



Psychological Trauma in the Clinical Setting: Student Preparation and Support

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OBJECTIVES

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- Discuss the experiences of undergraduate student nurses who have witnessed critical patient events in the clinical setting
- Describe student accounts of preparation and support
- Discuss suggestions for preparing students to witness critical events
- Discuss methods for supporting students before, during, and after critical events

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BACKGROUND / REVIEW OF THE LITERATURE



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CRITICAL EVENTS



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PREPARATION

Student anxiety related to critical patient events should be addressed prior to entering the clinical setting. Nursing curriculum should focus on empowering students in their care for dying patients, and time needs to be given to help students sort out their emotions prior to encountering critical patient events in the clinical setting

(Beck, 1997)

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POTENTIAL SITES

- Emergency Department
- Operating room
- Intensive Care Unit
- Labor and Delivery
- Mental health
- Step-down units
- Pediatrics
- Oncology
- Any unit
 - Myocardial infarction
 - Brain attack
 - Resuscitation
 - CPR
 - Domestic violence
 - Severe neglect



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LACK OF PREPARATION

Students typically enter the clinical setting within the first few months of nursing school prior to experiencing death and dying curriculum. Additionally, training on trauma and resuscitation often does not occur during the first year of schooling. It is crucial that nurse grief not only be recognized and accepted within the profession, but be addressed in schools of nursing, along with coping mechanisms and support resources.

(Loos et al., 2014)

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PSYCHOLOGICAL TRAUMA

Severe psychological distress that results from acute or chronic mental or physical trauma, complex trauma, developmental trauma, physical or emotional neglect, vicarious/secondary trauma, workplace violence, historical trauma, system-induced trauma, second victim trauma, trauma from disasters, and any event that causes severe psychological distress

(Foli & Thompson, 2019)



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“move from
crisis intervention
to prevention”

(AACN, 2020, para. 15)

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PURPOSE AND SIGNIFICANCE



The purpose of this grounded theory qualitative study was to better understand how students are prepared for critical patient events, how students are supported before, during, and after critical patient events, how students cope with psychological trauma, and for those who reach psychological recovery, how recovery occurs.

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RESEARCH DESIGN/RESEARCH QUESTIONS

Research Questions:

Q1: What is the process students go through to psychologically recover after witnessing critical events?

Q2: What is the relationship between student support measures and psychological recovery after witnessing critical events?

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CRITICAL EVENTS WITNESSED

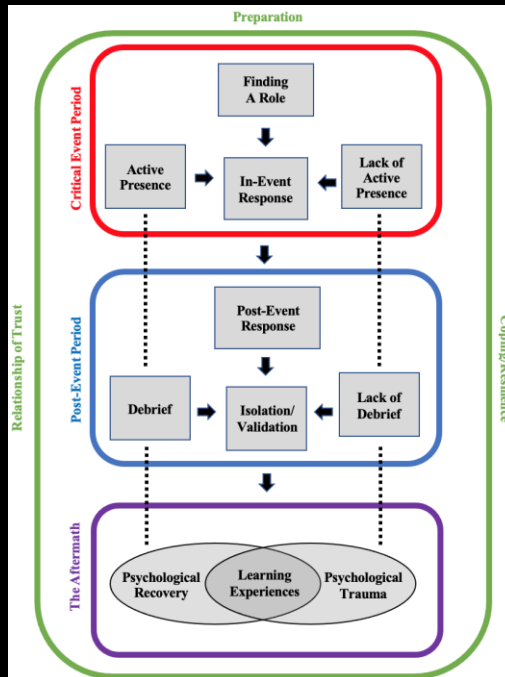
- Ruptured abdominal aortic aneurysm (AAA)
- Respiratory arrest
- Cardiac arrest
- Maternal postpartum hemorrhage
- Myocardial infarction (MI)
- Brain attack (stroke)
- Newborn resuscitation
- Rapid response for symptomatic arrhythmia
- Emergent open thoracotomy with cardiac massage
- Auto-pedestrian trauma
- Withdrawal of life support
- Crash cesarian section



Many of these events resulted in patient death and post-mortem care

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THEORY MODEL



Hood, T. L., & Copeland, D. (2021). Student nurses' experiences of critical events in the clinical setting: A grounded theory. *Journal of Professional Nursing, 37*(2021), 885-893. <https://doi.org/10.1016/j.profnurs.2021.07.007>

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FINAL THEMES

- Relationship of Trust
- Preparation
- Coping/Resilience
- Finding a Role/Role Conflict
- Clinical Instructor/Nurse Active Presence

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FINAL THEMES

- In-Event Stress Response
- Post-Event Stress Response
- Debrief
- Isolation/Validation
- The Aftermath

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RECOMMENDATIONS

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PRE-CLINICAL PERIOD

- Pre-clinical risk self assessment
- Training for clinical faculty on debriefing skills and follow-up methods
- Establish relationships of trust/mentorship
- Didactic content (stress, coping, self-care, death and dying, code blue, ELNEC, etc.)
- Simulation
- Accounts of student experiences
- Honest discussion of sights, smells, etc.



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CRITICAL EVENT PERIOD

- Pre-brief whenever possible
- Leave the choice of role up to the student
- Never force participation
- Active presence



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POST-EVENT PERIOD

- Immediate debrief when possible
- Hospital debrief if available
- Post-conference rather than mid-conference (or in addition to)
- Leave decision to talk at post-conference to the student. Ask ahead of time if they want to talk about it
- Remember- to you it may not be traumatic, but to the student it could be



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THE AFTERMATH PERIOD

- Immediate home support person (spouse, friend, parent, other students, etc.)
- Personal coping strategy
- Frequent follow-up (day after, one week, two weeks, one month, up to a year)
- Resources if needed
- Professional help centers inside and outside the college if needed



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“Whether you drown in a bathtub of water or an ocean, you still drown...it's not a game of whose is worse.

—Participant 6
Trauma is trauma.”



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THANK YOU

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