Part C: Managing Emotions after Difficult Patient Care Experiences

Discussion Guide: Senior Resident Debriefings after Difficult Patient Care Experiences

Learning Objectives for this Section

3.3 Skillfully conduct a debriefing meeting (while understanding one's own emotions), that analyzes the event, considers perceptions of family and members of the medical team, and asks critical questions to help the team members reach closure.

a. Identify situations following which debriefing sessions would be beneficial
b. Recognize the need for support and debriefing in others
c. List components and benefits of a debriefing session
d. Conduct a successful mock debriefing session:
    - Analyze the event
    - Identify one's own emotions
    - Inquire about perceptions of family and medical team members
    - Ask critical questions to help team members reach closure
    - Comment on how medical team member responses may affect patient and family interactions

Relevant Milestones: ICS2, PROF4, SBP3

Introduction

This debriefing curriculum is designed to build on skills learned in earlier sections of the Resilience in the Face of Grief and Loss Curriculum, particularly Section C.1-2, which deal with identifying, managing and integrating one's own responses to grief and loss. The curriculum includes didactic instruction, supplemented by learning and evaluation tools. While designed for senior residents, it can be adapted to use with fellows and faculty members.

The didactic component is intended to be delivered during a senior resident workshop, but it can be split between different teaching sessions. These sessions can be conducted using a number of tools for role plays and mock debriefings (see Appendix A, C.6.1-2). Evaluation tools for senior residents include evaluation and feedback forms, and individualized learning plans (ILP's).

Didactive Curriculum

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

Materials:

- Exercise sheets in Appendix A:
  - **C.6.1** Journaling Worksheet: Preparing to Lead Debriefings
  - **C.6.2** Sample Journaling Worksheet (based on Case 1)
- White board or flip chart with writing instruments
- Name Tags: with the role the participant is playing: student(s), intern(s), senior resident, attending, +/- fellow, +/- subspecialist, +/- bedside nurse, +/-charge nurse
- For role play: Scripts for each role (see Section C.7: Debriefing: Cases for Role Playing)
- Debriefing evaluation form in Appendix A:
  - **C.6.3** Debriefing Session Immediate Feedback
  - **C.6.4** Senior Self Reflection
  - **C.6.5** Debriefing Action Plan

Facilitator Preparation:

- Decide how the curriculum will be delivered (one or several sessions).
- Read through this facilitator guide.
- Prepare and copy exercise sheets for resident use (Appendix A, C.6.1).
- Read through the sample cases (Section C.7) and/or design alternative cases to use.
- Decide on cases and roles to be used (based on number of participants) during the role playing exercise and prepare name tags for roles.
- Make copies of the debriefing feedback forms for each learner, the self-evaluation form for senior residents, and the debriefing action plan (Appendix A, C.6.3-5).

Part I: Journaling, Pair-Share, and Facilitated Discussion

A. Facilitator's introduction to the activity. "Supervising physicians have to deal not only with their own reactions to grief and loss, but will those of junior trainees. They can help them deal with their reactions through debriefing sessions after simulated or real difficult events."

B. Journaling exercise. "Think about a patient care experience where one of the trainees working with you was in a situation where he or she seemed to have difficulty dealing with grief or loss. Alternatively, think of an experience where you were in that situation as a trainee." Facilitator distributes exercise sheets (Appendix A, C.6.1). Participants are given 15-20 minutes to write.

C. Pair-Share. Participants share their experience with a partner.

D. Facilitated Discussion. Ask for 3-5 members to share their experiences to get saturation of stories. If no participants volunteer, facilitators can either share their own experiences, or use one of the sample scenarios. Suggested language:
- Would anyone like to share their story/experience?
- If you were involved with the patient, did you experience the event similarly to those you were supervising?
- What did you take away from the experience?

Facilitator's role

- Note discussion points brought up by the group (some potential ones listed below). Consider use of white board or flip charts.
- Acknowledge feelings.
- Acknowledge that many of us have difficulty knowing how to support others.
- Discuss how others' perspectives and feelings will be different than your own.

Discussion Points

- Identify situations following which debriefing sessions would be beneficial.
  - When should we debrief?
- Recognize the need for debriefing and support in others.
  - Suggested language – what are some ways you might recognize that the learners you are working with are struggling with grief and loss, need your support, or need to debrief.
  - Symptom recognition (crying, anger, inappropriate language, short temper, unusual quietness, frustration, relief).
- Debriefing "logistics".
  - Who sets up a debriefing session?
  - Who participates?
  - Timing?
- Leading a debriefing.
- What are some helpful words of support?
- What are some words that people have used with you or that you have heard used that were NOT helpful?
  - Everyone feels this way. vs. You are not alone in your feelings.
  - Suck it up, this is medicine. vs. Unfortunately this is the hard reality of what we do. Now how can we help you get through this?
  - Nothing more to see here, get back to work. vs. We know there are other patients we all need to care for, but does anyone need a few minutes to regroup? (OR: Let's take a few minutes together to regroup)

Part II: Leading a Debriefing Session (slide set in Section C.6)

This session takes 10-15 min and is led by someone familiar with debriefing who uses the slide set to present best practice guidelines and the literature about debriefing sessions.

Part III: Debriefing Role Playing Exercise

A. Activity Introduction

a. Case-based role play exercises allow participants to practice leading a debriefing session. During this session each participant will play debriefing leader in one scenario and rotate through other "supportive" roles in other scenarios.

b. Ideal group size is 4-5 seniors + facilitator.

c. Consider asking how many participants have ever conducted or taken part in a debriefing. Normalizing the fact that this experience is new to many can be very helpful!

d. Acknowledge that conducting debriefing sessions is hard. The goal of this exercise is to allow for practice in a non-threatening, non-judgmental environment.

e. Three sample case scenarios are included in Section C.8. Facilitators can also design their own scenarios. If the activity is conducted in several sessions, they can also consider asking if any participants would be willing to volunteer a scenario from their earlier journaling exercise for use in the role playing activity.

B. Role Play Activity

a. Cases for Role Play (found in Section C.7)

- Case 1: 4 year old girl with idiopathic pulmonary hypertension
- Case 2: 6 year old girl with leukemia
- Case 3: Newborn boy with severe hypoxic ischemic encephalopathy following placental abruption

b. Role play set up. Depending on timing and setting, volunteers could participate in the role play with others observing and filling out an observation form (Appendix A, C.6.3). Alternatively, all the participants could be divided into small groups with different rooms used for concurrent debriefing sessions. A single scenario could be used or groups could rotate roles and scenarios.

c. Role assignment. Facilitator distributes name tags and individual role cards and then reads the scenario summary and sets the stage.

- **Option 1.** Ahead of time, designate who will be the person in charge of leading the debriefing. That person would vary depending on the audience. For instance a senior resident would be the designated debriefing leader in a workshop designed for seniors. Alternatively, an attending, fellow, nurse, social worker might be the designated leader if the workshop was used in a different setting.
- **Option 2.** Ask people assigned to various roles to decide who should be in charge of calling for and/or leading a debriefing session. Is it them (in their role) or someone else? Frequently there is ambiguity regarding who is "supposed to be" in charge. How would they make this decision after a real event?

d. Post debriefing assessment by participants (use Appendix a, C.6.3-4)

e. Post debrief discussion. Discuss how things went from the perspective of the debriefing leader and those in supportive roles.

Part IV. Debriefing Action Plan

A. Taking the next step: how can you use your experience to support others?

- Discuss residents' roles as leaders for students and interns.
- Discuss residents' important role in supporting peers which continues throughout one's career.
- Reach out to others at the time when you see their pain/guilt, either that day or in the days after.
- Tell your story to others.
  - How did you get through it?
  - What support did you find helpful?
- Identify supports. Resources may include faculty, social work, bereavement counselor, friend, family, chaplain, faculty staff assistance program.
- Recognize that others may need different supports from those that helped you.

B. Debriefing Action Plan: Participants fill out an action plan and make a commitment about future use of debriefing.

Part V. Evaluation

A. Teaching Seniors to Lead a Debriefing: Milestones on Teamwork and Leadership

This tool is located in C.6 Appendix B. It addresses two competencies:

- Competency: Work effectively as a member or leader of a health care team or other professional group.
- Competency: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients.

B. Senior Resident Evaluation Form (to be added to Supervisory Month Rotation Evaluation)

The following questions about debriefing may be added to the senior supervisory month evaluation:

During the rotation, did the senior…?	Not done	Done	Done well	N/A
Recognize a time when trainees needed support while dealing with grief and loss				
Conduct a debriefing session				
During the debriefing session did the senior resident:				
Analyze the event				
Identify his/her own emotions				
Enquire about perceptions of family and medical team members				
Ask critical questions to help the team members reach closure				
Comment on how responses from medical team members may affect patient and family interactions				

Comments:

C. Senior Resident Individualized Learning Plan

The ILP should include expectations regarding recognizing the need for debriefing and conducting a debriefing during supervisory rotations. Residency programs should set expectations regarding number of debriefing sessions a senior is expected to conduct and what would be considered evidence of competence. During biannual trainee reviews, residency program directors may choose to include discussion about wellness strategies, such as self-reflection and journaling, as well as the use of debriefing sessions.

Section C.6 Appendices

You will find two Appendices with teaching and evaluation tools for use with the Senior Resident Debriefing curriculum.

Appendix A: Teaching and Evaluation Tools

C.6.1 Journaling Worksheet: Preparing to Lead Debriefings

C.6.2 Sample Journaling Worksheet (based on Case 1)

C.6.3 Debriefing Session: Immediate Feedback

C.6.4 Senior Self Reflection

C.6.5 Debriefing Action Plan

Appendix B: Teaching Seniors to Lead a Debriefing: Related Milestones on Teamwork and Leadership

Section C.6 Appendix A

Teaching and Evaluation Tools

C.6.1. Journaling Worksheet: Preparing to Lead Debriefings

Exercise: Think about a patient care experience where one of the trainees working with you seemed to have a hard time dealing with grief or loss. Alternatively, think of an experience when you were in that situation as a trainee.

Situation

Who was involved?

Your role. Were you "in charge?" If not, who was?

What happened?

How do you think the trainee(s) felt? How could you tell?

How did you feel? How did you deal with your feelings? How did you go about the rest of the day?

What did you learn? What will you do differently next time?

C.6.2 Sample Journaling Worksheet (based on Case 1)

Situation

It was the first week in July, and I was the senior resident on the cardiology service with 2 brand new interns. A 4yo girl with idiopathic pulmonary hypertension was admitted to our team for observation following her yearly routine cardiac catherization. The procedure was successfully performed in the morning. The interventional cardiologist and family were planning on deciding later on in the day whether or not to stay the night. When we were getting ready to sign-out, the powers that be were still in the cath lab and had not yet gotten the chance to reevaluate the patient and to decide on disposition. Since neither intern had ever heard of pulmonary hypertension before, we made plans for a little teaching session on it in the morning. I made sure that the intern had all her paperwork ready for discharge by the night team and signed the patient out as "possible discharge, but otherwise NTD."

At 8PM the child developed a pulmonary hypertensive crisis. A code was called, but resuscitation efforts are unsuccessful and the child died. The comment in the morning from the night-time senior was that I "trained my interns well" since she had an up-to-date discharge summary that could be easily changed to a death summary. The next morning rounds proceed on as usual and no one mentions the patient. The interns both seem to be pretty dazed on rounds and one appears to be close to tears, but they're going through rounds as usual.

Who was involved?

Daytime interns
Nighttime intern
Daytime senior
Nighttime senior
Cardiology fellow
Cardiology attending
Floor nurse
Charge nurse

Your role. Were you "in charge?" If not, who was?

Daytime senior: I was very unsure of what my role should be. Vaguely felt like "something needed to be said," but didn't know who should do it. Took cues from the cardiology attending and fellow who just walked by the empty room and didn't do anything. Essentially no one was in charge.

What happened?

Rounds proceeded as usual and the death was not mentioned by anyone.

How do you think the trainee felt? How could you tell?

Daytime intern 1: Prior to running off to continuity clinic, she admitted the patient and signed her out to her co-intern as very stable and likely to be discharged home in the evening. Being a "good intern," she had all of her discharge paperwork and prescriptions completed prior to leaving the hospital. All the daytime or nighttime colleague had to do was click "sign" on the discharge summary. On arriving back in the hospital in the morning, the intern was not surprised to see the patient's room empty and assumed she had been discharged. The intern received sign-out immediately to the early morning combined CT surgery/cardiology rounds. The intern felt dazed . . . and guilty. She remembered rushing through the admission as it was a "routine" observation case with a very straightforward history and two complex congenital heart disease post-op patients were coming from the CICU the same morning.

She realized she had never asked about code status or even tried understand what living with this type of illness meant to the family, when the child could be perfectly well one minute and die the next. Now she'll never get the chance. She's afraid she spent more time on paperwork (still trying to figure out the electronic medical record!) than she did with the family. She feels like crying but rounds are going on as usual and she's getting called with new admissions.

Daytime intern 3: He received sign out from his co-intern as she was heading out to clinic and then in turned signed her out to the nighttime crew. The very brief sign-out was: "4 y/o, idiopathic pulmonary hypertension, routine post-cath observation. If you get called by cardiology that they're okay with discharge, sign the discharge summary. Everything is all ready." Became aware that the girl had died only when co-intern mentioned something before rounds. He was surprised but doesn't know what else to feel. She was technically "his" patient for about 5 hours but he never actually laid eyes on her and never talked to the family. Now he wonders if he was supposed to. It's his first patient death, but it doesn't feel real.

How do you think the trainee felt? How could you tell? *(continued)*

Night time intern 3 (at the code): She was intern on the endocrine service, providing cross-coverage for the cardiology service at night. The sign-out she got on the cardiology patients was a bit overwhelming as she was pretty vague on the meaning of "hypoplastic left heart," "Glenn," or "Fontan," and which of "her" nighttime patients were supposed to have oxygen saturations in the 70s. She created a mental "to read" list and added "idiopathic pulmonary hypertension" to the very bottom, figuring the patient would be gone home by the time her next call night came around. She was shocked when a code was called overhead and realized they meant her patient. She ran down to the room but by the time she got there the PICU fellow and the nighttime senior were already there and the room is crowded. She stood by the wall observing the code. After the PICU fellow pronounced death the crowd dissipated. She didn't know whether to stay or go but decide to go as she really had no idea what her role was. The night time senior caught her on his way to answer the pages that have accumulated during the code and asked her to write the death summary. The death is not mentioned until she signs the patient out to the daytime colleague, who looks shocked. But the night time intern didn't know what to say, so she just said that the child coded and died and that the death summary had been completed.

How did you feel? How did you deal with your feelings? How did you go about the rest of the day?

Daytime Senior: Sad, guilty, powerless, inadequate, a "bad senior." Didn't deal with my feelings at all. Took cues from the fellow and attending and did not mention anything and went about the day as usual, other than very nonspecifically asking the intern whether she was okay.

Did anyone help the trainee? If so, were you involved?

I don't know what happened. I think that maybe one of the interns talked with the chief residents. I don't know if either of them talked with their spouses, friends, or family. I was not involved at all.

Who helped you? Who should have helped you?

No one helped me. Similarly no one helped my interns. I should have helped the interns. In preparing for being a senior, learning how to do that would have been great. Ideally the fellow and attending should have helped facilitate the debriefing. It would have also been great if a chief resident checked in with everyone on the team.

Someone in charge (chief resident, residency director, course director) should be notified in cases of patient deaths or other traumatic events and serve as a resource to ensure debriefing sessions happen and to refer residents to additional resources as needed.

What did you learn? What will you do differently next time?

Being prepared to conduct a debriefing.
Stepping up to the plate, as a senior taking responsibility for conducting a debriefing session.
Knowing what resources are available if more help is needed.
Not being afraid to excuse an intern from clinical responsibilities if needed.

C.6.3 Debriefing Session: Immediate Feedback

A similar form can be available for brief event feedback (e.g. on-the-fly evaluation) done immediately following the debriefing session. Seniors should be encouraged to have an attending present during a debriefing session, both to provide back-up if needed and to provide feedback following the session.

Setting (briefly describe)				
Did the senior…?	**Not done**	**Done**	**Done well**	**N/A**
Recognize times when trainees needed support to deal with grief and loss				
Conduct a debriefing session				
During the debriefing session did the senior resident				
Analyze the event				
Identify his/her own emotions				
Enquire about perceptions of family and medical team members				
Ask critical questions to help the team members reach closure				
Comment on how responses from medical team members may affect patient and family interactions				

Comments:

C.6.4 Senior Self Reflection

Setting (briefly describe)				
Did I…?	**Not done**	**Done**	**Done well**	**N/A**
Recognize times when trainees needed support to deal with grief and loss				
Conduct a debriefing session				
During the debriefing session did I:				
Analyze the event				
Identify my own emotions				
Enquire about perceptions of family and medical team members				
Ask critical questions to help the team members reach closure				
Comment on how responses from medical team members may affect patient and family interactions				

Comments (things that went well, things to improve on in the future)

C.6.5 Debriefing Action Plan

Prior to conclusion of the session, participants make a commitment to themselves about future debriefing sessions.

My senioring rotations this year:

Individuals deal with grief and loss in different ways. A trainee I'm working with might show these behaviors as evidence he or she needs help:

Helpful words and phrases I will consider using:

I will call on the following resources next time I conduct a debriefing session:

Things I will be mindful of when conducting debriefing sessions in the future:

Section C.6 Appendix B

Teaching Seniors to Lead a Debriefing: Related Milestones on Teamwork and Leadership

Competency: Work effectively as a member or leader of a health care team or other professional group.

☐ Limited participation in team discussion; **passively follows** the lead of others on the team. Little **initiative** to interact with team members. More **self-centered** in approach to work with a focus on one's own performance. Little awareness of one's own needs and abilities. Limited acknowledgment of the contributions of others.

☐ Demonstrates an understanding of the roles of various team members by interacting with appropriate team members to accomplish assignments. **Actively works** to integrate herself into team function and meet or exceed the expectations of her given role. In general, works towards achieving team goals, but may put **personal goals related to professional identity development (e.g., recognition) above pursuit of team goals**.

☐ Identifies herself and is seen by others as **an integral part of the team**. **Seeks to learn the individual capabilities** of each fellow team member and will offer coaching and performance improvement as needed. **Will adapt and shift roles and responsibilities as needed to adjust to changes to achieve team goals. Communication is bi-directional** with **verification of understanding** of the message sent and the message received in all cases.

☐ **Initiates problem-solving, frequently provides feedback** to other team members, and **takes personal responsibility** for the outcomes of the team's work. **Actively seeks feedback** and **initiates adaptations** to help the team function more effectively in changing environments. Engages in **closed loop communication** in all cases to ensure that the correct message is understood by all. **Seeks out and takes on leadership roles** in areas of expertise and makes sure the job gets done.

☐ Goals of the team supersede any personal goals, resulting in the ability to seamlessly assume the role of leader or follower, as needed. **Creates a high-functioning team de novo or joins a poorly functioning team and facilitates improvement,** such that team goals are met.

Competency: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients.

☐ **Does not define/clarify roles and expectations** for team members. Team management is **disorganized and inefficient**. Interacts with supervisor(s) in an **unfocused and indecisive manner. Open communication is not encouraged** within the team. **Team members are not given ownership or engaged in decision-making. Manages by mandate. Unable to advocate effectively for the team** with faculty, staff, families, patients, and others.

☐ Interactions suggest that **there are roles and expectations for team members, but these are not explicitly defined**. Manages the team in a **somewhat organized** manner. Interacts with supervisor(s) in a **somewhat focused but poorly decisive manner. Begins to encourage open communication** within the team. **Sometimes engages team members in decision-making** processes. **Manages most often through direction**, with some effort towards consensus building. **Attempts to advocate for the team** with faculty, staff, families, patients, and others.

☐ Provides **some explicit definition to roles and expectations for team members**. Manages the team in an **organized** manner. Interactions with supervisor(s) **are focused and decisive in most cases. Open communication within the team is routinely encouraged. Team members are routinely engaged in decision-making and are given some ownership** in care. Usually **manages through consensus-building** and **empowerment** of others, but sometimes reverts to being directive. **Advocates somewhat effectively for the team** with faculty, staff, families, patients, and others.

☐ **Routinely clarifies roles and expectations** for team members. Manages the team in an **organized and fairly efficient** manner. Interactions with supervisor(s) are **focused and decisive. Creates a foundation of open communication within the team. Team members are expected to engage in decision-making and are encouraged to take ownership** in care. **Utilizes a consensus-building** process and **empowerment** of others, only in rare instances becoming directive. **Advocates effectively for the team** with faculty, staff, families, patients, and others.

☐ **Routinely clarifies roles and expectations for team members.** Team management is **organized and efficient**. Interacts with supervisor(s) in a **focused and decisive** manner.

☐ **Creates a strong sense of open communication within the team. Team members routinely engage in decision-making and are expected to take ownership** in care. **Consensus-building and empowerment** are the norm. **Proactively and effectively advocates for the team** with faculty, staff, families, patients, and others. **Inspires** others to perform.