Wellbeing and Resilience in Latin American PICUs

SPEAKERS
Lorena Acevedo
Pediatric Intensivist
Fundación CardioInfantil

Luis Augusto Moya Barquin
Pediatric Intensivist
Fundación CardioInfantil

Teresa Stegmann
CICU Nurse Practitioner
CHOP

Daniel Arturo Sandoval Castillo
Respiratory Therapist
Fundación valle del Lili

Lorena Acevedo 00:09
Hello and welcome to WFPICCS world PICU Awareness Week 2026, podcast series. I am Lorena Acevedo, pediatric intensivist and clinical epidemiologist of Fundacion card infantil and clinical country in Bogota, Colombia, it is, truthfully, a privilege to be joined today by three outstanding Latin American colleagues. Let me introduce our speakers for today. First, Dr Luis Moya,

Luis Augusto Moya Barquin 00:37
hi Lorena. Hello everybody. I am. Dr Luis Moya, pediatric intensivist of hospital General San Juan de Dios in Guatemala City.

Lorena Acevedo 00:46
Here are also joined by Teresa Stegman,

Teresa Stegmann 00:51
hi Lorena, and Hi everyone. I'm Teresa Stegman. I'm one of the nurse practitioners, and I come from Buenos Aires Argentina.

Lorena Acevedo 00:59
And finally, we are pleased to have with us. Daniel Sandoval,

Daniel Arturo Sandoval Castillo 01:04
hello Rena. Hi everyone. I'm Daniel Sandoval, and I'm physical therapist at Fontaine Valle Linde in Cali, Colombia.

Lorena Acevedo 01:12

This is the time of the year when we recognize the incredible work carried out of pediatric intensive care units all around the world this year, our campaign focus on the crucial theme, take care of those who care. The goal is to highlight the importance of the caregivers well being as a fundamental pillar of the safe, ethical and sustainable pediatric critical care PICU, professionals face intensive, emotional, ethical and clinical demands every day. Supporting the people who provide this care is essentially not only for their well being, but also for the quality and the safety of the care delivery to children and their families. In this episode, we will create and explore how teams across our region, Latin America, are addressing caregivers well being sharing our experiences, challenges and ideas that can help build healthier and more supportive critical care environments. Today, we are focused on the incredible work done across Latin America, a region defined by diversity, resilience and a deep commitment to caring for critical ill children, often in the context of limited resources and high clinical demands. To start this conversation, I would like to begin with an experience, experience that truthfully reflect how caring for caregivers can be integrated into clinical care models. Daniel, your team has developed an innovative approach through the cricep program. Could you please briefly tell us what motivate this creation of the program within a pediatric intensive care unit.

Daniel Arturo Sandoval Castillo 03:10
Thank you very much. It's a pleasure to me to be here. So first of all, Chris was born from a reality we have to face every single day in the pediatric care unit, on one hand, of course, we have achieved significant advances in patient survival. However we saw, and we noticed that the experience of the children, their families and even healthcare team was often fragmented, a little bit like the specialized and also a little bit like emotional demanding. So by that time, we came up with idea, or with us, with a thought and a question, and it was, is it survivable enough? So Chris said, was creative as a response to that question. But we also understood that worldwide, care model was like developing and they were like integrating families, aiming to reduce morbidity, and also reconnecting the importance of healthcare team and, of course, the well being. So that did that happen, and it became a bit more evident in the covid 19 pandemic.

Lorena Acevedo 04:17
Danielle, that perspective is incredibly powerful, especially the idea that survival alone is not enough. But to better understand this model, can you please tell us what the name Traci represents?

Daniel Arturo Sandoval Castillo 04:32
Of course, the name represents six fundamental pillars. First of all, the C goes for shy life services. The R stands for earlier limitation. The E goes for affected listening, and the C caring for the caregiver. And the E goes for school continuity. And the P goes for post, ICD out, translation, effects. But. Traci, acronym is a comprehensive model that of cares that is beyond of that we only care about the holistic proportional thing. It's the it goes around, physical, emotional, cognitive and social, alongside families and the care of the team.

Lorena Acevedo 05:19
Danielle, this holistic vision is truly inspiring within these pillars. One stands out is particularly relevant for today's theme, caring for the caregiver. Why did you decide to include this as a pillar, as a fundamental component of your model?

Daniel Arturo Sandoval Castillo 05:40
Because we came to understand something essential, it is impossible to provide humanized care if the healthcare team is emotionally exhausted. And this is very, very important, because at what in the first place, pediatrics, intensive care units, professional are constantly exposed to suffering, uncertainty and deeply complex decision, and this has like a cumulative impact in your life. But at the same time, each healthcare

provider has a personal life with their own challenges and emotional fluctuation, and yet, every day, we are exposed, or we are expected to show up and offer in their in offer our best version of children. And this is why it comes the a little a little thin line between what we give and where we give it from. That's why it's very important to the caregiver. For the for the caregiver is well and also care improves today. It's important to point out that multiple studies show that burnout rates is is a little bit higher than before, and this is not only affect professional but also affects the quality of care and communication with families and even patient safety and at the end of the day, with the outcomes. That's why it is very important to us to include the caring for the caregivers. We began to understand that the emotional state of the team is not an individual issue, but a clinical variable that is developed the impact on outcomes.

Lorena Acevedo 07:10
And yet what you have shared highlights something essential that caregivers well being is not a personal matter, but a structural and a clinical priority building this idea, I would like now to bring in Teresa, bringing Teresa to hear how this is being translated into concrete and strategies at an institutional level. Teresa in your experience, what is strategies? Do your center use to take care of emotional and physical well being.

Teresa Stegmann 07:48
Thank you, Laura. You know having support from the institutional level is very, very important and vital for the well being of our team at our institution, we use different strategies to decompress after labor intensive weeks or having particularly challenging cases.

Lorena Acevedo 08:06
Can you please tell us about those strategies?

Teresa Stegmann 08:11
Yes, of course, we have a program called care for colleagues that is typically scheduled on a monthly basis for our cardiac ICU. But we can also contact the Wellness Center to arrange a session whenever our unit feels the need. These sessions are open to the entire multidisciplinary team, and if there is a particularly challenging case that the team feels that they need to debrief or process or even talk about through more in depth, small group sessions, we can also arrange that to happen

Lorena Acevedo 08:46
pered, that is great. And it's also important to move from the awareness to the action. Could you please tell us a bit more about these strategies? Who lead these sessions?

Teresa Stegmann 08:59
Yeah. So across our hospital, we have different staff members from different units help lead these sessions. The team is really multidisciplinary, and it involves nurses, physicians, physical therapists, nutritionists and other members that want to be involved in leading the sessions. To do so, these members have to undergo training, which includes a coaching session on how to facilitate and debrief the sessions after their initial training, the participant must attend and observe two care for colleague sessions before they're even able to facilitate a sessions themselves and and once you become a facilitator, what we ask for is that you don't need sessions within your own unit so that you can remain objective and bias when you do so.

Lorena Acevedo 09:53
Oh, great. This multidisciplinary involvement is truly remarkable, and speak to. To a shared responsibility across the team. What will you say that is the main goal of these sessions?

Teresa Stegmann 10:10
That's a good question. I think the main goal is to create a space that feels safe for the team to share lived experiences the coach is the one that provides questions to guide conversations, but does not impose judgment or anything during this discussions, they act as a guide so they can sort of debrief on the experiences that the team is is feeling emotions and feelings, and their main role is to validate those experiences and emotions and summarize the key points that emerge during these discussions to help the team process their experiences, their feelings, and feel supported and recognized. The main goal is for the team to not feel like they're alone in these experiences, and that there is a space and a community ready to support one another.

Lorena Acevedo 11:07
We have explored the how care models and institutional strategies can support caregivers well being, but there is another key dimension how we can prepare and support teams from the very beginning now, Dr Luis moje is going to give us her perspective of how education, simulation and spiritual support helps strength the well being in the health care professionals in pediatric critical care, Dr Luis about the caregiver well being in patient safety, how is the perspective of the education and training of the wealth staff in Guatemala City? Hi, thank you,

Luis Augusto Moya Barquin 11:50
Lauren, for this question. Is for me, great opportunity to be here for us. It's a policy in our PICU as a great time of the This podcast is the awareness with PICUS with peaks, take care of those who care for us. It's important the physiological psychological safety begins with the basic assumption. We believe that everyone participating in activities in our PICU is intelligent, capable, cares about doing their best and wants to improve, release it from the center of medical simulation of Boston. First, it's important to realize that the physiological and emotional health of PICU professionals directly influence in clinical judgment, communication, teamwork, in the pediatric intensity care. The PICU is a place that we need to promote quality, ethics and learning without risk of safety. This is a name of simulation, and this is the methodology that we can improve the skills, knowledge and attitudes in the staff, like trading at the sniper in the halo conditions, high accuracy, low opportunity. The RE skilling process is very common in PICU. It was during the covid 19 outbreak that we, several staff are not capable to be part of the PICU, and was trying to be part in in the care of the patients in several other facilities, widespreads in the world. It was a case that I emphasize as a reality in Latin America, where sometimes it's common, promotes the doctor center of knowledge and the decision making. What we need more in the rural places democratic the decision making and the skills to time to dependence and performance. I promote the recruitment to the PICU with the quote, We don't need more experts. We need competitive stuff because it's common, some fear, in case, believe the high demand expectation to great amount of knowledge before people instead, promote the cube of learning from novice to experts in the safe environment. Only having better recruitment, we can have better nerve patient and better doctor patient radio, because the workload always strengthens the work conditions and promotes fatigue, and thus load very hiking, moral distress. Word note is a 16 issue, not an individual failure. What more other classes are the final definition, it's important to recognize the trends and the several times that the staff reaches near or very near of the no return point of two. Burnout is not a criteria or medical condition. Who will have a repetitive cycle and reduces the social connection and acceptance, recognition and competence and respect of the steam and the realizing one's full potential of the cell actualization as the muscle hierarchy of needs the workforce strain, staffing models, shift and numbers, labor week, hours, circadian circle, moral distress, organization and culture play a central role in burnout, learning, simulation cycle is important in psychological safety and promotes confidence and avoid the PMP. In the wrongs of the world. In our case, we need use the 10,000 hours of deliberate practice model to use an activity as opportunity of learning. With this condition, we create a confidence, a safety and confidence model as a contract. We are learning in hasty because the learning can avoid the fear, anxiety and blame to be guilty in

case of pitfall in our PICU, we promote a confidence contract signate first by me when it happened in any mistake and any student recognized to report any adverse event, is my responsibility to not give an administered Traci. Education is based in relationship. We strongly believe that the top level of the performance is leadership. But NASA makes important that the same level of the followership as the leadership is important promotes and enhance the empowerment in order to make more peers and democratic decision making, decision making in the picture,

Lorena Acevedo 16:00
Dr Luis, how do you move through education and simulation to the well being in the staff of the PICU?

Luis Augusto Moya Barquin 16:10
Education is is based in following, mentors and leader, and is based in their roles. Ancestry. Everyone believes that you can learn with so.so methodology, See One, Do one and teach one. Basically the supervisor learning and is not safe to the patient community. We learn with premium no chere, understanding that is a protective statement, but it's not a resolution and moving to action when we are talking about child mortality, we need to try to do the best model in demanding environment for environment for parents and families. Reviewing this picture and observing child mortality, we conclude that fears do not harm is not enough. Make the LEX artist as fast as fierce, as fast you can fears doing no harm becomes a large art of flow and the first spirit commonly is not only recognize, recognize human, but to persist. Is the error is diabolical, is a complete quote makes sense of the individual failure without feed forwarding could be considered even because never lack of feedback. We wrote some papers instead to promote for patient safety, meliorare, humano est Supra collaborative maximum momenti, improve is human better working as a team. Since the beginning of the pulse courses and the simulation center in Guatemala, we start with the recognition of the 4h and 4t as the base of cardiac arrest, but after that, we need to addition the humanization work require normalizing the wrong in the stress and moral distress. This is the condition that we are the fifth age and the 50.

Lorena Acevedo 18:12
Thank you, Luis. And also, now we want to know about what do you have, if you have any program or initiative to improve humanization and teamwork in your PICU related to emotional support,

Luis Augusto Moya Barquin 18:28
we understand the caring of caregivers, sustaining the future of the of the PICU as described previously, the leadership is an A very Important competence is the top level of performance, but the main condition that we need to learn is the empathy we can learn from the integrity and the empathy from our mentors and supposedly, from our leaders to be held in the picture. But it's necessary to have specific objectives to deep discussion and be coupled to show to the residents the opportunity to recognize mistakes, ask for help, talk about universal conditions and be self treated, open to other critics and understand the value of the teamwork as an iterative model, not only in the Crew Resource method is to do this, like other sports team have encouraged to support to other players in the track field or part there are several scenarios for the objective to teach about empathy, but if you like it, explicit applications of the competence you need to walk through To the pathways apex, hard conditions and dissipations, where sometimes the loneliness is common in the shifts. When I speak in the academic field, I say empathy, where I refer to emotional, to spiritual, non religious support, I refer to Mercy. Several papers or organizations refer to the moral distance is hard. Rather than the academic or technological problems, is more than the systems of the people, of the lack of confidence in colleagues or authorities and the hierarchy, where sometimes the problems are more related with the confidence on the communication in this condition based on the role of Chaplain as the same of the firemen, soldiers, police, squad or supporting prisons or hospitals or any other area we recognize. The chaplain is part of the staff I have

connection with the spiritually of them in the practical conditions of their families, we are working without confidence and trusting their colleagues where other staff need to improve the commitment and hope the chaplain in the battlefield is the support to avoid dying alone. We're promoting the meditation to the support of the parents, but it's emotional, demanding for the staff. We need to show to the staff more empathy and mercy, but because we need to be very close to them, in case of the chaplain, be available and open to as a voluntary figure instead a colleague or part of the staff, the figure of the chaplain is voluntary, but have this strong commitment of the confidence their support be more pragmatical and resolute, and that not is a substitution for the professional psychological support in several universities demonstrated the chaplain can reduce even the number of suicides in the staff, and it's important to reduce the self destructive behaviors like drug consumption or severe depression. Hospital chaplain in our case, PICU shopping, have to be staffed, to have more resilience, promote confidence and use tools to respect and live in coherence in their own spiritual values without the figure of the sin or punishment. What increases the suffering in the life tattering condition we like to connect with the spiritual view of the mission, vision, passion, profession and vocation of the person alienated with the purpose of all life in the personal and academic focus. And there is the topics like a framework to restore the values and commitment in diverse situations, and remember any situation and the any day, the purpose of the of their very valuable life in the service of the pediatric patients anytime that we start a long night, or we can shift. We sometimes we can prefer stay at home or not be on call in the hospital. We can pray to the Lord reduces all the number of sick patients of the PICU or the emergency room. We don't like accidents or sick kids, but instead, we can be grateful and ready to the opportunity to be the best available option to serve a kid, and they're familiar with the parable of South the Good Samaritan attitude that is told by Jesus in the Gospel of Luke.

Lorena Acevedo 22:54
Daniel, How can a program like Recep transform the current reality of the healthcare professionals in a daily clinical practice?

Daniel Arturo Sandoval Castillo 23:04
That's an awesome question, because Christie proposes a very important shift in perspective. Traditionally, in the past there, there has been like a strong focus on individual resilience, but we can not only depend on in the individual, in the individual capacity to adapt. It has to be assistant responsibilities. That's why wouldn't do day by day. Means building a culture where professional can speak about what they feel, process their experiences, and find support within the team that we can make that about making strategies such as effective listening and structured, specific reflection within the caring for the caregiver. That's that. That's our important pillar, and we, of course, we aim to create conditions where the team can sustain the emotional load of care. We look always after one another, we implement support these interventions, or we with professional guidance, and we also promote activities that help help us to recharge those and gatherings, for example, recreational moments, opportunities to connect outside the clinical environment and early identification of emotional risk. And this has a direct impact of patients, because when caregivers feel supported, they are no more present, more connected, and they feel like provide high to provide higher quality care. That's why a system that care for its caregiver is a system that provides better care for its patients.

Lorena Acevedo 24:37
Thank you, Doc, thank you so much. Dr, Luis moja and Teddy at the end of this podcast, what do you think caring for those who care means?

Teresa Stegmann 24:52

Thanks, lore. I think you know caring for for ourselves, as well as creating a strong sense of community. Support and respect within our multidisciplinary team is essential to our ability to care for our patients, both physically, cognitively and emotionally.

Lorena Acevedo 25:13
And Daniel, after hearing everything that your program Chris F do. Do you think Chris said program has improved the well being in your center?

Daniel Arturo Sandoval Castillo 25:26
Yes, of course, the well being is focused mostly to feel understood and also just to feel hurt. Because we have to. We have to remember the the most important thing in crisp here is that caring for the caregiver, and in order to care, we have to communicate, we have to think, we have to give a lot of introspective thoughts that help us to contribute, contribute the outcomes of the pediatrics. It's very important to communicate and to feel understood.

Lorena Acevedo 26:00
Okay. Today, we have a great minutes of hearing our colleagues, and we can see that caring for caregiver givers is not a single action. Is a culture. And from programs like Recep as shared by Daniel to the briefings and group support sessions highlighted by Terry and to save spaces for reflection, education, simulation and spiritual support, as described by Dr Luis, every effort remains remains US of one single truth when we care for those who care, we heal not only our teams, but also the children and the families who depend on us. Thank you so much. And this was the experiences that Latin America want to share with the whole world. Thank you.