Disclosures

• The authors have nothing to disclose
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Workshop Objectives

• Highlight components of the AAP Cultivating Resilience during Pediatric Residency curriculum

• Demonstrate dynamic communication skills in challenging emotional situations through experiential practice sessions and critical reflective exercises
Workshop Objectives

• Design strategies for debriefing and wellness for both individual residents as well as residency programs

• Address burnout prevention and strategies for maintaining joy in one’s work

• Identify opportunities to implement this curriculum in your residency program
Agenda

• Introductions: 5 minutes
• Pair Share Reflection: 5 minutes
• Curriculum Overview: 10 minutes
• Communication Skills Experiential Practice Session: 40 minutes
Agenda

• Debriefing Session Development: 20 minutes
• Wellness Strategies for Health Care Professionals: 10 minutes
• Individual Wellness Learning Plan Development: 10 minutes
• Breathing exercise: 5 minutes
• Curriculum Implementation: 10 minutes
• Evaluation and Wrap Up
Invitation to Create Curriculum

- Need to address resident grief and loss
- AAP Sections
  - Medical Students, Residents and Fellowship Trainees
  - Hospice and Palliative Medicine
- National call for participants/authors
- Curriculum development
- Revised to approach through resilience
Why Is This Essential?

• Pediatric residency
  – incredibly rewarding
  – quite demanding

• New ACGME duty hours
  – increased workload intensity
  – increased potential for emotional detachment
Why Is This Essential?

- Traumatic events impact residents
- Distancing (withdrawing from family) while immediately protective, may lead to personal disappointment and burnout
- Long term implications may include mental health issues and substance abuse
Why is this Essential?

• Being engaged with patients and families results in some of most rewarding experiences
• Relationships with families and addressing suffering key to our profession
• Engaged and vibrant pediatricians must develop skills and cultivate mechanisms to maintain wellness by being present to human interactions in dynamic and mindful ways
Strategies to Enhance Resilience

To be a vibrant and energetic clinician who remains connected to patients one needs:

– knowledge
– competencies in communication
– strategies to maintain personal and team wellness
Pair-Share Reflection

• Think about a patient care experience during which you dealt with grief and loss
• What was your role?
• What impact did it have on you?
Curriculum Overview
Understand the processes of grief and loss, acquisition of knowledge for children with life-threatening illnesses and impact on health care provider

- Identify aspects of grief and loss reactions: sadness, anger, denial, bargaining, acceptance
- Recognize differences between normal and complicated grief
- Appreciate personal beliefs, culture, spirituality, background and experiences which might impact on the communication of sensitive information - both on part of patient and medical provider
Communication

Develop competence in communication skills during emotionally challenging situations

- Implement communication skills regarding sharing bad news that includes disclosure of life altering diagnosis, medical error, end of life issues, goals of care and DNR, death of a patient
- Learn skills to listen generously to the grief of patients and families
Wellness

Learn adaptive healthy behaviors to address emotions in self and others that may result in distancing from patient or prevent comforting

- Recognize, reflect and learn healthy behaviors to address emotions of grief and loss
- Demonstrate the ability to recognize in others their need for support
- Understand the process of debriefing and be able to facilitate a debriefing session
- Develop an individualized wellness plan with both immediate and long term strategies
Relevance to Milestones

- ICS1 - Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- ICS2 - Demonstrate insight and understanding into emotions and human responses to emotion that allows one to appropriately develop and manage human interactions.
- Prof1 - Humanism, compassion, integrity and respect for others: based on the characteristics of an empathetic practitioner.
- Prof3 - Self-awareness of one’s own knowledge, skill and emotional limitations that leads to appropriate help-seeking behaviors.
Considerations in Implementing Curriculum

- Comfort level of faculty champions in addressing emotional issues
- Desire to create a community of support
- Need for transparent dialogues
- Placement of curriculum
Tools developed for each module

- Powerpoint presentation: for self study or group discussion
- Learner/faculty guide
- Cases
- Reflections
- Experiential components:
  - videos
  - articles, narratives
  - scenarios- role play or SP
Communication Skills
Experiential Practice Session
Effective Communication Skills

• Establish effective and collaborative relationships with patients/parents
• Correctly identify and respond to patient/parent emotion
• Be “present” in clinical encounters: connect with patients/parents and remain mindful of one’s own responses
Generous Listening Skills

- Basic facilitation skills:
  - body language, pace, use of silence
  - nonverbal and verbal encouragers (e.g., nodding, “I see”)
  - echoing, requests for elaboration (e.g., “Could you tell me more about that?”)

- Listening without judging, fixing, rushing to agree or disagree or ask another question
Guidelines for Teaching Communication Skills

• SPIKES
• NURSE
• Ask-Tell-Ask
• Primary Teaching Method
# GIVING “BAD” NEWS

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<td>P</td>
<td>Perception</td>
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“SPIKES”

- Arrange for privacy
- Manage interruptions (e.g. pager, phone)
- Review chart & clarify medical facts
- Involve others (e.g. other family, nursing staff)
- Sit down (choose seats wisely)
- Introduce everyone
“SPIKES”

- Always get information before giving information

“What have the doctors told you?”

“What is your understanding of...?”
“SPIKES”

1. Invitation

- Ask how the patient/family likes to receive information (i.e. “big picture” or details)

- Ask if anyone else should be present

  - Ask permission to move forward
“SPIKES”

- AVOID JARGON
  
  "Doctors sometimes forget and use words that don’t make sense; stop me if I am doing this."

- Avoid euphemisms
  
  - Give information in small chunks
  - Check understanding frequently
“SPIKES”

- Let them know you have connected with their emotion
- **STOP TALKING**

1. Observe the emotion.
2. Identify the emotion.
3. Explore reason for the emotion.
**RESPONDING to EMOTION**

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<tr>
<td></td>
<td>“It sounds like you are angry.”</td>
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<td>“I can see that you are frustrated.”</td>
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<td>“It seems like you are down today.”</td>
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<td>Understand</td>
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<td>“I can’t imagine what you’re going through.”</td>
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<td>“This is obviously a lot to go through right now.”</td>
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<td>Respect</td>
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<td></td>
<td>“I see how hard you have been fighting for her.”</td>
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<td>“You are good parents; we all see that.”</td>
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<td>“I want you to know that I am here for you.”</td>
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<td>“We are available anytime if questions come up.”</td>
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<td>“Tell me more about what you’re thinking.”</td>
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<td></td>
<td>“How are you doing today?”</td>
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“SPIKES”

- Check overall understanding & recap goals
- Discuss treatment plan, support services, etc.
- Probe for questions
- Document discussion
Ask-Tell-Ask

• Ask the patient his/her understanding of the situation
• Provide information
• Ask the patient to reiterate information to assess comprehension

The Primary Teaching Method* for Communication Skills

• Experiential, learner-centered, skill-based, group learning process: learning by interviewing and by observing one’s peers interview a simulated patient (SP)

  

  I hear and I forget.
  I see and I remember.
  I do and I understand.

  --Confucius

The Primary Teaching Method

- Create a safe learning environment.
  - Only the learner or facilitator can call a “Time Out”
  - Observers share comments about skills demonstrated, not criticisms
- Group experiences stay in the room
- One facilitator guides the process for each resident
- Not evaluative (no grades);
- Be adventurous!

- Before interviewing begins, read the case and discuss briefly the content needed for the case
The Primary Teaching Method

• Direct the flow of the learning experience
  – Traffic Cop, not teacher/expert.
  – “Be a guide on the side, not a sage on the stage.”

• Call “Time Out” to allow for self-reflection, peer observation and SP feedback.

• If the group learning process gets off track, remind them of the goals and learning objectives.

• At the end, ask the group: “What did we learn today? What skills will you take with you?”
Simulated Patients

What’s in a Name?

Standardized
Portrays facts
Testing
Content-focused:
- Information gathering
Did you ask the question?
“You don’t smoke, do you?”
“Yes.”

Simulated
Portrays facts and emotion
Training
Process-focused:
- Interpersonal skills
How did you ask the question?
“Uhhhh . . . no.”
Simulated Patient Skills

• Be Prepared: memorize case, fill the backstory with cogent details and emotions; know goal of the day and attendant skill set

• Act: be “in the moment” as often as necessary; control information flow, drop hints/clues

• React: connect or disconnect based on skillful or unskillful behaviors

• Decode or Feedback: relate how you feel to the learner identifying their specific behavior that evoked that feeling
Resident Goals

• Practice empathy by recognizing and responding to the parent’s emotion
• Respect the parent’s emotion by not trying to “fix” the emotion
Practice Scenario

• Use the skills checklist to note specific skills

• Consider what you will ask your group at the end of the session:
  - What skills did you notice?
  - What went well?
  - What was challenging?
  - Feedback for the learner?
Debriefing Session Development
Debriefing Objectives

Learners will:

1. Identify situations following which debriefing sessions would be beneficial
2. Conduct a successful mock debriefing session
   a) Analyze the event
   b) Identify one’s own emotions
   c) Inquire about perceptions of family and medical team members
   d) Ask critical questions to help the team members reach closure
   e) Comment on how responses from medical team members may affect patient and family interactions
Multiple national organizations have recognized and supported the needs of physicians.

- **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.

- **AAP Statement on Palliative Care**
  - The importance of support for healthcare professionals

- **APA Educational Guidelines**
  - Need to share feelings with colleagues and to understand one’s personal responses and feelings when dealing with death and dying.”
Background

• In a study by Serwint looking at Pediatric Residents use of debriefing after a patient’s death:
  – Guilt was acknowledged by 31% of the residents
  – 74% of residents debriefed after at least one patient’s death
  – Of the deaths mentioned, residents stated that they had debriefed after 30% of the patient deaths
  – Resident involvement with an inpatient death of a previously healthy patient was more strongly associated with debriefing (higher OR) as opposed to an ED death or death of a patient with a chronic disease

Benefits of debriefing:

• Healthy coping skills of some group members can be shared with those who might cope in less effective ways.

• Acceptance of normal responses to a distressing situation and increase mutual understanding and empathy among members of the workgroup.

• Taking time together as a group to identify the personal impact of the traumas and losses.

• Through validating experiences and responses, debriefing frees staff to return to their own work on behalf of others.
## Johns Hopkins Children’s Center Model

| Welcome and Introductions | • Review purpose of bereavement debriefing sessions  
|                          | • Invite participants to give names and answer  
|                          | • “How were you involved in care for this patient and family?” |
| Factual Information      | • Review time of death circumstances |
| Case Review              | • “What was it like taking care of this patient?”  
|                          | • “What was the most distressing aspect of the case?”  
|                          | • “What was the most satisfying aspect of the case?” |
| Grief Responses          | • “What have you experienced since the death?” (Elicit physical, emotional, behavioral, cognitive, or spiritual responses) |
| Emotional                | • “What will you remember most about this patient/family?” |
| Strategies for Coping with Grief | • “How are you taking care of yourself so you can continue to provide care for other patients and families?”  
|                          | • Review grief coping strategies  
|                          | • Review available resources |
| Lessons Learned          | • “What lessons did we learn from caring for this patient/family?” |
| Conclusion               | • Acknowledge care provided  
|                          | • Review bereavement support available for families and staff |
Debriefing

• Small Group Role Play
• Multiple Roles
Wellness Strategies for Health Care Professionals
Critical Incidents During Medical Education and Practice Impact Us
Examples of Critical Incidents

- Sudden decompensation of a patient
- Unexpected outcome
- Medical error
- Angry parents
- Death of a patient
- Recognizing uncertainty
- Inability to control outcomes
Humanism to Self

Acknowledge our imperfections, fatigue, mistakes, discomfort with medical uncertainty
“We have an obligation as educators to share with learners how we have coped with feelings of anger, anguish, shame or uncertainty in caring for patients.”

-Novack DH et al. *Acad Med*, 1999
Need to nourish ourselves to maintain our resilience
Wellness

Being challenged, thriving in both personal and professional life
Goes beyond absence of distress
Work-Life Balance

“If all the knowledge and advice about how to beat burnout could be summarized in one word, that word would be balance”

-Maslach
Strategies to Promote Wellness

• One size does not fit all
• Individual and personal journey
• Each of us must find a strategy that works for us
• Development of individualized Wellness Learning Plan
Components of Wellness Promotion - Immediate

• Develop self insight
• If becoming frustrated or worried that won’t perform in best way:
  - Step away
  - Share with colleague
  - Go outside or to bathroom and scream
  - Splash water on face
  - Take time to rethink strategies
Components of Wellness Promotion- Long Term

- Approaches to life
- Emotional/cognitive aspects
- Relationships with others
- Spirituality
- Self care
Approaches to Life

- Find meaning in work
- Maintain perspective
- Maintain sense of humor
- Celebrate successes
- Ritual to release tensions of day (music)
Emotional/Cognitive

- Take time to grieve losses
- Time alone for reflection
- Develop skills to identify signs of stress and frustration
- Mechanisms to address stress/frustration
- Meditation
- Journaling- Narratives
Relationship with Others

- Connection with family and friends
- Protected time with family and friends
- Permission to say “no”
- Reach out to others who may be struggling
Spirituality

- Belief in something beyond self
- Contribution to greater good
- May be beyond specific religious beliefs
- Meditation
Wellness (Self-Care)

- Medical/mental health needs
- Exercise, yoga, nutrition, sleep hygiene
- Time in nature
- Relaxation, vacations
- Hobbies
Individual Wellness Learning Plan Development
Strategies to address

• Immediate or urgent needs- to incorporate “in the moment”
• Long term prevention
“The secret of the care of the patient is caring for oneself while caring for the patient.”

- Cadib L, 1995
Curriculum Implementation at your program
Evaluation and Wrap Up