Part C: Managing Emotions after Difficult Patient Care Experiences

Discussion Guide: Managing Emotions after Challenging Patient Care Experiences

Learning Objectives for this Section

3.1 Recognize how a physician's responses to grief and loss may either

a. Interfere with a patient's and family's experience and coping, and distance the physician from the patient, OR

b. Comfort the patient and family, and help the physician cope.

Relevant Milestones: PBLI1, PROF3, PROF4, ICS2

Introduction

This section of the curriculum focuses on learning and using healthy and adaptive behaviors to address emotions and feelings related to loss. This loss can have many faces—it is not limited to grieving after a patient's death. It may occur on a day to day basis with the sense of loss of control within the medical system, de-personalization and loss of identity, guilt over a medication error that resulted in no harm, etc. It is important to identify and understand that all trainees have emotions of sadness, guilt and anger that can benefit from self-care and the support of colleagues.

Section C.1 focuses on the acute stage of emotional response to challenging patient care experiences. **Section C.2-5** focuses on longer term issues involved in integrating a challenging experience into a health self-concept and physician identity. Related material can be found in Part D Personal Wellness.

Learners will participate in a workshop (described below) that includes didactics, journaling activities, and debriefing around a participant's experience (a sample scenario is offered, should no one volunteer an experience). These activities should help learners understand better how they respond in situations involving grief and loss, get in touch with their emotions under stress, and learn useful coping strategies, including journaling. The workshop can be given during an intern retreat or at orientation, or it can be split into different sessions and delivered during specific rotations.

We hope this section will allow faculty members and facilitators to bring their emotions up to the surface, where they can be felt, talked about and managed in healthy ways.

Workshop

Dealing with Difficult Patient Care Experiences

Facilitator Preparation:

- Decide how the curriculum is to be delivered (one or several sessions).
- Read through the Discussion Guide.
- Prepare copies of journaling exercise sheets for participants.
- Decide on topics to elaborate on during discussion, using flip charts or white boards, and create appropriate headings.
- Read through the sample cases and/or think about alternative cases to use after the journaling exercise, in the event participants choose not to share their own cases.

Setting:

- Preferably a stress-free setting, if possible away from the hospital.
- Trainees excused from clinical responsibilities for the session.

Participants: interns, residents (including fellows and/or faculty).

Facilitator(s): Could be chief residents, attendings, social workers, chaplains, and/or psychologists.

Materials:

- Included at end of this file:
  - Journaling worksheet: Your experience with grief and loss;
  - Sample Scenario,
  - Concluding Journaling Worksheet.
- If journals are used in your program, you may use those or have residents tape the worksheets into their journal.
- Extra writing materials,
- White board or flip chart with writing instruments,
- Computer with projector.

Sequence of Activities:

Introduction: Facilitator introduces the activity.

- "The purpose of this exercise is to develop empathy by connecting one's own loss with a patient's and family's sense of loss." Specifically mention that the **purpose of this exercise is NOT to "get to the bottom of" a poor outcome or to perform a root cause analysis**.
- Journal entries are private. Participants may choose to share part of them with the group if they wish, but should not be pressured to do this.

Opening

- "Think about a patient care experience during which the theme of grief and loss characterized your interaction and intervention with a patient and a family. You may have felt loss at not being pleased with the final outcome and your role".
- Facilitator then distributes Journaling Worksheet: Your Experience With Grief and Loss.
- Participants are given ~20 minutes to write, and then quietly put down their exercise sheet when done.

Debriefing: Depending on the size of group, you should have 3-5 members share their experiences to get saturation of stories. If no participants volunteer, facilitators may either share one of their own experiences or use the sample scenario.

Facilitators organize comments from the group using white boards or flip charts. Suggested language:

- Would anyone like to share their story/experience?
- What other people were involved? How were their reactions similar to or different from your own?
- What did you take away from the experience?

Facilitator's role:

- Acknowledge feelings.
- Acknowledge that many of us are bewildered by grief and loss and don't know how to deal with situations that cause intense emotions.
- Acknowledge that others' feelings may be different from our own.
- Add new points brought up by the group to the white boards or flipcharts.

Discussion about how to know when to reach out to give or receive help:

- Facilitator's role—question the group.
  - o Suggested language – what are some different ways in which people respond to grief and loss?
  - o Symptom recognition (crying, anger, inappropriate language, short temper, unusual quietness).
  - o Can you think of any additional resources you might use when struggling?

Didactics on Debriefing

About 15-20 min, led by a debriefing expert, who presents best practice guidelines and the literature around coping mechanisms, followed by integration of ideas presented during the brief didactic session with those brought up during group discussion.

Conclusion

At the end of the session, facilitators hand out a short Concluding Journaling Exercise. Residents may add this to their journal, if they are keeping one.

Journaling Worksheet: Your Experience with Grief and Loss

Exercise: Think about a patient care experience during which the theme of grief and loss characterized your interaction and intervention with a patient and family, or when your felt loss yourself because you were unhappy with the patient final outcome and your role in the child's care.

Journaling: Describe the experience, answering those questions that apply.

Situation

What happened?

Your role

Who was involved?

How did you feel? How did you deal with your feelings? Elaborate on any suffering in your experience of what happened.

How do you think that others who were involved felt? (e.g., patients, nurses, other residents, your attendings) How would you know how they felt?

Who helped you? What could others have done to assist and support you in your role?

What did you take away from the experience? Are there any lingering concerns that are still on your mind? With whom have you spoken about the experience?

Could things have gone better? If so, how? What are your suggestions to the residency program about how we could assist other residents going through a similar experience?

Sample Scenario Using the Journaling Worksheet

During the workshop, the facilitator may choose to read this scenario as a trigger for discussion, if none of the participants volunteers to share a personal story.

Situation

A previously healthy full term 2mo male infant is admitted to the general pediatric service because of an apparent life threatening event (ALTE). Episodes consisted of back arching and arm stiffening and seemed to occur mainly following feeds. The child has had no temperature instability, no respiratory difficulties, no changes in color, and no sick contacts. The provisional diagnosis for this patient was GERD. Reflux precautions were started and parents were educated about infant reflux. The family remained in the hospital for observation with tentative plans of discharge the following morning.

The night team is called when the patient experiences more "episodes" and witnesses one of them. The infant does arch his back. However, in addition, his eyes seem to roll to the back of his head, his arms and legs stiffen, and he appears unresponsive for approximately 2 minutes following the episode and sleepy for another 20 minutes. The episodes occurred immediately before the pt was ready to eat.

What happened?

The night team discusses seizures with family and orders an EEG for the following morning. It is grossly abnormal. A brain MRI is ordered and neurology is consulted. Patient is ultimately diagnosed with a rare mitochondrial disorder. The prognosis is extremely poor with developmental regression and death expected in the next few months. Palliative care is consulted prior to discharge.

Your role

I was the intern who admitted the patient. I had the following day off and signed him out to both night team and my co-intern as likely to go home the following morning.

Who was involved?

Family
2 Interns
Senior
General pediatrics attending
Neurology attending

How did you feel? How did you deal with your feelings? Elaborate on any suffering in your experience of what happened.

I fully expected the child to be discharged home after returning from the day off. Instead found out everything that has happened during the prior night and day. The infant I believed had GERD likely made worse by overfeeding now seems to have a seizure disorder. Felt like an idiot. Was questioning whether I missed any clues on history or physical exam. Did I hone down to GERD too fast and ignore clues? I had actually spent some time talking to the family about reflux and felt pretty good about that. They seemed very appreciative about the time I spent with them. Now they must see me as the idiot who misdiagnosed their child. Also feeling a bit resentful towards my co-intern who got to make the diagnosis and to work through the family. Didn't know if I was supposed to apologize for the initially missed diagnosis and resulting false reassurance. Didn't know if I was supposed to tell them how sorry I was about the devastating diagnosis.

Got the sign-out on the patient and pre-rounded as usual.

How do you think that others who were involved felt? (e.g., patients, nurses, other residents, your attendings) How would you know how they felt?

Patient's mom: Tearful and withdrawn.
Patient's dad: Angry and resentful.
My co-intern: Seemed a bit smug when signing the patient out again. His attitude seemed to be "look at everything you missed that I had to pick up after".
Senior resident: Concentrated on the cool unusual diagnosis aspect of the situation. Wants to write the case up.

Who helped you? What could others have done to assist and support you in your role?

The attending asked to take a few moments after rounds to discuss what happened. We talked about the importance of differential diagnosis and how new information causes us to rearrange the differential list. Went over the initial assessment and plan with us and how the further episodes witnessed in the hospital led to a change in both differential and plan. Helped with the feeling like an idiot physician part of the problem. No one really helped with feeling bad for the family and not knowing what to say part. Not sure who should have helped.

What did you take away from the experience? Are there any lingering concerns that are still on your mind? With whom have you spoken about the experience?

Diagnosis change with new information and sometimes we're wrong.

Could things have gone better? If so, how? What are your suggestions to the residency program about how we could assist other residents going through a similar experience?

I wish we had also talked more about giving bad news to the families and how to deal with their anger.

Concluding Journaling Exercise

Individuals deal with grief and loss in different ways. This is how others can tell I'm struggling. When I feel sad, I…. When I am upset, I… When I feel overwhelmed, I… How can my fellow residents know when I am struggling? How and with whom can I share my feelings?

These are some resources I can call on for help.