

CARE YOU
CONFERENCE 2026

Scaling Support

Building a Mutual Support
Community of Practice

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ABOUT US


University of Rochester
Rochester, New York



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SITUATIONAL STRESSOR

Overcrowding in the
Emergency Department



- Sustained exposure to high-acuity stress and moral distress.
- Care teams dispersed quickly after difficult events.
- Staff preferred peer support from colleagues who understood the work.

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We work in a system with **multiple layers of stress.**

PERSONAL CIRCUMSTANCES
SOCIO-CULTURAL CONTEXT
WORK-RELATED GRIEF & LOSS
WORKING CONDITIONS
DIRECT EXPOSURE
SYSTEM CHALLENGES
INDIRECT EXPOSURE
tend.

Image source: TEND
<https://tendtoolkit.com/contributing-factors-strategy/>

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Our support mechanisms were **disconnected.**

Image source: Random House
<https://www.dorlandrandomhouse.ca/books/9780307081148/richard-scarye-busy-busy-people-by-richard-scarye-illustrated-by-richard-scarye-9780307081148>

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Wouldn't it be nice if we...

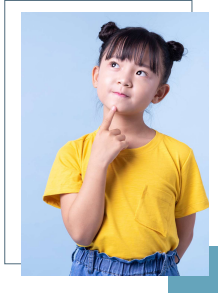
- ◆ Addressed inconsistent and (potentially harmful) debriefing practices?
- ◆ Had several methods for supporting staff?

Image source: Shutterstock
<https://www.shutterstock.com/image-photo/young-girl-thinking-1180555555>

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Wouldn't it be nice if we...

- ◆ Increased the number of trained peer supporters?
- ◆ Built greater capacity to respond to rising stress levels and potentially traumatic events (even as demand continues to grow?)



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“
Communities of practice are groups of people who share a concern or a passion for something they do and **learn how to do it better as they interact regularly.**”

Etienne & Beverly Wenger-Tayner, 2015



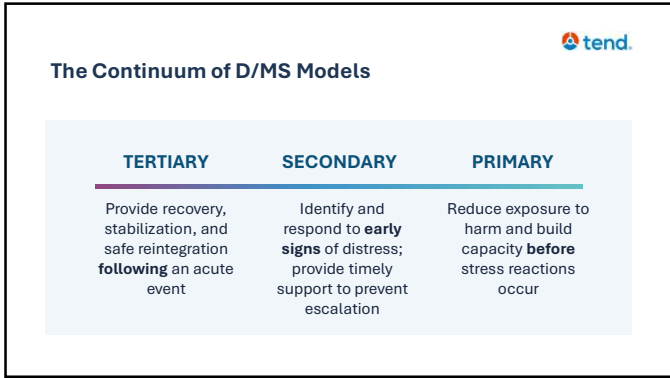
Wenger-Tayner, E. & Wenger-Tayner, B. (2015, June). Introduction to communities of practice: A brief overview of the concept and its uses. Wenger-Tayner.com. <http://www.wenger-tayner.com/introduction-to-communities-of-practice/>

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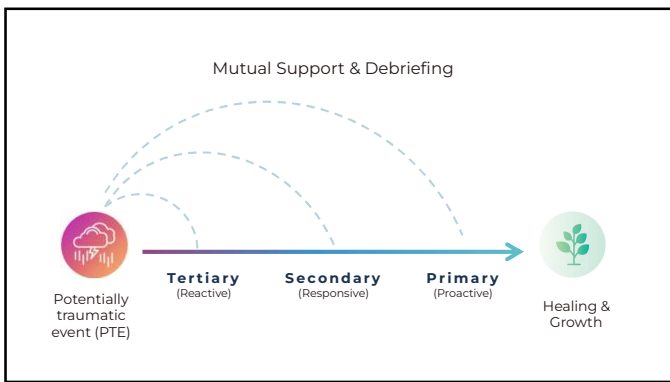


Identifying our Community of Practice **Goals and Values**

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We asked:

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What supports do you need to implement mutual support and debriefing practices?

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We heard about:

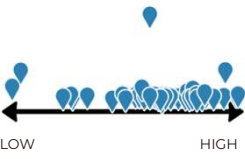
Leadership support & workplace culture	Training, practical tools & clear processes	Time, staffing & operational barriers
1 “Support and encouragement, feeling like debriefing and emotional wellness is valued.”	2 “Knowing what questions to ask, what supports to provide, how to initiate and support staff.”	3 “Time to do it without infringing on patient care.” “Not enough time.”

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We asked about **compassion**:

“

To what degree do you feel heard, understood, and are willing to help one another?




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We asked about **commitment**:

“

To what degree do you think senior leadership is committed to addressing occupational hazards and actively strives to reduce risk and promote well-being?




LOW HIGH

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We asked about **psychological safety**:

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To what degree do you feel safe to share your thoughts, opinions, and ideas without fear of reprisal or negative consequences?



LOW HIGH

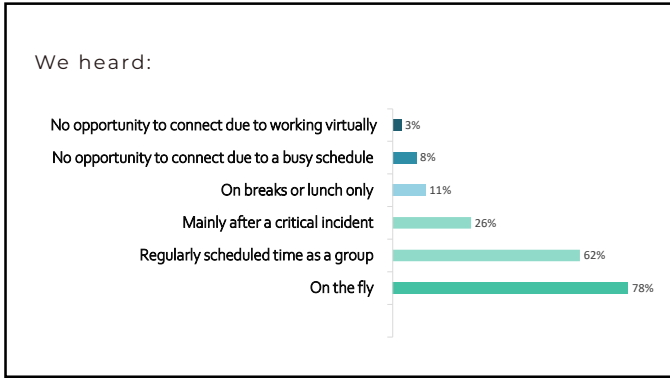
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We asked:

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How are you connecting with each other right now?

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Steps to Building Our Community of Practice

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STEP ONE

Strengthen staff knowledge and **develop foundational skills**




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tend.

TEND Training shared principles:

1. We need to "broaden the lens" on mutual support and debriefing.
2. Professionals want support from their colleagues rather than mental health professionals (Rock et al., 2020).
3. Everyone can learn and use mutual support principles.
4. Support should be available immediately **and** on an on-going basis.



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STEP TWO

Adapt debriefing approaches to meet the **specific needs and realities** of each team



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Hospital Surgical Safety Checklist

Read and follow the items, the checklist, below

Complete checklist before first incision or first anesthetic agent is administered to the patient (per your site)

Do not skip any items

Checkmark (✓) = complete, initial marked

Circle (○) = incomplete

Briefing	Debrief
<ul style="list-style-type: none"> 1. Location of the patient, the patient's name, and the planned procedure 2. Time, date, and location of the procedure 3. Names of the operating team members 4. Roles of the operating team members 5. Time-out 6. Risks 7. Contingency plans 8. Emergency equipment location 9. Patient's allergies and sensitivities 10. Patient's medical history 11. Patient's current medications 12. Patient's current vital signs 13. Patient's current laboratory results 14. Patient's current imaging studies 15. Patient's current vital signs 16. Patient's current laboratory results 17. Patient's current imaging studies 18. Patient's current vital signs 19. Patient's current laboratory results 20. Patient's current imaging studies 	<ul style="list-style-type: none"> 1. Location of the patient, the patient's name, and the planned procedure 2. Time, date, and location of the procedure 3. Names of the operating team members 4. Roles of the operating team members 5. Time-out 6. Risks 7. Contingency plans 8. Emergency equipment location 9. Patient's allergies and sensitivities 10. Patient's medical history 11. Patient's current medications 12. Patient's current vital signs 13. Patient's current laboratory results 14. Patient's current imaging studies 15. Patient's current vital signs 16. Patient's current laboratory results 17. Patient's current imaging studies 18. Patient's current vital signs 19. Patient's current laboratory results 20. Patient's current imaging studies


Surgical Time Out

Time-out is a critical step in the surgical process. It is a time when the entire surgical team (surgeon, anesthesiologist, and nursing staff) stop the procedure and discuss the patient's status and the planned procedure. It is a time to ensure that everyone is on the same page and that the patient's safety is the top priority.

Did a critical incident occur?
If yes, escalate to charge/nursing leadership

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Reducing the risks of **harmful debriefing practices**




- "I'm fine"
- Limited disclosure
- Voluntary vs. Mandatory
- Encourage natural recovery mechanisms
- Co-facilitation

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STEP FOUR

Actively recognize and respond to the ongoing impact of **daily wear-and-tear stressors**



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Which source of stress injury do you see the most?



Source of Stress Injury	Percentage
WEAR & TEAR	63%
INNER CONFLICT	17%
TRAUMA	15%
LOSS	4%

Watson, P., & Weisphal, R.J. (2020). Stress first aid for health care workers. National Center for PTSD. <https://www.ptsd.va.gov>

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Developing compassion satisfaction
Reconnecting with the joys of the work

1. What made me choose this line of work?
2. What keeps me going, and sustains me as a person, given the challenges of my work?
3. What concrete strategies have made a significant difference for me and allowed me to remain healthy and well?
4. Can I think of a particular patient whose story has profoundly touched me in a positive way?

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STEP FIVE

Measure impact and continuously work to **refine and sustain** our DMS program



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Evaluating & expanding mutual support efforts



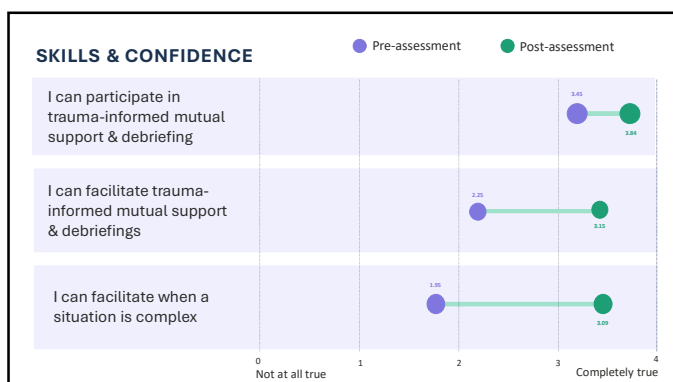
- Measurement
- Shared resources
- Regular and ongoing conversations and trainings
- Practice spotlight
- Integration with existing programs

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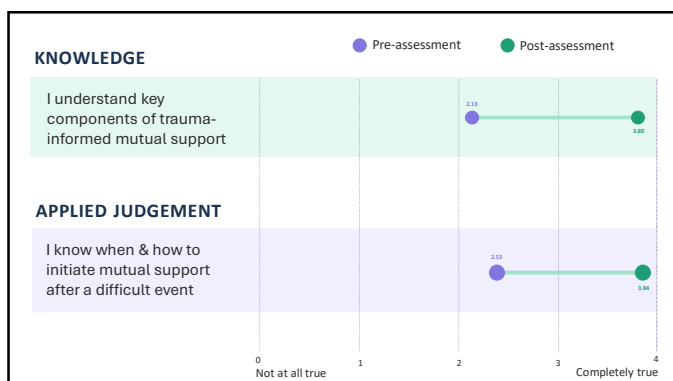


Program Data, Evaluation,
& **Feedback**

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What we **learned** from the feedback:


There is great value in offering practical, flexible debriefing approaches.  *"I will better tailor the debriefs I hold specific to the group."*

There is a desire for ongoing community, mentorship, and connection.  *"Access to the group of people who went through the training... a little community of our own."*

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What we **learned** from the feedback:

There is a need for more practice, simulation, and applied learning.  *"Mock scenarios or shadowing/teaming with others."*

There is a growing openness and culture shift around debriefing.  *"People seem more willing to open up, and aren't afraid to ask if someone is ok."*

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And there continues to **be barriers...**

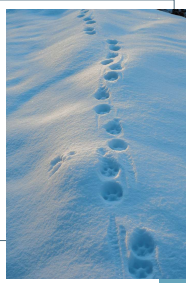


- *"In the critical care setting it's really hard to get staff on board."*
- *"We do a good job clinically debriefing... but don't unpack the trauma we experience regularly."*
- *"No, but I have an enormous unit and huge team."*

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Our **next steps:**


- Data collection, paired with institutional data
- Create feedback mechanism for leaders and stakeholders
- Recruit, recruit, recruit!
- Data inputs (reported incidents, complaints)



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Our **lessons learned:**


- ◆ "Our community of practice (CoP) will be self-organizing."
- ◆ "Our CoP should be informal!"
- ◆ "The right people will find their way to the CoP."



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Key **takeaways:**

- ◆ Not every difficult experience needs a formal intervention, **but support and connection can make difficult work more manageable.**
- ◆ **Everyone** can play a role in creating support, even when formal resources are limited.



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