

Resilience in the Face of Grief and Loss:

A Curriculum for Pediatric Learners

Part C: Section C.3

Integrating a Difficult Patient Care Experience

Objectives

Demonstrate the ability to integrate difficult patient care experiences regarding medical errors, acute decompensation of a patient's condition, or the death of a patient.

- Acknowledge feelings of guilt, real or perceived, anger, sadness
- Create a safe forum for discussion of medical errors and contributing factors
- Understand and practice strategies for integration of these experiences

Strategies to Integrate the Stressful Experience

- Debriefing
- Reflective exercises
 - Writing a narrative
 - Personal journaling
 - Small group discussion of cases
- Following patient deaths:
 - Attend the funeral
 - Dialogue with family, schedule a follow up visit
 - Send a sympathy card

Reflective Exercise

- Think about a patient care experience where you felt guilt related to a medical error, sudden unexpected change in patient condition, and/or the death of a patient.
- Complete the journaling worksheet provided.

Background

- IOM report: “When Children Die”
 - The importance of acknowledging the reactions and concerns of all involved with a patient’s death, including the healthcare providers.
- APA Educational Guidelines
 - Understand one’s personal responses and feelings when dealing with death and dying.

Background (continued)

- Among pediatric residents who had used debriefing after a patient's death guilt was acknowledged by 31% of the residents.
 - Not aggressive enough treatment (26%)
 - Resident inexperience (22 %)
 - Underestimated patient acuity (17 %)
 - Should have been more compassionate (13%)
 - Continued too aggressive of treatment (9%)
 - Resident not present at death (9 %)
 - Parent not present at death (4 %)

A Piece of My Mind

A reflective article in JAMA in 1989 by Wendy Levinson and Patrick M. Dunn noted:

- Important factor in guilt feelings is whether the physician perceives that he or she has made a mistake (whether or not a "real mistake" occurred).
- Severity of the outcome of an error plays a key role in our response.

– Wendy Levinson, MD Patrick M. Dunn, MD. A Piece of My Mind.
JAMA, April 21, 1989, V 261, No 15

A Piece of My Mind

- If patient or family thinks we have made a mistake, we ruminate more about the episode.
- Physicians worry about perceptions of colleagues.
- It has been found helpful to discuss our mistakes honestly with a trustworthy colleague.
 - Another's perspective helps avoid excessive self criticism.
 - Dialogue allows us to acknowledge our role and plans to do it differently next time.

– Wendy Levinson, MD Patrick M. Dunn, MD. A Piece of My Mind.
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Physicians' Feelings about Errors

- Focus groups by Gallagher regarding disclosure of errors:
 - Physicians experienced powerful emotions following a medical error.
 - Upset and guilty
 - Disappointed
 - Fearful
 - Anxious
- The emotional upheaval following an error led to sleeplessness, difficulty concentrating, and anxiety.
- Often the most difficult challenge was forgiving themselves.

Thomas H. Gallagher, MD , et al. Patients' and Physicians' Attitudes
Regarding the Disclosure of Medical Errors
JAMA. 2003;289(8):1001-1007

The Heart of Darkness

- Focus Groups and interviews on the impact of perceived mistakes on physicians
 - Ubiquity of mistakes
 - Infrequency of self-disclosure about mistakes to colleagues, family, and friends
 - Lack of support among colleagues
 - Degree of emotional impact on the physician
 - Influence of the physician's subsequent responses

John F. Christensen, PhD, et al The Heart of Darkness:
The Impact of Perceived Mistakes on Physicians
J GEN INTERN MED 1992;7:424-431

Cases

- Discuss each case in a small group
- Discuss the questions posed

Following a Patient's Death

- Attend the funeral
 - Allows one to grieve within a supportive community
 - Demonstrates respect and caring toward the family
 - Helps understand deceased patient in context of their family and community
- Dialogue with the family
 - Phone call or follow up visit
 - Provide support and share sentiments
 - Consider visit to review autopsy findings, assess family's coping, clarify end of life care
- Send a sympathy card

Resources

- What resources are available at your institution?
- Development of personal strategies for maintaining wellness (see Part D).
- Most frequently mentioned strategy for maintaining wellness that is used by experienced physicians is to grieve losses.