

Annotated Professional Resources Part C

Managing Emotions after Difficult Patient Care Experiences: Annotated Resources

PRINT PROFESSIONAL RESOURCES

Christensen J. The Heart of Darkness: The Impact of Perceived Mistakes on Physicians J Gen Internal Medicine 1992

<http://link.springer.com/article/10.1007%2F02599161>

This study used focus groups to analyze how physicians feel after a perceived mistake. Themes were the ubiquity of mistakes, infrequency of self-disclosure to colleagues or family/friends, lack of support among colleagues, degree of emotional impact (some mistakes were remembered in great detail years later). They concluded that mistakes had significant emotional impact on physicians, and it may be influenced by prior beliefs.

Delbanci T Guilty, Afraid and Alone- Struggling with Medical Error NEJM 2007

<http://www.nejm.org/doi/full/10.1056/NEJMp078104>

They discuss 3 themes that emerged from their work while creating a documentary. Clinicians and family members feel guilty after a mistake. Patients and their families may fear further harm, including retribution, if they express their feelings or ask about mistakes. Clinicians may turn away from patients who have been harmed, isolating them just when they are most in need. They suggest that honesty and direct communication may help both families/patients and physicians move beyond the feelings of guilt.

Levinson W Coping with Fallability JAMA 1989

<http://jama.jamanetwork.com/article.aspx?articleid=377038&resultClick=3>

This commentary describes why it is important to discuss errors with others. Another's perspective can ensure we are not being overly self-critical. The perceptions of other people and colleagues often influence our guilt. The authors describe conferences that they developed with residents to discuss errors and feelings and the commonality of these situations. They comment that lingering guilt can affect physicians' later performance, and that discussion of this guilt can help integrate the experience

Serwint JR. One method of coping. Resident debriefing after the death of a patient. J Pediatr 2004. <http://www.jpeds.com/article/S0022-3476%2804%2900376-2/fulltext>

This study, through a survey, described residents exposure and reaction to pediatric deaths, their debriefing experiences and factors associated with debriefing. Mean number of deaths experienced by a resident over 18 months was 4.6. Almost 1/3 or residents expressed guilt. Almost $\frac{3}{4}$ had debriefed at least once.

Hanna D. Debriefing after a Crisis *Nursing Management* 2007

http://www.nursingcenter.com/journalarticle?Article_ID=735650

This article poses the question “What is the best way to resolve moral distress”. It defines debriefing and critical incidents and then describes one method based on counseling procedures. It also uses 2 vignettes to describe the process.

Keene E. Bereavement Debriefing Sessions: An Intervention to Support Health Care Professionals in Managing their Grief after the Death of a Patient. *Pediatric Nursing* 2010. <https://www.pediatricnursing.net/issues/10julaug/abstr1.html>

This article describes the Johns Hopkins Harriet Lane Compassionate Care bereavement debriefing session; which was specifically aimed at providing emotional support and increasing one’s ability to manage grief. A structured format for conducting bereavement debriefing sessions is described. 113 sessions were held in a three-year period. Bereavement debriefing sessions were conducted most frequently after unexpected deaths or deaths of long-term patients. Self-report evaluation forms revealed that health care professionals found the sessions helpful.

Wender E. Supporting the Family After the Death of a Child *Pediatrics* 2012

<http://pediatrics.aappublications.org/content/130/6/1164.long>

This clinical report gives guidelines to help the pediatrician provide support to families after the death of a child. The statement describes the grief reactions that can be expected in family members after the death of a child. Ways of supporting family members are suggested, and other helpful resources in the community are described. The goal of this guidance is to prevent outcomes that may impair the health and development of affected parents and children.

K Treadway *The Code NEJM* 2007

<http://www.nejm.org/doi/full/10.1056/NEJMp078115>

Description of how one physician deals with children dying.

Eggleston S A framework for conducting follow-up meetings with parents after a child’s death in the pediatric intensive care unit. 2011

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3285236/>

Describes a framework for pediatric intensivists who conduct follow-up meetings for the families of children who have died.

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Part C: Managing Emotions after Difficult Patient Care Experiences

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