



Co-Lead

ABOUT THIS MODULE



EMOTIONAL SUPPORT IN TEAMS



EMOTIONAL SUPPORT IN TEAMS

What is the goal of this module?

The aim of the session is for the team to reflect on, learn about, and discuss emotional support for staff following traumatic or adverse events. After the session, team members should feel more equipped to support each other when needed and have generated ideas for increasing and sustaining awareness of second victims within the team.

What is the collective leadership focus of this module?

- **Shared mental models and shared understanding**
- **Engagement of all team members**
- **Recognising and valuing contribution of others**

What areas of team behaviour does this module focus on?

- **Enhanced collaboration**
- **Motivation towards goals**
- **Cohesion and coordination**

Who is this module for?

All team members. Every member of the team can provide support to colleagues in times of difficulty, and the tools in this module can enhance this process.

What is the patient safety impact of this module?

Adverse events during work may have an emotional toll that impacts on staff's professional and personal lives, reducing their ability to provide excellent care.¹ Ensuring that adequate emotional support is given to team members following traumatic or adverse events will enable them to recover quickly and use the experience to strengthen their working practice in future.

References

1. Serou N, Sahota L, Husband AK, et al. Systematic review of psychological, emotional and behavioural impacts of surgical incidents on operating theatre staff. *BJS Open*. 2017;1(4):106–113. Published 2017 Oct 26. doi:10.1002/bjs5.21





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SESSION OUTLINE



EMOTIONAL SUPPORT IN TEAMS



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SESSION OVERVIEW

- Purpose:** This session will highlight the importance of emotional support in teams to enhance trust and enable open communication.
- Timing:** 60 min.
- Setup:** Introduction > Video > Reflection > Learning > Group exercise > Discussion
- Outcomes:** Participants will gain improved awareness of situations where emotional support can be beneficial, and establish goals and activities to help make the work environment more emotionally supportive.
- Facilitators:** 1-2 team members to facilitate; 1 team member to act as flipchart scribe to record ideas, discussion points, and outputs.

ADVANCE PREPARATION

- Equipment:** Flipcharts, markers, pens, paper, post-it notes.
- Materials:** Printed handouts, story cards, poster example, and poster template.
- Room:** Configure for round table discussion or small groups for larger teams.
- Attendees:** If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In such cases, the session materials should be shared in advance via email.





EMOTIONAL SUPPORT IN TEAMS

START OF SESSION

1) Introduction (5 min.)

Welcome should include introductions for new members, a brief explanation of Co-Lead, and 'ground rules' - use first names, value all voices, encourage all to bring skills and talents to the table etc. Facilitators should note the aim of the session - to emphasise the importance of emotional support in teams, enhance members' abilities to support each other, and generate ideas to build / sustain awareness of emotional support.

Facilitator note: The slides showcase a timer bar below the heading to keep track of time. Please click only once to activate (in case you double click you can always go back to previous slide and click again to reset the timer). Once the timer is done click to activate next slide and timer. The timer on each slide corresponds to the timing given in this session outline

2) Video and reflection (5 min.)

Watch the following video from the HSE about a nurse administering adrenaline to an infant through the wrong line.

<https://www.hse.ie/eng/about/qavd/incident-management/patient-safety-voices.html>

(The video is embedded in the first slide of the power point presentation. If accessing via the link, click on the 3rd story - "Barry").

After watching the video, ask team members to reflect individually on what colleagues and managers could have done to support the nurse following the event, and how his experience might have been different with adequate support. Team members are not required to share at this point.

3) Learning about emotional support (10 min.)

Introduce the team to important concepts and models for providing support for the second victim, using the session slides 3-9.

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4) Group exercise (20 min.)

Ask the team to form groups of three for this communication exercise. Each group should have three different story cards and the ASSIST-ME handout for support. The exercise is described in slide 10.

The team chooses one of the story cards to start with, and each team member will take on one of the following roles:

1) The second victim

- One person takes the perspective of the affected staff member as described in the story card (if there are multiple affected staff members in the story, the individual decides which staff member).
- The "second victim" attempts to put themselves in the shoes of the affected staff member in the story.

2) The colleague

- The second person takes on the role of a colleague of the affected staff member.
- The "colleague" attempts to support them, using the ASSIST-ME model and general empathy

3) The observer

- The third person takes on the role of observer.
- The observer observes without interfering, potentially taking notes, noticing what works and does not work.

Team members will carry out a supportive conversation between the second victim and the colleague, using the ASSIST ME handout and general empathy. After a couple of minutes of supportive communication, the observer prompts the "second victim" and the "colleague" to reflect on the experience and certain aspects of the conversation by asking questions, for example "how would you encourage your colleague to seek further support?", "could you have asked x differently?", or "how did you feel when asked y?". The observer does not give feedback or advice. His/her role is to ask questions to prompt reflection. After five minutes, the exercise is repeated with new story cards/new roles.

Facilitator note: All group members do not need to try all roles. The exercise should be repeated at least twice. If time allows, suggest that groups do a short debrief after the exercise, collectively reflecting on and discussing how the two different stories called for different needs for support.



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5) Team discussion on how to improve the emotional support within the team (20 min.)

Hand out the Emotional Support in Teams poster example and template. Explain to the team that today's outcomes (i.e., team agreement on how we can best support each other) will be added into a poster to increase team awareness and as a prompt to encourage provision of emotional support.

Facilitator note: Call for a volunteer or a small group who will take responsibility for taking notes and adding the team notes into the digital poster template and distribute the final product to the whole team (by e-mail and/or display of the poster, or whichever way is appropriate for the team).

The team should discuss the following questions to generate content for the poster:

- Which resources/support systems are currently available in the team/hospital to provide support for second victims?
- What should we say to/what questions should we ask our colleagues who have been involved in adverse/traumatic events?
- What else can we do to improve the emotional support within the team?
- Are there any factors impeding support for second victims in our team? If so, how can we improve it?
- **Agreement on poster content (questions/prompts)**

5) Close of session (5 min.)

Volunteer team members collate notes. It is their responsibility to add them into the poster template and distribute the final result to the team. The poster can be modified in any way the team sees fit (both content and layout).





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HANDOUTS



EMOTIONAL SUPPORT IN TEAMS



HANDOUT

The "ASSIST ME" model

The ASSIST ME model has been adapted by the HSE from the Medical Protection Society's A.S.S.I.S.T model. It is developed to assist line managers, colleagues and peers in providing support for staff following adverse or traumatic events.

A	<p>ACKNOWLEDGE with empathy the event and the impact on the member of staff.</p> <p>ASSESS the impact of the event on the member of staff and on their ability to continue normal duties.</p>	<p>"I came to see you as soon as I heard what happened. This must be very difficult for you. How are you doing?"</p>
S	<p>SORRY - express regret for their experience</p>	<p>"I am so sorry that this has happened"</p> <p>"Sometimes despite our best efforts things can go wrong/errors can occur"</p>
S	<p>STORY – allow time and space for them to recount what happened using active listening skills.</p> <p>SHARE personal experience</p>	<p>"Can I tell you about an experience of my own, how I felt and what I found helped me at that time?"</p> <p>"You may find it helpful to talk about what happened. Would you like to talk about what has happened?"</p>
I	<p>INQUIRE – encourage questions</p> <p>INFORMATION – provide answers/information</p>	<p>"Do you have any questions?"</p> <p>"Is there anything I can help you with at this time?"</p>
S	<p>SUPPORTS and SOLUTIONS</p> <ul style="list-style-type: none"> - Formal emotional support - Informal emotional support - Practical support 	<p>Provide information on debriefing and the benefits of the same. Organise, with the consent of the staff member, one to one or team debriefing. Provide information on the other formal supports available, e.g. counselling.</p> <p>"My door is open for you at all times. I will be checking in with you regularly to see how you are doing. In the meantime if you do wish to talk about this or discuss anything with me please come and see me or give me a call at any time. Can I arrange for someone to collect you from work?"</p>

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HANDOUT



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T	<p>TRAVEL – providing continued support and reassurance going forward and throughout the investigation/review process and open disclosure process.</p>	<p>“I am here to support you going forward”</p> <p>“I will be with you every step of the way and I will assist you in any way I can”</p>
M	<p>MAINTAIN contact</p> <p>MONITOR progress</p> <p>MOVING forward</p>	<p>Ensure that there is continued contact with the staff member to prevent feelings of isolation.</p> <p>Continually monitor and assess the staff member’s response to the event and their response to any interventions.</p> <p>Provide guidance and support on their return to normal duties.</p>
E	<p>END – reaching a stage of closure from the event.</p> <p>EVALUATE</p>	<p>Establish when the staff member has reached a stage of closure from the event as it is important at this stage not to keep re-opening the event with them.</p> <p>Leave your door open to them if they should require any further assistance going forward.</p> <p>Review the support provided with the staff member involved.</p> <p>Consider feedback and establish any learning which may benefit other staff.</p>



Source: HSE - Supporting Staff following an adverse event. For details, see <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendisfiles/bookletsuppstaffadverseevent.pdf>



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Story Card 6

Air in an intravenous line



Thomas is a 15 year old boy with rare disease requiring frequent hospital admission.

I was prescribed 2 litres of intravenous normal saline. The first bag of saline finished during the night, and when the pump alarm went off, the nurse came in with the second bag. I asked if she wanted to turn on the light, but she didn't, and changed the bag. After she left I switched the light on and saw that the line was full of air. I knew that was dangerous, so I turned off the pump and called the nurse. She then primed the line properly and restarted the pump. She looked shocked, but she didn't say anything about it.

Story Card 8

Ignored patient



John is an intern in a large hospital on surgical rotation.

On a Registrar-led ward round with my team we came to Tom's bed. It was obvious he needed intervention. Tom was lethargic, and had not taken oral fluids or eaten in the previous 24 hours, on a background of chronic diarrhoea. His skin was dark purple and his face was bloated. The Registrar said that Tom was no longer our patient, his care had been transferred to the medical team, so we moved to the next patient. I wanted to intervene, but was afraid what the Registrar might say. Tom died that night.

Story Card 1

Communication/ Cover-up



Megan is a staff nurse in the Emergency Department.

A patient presented to the Emergency Department with a dislocated shoulder and underwent a reduction procedure to relocate the shoulder. The patient was administered an incorrect drug, stopped breathing and required resuscitation. The Registrar approached me and advised me that he was going to make an entry on the chart that it was a drug allergy because documenting it as a medication error would put both our jobs at risk.

Source: PlayDecide: Patient Safety – A “serious game” learning tool to help health professionals to discuss patient safety and error reporting.
<http://www.patientsafetydiscussions.ie>



EMOTIONAL SUPPORT IN TEAMS

Emotional Support in **Our Team**

On **May 1st** we participated in a Co-Lead meeting with the aim to increase our ability to support our colleagues following adverse or traumatic events. This poster contains our most important suggestions to improve the emotional support in **Our Team**.

We have identified the following resources currently in place in **Our Team/Hospital** for staff seeking emotional support following adverse or traumatic events:

Open door policy
Occupational Health Psychologist

Chaplain
Peer counselling programme

We will support our colleagues who have experienced adverse or traumatic events by asking questions like:

“Would you like to talk about what happened?”

“Do you want to go for a coffee with me and chat?”

“This must be difficult for you. How are you feeling?”

“Can I arrange for someone to take you home?”

“Would you like me to be there when you speak to ... (e.g. the manager)?”

“You seem to be having a hard time. I just want to check that you are aware of the support options available (e.g. occupational health psychologist). Will I find their phone number for you?”

We will furthermore support our colleagues by:

Attempting to organise a bi-weekly walk around hospital campus during lunch break – all can join, and each walk will be led by a volunteer willing to have an informal chat (To join the volunteer rota, contact Mary O’Leary). Times/starting points TBD – announced on board.

Adding this poster to the team induction pack.

If we need further information or resources, we will find them at:

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendislosure/opendisfiles/bookletsuppstaffadverseevent.pdf>

Any other resources identified by the team (e.g. hospital policies, resources)





EMOTIONAL SUPPORT IN TEAMS

Emotional Support in [Team Name]

On [date] we participated in a Co-Lead meeting with the aim to increase our ability to support our colleagues following adverse or traumatic events. This poster contains our most important suggestions to improve the emotional support in [Team Name].

We have identified the following resources currently in place in [Our Team/Hospital] for staff seeking emotional support following adverse or traumatic events:

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We will support our colleagues who have experienced adverse or traumatic events by asking questions like:

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We will furthermore support our colleagues by:

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If we need further information or resources, we will find them at:

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendiscfiles/bookletsuppstaffadverseevent.pdf>

[Any other resources identified by the team (e.g. hospital policies, resources)]

