

# **Resilience in the Face of Grief and Loss: A Curriculum for Medical Students, Pediatric Residents, and Fellows**

## **General Introduction and Instructional Manual**

### **Why is the curriculum needed?**

A career in pediatrics can bring much joy, nourishment and reward through our service to others and the connection we make with patients and families. On the other hand, the challenges of our work, which sometimes involve high intensity situations, negative emotions of patients/parents, uncertainty, medical errors and patient deaths may also lead to stress, fatigue and burnout.

For some physicians, burnout and “compassion fatigue” causes them to distance themselves from families at times of great need, leading families to feel isolated, unsupported, and dissatisfied with the care they receive. Such broken interactions may cause health care providers to feel a sense of failure and even experience a disconnection from the values and ideals that led them to become pediatricians in the first place. To prevent this vicious cycle of burnout and alienation, pediatric health care providers need to learn preventive strategies of resilience during their training. Physician resilience in the face of grief and loss helps sustain and strengthen therapeutic relationships between patients, families and health care providers while helping health care providers maintain the values of their profession.

The Milestone Project addresses a specific focus on professionalism and humanism to help promote and demonstrate the value of our relationships and interactions with patients. The Resilience in the Face of Grief and Loss curriculum provides opportunities to reflect on these issues and gain critical skills in order to enhance one’s resilience as a pediatric health care provider. It is imperative to understand the perspectives of children and parents when faced with emotionally charged situations, to feel competent to communicate effectively, and to develop personal and community wellness and resilience strategies to help one find nurturance and maintain perspective and life balance. These skills will help to make challenging patient care experiences not only more tolerable, but also more meaningful. Resilience and adaptive skills can help to make times of anxiety and grief into rewarding professional experiences.

### **Who created this curriculum?**

The need for this curriculum was voiced by members of the AAP Section of Medical Students, Residents and Fellows in Training. The Section on Hospice and Palliative Medicine acted on this request and called for a working group from a diverse group of organizations, all dedicated to the education of trainees, to work together in creating this

curriculum. Members from the American Academy of Pediatrics (AAP), the Academic Pediatric Association (APA), the Association of Pediatric Program Directors ( APPD) and the Council on Medical Student Education in Pediatrics (COMSEP) collaborated to develop this experiential curriculum.

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### **What learners are targeted by this curriculum?**

The Resilience in the Face of Grief and Loss Curriculum was designed primarily for residents and fellows, but could be an excellent learning source for all learners across the educational continuum, including medical students, faculty and community practitioners. The exercises are intended for physicians but with minor adaptations could be used by any health care provider with some advanced clinical skills with children (e.g. nurse practitioners, physician assistants, nurses and social workers.)

### **What are the guiding principles behind the design of this curriculum?**

The Resilience Curriculum incorporates principles of adult learning. It is learner centered and competency based, allowing instructors and learners to calibrate the curriculum to different levels and types of experiences. Various elements of the curriculum can be used independently rather than in a group model. Assessment of learners' prior knowledge and current interests will optimize use of the curriculum at the appropriate level of understanding.

This curriculum on resilience in grief and loss addresses the complex mixture of knowledge, attitudes and skills that a health care provider needs to care effectively for children and families caught in such emotionally charged situations as the disclosure of

a life-altering diagnosis, a medical error, medical uncertainty, or end-of-life issues. For example, providing sensitive care for a child who may be dying combines *knowledge* of how a child's concept of death develops with age, *skill* in talking with a child and family to clarify what information they need to know and when, and an *attitude* of openness to embracing the emotional state of the child/family in order to provide appropriate comfort.

*Experiential learning* is fundamental to the Resilience Curriculum. Cases provided in the curriculum are based on common professional and life experiences and will provide the specificity and contextual richness that adult learners crave. Many kinds of experiential learning experiences are offered to help learners practice their skills and engage in deep reflection—on their attitudes, feelings, ethical concerns, and clinical successes and failures. These skills are not only taught but role modeled to demonstrate creative use of language, image, and symbolism to help them communicate with parents, who, in turn, are helped to communicate with their dying child.

## **How is the curriculum organized?**

The Resilience in the Face of Grief and Loss Curriculum includes four parts:

- Part A: Understanding Grief and Loss in Children and Their Families
- Part B: Communicating with Families about Severe and Terminal Illness in Their Children
- Part C: Managing Emotions after Challenging Patient Care Experiences
- Part D: Introduction to Personal Wellness

Parts A and B focus on information and skills needed to work with the child and family, while Parts C and D focus on the professional and emotional needs of the health care providers (see summaries below).

A detailed Table of Contents for Parts A-D lists the learning objectives each addresses and the documents it comprises. Standard component documents in each Part include:

- Discussion Guide for independent study. This can be used by individuals for study and is recommended reading for facilitators who will be utilizing the PowerPoint slide set. This component includes objectives, introductory information, suggested activities and exercises to further enhance the reading.
- PowerPoint slide set(s) (for classroom use or self-study which includes “notes” on slides to help with facilitation for group discussion).
- Resource toolkit that includes cases for discussion or role plays, references including videos, narratives, poems or reflective readings and annotated bibliography.

Because of the large number of documents included in the curriculum, all components are labeled by Part and Section number (e.g. A.2. PPT: Understanding Grief and Loss in Children) to facilitate curriculum planning and cross-referencing

between Parts. Some repetition can be found between Parts A-D for three reasons: 1) learners and educators may choose only certain parts for study of the curriculum, 2) the curriculum may not be accessed sequentially according to the table of contents, and 3) repetition will be helpful to reinforce critical points.

## **What do the four parts of the Curriculum address?**

### **Part A: Understanding Grief and Loss in Children and Their Families**

Part A introduces learners to grief and loss reactions in children, parents, and siblings, and offers strategies to help them deal with their intense emotions. In this context, learners are also introduced to ways to approach discussions about religious or spiritual beliefs and values that may shape how families seek and use healthcare throughout life, including at the end of life. This section ends with a discussion of ethical issues in end-of-life decision making and strategies for talking with families about goals of care.

### **Part B: Communicating with Families about Severe and Terminal Illness in Their Children**

Part B teaches about talking with families and children under challenging situations which include addressing circumstances of sharing bad news, disclosure of a life-altering diagnosis, medical error, goals of care or death and dying. It includes didactic components, case-based learning, and role plays to help learners practice communicating with families. Part B ends with cases for discussion and practice.

### **Part C: Managing Emotions after Challenging Patient Care Experiences**

Part C shifts focus from the patient and family to the pediatric health care provider. This section addresses the provider's experience of grief and loss when faced with stressful situations. The section presents adaptive behaviors for facing grief and uncertainty, reaching closure, and coping with a patient's death. A section is included on teaching more clinically advanced learners to lead a debriefing session after a patient's death or a medical error. In addition to didactic discussions and slides, case examples are provided to facilitate practice and reflection.

### **Part D: Introduction to Personal Wellness**

Part D is focused on the health care provider's need to maintain his/her own health and wellness, in order to sustain a life of service to others, sometimes under duress. This section addresses cognitive, occupational, emotional, interpersonal, spiritual and self-care strategies that can enhance personal resilience under both happy and stressful circumstances.

## How can instructors use this curriculum?

The Resilience Curriculum targets pediatric residents, fellows, students and all life-long learners. All components are organized around specific behavioral/measurable learning objectives, which will enable faculty to conduct focused instruction and targeted evaluation of residents' and fellows' learning. The curricular materials have been designed for flexible use. They combine didactic materials with in-depth discussion of complex issues, mnemonic tools, video clips and readings to trigger reflection and discussion. Numerous interactive activities provide opportunities for reflection, practice, and experiential learning. Parts A-D all include one or more slide sets designed for instructors to use for small or large group presentations. The slides could also be reviewed by learners independently as background for upcoming discussions and role plays. Each part of the Resilience Curriculum includes additional common components: 1) Learner's Guide to help learners use the curriculum on their own and to assist instructors to teach the content of the curriculum effectively, 2) PowerPoint slide set for group teaching or self-study, 3) Resource Toolkit that includes reflective readings, videos, cases and an bibliographic materials.

With the aid of the Table of Contents, instructors may proceed through Parts A- D of the curriculum in any order, and choose separate sections for use with learners in self-directed learning assignments, noon conferences, rotations, longitudinal experiences, or educational retreats.

Instructors should feel free to add, delete, or modify the slides and learning tools to suit their educational goals and the needs of their learners. In particular, **instructors are encouraged to replace some case materials with cases known to their learners**, to make learning more immediate and individualized.

### Implementation of the Curriculum

The Resilience in the Face of Grief and Loss curriculum was originally conceived as an adjunctive resource for residency training programs. In introducing the curriculum to various organizations, it has become clear that this resource can serve multiple purposes and be implemented in a number of places in medical student education, residency training programs, fellowship training, as the basis for a CME offering or made available to practitioners as an independent learning tool. The curriculum is extensive, so selecting individual pieces for implementation at specific times of the year, in association with triggering events (such as death of a patient or provider error), or for certain levels of user might be most practical. The curriculum can be used by an individual learner, but it is likely more powerful if used in a group as part of a longitudinal sequence. Instructors are encouraged to modify the modules presented in the curriculum to meet the unique needs of their programs. The slide sets and the interactive components are offered as tools and are intended to be modified. Using the curriculum creatively will enhance the experience of both instructors and learners! Some potential opportunities for using this curriculum are:

1. Medical Students:

- a. Medical students can have an especially difficult time processing critical events, such as unexpected outcomes, death of a patient, or medical errors. This curriculum can be inserted into the medical student curriculum when viewed appropriate, for example, during Doctoring sessions.
- b. The Wellness Learning Plan might be incorporated at the beginning of medical school and reviewed with the student's advisor/mentor quarterly. The wellness plan can be instituted during the Pediatric clerkship and reviewed weekly or every other week with a faculty member.

2. Residents:

- a. Residents also need support and guidance in navigating challenging patient care situations. This curriculum can be incorporated into a longitudinal residency curriculum lecture schedule that is already in place. The benefit of this is that it can be revisited multiple times during residency.
- b. Another option would be to focus specific modules during high intensity rotations such as oncology, neonatology, critical care or emergency medicine.
- c. Creating small cohorts of residents who meet longitudinally with a faculty mentor or champion may be another strategy for implementation.
- d. The curriculum could be presented at an annual residency retreat. The residency retreat allows time for reflection that is sometimes difficult to arrange during the day-to-day academic year. Introduction of Part A during the first year of training provides basic information about grief and loss experiences in children, parents, and siblings. This foundation can help the learner better understand individual reactions in the context of cognitive development, personality style, and family dynamics. It will also help the learner become more comfortable being part of difficult conversations about serious or terminal illness, end-of-life options and opportunities, and coping with loss. Part B would be especially appropriate for use by upper level residents, as this section teaches learners about the mechanics of communicating with families under stressful circumstances.
- e. "Training to be a senior resident" meetings are commonly held in the spring by residency programs. It may be particularly appropriate to use the debriefing module (C.6, C.7, C.8) to train the rising senior residents/fellows when, how, and why to lead a debriefing.
- f. The Wellness Learning Plan, found in Part D, can serve as a format to augment the development of already required individual learning plans (ILPs). Each learner can create individual wellness goals and the residency program can add wellness goals to the individual learning plan that is found in Pedialink or institutional specific mechanisms to track individualized learning plans. These plans can then be reviewed periodically by advisors or faculty champions.
- g. A patient safety curriculum may be another possibility for implementation. In Part B.4, there are three role plays for residents to practice the disclosure

of errors. Part C.5 includes cases that discuss caring for oneself after an error is discovered.

5. Fellows:

- a. The curriculum can be a particularly useful tool for use during subspecialty fellowships in which trainees experience a high frequency of serious or terminal illness such as Neonatology, Critical Care, Oncology or Emergency Medicine. Not only would fellows profit from learning how children and families understand and cope with grief and loss but they can also learn how to be an effective team leader by developing techniques to help maintain team health and cohesion.
- b. Engaging fellows in teaching this curriculum to residents can help fulfill teaching requirements and also provide a structured opportunity for supervising faculty to evaluate how well the fellow has mastered the subject matter and also observe and critique teaching style and effectiveness.
- c. The Wellness Learning Plan can be implemented by fellows who might benefit from the development and also periodic review with their faculty advisor or mentor.

6. Practitioners:

- a. Since a child's death has become a relatively rare occurrence, some practitioners may feel unprepared for working with a family with a terminally ill child through end-of-life care and in bereavement. Using the curriculum as a whole or selectively may be a critical informational resource as well as a tool for self-healing.
- b. Practitioners may also benefit from having their own written wellness plan and keep it within view as a constant reminder of its importance.
- c. Faculty Development: various parts of this curriculum can be used for faculty development, such as a focus on communication skills, conducting a debriefing, developing resilience or maintaining one's wellness.