I have twenty-four years of experience in helping Avera employees cope with crisis. My clearest memory was being on-site at Avera St. Luke’s when the CareFlight team was told “No Souls Onboard Survived”. It was pain that I had never witnessed and only God’s guidance helped me to support my Avera family. It was an honor to care for them as they worked through the process of grieving, finding meaning and memorializing.

Also, I have helped my Avera colleagues work through unexpected patient deaths, medical errors, lawsuits, suicides, child deaths, workplace violence, victim known by ED team, and employee deaths (including two of my own staff). I am reminded of these times as I work with physicians, nurse practitioners and physician assistants through critical incidents related to the COVID pandemic.

 Critical incidents are defined as any situation that overwhelms our usual coping mechanisms. My experience in processing critical incidents with groups and individuals, I have learned a few lessons.

People often hesitate to reach out for help during difficult times due to patients’ deaths or challenging circumstances. Many wrongly think:

* I was trained for this
* I knew what I was getting into
* I am strong for other people, I can’t need help
* Nobody else seems to be bothered by it
* Feeling weak if I need to process events with someone else since I’ve always been able to handle difficult patient encounters on my own
* If I let out some emotion, it will never stop

Processing an event with a colleague is the most common and helpful form of support after a critical incident. Colleagues understand what it’s really like to be in the middle of the COVID crisis.

Processing with a professional (EAP, Chaplain, LIGHT, External Therapist) can be most helpful when:

* There is an overwhelming feeling of guilt or shame
* Daily functioning such as eating and sleeping are interrupted for more than a few days
* When you think about quitting your job or profession due to the incident
* Concentration and decision making abilities are low for more than a few days
* Events are accumulating and becoming overwhelming and all-consuming

I’ve learned that there are often unique factors that affect the way we can integrate the incident into our experience. It’s why some situations affect us more than others. A few years ago, I worked with an ED nurse who cared for a dying child due to a fire. She had a child who was about the same age and had the same footed pajamas as the child who died. She spent many nights awake, checking on her child 2-3 times a night. The anxiety eventually subsided as we worked through ways to incorporate the experience into her new worldview.

Sometimes situations hit too close to home such as:

* The patient is known by the care providers
* The patient looks like or are similar in age to a relative or friend
* The circumstances such as a code brings back all the other codes that resulted in patient death or a suicide reminds them of a suicide in their family or friend network

Over the years, I learned that the human spirit is incredibly resilient. That most people work through experiencing critical incidents with time, contemplation, incorporation and support. Most people find meaning in all of the pain and suffering, making them stronger and better professionals having gone through it.

The majority of people work through incidents successfully on their own, with a spouse, with a colleague or with a professional. Know that you can handle what is to come. You have resources and people to support you.

Please reach out if I can support you as you journey through this windy road of caring for patients during the pandemic. If you are not sure what you need, give me a call and we will sort it out together.

Mary Wolf

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