

AANA **Health & Wellness**



Julie Rice, BA



Lynn Reede, CRNA,
DNP, MBA

The Personal Impact of Adverse Events

Guest authors:
Julie Rice, BA
AANA Wellness Specialist

Lynn Reede, CRNA, DNP, MBA
AANA Senior Director of Professional Practice

“You will experience one perioperative death in your lifetime,” stated Maria van Pelt, CRNA, MS, MSN, in her presentation “The Aftermath of Perioperative Catastrophes: Our (CRNAs) Voices are Finally Heard!” at the 2013 Annual Meeting in Las Vegas. Many CRNAs will be profoundly affected, “with the majority feeling that they require help.” As the 10th speaker in the Jan Stewart Memorial Lecture Series, supported annually by the AANA Foundation from the Jan Stewart fund, van Pelt spoke on the emotional toll on a CRNA’s well-being following an adverse event based on her recent doctoral research. CRNAs face many critical incidents, some with catastrophic outcomes, but even less-adverse workplace events can trigger emotional trauma (see the inset box on page 31

with common reactions). Speaker evaluations confirmed that the topic is relevant to both CRNAs and student nurse anesthetists, many of whom reflected on their own traumatic experiences.

“Adverse events and corresponding provider support are an emerging and ongoing focus,” reported 2013 Health & Wellness Committee chair Janet Dewan, CRNA, MS, in the 2012-2013 AANA Annual Report (view the full report on the member side of the AANA website). Dewan summarized the collaborative Practice and Health & Wellness Committees’ initial efforts with the future goal to increase awareness of critical incident stress management and to build accessible resources. To listen to CRNA concerns and begin to gauge member needs, the committees invited Annual Meeting attendees to an open forum. Participation surpassed initial expectations, and the room was expanded to accommodate more than 100 attendees. In an online post-open-forum survey of participants, 94 percent of respondents noted interest in the topic, 68 percent wanted to learn what others had experienced, 41 per-



cent had a related personal experience, and 29 percent were there to offer support (survey instructions were to select all responses that apply).

Additional important survey responses revealed:

- 100 percent reported they either had no access or no awareness of a formal debriefing process at their facility.
- More than 50 percent have not been prepared to deal with a critical incident.
- 100 percent of the respondents who pursued resources after a critical incident received support from the AANA open forum and/or peers outside their workplace, while 36 percent of those who experienced a critical incident did not seek any resources for support.
- 100 percent feel debriefing after a critical incident is valuable.
- 100 percent would attend another open forum.

What does this all tell us? This is a vital subject that supports a culture of patient safety and provider wellness. We'll continue efforts to provide additional resources to integrate administrative debriefing tools with a personal focus on provider well-being. Feel free to contact us with any questions, concerns, or for support (see inset box at right for Support Resources).

Visit www.AANA.com/AdverseEvents to see the full Critical Incidents and Adverse Events Open Forum Evaluation Results and order a two-sided, full-color "Adverse Events Resource Card" as a reference and/or to share with colleagues. Info on Jan Stewart and the lecture series in her name: www.AANA.com/JanStewart. Donations to the Jan Stewart Memorial Lecture Series fund can be made at www.AANAFoundation.com. ■

Common Reactions to Traumatic Events*

Everyone who has experienced or witnessed a traumatic event will experience it differently, but will typically have reactions that fall into four basic categories.

Psychological and Emotional

Depressed mood
Irritability
Loss of interest or pleasure
Drug or alcohol abuse
Feelings of inadequacy and loneliness
Loss of trust
Perceived indifference from colleagues
Anger, guilt, frustration
Inability to think or concentrate
Recurrent images or thoughts of the event triggered by non-specific events
Distress when you are exposed to events that remind you of the trauma
Hypervigilance with everything you do
Desire to connect with others experiencing similar trauma

Cognitive

Inability to think or concentrate
Feeling distracted

Physical

Trouble eating
Sleeping
Fatigue
Headaches

Behavioral

Hyperactivity, or less activity
Drug or alcohol abuse
Social isolation
Insomnia or excessive sleeping
Strong need to talk about the event or read information surrounding the traumatic event

*From Medically Induced Trauma Services (www.mitss.org)

Adverse Medical Events Can be Devastating

Be aware of the impact on you or on colleague's well-being, to identify and understand the emotional and physical responses, and to know that:

- It's typical (see common reactions list above)
- There are resources for coping and recovering
- You are not alone

Support Resources

- www.aana.com/adverseevents
- Professional Practice: (847) 655-8870
- Comments, concerns, or recommendations can be emailed to wellness@aana.com