

# **Debriefing Pediatric End-of-Life Care Through Personal Reflection**

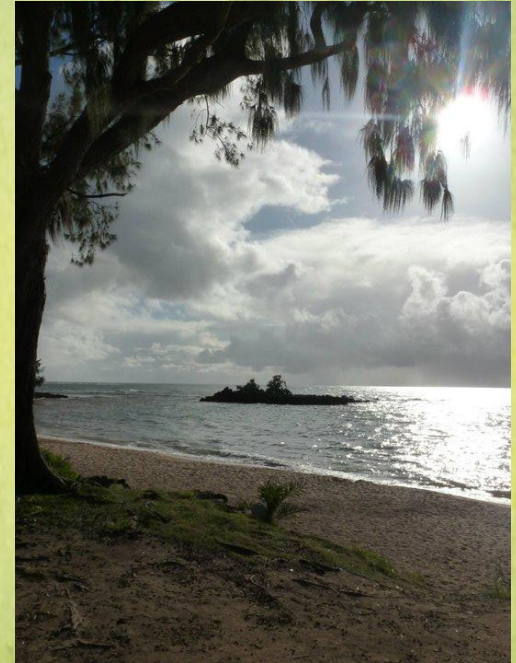
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## Learning Objectives

- The learner will be able to evaluate the importance of personal reflection for nursing students in the learning process related to end-of-life care.
- The learner will be able to examine evidence-based practice related to end-of-life care for children.



# Debriefing



## Definition (verb):

- (1) to interrogate (a pilot, soldier, astronaut, diplomat, etc.) after they return from a mission in order to assess the conduct and results of the mission;
- (2) to question formally and systematically in order to obtain useful intelligence or information.
  
- Does this fit with the way debriefing is used in nursing education?

<http://dictionary.reference.com/browse/Debriefing>

# Debriefing – Techniques

- **Military debriefing** – attempt to gather information, emphasize unit cohesiveness, and adjust to stressful incidents, often led by military leaders, allowing for cognitive development of the personnel involved.
- **Psychological debriefing** – attempt to prevent people from experiencing short-term and long-term anxiety disorders, led by trained personnel, allowing for venting of emotions, share reactions, and learn - critical incidents.
- **Peer debriefing** – peers of a qualitative researcher examine the information and methodology presented and provide feedback.

<http://www.debriefing.com/debriefing-techniques/>

# Critical Incidents

**Critical incidents may include:**

- **witnessed trauma, pain, or suffering**
- **suicide of a friend, family member, or colleague**
- **unexpected personal injury**
- **natural disaster such as earthquake, tornado, or fire**
- **unanticipated events involving children, such as serious illness or a code blue**
- **unforeseen events with a negative outcome, such as the death of a friend, family member, or child**
- **any overwhelming and emotional event**



**Critical Incident Stress Debriefing was designed for emergency responders, not healthcare professionals (Keene, Hutton, Hall, & Rushton, 2010)**

# Debriefing in Nursing

- **Debriefing allows students the opportunity for thoughtful consideration of the lived experience (s) and how it affected them on a physical, emotional, cognitive, spiritual, and personal level.**
- **Debriefing is part of the learning process and allows the student to understand the reactions and feelings they are experiencing are normal.**



# Pediatric End-of-Life Care

- *Scope of the problem* – education for nursing professionals is recommended by the American Academy of Pediatrics and the Institute of Medicine about caring for dying children (Field & Behrman, 2003; Nelson, 2000).

- 53,000 children die in US every year from congenital conditions, prematurity, trauma, or acquired diseases, and 400,000 children live with life-limiting illness (Field & Behrman, 2003; Friebert & Huff, 2009; Nelson, 2000).



- 21,000 children die around the world every day (UNICEF, 2010)

<http://www.globalissues.org/article/715/today-21000-children-died-around-the-world#Sourcesforchilddeaths>

# Pediatric End-of-Life Care

- **Experiential learning about end-of-life care needs to start in nursing schools (Meyer, 2011).**
- **Didactic education should include ways to facilitate integration of spirituality, culture, communication, and ways to establish caring relationships during a difficult situation (Meyer, 2011).**
- **Rashotte et al. (1997) and Davies et al. (1996) were some of the first researchers to suggest formal and informal resources for nurses caring for dying children (Meyer, 2011).**





# Personal Reflection – Process



## Process of reflection:

- **Pick an issue/problem – in this case, pediatric end-of-life care**
- **Think about the problem – ask questions, discussion in class**
- **Gather information – students choose a recent article (approved by professor) on the topic of end-of-life care or palliative care**
- **Write – include at least 3 ways the information will be used by the student to improve his/her practice in the clinical setting**
- **Discuss – review of coping strategies and lessons learned in class and support resources available for the students**

# Personal Reflection

## *Requirements:*

- **All nursing students at both the undergraduate and graduate level are required to write a personal reflection about end-of-life care.**
- **Paper includes requirements for the students to integrate spirituality, (their own and/or their patient's), nursing theory, and their personal thoughts and fears (Meyer, 2011).**

## *Findings:*

- **Paper enables the student to reflect on each stressful event and express grief in a safe environment.**
- **May decrease feelings of hopelessness and fear which can impact practice and allows students to work through their emotions.**
- **Validates the lasting impact of these experiences – the student is transformed by the encounter.**

# Personal Reflection Related to Personal Growth

*Personal growth:*

*“I feel myself growing in my nursing journey, in just six week of working on a peds floor I have learned so much. I finally feel like a real nurse with a purpose and a position in this field.” TF*

*“Initially, many concerns crossed my mind when beginning my rotation with kids. What happens when I encounter a child who has been harmed or is facing a serious injury? ...all I can do is try to make this experience as good as possible and never forget the long lasting impression that I am setting in their eyes.” CF*

# Personal Reflection Related to Personal Transformation

*Student example:*

***“It was this day and with this patient that really made me open my eyes and think to myself that I really can and do have an effect on people’s lives.”***

***SG***

*On finding a child with cancer crying:*

***“There had been no lecture about comforting lonely and scared children. I desperately wanted to run and find his ‘real’ nurse and have her deal with this awkward and emotionally painful situation. But I stayed...”*** SC



# Personal Reflection Related to Personal Fears

*After an encounter with a dying child:*

*“I believe God made our paths intersect for a distinct purpose. This purpose was for me to witness the human life stripped of all the freedoms I take for granted every day...I will carry this experience with me for the rest of my career. Pt H validated lecture-taught theories and helped me accomplish essential nursing skills and competencies. He allowed me to imagine what his condition would be like so that I can come to terms with my internal feelings and fears. This process will assist me to better care for others in the same situation.” TB*



# Personal Reflection Related to Spirituality and Nursing Theory

*After a new diagnosis:*

*“As I watched the tears run down RM’s cheek, I had to fight with my own emotions and stop myself from tearing up. Now I felt really challenged and nervous. How was I going to help this young girl?...Although RM’s tears made me nervous, I knew I had to move away from this challenge and move toward (Parse’s connecting-separating, 2010) helping her by listening and providing comfort.” YC*



*“I feel it necessary to add my emotions as I wrote this paper. Before I began this reflection, I did not understand why I felt the need to reflect on this patient...did God put this family in my life for a particular reason? I can only pray and hope that my care provided some comfort for RM and her family.” YC*

# Integrating Evidence-Based Practice with Nursing Theory

*After reading an article about measuring quality of life in pediatric end-of-life care:*

*“The first lesson I learned from this study is to see and treat each patient as an individual and not as a diagnosis...indivisible, unpredictable, and ever-changing (Parse, 2010)...recovery is not just the mending of skin and bone but of the mind and spirit.” KW*



# Integrating Evidence-Based Practice

*Same student:*

*“Based on what I read in this study, when a child is in her or her last days of life, I would need to evaluate how the child is coping, how the family is interacting, what the child wants, what the family needs, choices of life support, how to give comfort, what religious preparations are practiced...failure to do so could lead to the child struggling through the last stages of life, unease of the family, trouble with coping, feelings of regret, and a longer grieving process.” KW*



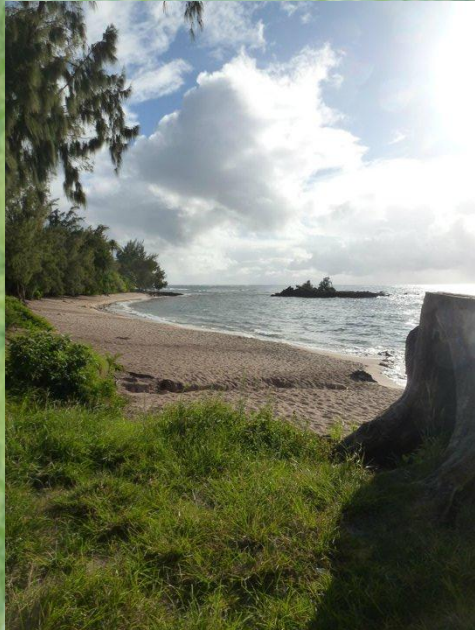


# Integrating Evidence-Based Practice

*After reading an article on the use of play therapy in pediatric end-of-life care:*

*“We may face misplaced anger, harsh words, criticism, and tears, but above all, we must remember that the patient and their family’s needs come first and this is part of the grieving process. We are called to unselfishly put the needs of others first, and with a true servant’s heart, help them through the process of dying...” EG*





## Conclusion

**Debriefing pediatric end-of-life care through personal reflection has been a valuable educational tool.**

**These experiences are part of the art and science of nursing – being present at this time provides a glimpse of human nature, human survival, spirituality, and clues as to the purpose of life (Meyer, 2011).**

# What Questions Do You Have?



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