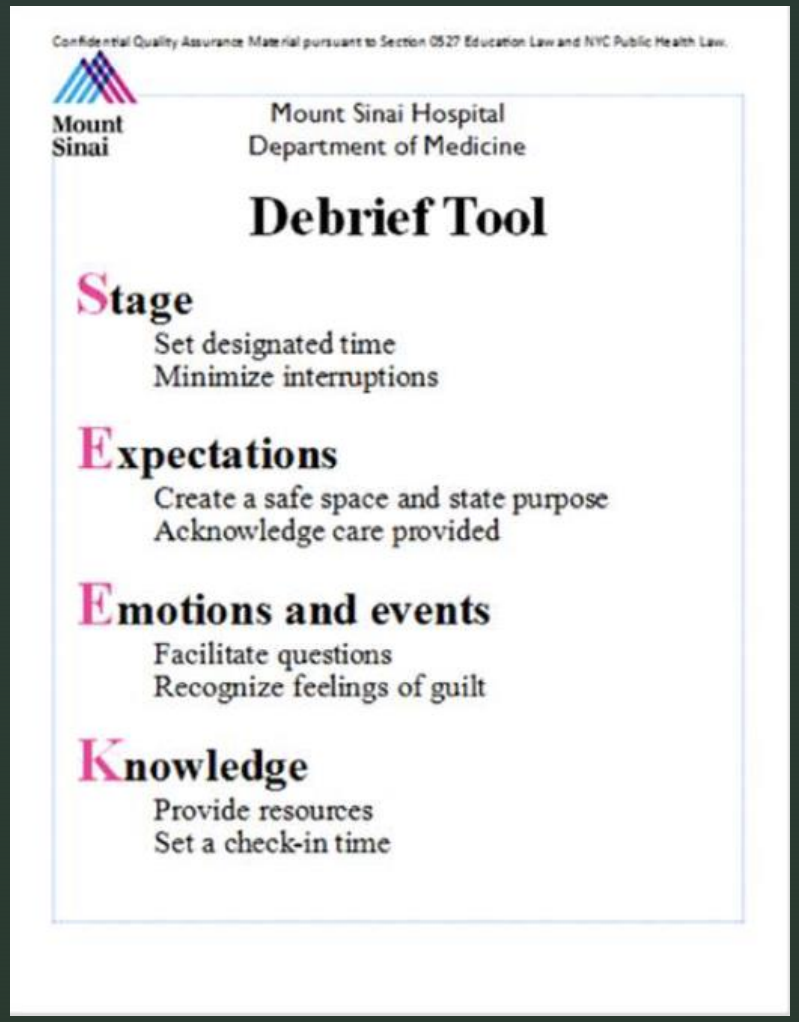
Hidden E - Evaluation

Protective factors	Risk factors
• Ability to express emotions • Can articulate what went well and what went wrong • Future oriented • Strong social support • Has coping skills	• Not sharing/showing emotions • Expressing guilt • Inability to focus • Hopelessness • De-humanizing experience • Poor social support • No coping skills

K - Knowledge

- Provide resources
  - Coping skills
  - Mental health directory
- Offer a second check in time
- Thank everyone for their care

SEEK – Mount Sinai



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    212-659-5564 MS-CSRPG@mountsinai.org

Take away points

- Emotional intelligence is protective against burnout and improves clinical/educational performance
- Debriefing is ONE tool to foster emotional intelligence
- Have a low threshold for a debrief
- Debriefing only requires a few simple steps:
  - Prepare yourself – remember this is a time to focus on emotions/feelings not analyze the case
  - Prepare the space – quiet room, 15 min, within 24-72 hours of the event
  - Set expectations - normal part of the learning process, an opportunity to check in
  - Describe emotions – ask how everyone is feeling, name the emotion they are describing
  - *Review the event – what went well, what did we learn?*
  - Summarize - what will we take away, what are we going to remember
  - Provide resources – discuss coping mechanisms, give mental health resources

Why don’t we debrief?

Time

Experience (too much or not enough)

Lack of knowledge

We aren’t trained mental health providers

Case

- Team of an attending, APP, and APF.
- Caring for a 62 y/o Chuukese speaking male with HCV cirrhosis and metastatic HCC who was admitted for a pathologic R hip fracture after a fall.
- It was recommended the patient get a IMN by ortho. Patient initially hesitant to complete surgery, wanting to go home and discuss with family. An in-person interpreter was obtained, orthopedics reviewed the risks/benefits of the surgery, and the patient agreed to surgery. The surgery was completed the same day and went well.
- The next morning patient was doing well but while nurses were getting him out of bed he coded. Code was performed for 30 min however ROSC unable to be obtained. Daughter was at bedside and was distraught.

- Immediately after the code the MICU attending did a debrief with all involved members present (20 people). Afterwards the primary team breaks off to finish seeing patients.
- During rounds the APF is quiet and accidently presents on the wrong patient and loses his train of thought while talking to a patient.

- As a supervising APP, how would you respond?

- Assuming no urgent patient needs, the team agrees to pause rounds for 15 minutes to do their own debrief of the event.
- How would you prepare the space?
  - Set secure chat to do not disturb for the next 15 minutes, can add a comment to explain, or forward chats to one team member
  - Find a quiet area
- How would you set expectations and prepare everyone for the debrief?
  - Normalize it as part of patient care
  - Describe a debrief as a chance to discuss our emotions and feelings of the event
  - To review the events of the case, not in great detail, but to understand what we are going to take away from the patient and how we will make meaning of the event

- You thank everyone for the care of the patient and ask how is everyone feeling?
- After a period of silence and noticing the APF won't make eye contact how would you proceed?
  - Offer your own feelings around the event – "I am feeling shocked, I did not expect this patient to code today. I keep hearing the daughter's cries and I feel so sad for her."

- After some more silence the APF offers – “I didn’t expect this to happen either. I’m wondering what I did wrong, I feel like I missed something. I feel bad that we had to convince the patient to get the surgery after he was already hesitant to get it. I feel like maybe if we had given him another day to think about it this wouldn’t have happened. I wish I had spent more time with his daughter during and after the code, she was so shocked that we stopped CPR.”
- What emotions is the learner expressing?
  - Guilt, shame, shock, grief, fear, isolation

- What would support look like for this APF?
  - Empathetic listening – don't interrupt, don't say "but" statements
  - Repeating back what you heard them say
  - Naming the emotions they are expressing
  - Let them know they are not alone in their emotions
- What follow-up questions could you ask to continue processing the event?
  - What did we do well?
  - How will you remember this patient?
  - What are we going to take away from this event?

- How would you wrap up the debrief?
  - Ask what each member needs in the moment to recover and return to patient care?
    - Offer a snack/water/bathroom/outdoor break before returning to patient care
  - Ask how each member is going to recover after work?
  - Ask each team member if they have a support person they can go to if needed.
  - Offer your own coping mechanisms as an example
  - Offer resources and a second check in
  - Thank everyone for the care of the patient

Questions

Resources

- Home, M. et al. Emotional Intelligence in Medicine: An Investigation of the significance for Physicians, Residents, and Medical Students – A Systematic Review. Journal of Surgical Education. December 2024.
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